

The Global Health Security Roundtable input and feedback on A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response hosted by the World Bank

Focus on FIF financing: 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?

- Pandemics have regional and global reach, but the FIF should heavily account for the country level, for country-led solutions (including not just governments but civil society groups). One way to achieve the balance is for funding for all three levels to be channeled where possible those implementing organizations which prioritize the agency, leadership, and multistakeholder voices at the country level.
- Numerous examples from suggest funding gaps in areas of greatest risk/need necessitate a heavy focus on funding pandemic preparedness efforts countries prioritize. One example: in November 2013, one month before the start of the West Africa Ebola epidemic, the [Guinean government stated at the WHO Third Global Forum on Human Resources for Health](#) a stark need to address workforce shortages in two of their provinces and committed to working with partners to address it. Patient zero of that epidemic was living in one of those provinces, and lack of adequate support to the workforce exacerbated preparedness and response to that epidemic
- The White Paper points out that the FIF as a structure can only fund through intermediary entities, primarily at global or regional levels, and cannot fund national entities directly. Based on the experience of GAVI and the GF, it appears that other FIFs have been able to efficiently channel funds to national public/government entities. As such, **it will be essential for the FIF governing body to find similar mechanisms to reduce intermediaries and ensure nationally identified priorities based on the existing IHR M&E framework are addressed.** Robust country governance will be imperative to effective operational prioritization. It would also be important to be explicit about how the FIF would articulate itself with the pandemic preparedness objectives and targets of IDA 20.
- There is a risk for the FIF to miss the target of funding key activities at country level, which have traditionally been under-resourced although they are the building blocks of global preparedness. **The FIF should ensure that at least 85% of the funds are spent at country level to meet immediate gaps based on imminent risks and available financing, for example as identified through the UHPR – Universal Health and Preparedness Review process.**

Governance: 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?

- Inclusivity in decision making would benefit from (1) as many seats for geographical groups of recipient countries as for the major donor countries, (2) more regions represented than the mere five in the United Nations (whereby the subregions represented on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria is illustrative), and (3) number of representatives proportional to the number of countries in a region (e.g., so that sub-Saharan Africa has voice relative to its number of countries)
- The proposed approach to representation on the governing board appears outdated given country interconnectedness in the pandemic space. Genuine inclusion at the decision-making table is not solely a matter of equity – it is a prerequisite to countries' full participation at a time when confidence in high-income countries' commitment to solidarity and competence in preparedness and response has been shaken by COVID-19 domestic and global responses. Practices to manage perceived or real conflicts of interest are well established; **depriving the FIF of LMIC's essential expertise and weight in actual decisions, be it from governments or non-state constituencies, would be a missed opportunity which would harm the FIF's ability to deliver on its mission.**
- Relatedly, the White Paper suggests that there is a tradeoff to be made between inclusiveness and efficiency on the FIF governing board, *"Balancing inclusivity with efficiency"*. Contemporary best practices in the governance space indicate that these two notions are not in opposition, but that quite to the contrary, inclusivity of opinion and perspective increases relevance, quality of decision-making and ultimately impact, since complex issues are aired and unintended consequences discussed at the formative stages. This enhances overall efficiency as potential issues are anticipated and addressed in the design phase.
- A Board consisting of 10-20 and not more than 25 members, perhaps with some members remaining present and others rotating and representing other countries or constituencies including civil society and the private sector, and which is the actual decision-making entity for strategic policy, would be most likely to succeed.

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

- Along with implementing countries, civil society must explicitly be included in FIF governance from the outset. The White Paper speaks of a tradeoff between “inclusivity and efficiency” in governance. In fact, success depends on including civil society and implementing countries in decision making at every level. The Global Fund is a case in point. Much of the organization’s success - and its ability to maintain broad long-term support among implementing governments and advocates - is that its governance structure includes implementers, civil society and affected populations on its board and in country-level planning. Recent research on outcomes during COVID-19 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00172-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00172-6/fulltext)) point to the essential nature of trust in successfully addressing pandemics. Inclusion of civil society and implementing countries in decision making is crucial to trust building.
- A broad set of CSOs should be included in addition to those active in the health space, such as those involved in conservation and wildlife/animal health, women’s groups, health workers, program implementers and human rights for marginalized groups.
- Moreover, civil society, local communities, equity and human rights should be made essential, integral elements of the FIF’s design even below the governing board. Among critical aspects of country preparedness capacity which should be included in the initial focal areas, particularly support for health workers - including community health workers and other cadres at the forefront of health service delivery - and community systems of delivery, engagement and monitoring. Funding such community systems, or programs which include strengthening them, should be eligible and prioritized in the FIF by design. It is essential the FIF establish core principles to guide support of preparedness programming, including non-discrimination and commitment to reach marginalized populations

Governance: 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?)

