

SCI Foundation (Gabrielle Laing)

From: Gabrielle Laing [REDACTED]

Sent: Tuesday, May 31, 2022 11:25 AM

To: Consultations <consultations@worldbank.org>

Cc: Yael Velleman [REDACTED]; Wendy Harrison [REDACTED]

Subject: Feedback on World Bank Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response

[External]

Dear WB,

Many thanks for the opportunity to feedback on this important new FIF. I write to you having just supported the WHO on their [One Health for Neglected Tropical Diseases strategy](#) and as a co-author of a report to the G7 on One Health which surveyed and interviewed >100 people from 37 countries (attached).

I was please to find the White Paper addressed key concerns and recommendations from these two documents, so I would like to congratulate you and highlight the importance of these sentiments being preserved in the final FIF principles. Especially; the recognition that Pandemic PPR demands a whole-ecosystem approach with any funding available for upstream primary-prevention efforts and generalised health systems strengthening – area’s often underserved by existing funds. In addition, endemic diseases, especially neglected tropical diseases and zoonoses are areas underserved by current funding mechanism but that play an important role in resilience and infrastructure/workforce preparedness for emerging infectious diseases – an area of great interest to countries I would imagine so a good point in which to engage country ownership and sustained spending on PPR in peacetime. (The G7 One Health report heard from many frontline staff exasperated by the boom and bust cycle of outbreak spending, where projects focused only on the emerging outbreak and were therefore not utilised during ‘peacetime’ and knowledge/skills/infrastructure went to waste by the next time it was needed – why not use the opportunity to strengthen PPR for endemic diseases at the same holding capacity for emergence events?).

To be able to allocate funds effectively I would urge careful consideration of economic or other evaluation approaches as prevention is often undervalued or difficult to quantify, meaning those acting on the prevention side struggle to compete for impact or budget. Similarly, an One Health evaluation model which, incorporates action and impacts across the whole socioecological system can help to avoid unexpected outcomes or detrimental effects for other stakeholders etc. Governance structures are often a barrier to implementation of One Health (there has been lots of OH strategies written but comparatively few successful implementation stories). For example with rabies, vaccination of dogs is the key to preventing human deaths but money allocated fro human health is not able to be spent on animal vaccinations campaigns often. Ensuring a One Health approach is embraced can help us shift our mindset from species or disease specific funding to focus on the global challenge, no matter if that requires cross-sectoral input or inter-/Transdisciplinary effort to find novel solutions. Any funding mechanism should reflect the interconnected reality of the real world challenge. To this end I would urge that the advisory group and special status for WHO staff to be seconded for technical advice be expanded to the Quadripartite to the WHO with FAO, OIE and UNEP.

Given the multi-disciplinary demands of PPPR the FIF has the opportunity to set an example of truly One Health funding and address another major barrier to identified by our G7 report “*Interdisciplinary working needs to be continuously and proactively encouraged to be sustainable*”. I have extracted the section on financing from this report and highlighted key points of relevance below.

Financing recommendations from Royal Society of Tropical Medicine and Hygiene report for G7 on One Health:

Given the difficulties arising in cross-sector collaboration (as have been discussed), there was strong advocacy to financially support interdisciplinarity, especially in the establishment of new integrated One Health approaches but also their ongoing support; “Interdisciplinary working needs to be continuously and proactively encouraged to be sustainable”. Some of the discussions in this area focused on funding mechanisms as opposed to exactly how it should be directed within One Health.

One Health specific funding

At global level, a few different funding mechanisms were put forwards. There was support to increase funding to UN agencies for One Health through the Quadripartite/ ‘One Health Alliance’ as a neutral secretariat for the group. Alternatively some wanted to see all relevant multilateral agencies (WHO, OIE, FAO and UNEP) receive direct and earmarked support for One Health work at equitable levels. There was support also for the creation of a neutral, tailored financial instrument that would facilitate public and private investors and which could help increase sectoral equity.

Mirroring the discussions around multilateral funding there were also different views of where the national One Health budget should be held and how they should be utilised. Some interviewees were promoting a new One Health independent Unit or Ministry, though others were concerned this may create a new silo and reduce the need for existing Ministries and Departments to work together. Others felt budgets should be held at more senior levels, for example at the Prime Minister’s office, but with a need for shared decision making by relevant Ministries or Departments to authorise any spending. A third recommendation was to have a rotating held at one of the Ministries with rotating Chair overseeing a One Health group which represents relevant Ministries or Departments and which collectively agrees on investments.

Some participants wanted to see dedicated One Health funding in countries to deliver on a national strategy for One Health - where one exists, or to develop such a policy. There was also counsel to encourage innovation as well as to build sustainability in delivering One Health, with the suggestion that funding should be split to focus on “core functions to provide year-on-year reliability” and second fund to “provide for shorter term innovation grants”. This was seen as particularly important in the area of vaccines for emerging infectious disease threats. CEPI was mentioned as a successful example in this area, with some calling for this approach to be replicated “Novel funding mechanisms are needed for new vaccines and antibiotics where there is a market failure but the outcome would be a public good”. Many mentioned a need for investment in other under-represented areas – including pandemic preparedness in the environment and veterinary sectors, or investment in surveillance or emerging diseases which “only affect individual regions or small communities” despite the sometimes devastating impact. A couple of interviewees made the argument that investing in vaccines or treatment for diseases endemic in one region of the world is also a safety net of pandemic preparedness for those countries which are not endemic to that disease. One interviewee also recommended that we should learn from examples of success in other regions which could be applied to a different setting, for example GAVI as a worthy model for a veterinary equivalent. Some mentioned the need to invest in ‘skills and training for human epidemiology and the need to bridge the gap between the veterinary and human health professionals’

Research funding

Many participants cited a lack of multilateral and also multidisciplinary research funding as a barrier to the uptake of One Health. Many commented that existing research funding silos are commonplace and are not the right mechanism for global challenges where interdisciplinary and cross sector expertise and engagement is needed. Examples of success in this area, and recommendations to follow included AMR and its country funding through the Fleming Fund which provides multisectoral support to help improve lab capacity and AMR surveillance. The reporting of other successful examples of One Health and potential recommendations to showcase as case studies also included emerging zoonotic diseases and outbreaks, including the management of the 2018 Nipah outbreak in India and recent campaign to eradicate Rabies.

LMIC funding

There was special attention paid to the potential for funding to support the implementation of One Health in LMICs. It was suggested that LMICs could demonstrate immediate direct benefits because they may be suffering the most direct impacts of One Health issues such as climate change or zoonosis. Some also added that given the greater understanding of global public health with COVID-19 there was hope for a greater appreciation of how tackling One Health issues such as AMR, disease outbreaks and zoonotic diseases is also benefitting all countries through prevention of the spread of disease and potentially preparedness from knowledge gained. Funding directed at strengthening general health systems was also recommended, to increase population resilience and capacity to respond in different crises. Investment in developing policies on NTDs, or strengthening technical capacity were also put forward as possible areas of focus. There was a recommendation here around ensuring that international investments facilitate national ownership and are also provided in a sustainable way. For many, particularly in Africa, this was about ensuring that existing capacity is optimised first before new infrastructure is invested in. Many talked about capacity “labs, equipment, skills not being used since prior projects or programmes have stopped”

I hope that these inputs have been helpful, should we be able to help any further then please do keep my email on file.

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