



## FRONTLINE AIDS PARTNERSHIP RECOMMENDATIONS ON THE PROPOSED FINANCIAL INTERMEDIARY FUND (FIF) FOR PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE (World Bank White Paper)

June 01, 2022

### WHO WE ARE:

Frontline AIDS <https://frontlineaids.org/> convenes a diverse global partnership of 62 partners spanning 100 countries in Africa, Asia, the Caribbean, Europe, Latin America and the Middle East and North Africa. Our Partnership brings more than 30 years of experience in delivering multi-country, complex and adaptive programmes in places where key and marginalised communities face social and political hostility, which in some contexts is growing. With our support, our partners develop robust and resilient community health systems that meet global good governance, best practice, and risk management standards, ensuring successful programme implementation. We engage with governments and donors to ensure that they recognise and invest in community-led providers and civil society organisations who are in a unique position to make a difference.

This briefing provides **key recommendations and our response** to the **World Bank White Paper** on the proposed Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response. The below recommendations ensure that we capitalise on the learnings from the global, regional, and local HIV/AIDS response.

### KEY RECOMMENDATIONS:

- Community and civil society representatives must have equal decision-making power in the decision-making processes and governance structures of the proposed FIF. **We do not support further development of FIF unless such governance and decision-making mechanisms are in place.**
- Governance, decision making, and implementation processes must be set up and co-created with strong representation from the global South and communities most vulnerable to pandemics. **We do not support further development of FIF unless such process is in place.**
- Community responses and systems should be recognised and financed as core components of an effective response to preventing, detecting, and responding to pandemics in strategic partnership with formal health systems at all levels.
- Focus on addressing existing inequalities to prevent future pandemics, prioritising rights-based, person-centred approaches, focusing on equity and equitable access, technology co-creation and transfer, as well as creating larger ecosystems for developing, producing, and delivering supplies.
- Build on existing responses, infrastructure and lessons learnt from HIV, TB malaria, and COVID-19, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the ACT-A Accelerator.



- Key lessons must be drawn from the challenges related to implementation of the ‘Pandemic Emergency Financing Facility’ (PEF) by the World Bank so that the same mistakes are not repeated in the FIF operations.
- The funding for FIF should be additional to the existing global health investments. The proposed FIF should be catalytic and complementary and should not compete with financing for existing global health institutions and development priorities.
- Civil society and community advocates are crucial partners in advocating for increased government spending on health, and pandemic prevention, preparedness, and response and resource mobilisation; work of civil society and community advocates needs to be funded.
- Frontline AIDS partnership calls for the World Bank and WHO to provide clear timelines for operationalising the FIF, as well as in-depth engagement and regular consultations with donors and implementing governments, civil society, and communities on governance, selection of implementers, access to funding and implementation.
- Future FIF-related and similar consultations should be more inclusive. The consultation process should have a longer timeline, the papers for consultation should be available in several languages, and consultations in hybrid (virtual and face to face) formats need to be held in addition to the written consultation.

## Response to the questions on Finance, Governance, and Operating Modalities

### PRIORITIES FOR 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?*

**Community responses,<sup>1</sup> leadership and systems should be recognised and financed as core components of an effective response in preventing, detecting, and responding to pandemics in strategic partnership with formal health systems.<sup>2</sup>**

- Recent rapid review clearly noted that community responses and meaningful engagement is fundamental component of comprehensive response to address epidemics, pandemics, and public health emergencies, such as HIV, TB, malaria, Ebola and now for COVID-19.<sup>3</sup>
- The proposed FIF needs to focus on building critical functions to strengthen pandemic prevention and preparedness and response in lower middle income (LMIC) and middle income (MIC) countries, as well as at

<sup>1</sup> <https://frontlineaids.org/wp-content/uploads/2019/05/Community-Responses-for-Health.pdf>

<sup>2</sup> [https://www.theglobalfund.org/media/6428/core\\_css\\_framework\\_en.pdf](https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf)

<sup>3</sup> Recent rapid review noted key lessons in risk communication for control of outbreaks to include communities taking a central role in the response, involving local leaders and groups, tailoring interventions to communities and ensuring a two-way communication  
<https://gh.bmj.com/content/5/10/e003188#ref-10>



the regional levels, with the long-term goals of strengthening health and community systems<sup>4</sup>, and addressing inequalities, which increase the risk of future pandemics.