- A technical advisory body would allow broader inclusivity of such scientific/technical voices, but direct representation on the governing body would inform its decision-making. Just as an example, implementing partners offering expertise and guidance (WHO, UNAIDS, etc.) are a constituency represented on the Global Fund’s Board.
- In the expertise reflected preferably in the governing body (or technical advisory body), pandemic preparedness should be addressed in the context of responding to current pandemics. The Paper speaks of strengthening preparedness during “peace time” for pandemics -- but there is no peace time when AIDS, TB and malaria continue to claim millions of lives each year.

- “Technical experts” included in paragraph 21 also must include professionals tasks with leading or directly providing pandemic preparedness efforts at community, sub-national and national levels (health workers and health program implementers). In addition, given the White Paper rightly notes the FIF will fund pandemic preparedness using a One Health approach, experts from the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) should be included as technical experts to ensure alignment with WHO, OIE, FAO tripartite guidance.

Governance: 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?

- Any coordination platform needs to have a decision-making and review mechanism and include most relevant multilateral agencies/funds ([SDG3 Action Plan](#) had many of the agencies needed to engage, but One Health-related agencies also important to include)

Operating modalities, funding allocation, funds flow and resource mobilisation: How can the FIF’s operating modalities be best structured to incentivize/catalyze country investments in PPR?

- Other implementing entities than those in UN and multilateral development banks should be designated as eligible to receive FIF funding. For instance, both the International Panel on Pandemic Preparedness and Response (IPPPR) and G20 High Level Panel (HLP) reports of last year call for funding preparedness through current implementing agencies, including Global Fund and Gavi. The IPPPR report notes that, “We do not recommend creating new implementing agencies. But we do believe that existing implementing agencies need additional funding, directed towards the vital public goods they deliver.” The HLP report argues, “Investments in pandemic preparedness should be integrated with the ongoing efforts and infrastructure to tackle endemic infectious diseases. Existing global health institutions like the Global Fund ...and Gavi should be given a more explicit mandate and increased funding to invest in system-level preparedness.”
- Investing in preparedness through current successful programs will reduce silo-ing of funding, better integrate preparedness with health systems, and minimize application and reporting demands on implementing countries. Such an approach will fulfill the White Paper’s call for “linking financing with existing, country-level planning processes, thereby also reducing transactional costs for client countries,” while respecting the agency and leadership of implementing countries and societies as more than “clients.” It will also incentivize domestic resource mobilization.
- The HLIP/Italian Presidency anticipated that a new mechanism could channel funding to “a list of pre-approved key global health organizations.” The White Paper lists the World Bank itself, the UN, WHO, and other MDBs as implementers. This leaves out core global

health organizations with a demonstrated record in PPR - in particular GAVI, CEPI and the Global Fund – whose inclusion at the onset of the FIF creation would increase the FIF’s ability to deliver on an accelerated schedule and its impact. **The White Paper should be revised to outline recommended steps to make all other FIFs, or at least GAVI, CEPI, and the Global Fund, implementing entities of the Pandemic FIF.**

- The proposal includes other MDBs as considered implementing agencies. This is confusing and begs the question as to how agile, streamlined and efficient the new mechanism would be if funds flow from donors, to the FIF, onto MDBs before they are further sub-contracted for programming and implementation.

Operating modalities, funding allocation, funds flow and resource mobilisation: 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)?

Operating modalities, funding allocation, funds flow and resource mobilisation: 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 adhoc replenishments?

- Regular replenishments of different organizations and funds with different length cycles produce years in which there is heightened competition for pledges. But regular replenishments are preferable as more predictable than adhoc ones

Any other additional comments

- Overall, design of a FIF must incentivize substantial new resources to pandemic preparedness that supports stronger health systems to meet current and future health priorities; invests in proven, successful implementing agencies; and is founded on human rights-based principles and community engagement.
- The White Paper could do more to outline strategies to ensure its financing will be truly additional and not siphon off resources from other global health entities. A crucial central premise of the IPPPR, HLP and proponents of the FIF has been to grow the pie of resources, including from outside of official development assistance (ODA) in the service of pandemic preparedness as a global public good. The FIF’s design must incorporate incentives and strategies to do just that.
- We commend the inclusion of primary prevention within the definition of “pandemic prevention” on page 2 of the document. It is imperative that the FIF fund primary prevention activities at the national and regional levels focused on preventing pathogen

spillover. Failure to do so will exacerbate health inequity and lead to a missed opportunity to lower the risk of harm from future pandemics.

