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Recommendations for the World Bank’s Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness, and Response (PPR)

On April 20th, 2022, the G20 Finance Ministers and Central Bank Governors agreed to establish a new financing mechanism to address the financing gap for pandemic preparedness, prevention, and action.¹ The Indonesian Presidency will oversee governance and operational discussions for the new mechanism, a Financial Intermediary Fund (FIF) which will be housed at the World Bank. The new FIF will be finalized before the G20 Health Ministerial level meeting in June and will undergo approval at the World Bank’s Board of Executive Directors meeting at the end of June 2022.⁴

A number of countries pledged their political support for the new pandemic prevention, preparedness, and response (PPR) FIF at the Second Global COVID-19 Summit in May.² To date, the United States, European Commission, Germany, and the Wellcome Trust have contributed a total of US\$965 million in seed funding to the FIF.⁵

In response to the call for feedback, we offer key recommendations on **Finance, Governance, and Operating Modalities** to inform the development of this FIF in advance of these meetings.

Finance:

We have been reminded in great detail that country level investments are critical bottlenecks to timely detection, information sharing, and resilient response. This is especially true in community health systems, where community health workers and engagement are critical to prevention, detection, and response - including information sharing, trust-building, and delivery of response interventions like vaccines. These historically marginalized investments are both the backbone of pandemic preparedness and response, and most ignored from current funding channels.

Pandemic preparedness will fail if it does not strengthen broad categories of health workers and workforce planning. The essential role of the health workforce has become very clear during the COVID-19 pandemic. By preparing for and responding to health security risks,

¹ G20 (2022). *Ministers of Finance and Governors of Central Banks of G20 Countries Work Together on Solutions on the Current Global Economic Challenges* (21 April 2022).

<https://g20.org/ministers-of-finance-and-governors-of-central-banks-of-g20-countries-work-together-on-solutions-on-the-current-global-economic-challenges/>

² The White House (2022). *2nd Global COVID-19 Summit Commitments* (12 May 2022).

<https://www.whitehouse.gov/briefing-room/statements-releases/2022/05/12/2nd-global-covid-19-summit-commitments/>

the health workforce enables the provision of global public health goods.^{3,4} As such, we urge Member States to ensure that the new FIF uses an inclusive definition of public health workers to build capacity and effective deployment of all health workers who contribute to public health. A new publication by the Institute for Health Metrics and Evaluation in the Lancet revealed that more than **43 million additional health workers** are needed to meet targets for universal health coverage around the world and that the largest gaps in health workers are in Sub-Saharan Africa, South Asia, and North Africa and the Middle East.⁵ A global health worker shortage crisis will jeopardize our ability to save lives and respond to future pandemics and other global health threats.

Community health workers should be included in the definition of public health worker.

They should be paid and recognized. Analysis shows that community health workers who were equipped and prepared for the COVID-19 pandemic were able to maintain speed and healthcare coverage of community-delivered care during the pandemic period.⁶ Continuation of care has also been seen across disease verticals in areas where community health workers are present. For example, Liberia's National Community Health Assistants (CHAs) diagnosed 50% of rapid diagnostic test or microscopy-confirmed malaria cases and carried out 54% of malaria treatments amongst children under five in rural areas where CHAs were present.⁷ These results sustained in rural and remote communities during COVID-19 in 2020.⁷

Recommendation 1: Include community health workers in the definition of public health worker.

The current scope of financing for the FIF is very broad. Given the limited time span to get public and political buy-in, identifying some more parsimonious areas where progress can be shown will help to capitalize on the current moment.

Recommendation 2: Identify and articulate areas of 'quick wins' such as targeted investments in community health worker professionalization or the establishment of community health worker registries that accelerate pandemic preparedness and the ability to detect and respond to emergent threats.

The White Paper states that 'routine health systems strengthening initiatives can also be included under the definition of PPR, as prevention and preparedness are often best supported

³ World Health Organization (2021). *A review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth (2017-2021) and ILO-OECD-WHO Working for Health programme (April 2021)*.

<https://apps.who.int/iris/bitstream/handle/10665/340716/9789240023703-eng.pdf?sequence=2&isAllowed=y>

⁴ Definition of a Global public good: "a good which it is rational, from the perspective of a group of nations collectively, to produce for universal consumption, and for which it is irrational to exclude an individual nation from consuming, irrespective of whether that nation contributes to its financing". In Smith, R. D., & MacKellar, L. (2007). Global public goods and the global health agenda: problems, priorities and potential. *Globalization and Health*, 3(1), 1-7.

