



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

At the second meeting of the G20 Finance Ministers and Central Bank Governors under the Indonesia Presidency on 20 April 2022, the G20 reached an agreement to establish a new financial mechanism, a Financial Intermediary Fund (FIF), hosted by the World Bank, to address the financing gap for pandemic preparedness, prevention and action.¹ At the Second Global COVID-19 Summit in May, a number of countries pledged to support this new FIF, including the US, European Union, Germany and the Wellcome Trust as a non-governmental donor.²

The new FIF is expected to be finalised at the G20 Health Ministerial level meeting in June 2022 (with the Indonesian Presidency overseeing governance and operational discussions) with approval at World Bank's Board of Executive Directors meeting at the end of June 2022. It is proposed to be open for business by the end of 2022.

Ahead of these discussions we share key recommendations on **Finance**; **Governance**; and **Operating Modalities** to inform the development of this new mechanism.

Cutting across all three of these areas, we advocate for using the **Global Public Investment (GPI)**³ approach to strengthen the proposed FIF. Global Public Investment is a new approach to financing global common needs, such as pandemic preparedness, prevention and response. Global Public Investment is a universal contribution approach: all countries contribute, all countries benefit, and all countries get to decide. Civil society and other critical stakeholders are also included around the table with a say in decision-making.

There is much within the existing proposal for the FIF, as set out in the World Bank White Paper⁴ which lends itself to GPI. Adopting the principles of GPI more explicitly would make the FIF both more appealing to a larger number of country governments and other key stakeholders and be better able to deliver on its own ambitions.

A Pandemic Prevention, Preparedness and Response (PPR) FIF, organised according to the principles of GPI, would represent an important innovation in the way we collectively secure shared global public policy outcomes, even where these have different national and regional implications.

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/>

3. Expert Working Group on Global Public Investment. <https://globalpublicinvestment.org/>

4. 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>

Key elements of a GPI FIF.

In GPI all countries come together to determine global public policy objectives and to decide how contributions should be allocated to best meet agreed priorities. Through representation in the governance structure, all countries would have an equal voice and all would be treated be treated as co-contributors and decision-makers alike

1. Pay-in

Countries at all income levels make fair-share contributions. Low-income countries would be net beneficiaries but still contribute something. Contributions are additional to ODA.

2. All decide

A new innovative governance structure, designed and endorsed before the fund's launch, would ensure contributing countries (regardless of income group) and civil society and communities are all represented with seats and votes. This body or bodies would hold ultimate decision-making powers alongside scientific and technical advisory groups.

3. Pay-out

A GPI structure does not require establishing additional new entities, or otherwise changing the operation of any FIF-type fund. The change centres upon the governance structure itself. Pay-out would assign funds to wherever they could make the greatest impact in meeting pandemic preparedness needs.

Finance:

In contrast to existing ways of financing common objectives internationally, GPI includes all countries as contributors. This could include in-country and transfer spending, as well as globally assigned outcomes such as digital infrastructure, regulatory harmonization and regional manufacturing capacity, and coordination across these elements in meaningful dialogue with public health experts and civil society guidance so as to best meet overall global PPR needs.

The GPI approach could prioritise funding across four main categories of PPR spending, for example:

1. Prevention
2. Health systems resilience
3. Access
4. Coordination

In this approach, countries at different income levels would, in effect, resource different parts of the overall arrangement. But they would all benefit from public safeguards and predictability in the event of a pandemic. This would help even up the overall level of PPR capacity across the geographic and thematic areas that need to be mobilised to prevent and respond quickly and effectively to outbreaks of viruses of pandemic potential. It would also ensure that countries which needed the greatest assistance received this first: e.g. via trained personnel on the ground.

Governance:

Across the global health architecture, organisations and mechanisms must evolve their governance structures to be more reflective of the changing reality and understanding of the global health landscape to ensure a stronger and more equal representation. This will facilitate 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 implement an inclusive governance structure with full participation of low- and middle-income countries, moving away from what the WHO Council on the Economics of Health for All has recognised as a '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 institutions⁵ and civil society and communities.

