

As the network of civil society and communities engaged in the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund Advocates Network) and the Developing Country NGO and Developed Country NGO Delegations to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria we are submitting short input to the White Paper on the Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response by the World Bank.

While we have strong reservations about a FIF being the appropriate or preferred mechanism for funding pandemic preparedness and response, we strongly support and see as vital to its success, if created, the following key elements of the proposed FIF as outlined in the White Paper:

1. That it would seek to complement the work of existing institutions that provide international financing for PPR
2. That resources mobilized for the FIF would be in addition to and not substituted for existing ODA for global public health or other ODA expenditures
3. That it would have the flexibility to work through existing institutions engaged in PPR financing

We would add a further key element being that the FIF must ensure that all actors needed in the response are involved in its conception, creation, and operation and therefore, invested in its success. All stakeholders should contribute according to their means - including financially - and all countries should receive or be eligible for investments according to need. We note the submission from colleagues at StopAIDS UK, Global Public Investment and the Joep Lange Institute to this same consultation process that we believe embodies this shared co-creation concept in the principles of Global Public Investment.

It is critical that the FIF not be a new mechanism that attempts or is forced by default to work in isolation or competing for funds with existing mechanisms in the global health architecture. The FIF must be seen as building a better, more robust system for global health and not one that could supplant existing mechanisms, nor should countries be unaware that to ensure our collective, global good that this will require significant shared investment and responsibility.

**Our strong concerns with the white paper and the FIF as proposed include:**

- **The false dichotomy of Efficiency versus Inclusivity;**
- **The proposition that CSO's could be included as "observers" instead of integrating CSO's and communities whose expertise in linking communities to formal health services and delivering health services within communities that are harder to reach is critical**
- **The exclusion of existing multilateral mechanisms as initial implementers if a dedicated PPR FIF is created.**

### ***Efficiency vs. Inclusivity: A false dichotomy***

The white paper advances a perspective that inclusivity is somehow a barrier to efficient governance and decision-making and provides no evidence or sources to back-up these assertions.

We urge the FIF to reject this as a false dichotomy; efficiency in decision-making isn't a guarantee of impact or results any more than inclusivity is.

Smaller, leaner organizations than those typically managed by the World Bank like the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria who have an inclusive governance model have shown that efficient, timely and impactful programs are possible with an inclusive governance model. This was amply demonstrated by the Global Fund during the COVID19 Pandemic as a founding partner and implementing agency of the Access to COVID-19 Tools Accelerator (ACT-Accelerator) and through its C19RM Funding. Through these mechanisms the Global Fund effectively and rapidly responded to the needs of low- and middle-income countries to ensure access to safe and effective diagnostics and treatments including medical oxygen, protect health workers and strengthen health systems.

In 2017, the evaluation by the Multilateral Organization 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. The overall conclusion is that the Global Fund is fit for purpose and able to adapt to future needs,"

### ***CSO's as Observers: the opposite of meaningful inclusion***

We categorically reject that CSO's should be "observers" in the governance model. One of the major concerns we have with a FIF is that it is being established within a nation-state centric model. Nation states bear the ultimate responsibility and must be accountable for providing universal health services to their populations, but good health responses require a multi-stakeholder, partnership approach – this has best been modeled by multilateral global health actors. Recent experience with the Access to COVID Technologies – Accelerator (ACT-A) shows that without a strong, inclusive, and transparent governance model ensuring both efficient, timely and impactful decision-making and inclusivity are challenging to succeed at.

### ***The Global Fund: An evolving model for inclusivity and impact***

Civil society organizations and community-based and led organizations have always been critical to successful implementation of health programs. However, community engagement has often been informal, unpaid and an "add-on" to programs as "consultation" instead of rigorous inclusion.

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria however provides an interesting example of early, strong engagement of CSO's and communities that we would strongly recommend the FIF take lessons from. Some of the key ways in which the FIF could build on the experience and lessons learnt by

the Global Fund in its work responding to pandemics with an inclusive model for civil society partnerships includes:

- A governance structure that contains 3 voting seats (of 20) for civil society (Developed Country NGO and Developing Country NGO) and communities (Communities Delegation) and supports the delegations with financial resources to ensure equitable participation in governance matters.
- The Global Fund makes dedicated engagement of civil society and communities at global, regional, and national level a clear and explicit priority, and explicitly describes both constituencies as key partners in the global, regional, and national response.
- Actively promoting and supporting linkages between investments and multiple technical partners and civil society and community partners at country, regional and global levels
- Short term technical assistance to ensure community and CSO participation from the conceptualization, to design, to implementation to monitoring and long-term support for regional platforms to access information and further technical support
- A funding model that seeks to continually revise and improve itself through policies, requirements, and tools to sustain a model which retains as core tenets a country dialogue and concept note processes that allows for – and is actively supported to include - significant opportunities to engage CSO's and communities, especially those who may be excluded from national planning processes

The Global Fund's investments in key and vulnerable populations have been significantly strengthened by working with technical partners and civil society and community partners at country, regional and global levels. The current strategy has seen the Global Fund work to scale-up evidence-based interventions with a focus on equity, gender and human rights and meaningful engagement of key and vulnerable populations and networks in the Global Fund-related processes. Building from this, the next strategy, which is set to be implemented in 2023, seeks to maximize the engagement and leadership of those most affected and continue to build out programs that maximize health equity, gender equality and human rights. In all these strategic objectives, CSO and community engagement is critical and supported via a core group of staff at the Secretariat who work to advance community and CSO inclusion and promote the expertise of CSOs and communities internally and throughout the partnership.

For these reasons, we also believe that, if created, the World Bank FIF should include multilaterals with proven track records for delivering impact before and during COVID-19 including the Global Fund as one of the agreed implementing entities from the outset. This PPR FIF should be catalytic and should build on the work of and transition from existing structures.

As an ACT-A partner, disbursing close to 5 billion of ACT-A funds, the Global Fund with its inclusive governance and decision-making structure proved effective and efficient at delivering timely and effective support despite there being obviously much to learn and improve upon for all ACT-A co-leads.

Restricting the initial phase implementing entities only to MDB's engaged in PPR, the WHO and "other relevant UN agencies" unnecessarily circumvents actors like the Global Fund, GAVI, UNITAID, FIND, CEPI and many others who have been critical partners in the COVID-19 response which should be an important consideration in terms of which actors are ready to step in and take on PPR work in meaningful and catalytic ways.

Should the FIF move forward, it is critical that the World Bank Group re-evaluate its base premise that impactful pandemic preparedness and response could be accomplished without meaningful, supported, and sustained CSO and community engagement in a FIF alongside country governments with their responsibility for delivery of health care including pandemic preparedness and response mechanisms.

The co-Chairs and founding donors should begin now to put plans for meaningful consultation throughout the conceptualization and design phase of the FIF and commit to a FIF that ensures CSO and community engagement at the governance level as well as throughout the operational, strategic, decision-making, accountability, implementation, and monitoring of work funded via a FIF.