⁵ GBD 2019 Human Resources for Health Collaborators. "Measuring the availability of human resources for health and its relationship to universal health coverage for 204 countries and territories from 1990 to 2019: a systematic analysis for the Global Burden of Disease Study 2019." *Lancet (London, England)*, S0140-6736(22)00532-3. 23 May. 2022.

<https://pubmed.ncbi.nlm.nih.gov/35617980/>

⁶ Ballard, Madeleine et al. "Continuity of community-based healthcare provision during COVID-19: a multicountry interrupted time series analysis." *BMJ open* vol. 12,5 e052407. 11 May. 2022.

<https://bmjopen.bmj.com/content/bmjopen/12/5/e052407.full.pdf>

⁷ Rozelle, JW et al. "Improvements in malaria testing and treatment after a national community health worker program in rural Liberia." *Journal of Global Health Reports* vol. 5:e2021073. 9 August. 2021.

<https://www.jogh.org/article/25979>

through health systems strengthening, rather than by setting up separate structures'.⁸ However, it does not include this as a focus area for financing. It also says that money from the FIF could be used for 'community engagement' but that is not defined. Evidence shows that a critical element for pandemic preparedness and response is a strong and accessible national health system, including at the community level.⁹

In the gaps and costing analyses that the FIF relies on, the McKinsey report¹⁰ rightly argues for a shift from 'a scramble for healthcare capacity' to 'systems ready to surge.' However, neither the current Joint External Evaluations nor the 2005 International Health Regulations explicitly include the community health workforce and infrastructure needs that need to be in place for prevention detection, distribution, and response. Community health workforce and infrastructure needs should also be explicitly included in monitoring frameworks for the FIF. Moreover, the only reference of community health workers in the costing analysis shown in World Bank-WHO paper on financing needs as gaps is in regard to community-based surveillance,¹¹ yet community health systems are woefully underfinanced. Community health workforce and community interventions should be cited explicitly because they are historically marginalized and often de-prioritized by default, as we saw with PPE for CHWs during the initial frontline response to COVID-19.¹²

The cost of integrating community health into the standing pandemic preparedness infrastructure should also be added to the costing and gaps analysis for the FIF. A conservative estimate of the fair share of community health system costs that contribute to pandemic preparedness and response is an additional \$1.7B per year. This is derived from recent estimates of CHW costs across a majority of LMIC countries during the Global Fund investment case development - finding that the costs to fully scale and strengthen community health systems annually was \$8.7B, or an average of \$2,114 per CHW per year. This is in line with previous estimates of the cost of CHWs, where for example - the annual cost of full-scale community health systems in Africa would total \$5.4B. We then estimate that approximately 20% of costs of these programs support pandemic preparedness and response - thus, \$1.7B annually.

Recommendation 3: In the FIF cost analysis, include an additional \$1.7B annually to support scaling and strengthening community health workforce infrastructure for pandemic

⁸ World Bank (2022). *A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank* (17 May 2022).

<https://www.worldbank.org/en/projects-operations/products-and-services/brief/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-engagement>

⁹ Ballard, Madeleine et al. "Community Health Workers in Pandemics: Evidence and Investment Implications." *Global Health: Science and Practice* vol. 10(2):e2100648. April 2022.

<https://www.ghspjournal.org/content/ghsp/10/2/e2100648.full.pdf>

¹⁰ McKinsey & Company publication "Not the last pandemic: Investing now to reimagine public-health systems" <https://www.mckinsey.com/~media/McKinsey/Industries/Public%20and%20Social%20Sector/Our%20Insights/Not%20the%20last%20pandemic%20Investing%20now%20to%20reimagine%20public%20health%20systems/Not-the-last-pandemic-Investing-now-to-reimagine-public-health-systems-F.pdf>

¹¹ "Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms", Paper prepared by the WHO and World Bank for the G20 Joint Finance & Health Task Force, March 22, 2022. <https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf>

¹² Nepomnyashchiy, Lyudmila et al. "Protecting Community Health Workers PPE Needs and Recommendations for Policy Action." June 2020. <https://www.cgdev.org/sites/default/files/protecting-community-health-workers-ppe-needs-and-recommendations-policy-action.pdf>

preparedness and response.

Governance:

Recommendation 1: Implement an all-inclusive governance structure with full participation of low-and middle-income countries that involves a ‘one stakeholder, one vote’ approach.

