



Summary of Proceedings and Key Messages (30 and 31 August 2022)

Second Round of Civil Society Consultations for the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response

August 30, 2pm-3:45pm WIB / 10am-11:45am EAT / 8am-9:45am BST/ 9am-10:45am CET
August 31, 4pm-5:45pm BST / 5pm-6:45pm CET / 11am-12:45pm ET / 10am-11:45am CDT

Pandemic Action Network, Center for Indonesia's Strategic Development Initiatives (CISDI), Eastern Africa National Network of AIDS Service Organisations (EANNASO), and WACI Health, jointly hosted the second in a series of consultations with civil society organizations (CSOs) on the new Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness, and Response (PPR) on Tuesday, August 30, and Wednesday, August 31, 2022. Combined, the two consultation sessions were attended by more than 166 civil society and non-governmental stakeholders, 24 government attendees, 6 philanthropy representatives, and 17 international organization affiliates from more than 48 countries and regions. Representatives of the joint World Bank/WHO Interim FIF Secretariat, other multilateral organizations, and at least eight founding contributors also joined as active participants and observers across the two consultations.

These two CSO consultation events were focused on the topics of the scope of the PPR FIF and initial RFP priorities for the first round of funding. [Pre-read materials](#) were provided in advance. Participating CSOs welcomed the opportunity to hear a process update from the Interim Secretariat and founding contributors, as well as the opportunity to ask direct questions on the proceedings of ongoing FIF design meetings, priorities, and next steps. These consultations helped promote two-way dialogue between civil society and current leadership of the FIF. CSOs also welcomed a [process to identify two interim civil society representatives](#) and alternates to serve on the FIF Governing Board, although noting the short two-week timeline to select candidates to ensure CSOs could participate in the first meeting of the Board on Sept 8-9.

Below is a summary of these second consultations with key takeaway messages. The annexes contain more fulsome meeting notes, country representation, and written feedback.

Topic 1: Scope of the PPR FIF

Participants discussed the focus of the PPR FIF, what should be in scope, what should not be included in the scope of the PPR FIF. The following questions guided the discussion:

- *What should be in scope for the PPR FIF, and why?*
- *What should not be in scope for the PPR FIF, and why?*
- *How can the PPR FIF scope and priorities legitimately fill gaps in pandemic preparedness at national and regional levels?*

Key Messages:

What should be in scope for the PPR FIF, and why?

- Investments from the PPR FIF should have a transformative and catalytic effect, filling gaps in the ecosystem and helping to drive additional investments, action, and coordination to make the world safer from pandemic threats.
- The scope of the PPR FIF should be informed by evidence and data to where the biggest gaps and needs exist at the country and regional levels.
- A major focus of the PPR FIF should be country-level PPR capacities. For these investments, priorities for funding must be identified by stakeholders in countries where the activities will be implemented, informed by national action plans and local context.
- To reflect the full nature of pandemic threats and address gaps in the current ecosystem, the scope of PPR FIF should explicitly include prevention of zoonotic spillover and tie to the One Health agenda. Surveillance is not prevention.
- The PPR FIF should also prioritize health systems strengthening as the backbone of preparedness, including investments in the community-level health workforce and infrastructure.
- Investments from the PPR FIF must drive equity and access, reflecting on lessons learned from inequitable access to COVID-19 vaccines and other countermeasures. Targeted priorities could include health research and development, technology transfer, overcoming intellectual property barriers, building sustainable supply chains, and regional manufacturing.
- The PPR FIF should also invest in civil society engagement and capacity building to build community connections and understanding that promote prevention and preparedness at the local level.

What should not be in scope for the PPR FIF, and why?

- While additional investment is needed for response during a pandemic (and this problem has not sufficiently been solved for), the PPR FIF should deprioritize global pandemic response in favor of prevention and preparedness investments to build stronger health systems.
- The PPR FIF should not fund medical R&D, as the costs could far exceed the amount of funding and as there are other funding streams for these activities.
- The PPR FIF should not fund the World Bank or Multilateral Development Banks for implementation and prioritize local and regional organizations closest to communities.
- PPR FIF investments should not create new institutions or create new silos.

How can the PPR FIF scope and priorities legitimately fill gaps in pandemic preparedness at national and regional levels?