- Constituencies should be grouped in a way that ensures that decisions are made with the involvement of the intended beneficiaries and that any conditions placed have buy-in from all the right groups. For the CSO observers, consider having donor and implementer constituencies and limiting the number of countries in one constituency so that coordination and learning is built in from the beginning.
- The FIF's name (Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response) suggests a wide ambition for the new mechanism which not only may be unnecessary but also risks being self-defeating. Although many existing vehicles (which albeit need to be reinforced) exist to support response, it is in the preparedness space which the void has been most dramatic. **A FIF would have the most impact if it focused on injecting resources to fund gaps in preparedness, as opposed to being stretched thin resources across the PPR spectrum.**
- Even in the preparedness space, pandemic-proofing the planet requires investments in health but also in many fields beyond health (e.g., social safety nets, education systems, resilient trade systems etc.) **To be successful, the FIF will need to focus on core functions which have traditionally been under-resourced but are the backbone of preparedness, including a well-trained and sufficient workforce; safe health facilities; enhanced disease surveillance; functional laboratory systems; emergency response operations; risk communication and community engagement; well-suited national legislation, policy and financing.** Further clarifying that the FIF will focus on public health system preparedness may help prevent mission-creep and preserve its focus and potential for impact.
- Finally, within preparedness investments, donors' focus tends to be on the supply of material goods and construction ("stuff"), which are more palatable and more easily counted. These investments are needed, but tend to be considered as standalone or at the expense of efforts to strengthen countries' capacities to detect novel diseases and outbreaks, which have more to do with well-trained and supported staff. Staff ability to implement and coordinate efficiently across subnational and national levels, as well as to ensure strong ties with international organizations, is essential but often neglected. **The FIF should ensure its focus is staff rather than stuff, and that it meets the harder, less shiny but most crucial dimensions of the preparedness challenge.**
- **Role of the World Bank: Should be narrowed and focused – there should be an independent Secretariat**
- The White Paper suggests that the World Bank itself would play multiple roles in conjunction to the FIF: as trustee; as secretariat; and as implementing partner of FIF-funded projects. This accumulation of roles raises questions, first in terms of perception of conflicts of interests (CoI); and second in terms of bandwidth and capacity for program management (Secretariat) and implementation (including the practical technical details of pandemic preparedness).
- For the FIF to galvanize collective efforts, it needs to be seen as a vehicle whose clarity of purpose, transparency of decision-making processes and robustness of accountability is irreproachable. **The proposed structure of the White Paper is not consistent with these goals. It is essential to separate the technical secretariat to mitigate the perception of conflict of interest. The Bank could play the Treasury role and an implementing role while the secretariat would be independent.**

- Hosting the secretariat to perform its ambitious functions, including program management and administrative services, will require a team of technical experts who can lead the financing agenda as well as provide oversight to program implementation. Although aspirations for a small and lean body embedded within the Bank are laudable, they seem misaligned with the ambitions of the FIF itself. The FIF needs an independent secretariat. This would anchor the FIF in a technically robust and programmatically supportive entity from the start, building on experience and lessons learned from other FIFs in the global health space (e.g., CEPI and the Global Fund which were able to rapidly establish strong dedicated and independent secretariats). This would help with coordination of stakeholders, prioritization of activities to be funded, and program management and evaluation of sub-grants, as well as other functions. The secretariat needs to map what needs to happen, which organizations can deliver, and establish and implement a measurement framework. These are functions which are beyond the World Bank's current remit and could be better located in a well-staffed, built-for-purpose technical secretariat. Although setting up an entity to house the secretariat would take time, doing so within the World Bank would also take time.
- Strong consideration should be given to locating the Secretariat within an LMIC. There is no reason for all global health architecture to be in the Washington-Geneva-London axis.
- How will countries be held accountable for their domestic contributions? Will there be a minimum domestic investment required to be able to access the FIF? How will the administration of the FIF measure the threshold of funding to be received by each country so that it is complementary to domestic financing? Is there a plan for the funding to be catalytic in nature so that it helps countries to start their journey to preparation for pandemic preparedness or will they be financed based on the levels of need and eventually must transition?
- Despite the identification of the "need for a new multilateral financing mechanism dedicated to PPR financing" the ultimate goal is to strengthen health systems with a focus on PPR. Given how important [performance measurement is for accountability](#), how will the initiatives funded by the FIF interact with and leverage gains in the health systems from other financing mechanism so that it is an addition to the gains already made rather than a siloed initiative that could at best be difficult to scale and at worst detract from the core systems strengthening agenda? How will these impacts be measured?
- The governance structure of a new instrument should include a representative board and secretariat made up of not only donors but include representatives of low, middle and high income countries plus the private sector, civil society and philanthropic organizations. The FIF should be country-led and country-driven at all governance levels to ensure that solutions are tailored to each unique setting and context. Additionally, allowing that the priorities of the FIF will change as it evolves, country level input to set their own priorities is essential.
- How would the FIF complement existing health security and pandemic preparedness platforms like the Global Health Security Agenda which covers many of the proposed activities at the World Bank? Capitalizing on previous international investments and platforms like the GHSA, which includes action packages to focused on strengthening medical countermeasures and sustainable financings should be incorporated into the new FIF.