- The FIF needs to clearly and explicitly state that dedicated engagement of civil society and communities at global, regional, and national level is critical and are key actors in pandemic prevention, preparedness, and response.

### **Focus on equity, rights-based and person-centred approaches and build on existing systems and lessons learnt from HIV, TB, and Malaria**

- We have observed with concern the uneven distribution of the COVID-19 vaccine; as in the initial years of the HIV pandemic, pharmaceutical companies have prioritised profits over human lives, denying lifesaving products to people in low- and middle-income countries. Any international instrument developed must be able to address existing inequalities to prevent future pandemics; prioritising rights-based, person-centred approaches, focusing on equity and equitable access, technology co-creation and transfer, as well as creating larger ecosystems for developing and producing supplies.
- COVID-19, HIV and TB highlighted that prevention and social transmission pathways of pandemics require social and community responses. Responses that are led by communities are important to reach marginalised populations, play a fundamental role in preventing pandemics and the devastating impact among most vulnerable groups, rebuilding a stronger health system after the more acute phase of pandemics and support the design and delivery of an equity-focused public health response.
- The FIF needs to finance the development of inclusive social assistance and social protection schemes based on community responses for health and social care, particularly for vulnerable community groups that are affected by pandemics and health emergencies

### **GOVERNANCE**

*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?*

**Civil society and communities must have decision-making powers in FIF governance and decision-making structures. We do not support further development of FIF unless such governance and decision-making mechanisms are in place.**

- Frontline AIDS partnership calls for a governing board which has strong constituent representation made up of members from donor and implementing governments, NGOs, the private sector, private foundations and affected communities.
- The white paper states that ‘it would be designed to reflect inclusivity, while ensuring streamlined and efficient governance and operating procedures,’ but the proposed governance structure is far from inclusive, and more

<sup>4</sup> <https://frontlineaids.org/wp-content/uploads/2019/05/Community-Responses-for-Health.pdf>



tokenistic to vital players in the PPR health architecture. The WHO statement on 19 April 2022 to the G20 leaders called for the FIF to ‘move away from an outdated and inequitable donor/beneficiary framework...’<sup>5</sup>

- COVID-19 and other pandemic response mechanisms, such as ACT-A, has demonstrated that the engagement of communities and civil society as equal partners in key decision-making processes and governance structures are critical for stronger transparency and accountability and creating local and context-specific solutions to prevention and control responses.
- Examples from pre-existing FIF’s should be used as a template, such as the Global Fund, which has a stronger constituency model and is seen as an **efficient** model for decision making and implementation.<sup>6</sup> The Board of the Global Fund embodies an inclusive partnership approach to global health governance.<sup>7</sup>

### **The FIF structure needs to be set up with strong representation from the global South and communities most vulnerable to pandemics**

- We are alarmed that the proposed structure for the FIF does not seem to take on ‘lessons learnt’ from the mistakes that were seen in the World Bank’s previous “Pandemic Emergency Financing Facility” (PEF), which was also set up as a FIF and which was discontinued after four years amid criticisms that it was ineffective and poorly governed; being described as an “embarrassing mistake” by the World Bank’s former chief economist, and a senior fellow at Harvard’s Global Health Institute who worked at the World Bank for 33 years as a financial advisor recommended the World Bank’s independent evaluation group to assess “how it was possible that this happened and why did it go wrong”. **We ask the World Bank to kindly issue assurances that lessons learnt from these initiatives will be processed and such mistakes will not be replicated in the FIF structure. If such assurances are not received, we are not able to be in the position to support further development of FIF.**
- We are also concerned that Health Systems and Connector ACT-A pillar co-led by the World Bank has a weak track record in including civil society in the pillar decision-making processes; as well as the progress of the pillar has been extremely slow. Out of thirteen workstreams launched at the beginning of ACT-A only four have been functional. Civil society and communities’ participation in the workstream has not been smooth and the deliverables have been significantly delayed. **Such ways of working cannot be replicated in the FIF mechanisms.**