- The PPR FIF should use an evidence based, data-driven approach to identify and fund greatest needs (technical and financial). Needs and gaps in PPR have been identified through the IHR M&E Framework, JEEs, Global Health Security Index, and other mechanisms.
- PPR evaluation frameworks should be complemented by evidence on disruptions to essential health services during the COVID-19 pandemic and other previous outbreaks.
- Priorities should also be identified by stakeholders in countries where activities will be implemented, based on national action plans and knowledge of what is needed, desired, and suitable in each particular context. Local research organizations can provide evidence on knowledge and operational gaps at national and regional levels to help inform priorities.
- The PPR FIF should apply lessons learned from COVID-19 to address global coordination across countries, in particular distributing vaccines and other interventions.
- The PPR FIF can learn from the Global Fund to Fight AIDS, TB and Malaria, which has mechanisms in place to be relevant, legitimate, and gap filling the national and regional levels.

Topic 2: Initial RFP priorities

Civil society representatives discussed suggested priorities for the PPR FIF first round of funding, considering the existing funding gap. The following questions guided the discussion:

Key Messages:

What key priorities should define the first round of funding from the PPR FIF?

- The first investments from the PPR FIF should prioritize activities that show results quickly and have multiple and intersecting benefits. Investments across funded proposals should be coordinated so that they can have a multiplier effect.
- Early PPR FIF investments should prioritize community needs. Affected communities need to articulate the first priorities to be addressed and funded.
- The RFP process should mandate an equitable and inclusive approach, with special consideration for interventions that serve the most vulnerable.
- The RFP process should promote country ownership and encourage countries to self-finance preparedness, reduce donor dependency, and propel long term catalytic effect.
- The RFP process should prioritize coordination of PPR, including activities and proposals that denote whole-of-government prioritization and collaboration/joint activities among neighboring countries and within regions.

- The RFP structure should encourage co-design to promote applications from governments and civil society together to ensure priorities for funding reflect community inputs and needs.
- Many of the countries that most need funding may be unable to develop the strongest proposals. We must make sure that there's technical support to aid all applicants so they can be successful.
- Thematic priorities include: strengthening health system infrastructure, such as lab capacities, early warning systems, and diagnostic tools; community capacity building and engagement, including for health workers; and proven interventions to prevent zoonotic spillover.

Annex 1: Participation of Civil Society Organizations

There were civil society representatives from at least 40 countries (number will be updated following final analysis).

Africa (15)

- Burundi
- Cameroon
- Congo
- Congo, Democratic Republic of the
- Ethiopia
- Ghana
- Kenya
- Morocco
- Nigeria
- Senegal
- Tanzania, United Republic of
- Togo
- Uganda
- Zambia
- Zimbabwe

Latin America & the Caribbean (3)

- Argentina
- Chile
- Mexico

North America (2)

- Canada
- United States of America

Asia & the Pacific region (8)

- Fiji
- India
- Indonesia
- Japan
- Malaysia
- Nepal
- Singapore
- Thailand

Europe & the Middle East (12)

- Belgium
- Bosnia and Herzegovina
- France
- Germany
- Ireland
- Israel
- Italy
- Netherlands
- Norway
- Switzerland
- United Kingdom of Great Britain and Northern Ireland
- Yemen

Annex 2: Tuesday 30 August Consultation - Detailed Feedback

Scope of the PPR FIF

What should be in scope for the PPR FIF, and why?

- Highest leveraged interventions are those focused on the prevention of outbreaks with zoonotic disease spillover to humans and antimicrobial resistance (AMR), which are often ignored or not visible but where outbreaks often begin.
- The fund should support in strengthening health systems, research and development, and local manufacturing of medical countermeasures (MCM) in a coordinated manner in LMICs. Equitable access to MCMs should be core to the FIF priorities.
 - Health education and capacity building for health service providers at local and national levels.
- Crucial inclusion of One Health.
 - Priorities to include: sexual and reproductive health and rights, a gender lens with focus on vulnerable populations and rural areas most at risk, and climate change.
- Investments in national and community engagement.
 - Focus on unlocking domestic investment and country level decision making to improve health systems and disease surveillance.
 - Priorities should also be identified by stakeholders in countries where activities will be implemented, based on existing national action plans and knowledge of what is suitable in their particular context.
- Build on pre-existing structures and not build new or duplicative systems.
- Learn lessons from the previous WB mechanisms of Pandemic Emergency Financing Facility that failed to bring resources (rapidly) to the countries/areas hit hard by the pandemic.
- A learning mechanism to ensure global solidarity and equity.
- Sustained funding, not just one-time investments.
 - Based around and supportive of SGDs.
- Should be transformative and have a catalytic effect.