Across the global health architecture, organizations, and mechanisms must evolve their governance structures to be more reflective of the changing reality and understanding of the global health landscape to ensure stronger and more equal representation. This will allow the global health community to make better, more informed decisions because all key actors will be at the table to find agreement on a more equal basis. The new FIF has an important role in ensuring it does not simply mirror existing economic and political power structures in the world, instead embodying the concept of leave no one behind, breaking down rather than reinforcing power inequalities. In order to do this, the FIF must, move away from what the WHO Council on the Economics of Health for All has recognized as ‘one dollar, one vote’ to a more inclusive approach that involves ‘one stakeholder, one vote’ with representation from high-, middle-, and low-income countries, key international and regional institutions, civil society, and communities.

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Recommendation 2: We call on Member States to strengthen regional public health entities to provide resources and also strengthen their leadership role at the regional level. Regional actors (e.g., Africa CDC) are important for efficiency and should be looked at to solve cross-border challenges.

Recommendation 3: CSO’s, communities, and frontline health workers - specifically community health workers- should be given full representation, including voting rights.

The importance of formal representation of civil society and communities in governance structures is well recognized by organizations including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), Unitaid, GAVI, GFF, and others. The Global Fund currently has three civil society delegations each with a vote (Communities Delegation, Developing Country NGO Delegation, and Developed Country NGO Delegation)¹⁴ and Unitaid currently has two delegations each with a vote (Communities Delegation and NGO Delegation).¹⁵ The structure at Global Fund and Unitaid also highlights the critical importance of recognizing the right to self-representation and the distinct voice of communities in governance and decision-making processes.

In the absence of full representation, a constituency-based approach that includes representation from frontline health workers - specifically community health workers - would help to ensure that FIF investments are strengthening pandemic prevention, preparedness, and response at the last mile. Community health workers can provide a critical accountability mechanism to ensure funds are reaching the last mile while also ensuring that the FIF is investing resources where they are needed most by those on the frontlines of our pandemic

¹³ WHO Council on the Economics of Health for All. 2022. *Building an inclusive global fund to address pandemic preparedness and response beyond COVID-19: policy principles and strategic considerations* (19 April 2022). <https://www.who.int/publications/m/item/building-an-inclusive-global-fund-to-address-pandemic-preparedness-and-response-beyond-covid-19--policy-principles-and-strategic-considerations>

¹⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria. <https://www.theglobalfund.org/en/board/>

¹⁵ Unitaid. <https://unitaid.org/about-us/governance/#en>

response.

Recommendation 4: Adopt USAID's Local Capacity Development agenda to ensure that the FIF prioritizes the perspectives and needs of those the fund aims to serve, ideally vis-a-vis a CSO Forum in GFF, Gavi, or Global Fund.¹⁶

Recommendation 5: Establish a technical advisory board to best leverage scientific/technical advice from WHO and other expert organizations/individuals to inform FIF's governing board, particularly with representatives with expertise in the community health workforce.

Operating Modalities:

Recommendation 1: The FIF should include eligibility for financing private sector activities aligned with government priorities and local context.

We recommend that the FIF provide financing through implementing entities that bring together government, the private sector, civil society, academia, training providers, employers, and trade unions to expand and transform the health workforce as a foundation for stronger pandemic preparedness and response. Such implementing entities include:

- **The Global Fund**, through its investments in resilient and sustainable systems for health as well as its dedicated investments in the COVID-19 response;
- **Africa Centers for Disease Control**, which strengthens the capacity and capability of Africa's public health institutions as well as partnerships to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programs; and
- **Working for Health Multi-Partner Trust Fund** which makes resources available at the country level for action and implementation of the *Working for Health: 2022–2030 Action Plan* which was adopted at the 75th World Health Assembly in 2022.

Adding these entities to the list of eligible FIF implementers would not only promote greater coordination at global, regional, and country level but would also unlock opportunities to incentivize/catalyze country investments in PPR via pre-existing mechanisms. For example, providing financing to the Global Fund would enable the FIF to tap into the Global Fund's catalytic mechanisms which are specifically designed to incentivize and catalyze country investment in targeted areas, such as community health workforce development (as a foundation for PPR) and other areas deemed critical for overall PPR efforts.

¹⁶ Local Capacity Development Policy, USAID, August 2021. available at https://www.usaid.gov/sites/default/files/documents/LCD_Policy_-_FORMATTED_508_01-11.pdf