

Resolve To Save Lives comments on the White Paper

“A proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response hosted by the World Bank”

Resolve to Save Lives submits the following in response to the request for comments and specific questions raised, and provides 5 suggested changes to the White Paper “*A proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response hosted by the World Bank*” dated May 17th, 2022.

1. **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.

2. Governance: Ensure LMICs are part of decision-making

- 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.

3. Implementing partners: Include other FIFs

- 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.

4. Geographic focus of FIF financing: Prioritize funds spent at country level

- 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.**

5. Programmatic focus of FIF financing: Focus on “staff not stuff” and improving readiness systems in LMICs.

- 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.**