What should not be in scope for the PPR FIF, and why?

- We should deprioritize global response in favor of prevention and deprioritize COVID-specific response in favor of building health systems generally.
- Should not create new physical infrastructure or new silos.

How can the PPR FIF scope and priorities legitimately fill gaps in pandemic preparedness at national and regional levels?

- Increased access to health interventions is key in areas that traditionally lack access.
- Learn more about lessons learned from COVID-19 to address global coordination across countries, in particular distributing vaccines and other interventions.
- New FIF can learn a lot from the Global Fund to Fight AIDS, TB and Malaria, which has mechanisms in place to be relevant for the national and regional levels.
- Evidence on knowledge and operational gaps at national and regional levels can be provided by research organizations and initiatives.
 - Based on findings, the Fund can support actions/projects based on local/national needs. This co-design process should be included as a first step required activities in the project funded.
- Address the significant gap in national defense and response in LMICs with weak public health systems.

- Preparedness at country level is about contingency plans — we need strategies that are flexible and can be adapted.
- Promote local and national collaboration between sectors and different types of actors within a One Health approach. Break silos. More intersectionality.
 - Community engagement is key.
 - Affected communities and local actors should be involved in response interventions from the onset to minimize impact and spread of outbreaks.

Initial RFP priorities

What key priorities should define the first round of funding from the PPR FIF?

- Sustain and scale existing infrastructure and health systems.
- Access to technical assistance, scenario/contingency planning and immediate response efforts.
- Disease surveillance capacity and early warnings systems particularly at the community level.
- Country and regional preparedness down to the community level.
 - Community engagement.
- Advocacy to increase health systems financing.
- Global logistics and supply chain improvements to improve delivery.
- Mechanisms to improve collaboration between sectors and across geographies.
- R&D and manufacturing strengthening in LMICs.
- Zoonotic transmission and coordinating communication across sectors.

What are areas that should be deprioritized for this initial round?

- Global response to COVID-19 in favor of building existing health systems.
- No new physical infrastructure.

Annex 3: Wednesday 31 August Consultation - Detailed Feedback

Scope of the PPR FIF

What should be in scope for the PPR FIF, and why?

- Priority thresholds, identify percentage allocation between three priority areas: country, regional, and global level PPR capacities.
- Equity/access/inclusion
 - Regional manufacturing for MCMs.
 - Inclusion is important, especially for people with disabilities.
 - Fund should consider how to promote equity and equal access.
 - Fund should have a human-rights approach.
- Country-level investments are critical.
 - Key to have partnership with countries as a whole, not only government and UN agencies.
 - CSOs and community members should be full partners and have direct channels for funding (not only as subgrantees or implementers).
- Frontline/community health workforce
 - Strengthen community leadership, advocacy monitoring.
 - We know that neither the current JEE nor the 2005 IHRs explicitly include the community health workforce and infrastructure needs that need to be in place for prevention, detection, distribution, and response. Pragmatically, community health should be reflected in guiding IHR documents like the JEE and national

- action plan for health security (NAPHS frameworks), in regional investment plans, and in the financing design and monitoring frameworks for the FIF.
 - How can we ensure that the whole of the global health workforce are represented?
- Prioritizing funding to build health system capacity including community health systems. Evidence shows that countries with strong CHWs cadre were better able to respond to COVID-19.
- GHTC believes the FIF should include mechanisms for funding national, sub-regional and regional surveillance, manufacturing (funds permitting), and clinical trial platforms during ‘non-pandemic’, inter-crisis times — particularly those based in and led by LMICs — and facilitate rapid mobilization of at-risk public investments during a pandemic. These are gaps not sufficiently filled at the moment.
- Upstream prevention
 - Concerns about investing in upstream prevention to stop preventable tragedies from happening again. Need to engage in primary prevention.
- Key to success is to have prevention expertise in the TAP and Secretariat and frontline stakeholders in wildlife (i.e., rangers, etc.) for interventions on the ground.
- Must address needs for robust global research, tech transfer, manufacturing capacity, access to raw materials, etc. Must support UHC and health force support.
- FIF should invest in evidence based spillover prevention especially in low-resource settings, it’s an equity issue. Climate funding isn’t enough to prevent spillover.
- Water sanitation and hygiene should be prioritized to stop outbreaks.
- Omnibus proposals should be allowed for more participation.