The current FIF proposal remains insufficiently inclusive of most countries and other key stakeholders. **This matters for three reasons that, if unaddressed, could undermine the objectives the FIF seeks to meet:**

1. Countries, with their populations, are the primary stakeholders in such a fund and yet many countries will at present find little opportunity for meaningful participation. As we now know, no country is safe until all are safe.
2. Effective PPR itself relies upon equitable prevention, preparedness and response secured at a minimal level in all geographies, again requiring a more diverse and inclusive country engagement.
3. The need to ensure effective decision-making *on* PPR, whose function is to meet global needs, requires a global frame of decision-making. An inclusive governance body that includes the voices and votes of all key stakeholders, particularly those with the least power but who are most affected by the decisions made, will ensure that decisions reached reflect all perspectives and are therefore most likely to have the most positive impact.

To achieve these objectives, we propose the following:

1. Innovation to existing and proposed board structures for country representation:

- A more representative grouping of constituencies, tied to a meaningful voice within the Board, could be achieved through establishing a fair share model and providing countries meeting their fair share contribution in their income bracket with the right to be represented.
- The number of board seats allocated through this mechanism could be limited to 12-15 groups to maintain the effectiveness and nimbleness of decision making. If more than one country in a given category would meet the required threshold, the countries would select one of them to represent them in the board on a rotational basis. In this model contributing countries would only compete for board seats with countries of a similar income group but not with the countries that represent the small group of traditional donors with the highest per-capita income.
- The other contributors would be organized in an investors council so that all countries will have access to all information and be consulted on major strategic decisions. The Board would still be the primary organ in which the FIF reached decisions but would provide the much-needed incentives for all countries to contribute to the sustainable financing of the FIF.

5. 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>.

2) Adherence to existing global norms in civil society and community representation in governance and decision-making

- Civil society and communities are recognised across most global health bodies as critical partners in the global health architecture and must be formally represented in governance and decision-making processes as well as technical areas of work. The new FIF must ensure meaningful participation of civil society and communities in its Board and all decision-making processes. This means there must be permanent representation of civil society and community constituencies in the Board, provision of voting rights and funding to constituencies to support engagement with broader civil society and communities.⁶

The current FIF proposal envisions an observer pool which ‘could be broadened out, as needed, to include other multilateral institutions, civil society organizations (CSOs) and/or the private sector’.⁷ An observer role would be insufficient to ensure meaningful engagement of civil society and communities. The side-lining of civil society and communities in an observer role ignores the strength they have at national, regional and international levels in all areas of health which will have a negative impact on pandemic preparedness and response mechanisms. Civil society and communities have played a key role in the COVID-19 response⁸ with networks of people living with and affected by HIV and other diseases regularly gathering evidence to better understand lived experiences, and problems identified by members of their communities. These networks understand how to frame and deliver prevention messages and work with donors and governments to ensure that policies and services are put in place to address these challenges.⁹

The importance of formal representation of civil society and communities in governance structures is well recognised by organisations 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)¹⁰ and Unitaid currently has two delegations each with a vote (Communities Delegation and NGO Delegation).¹¹ The structure at Global Fund and Unitaid also highlights the critical importance of recognising the right to self-representation and distinct voice of communities in governance and decision-making processes. The importance of formal representation is also recognised by other FIFs hosted by the World Bank, including the Global Partnership for Education Fund with 3 seats (6 members) from the civil society organizations constituency, including teachers on their Board of Directors,¹² and the Independent Panel for Pandemic Preparedness and Response (IPPPR) in their proposal for a Global Health Threats Council with three civil society representatives in the proposed membership of 18 members of the Council.¹³

Whilst the new FIF is not expected to be a new multilateral organisation or legal entity, it must ensure meaningful and formal representation of civil society and communities within its