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

<sup>5</sup> [https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-\(fif\)-for-pandemic-preparedness-and-response-\(ppr\)](https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-(fif)-for-pandemic-preparedness-and-response-(ppr))

<sup>6</sup> The evaluation by the Multilateral Organisation Performance Assessment Network (MOPAN), which monitors the performance of multilateral organizations, gave the Global Fund top ratings in organizational architecture, operating model and financial transparency and accountability <https://www.mopanonline.org/assessments/globalfund2015-16/index.htm>

<sup>7</sup> <https://www.theglobalfund.org/en/board/>



**Frontline AIDS partnership will not be answering this question.** As a civil society partnership, we strongly object to the framing of the white paper, which presents the governance status of civil society as “observers,” without any mention of alternative and better models.

## OPERATING MODALITIES, FUNDING ALLOCATION, FUNDS FLOW AND RESOURCE MOBILIZATION

### *Choice of implementing entities*

- Financing for national and regional priorities must be channelled through implementing entities that work through existing multistakeholder global, national, and regional planning and coordination structures and processes. Examples include the Global Fund country coordinating mechanisms (CCMs).<sup>8</sup>
- The FIF needs to have mechanisms to directly finance national institutions and civil society, and community-led organisations engaged in PPR and support Southern-led capacity building at the country and regional level.
- All three different commissions proposing major reforms of the global health architecture to improve pandemic preparedness and response (PPR) recommends the need to channel the facility’s money through existing organizations such as the Global Fund, Gavi, and CEPI.
- Any priority setting and financing should be aligned with and planned in coordination with other global health actors, like the Global Fund and national stakeholders, who are uniquely positioned to help countries leverage the synergies between ongoing investments in systems for health to fight HIV, TB and malaria and investments to reinforce health systems’ preparedness against future infectious disease threats.
- Funding channelled through the FIF should be additional and complementary to the bilateral and domestic financing for health.

*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 ad hoc replenishments?*

**The funding for FIF should be additional to the existing global health investments. The proposed FIF should be catalytic and complementary and should not compete with financing for existing global health institutions, pandemics, and development priorities.**

- Recommendations to G20 leaders, finance and health ministers from the WHO Council on the Economics of Health for All and the G20 Health and Development Partnership clearly states that ‘It is critical that the FIF does not undermine financing for existing urgent public health needs. High-income country contributions to the FIF must be additional to existing Official Development Assistance (ODA)’<sup>9</sup>

*How can the FIF’s operating modalities be best structured to incentivize/catalyse country investments in PPR*

- In both donor and implementing countries, communities and civil society are an important partner in advocating for increased government health spending and resource mobilisation. To ensure sustained

<sup>8</sup> <https://www.theglobalfund.org/en/country-coordinating-mechanism/>

<sup>9</sup> [https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-\(fif\)-for-pandemic-preparedness-and-response-\(ppr\)](https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-(fif)-for-pandemic-preparedness-and-response-(ppr))



commitment from domestic budgets and governments, civil society and community advocates need to be resourced and engaged to support resource mobilisation for the FIF.

- An example of this is the successful partnership between the Global Fund and civil society advocates, which has led to multiple successful replenishments.

## SIGNATORIES

Alliance for Public Health, Ukraine  
 Alliance India  
 ASSOCIAÇÃO LAMBDA, Mozambique  
 Botswana Network on Ethics, Law and HIV (Bonela)  
 Corporación Kimirina, Ecuador  
 FACT Zimbabwe  
 Frontline AIDS, United Kingdom, and South Africa  
 KHANA, Cambodia  
 LVCT Health, Kenya  
 MAHAMATE Health Care Organization @ Alliance Myanmar  
 Rumah Cemara, Indonesia  
 Via Libre / LAC Platform