6. STOPAIDS, Aidsfonds, Civil Society Sustainability Network and Frontline AIDS. 2020. *HIV, Universal Health Coverage and the future of the Global Health Architecture: A civil society discussion paper on key trends and principles for evolution*. <https://stopaids.org.uk/resources/global-health-architecture/>

7. 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>

8. UNAIDS (2021). *Holding the line: communities as first responders to COVID-19 and emerging health threats*. https://www.unaids.org/sites/default/files/media_asset/holding-the-line-communities-first-responders_en.pdf

9. GNP+, ICW, Y+ Global (2020). *Living with HIV in the time of COVID-19: Report from a survey of networks of people living with HIV*. <https://gnppplus.net/resource/living-with-hiv-in-the-time-of-covid-19-report-from-a-survey-of-networks-of-people-living-with-hiv/>

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

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

12. Global Partnership for Education. <https://www.globalpartnership.org/who-we-are/board/board-members>

13. Independent Panel for Pandemic Preparedness and Response (2021). *Covid-19: Make it the Last Pandemic*. <https://theindependentpanel.org/mainreport/>

governance in particular. This is demonstrated by the Access to COVID-19 Tools Accelerator (ACT-A) which includes civil society and community representatives across each of its pillars and in its Facilitation Council.

In order to ensure an inclusive governance and decision-making process, WHO, World Bank and government must co-develop the operations and governance of the new FIF with a broad range of actors, including civil society and communities. With agreement in June on the outline principles of an all-contributor and inclusive governance approach, the months immediately following could be used to co-create, with governments and civil society stakeholders, the detailed structures and decision-making processes that would determine how the FIF operates. In particular, the principles of GPI could provide a way to incentivise broader country participation and contributions to the FIF as well as to enable more effective decision-making. By further developing the governance of the FIF, from June onwards, in line with the principles of GPI that have already been road-tested by governments, academics, civil society actors and others, an innovative solution to the challenges of the 21st century could be found that moves beyond the 20th century constraints of the donor-recipient model. Co-creation is at the heart of this, and provides the key to providing a meaningful, dynamic, and effective arrangement.

Operating Modalities

A Pandemic Preparedness FIF, organized according to the principles of GPI, would represent a major innovation in the way we collectively secure shared global public policy outcomes, even where these have different national and regional implications. Implementing such an approach in a way that is politically feasible will require building upon existing infrastructure where possible, using the principles of GPI to incentivise countries to participate and creating trust in the system via a process of co-creation. It will also require building upon the lessons and experience of other Financial Intermediary Funds at the World Bank, such as the Global Fund.

The requirement of a World Bank policy waiver, subject to a risk-based review, for global and regional organisations beyond Multilateral Development Banks and UN agencies outlined in the White Paper,¹⁴ must not be a barrier to organisations that have played a key role in the COVID-19 response, and support community-led health systems such as Global Fund, Unitaid, FIND, Gavi and CEPI.

Recommendations for the new FIF

- WHO, World Bank and governments work with civil society and communities to co-create the operations and governance of the new FIF
- The FIF implements a governance structure that recognises, and ensures the meaningful participation of countries at all income levels
- The FIF implements a governance structure that recognises, and ensures the meaningful participation of civil society and communities including:
 - Permanent representation
 - Voting
 - Funding to support engagement with broader civil society and communities

14. 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>

Endorsed by:

Organisations

ACADI Cameroon
Advocacy Network Africa (AdNetA), United States
Africa Japan Forum, Japan
African Coalition on Green Growth, Uganda
Afrihealth Optonet Association (CSOs Network)/Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN), Nigeria
AfroPHC- African Forum for Primary Healthcare being signed in Kenya; HQ- South Africa
Ageing Nepal
Aidsfonds, The Netherlands
Alliance for Public Health, Ukraine
Alliance for Sustainable Development Organization (ASDO), Rwanda
Ashar Alo Society (AAS), Bangladesh
association de developpement sanitaire et la promotion sociale, Burkina Faso
Association For Promotion Sustainable Development, India
Association of Concerned Africa Scholars (USA)
Blossom trust, India
Christian Action for Development & Support (CADS), South Sudan
Center for Indonesia's Strategic Development Initiatives, Indonesia
Centre International de Formation en Droits Humains et Développement Durable (CIFDH/DD), République du Congo
Christ Soldiers Foundation, Ghana
Christian Aid, United Kingdom
COALITION ACTION FOR PREVENTIVE MENTAL HEALTH KENYA
Coalition Action For Preventive Mental Health Kenya
Cordaid, Netherlands
CSYM HUDUMA*MEN/MEM COALITIONS TANZANIA
Dcenturyvibes Global International Foundation, Nigeria
Development Initiatives Global
DUKINGIRE ISI YACU, Burundi
Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO), Tanzania
Engineering Association for Development and Environment - EADE Iraq
Equal Africa, South Africa
FIND, Switzerland
Foundation for Integrated Care, Nigeria
Friends of the Global Fight Against AIDS, TB and Malaria, USA
FUNDACION HUESPED, Argentina
Fundación Manitas Amarillas, Colombia
Girls Advocacy Network-Ghana
Global Fund for Community Foundations, South Africa
Global Nation UK
Golden Change for Concerned Youth Forum, Nigeria
Harm Reduction International, United Kingdom
Harmony Consultancy Firm, Nigeria
Hope for Future Generations, Ghana
InciSioN Somaliland
Initiative for Covid-19 Eradication, Prevention and Sensitization, Nigeria
International Treatment Preparedness Coalition Global (ITPC), South Africa
International Treatment Preparedness Coalition Latin America and Caribbean ITPC-LATCA, Guatemala
International Youth Council-Yemen (IYCY), Yemen
INUKA SUCCESS YOUTH ORGANIZATION, KENYA
ITPC-MENA, MENA REGION (Based in Morocco)
ITPC-South Asia, India
Korean Advocates for Global Health, Korea
Kpangbama Farmers Investment, Sierra Leone
Living In Good Health Today, Haiti
Mayittah Group, Zimbabwe
Most At Risk Populations' Society in Uganda (MARPS In Uganda), Uganda
NGO-Ayandeh Sazan Fardaye Iran
Organisation For Health In Sustainable Development, Cameroon
Palliative Care Association of Uganda (PCAU), Uganda
Pandemic Action Network, United States
Paneer HIV positive women network trust, India
Partners In Health, United States
Partnership for Sustainable Development (PaSD), Liberia
Peace Foundation Pakistan
People living with HIV/AIDS(PLAS) LYANTONDE-UGANDA
PharmAccess Group, The Netherlands
Positive Women Together in Action, Eswatini
Public Health International Consulting Center (PHICC), Cameroon
R2H Action [Right to Health], United States
Rainbow TB forum network, India
Rare Care World, Nederland
Réseau Accès aux Médicaments Essentiels (RAME), Burkina Faso

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Organisations

RIHRDO (Rural Infrastructure and Human Resource Development Organization), Pakistan
Salud por Derecho, Spain
Sanemos por Igual, Mexico
Sankalp Rehabilitation Trust, India
Slum and Rural Health Initiative Rwanda (SRHIN-RWANDA)
Tamilnadu samuga seva sangam, India
The Reformed Drug and Substance Abuse Initiative, Nigeria
Transparency International Global Health Programme, United Kingdom
Treatment Action Group, USA
TUMAINI LA MSHINDI, TANZANIA
Ukana West 2 Community Based Health Initiative Nigeria
Ukana West 2 Community Based Health Initiative (CBHI), Nigeria
Union des Amis Socio Culturels d'Action en Developpement (UNASCAD), Haiti
Watch Democracy Grow, United States
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