What should not be in scope for the PPR FIF, and why?

- Projects that are being implemented or already planned for by the World Bank. In addition, the use of preferred WB-channels (such as PBF) if not clearly evidence based shown impact.
- National political agendas and reform plans.

How can the PPR FIF scope and priorities legitimately fill gaps in pandemic preparedness at national and regional levels?

- FIF should change health systems into “systems for health,” to clearly include funding support to community systems.
- FIF should use/fund independent community led monitoring to check if funding really arrives at patients/people at risk.
- The fund needs to prioritize knowledge sharing, network building, and translating the existing knowledge.
- Priorities should be focused on global, regional, sub-regional, national, sub-national, and local multilateral institutions (central government, local government, private sector civil society, health professionals) for the implementation of the FIF in an inclusive and transparent manner.

Initial RFP priorities

What key priorities should define the first round of funding from the PPR FIF?

- One Health and menu of investments in spillover prevention
 - Must include poverty alleviation.
 - Support to clean up wet markets and reduce spillover effects by as much as 70%.
- Benefits and results

- Coordinate investments so that they can have a multiplier effect.
- Prioritize investments that show results quickly.
- Action oriented research.
- Prioritize investments that have multiple and intersecting benefits.
- Prioritize community needs
 - Support community level instructure.
 - Affected communities need to articulate the first priorities to be tracked.
- Country ownership and coordination
 - Encourage whole-of-government prioritization and regional collaboration.
 - Encourage joint proposals by neighboring countries and regions.
 - Encourage joint proposals from governments and CSOs.
- Catalytic and country financing
 - Prioritize areas that will encourage countries to self-finance preparedness over the long term.
 - Prioritize investments that will be catalytic.
- Prioritize whole-of-government planning — increasing DRM and assessment of progress against measurable benchmarks for progress, and ensure investments are additional to other health and development investments, not replacing them.
- Proposal and technological support for under-resourced countries.
- We need to adequately prioritize Internally Displaced Populations (IDPs) in disaster preparedness and put more funding for these people.

What are areas that should be deprioritized for this initial round?

- Stem away from narrow primary healthcare systems as the main target of funding.
- Primarily funding health worker training vs. funding CSOs.

Annex 4: CSO Consultation for the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response Written Comments

What should be in scope for the PPR FIF, and why?

The three links below capture my thoughts on the scope of FIF. I believe it needs to have an objective oversight body monitoring the work of the FIF. My suggestion is to expand the Global Pandemic Preparedness Monitoring Board to cover Prevention. And when the Technical Advisory entity is formed, it needs to have on equal footing with WHO, representatives of animal health and the environment, e.g. the One health approach. While there is much good in the documents provided on this, good intentions do not lead to integrated concrete action.

- <https://impakter.com/one-health-international-community-new-step/>
- <https://impakter.com/time-get-serious-about-preventing-pandemics/>
- <https://impakter.com/global-health-system-needs-prevention-address-future-pandemics/>

Continuous but constructive stakeholders engagements for quality assurance, transparency, M&E, value for money, audit, and service delivery efficiency

#1 of the three major areas for investment identified in WB background papers, be clear on % allocation to each, with “strengthen country level capacity” far and away the biggest (investments for health systems that respond to people’s needs today and are ready to identify and respond to new threats). Be clear this funding can go for health systems priorities like CHWs and community systems that were so important in COVID. #2 From the start,

strategically define roles for key implementing partners based on their comparative advantages. (The Global Fund should be among these. The new MOPAN review finds the Global Fund has clear advantages in effectiveness, partnership model, agility, alignment with country plans and priorities and financial processes).

- A rigorous and systematic consultation process that includes a wide range of engagement activities must be put at the core of the PPR FIF governance structure. This should include:
 - Funding priorities to be decided collectively by both PPR FIF donors and implementing countries.
 - The embedding of non-governmental, civil society and academic groups so that they can systematically provide input and evidence
- PPR FIF must set up and be operated by additional funds and not from the reallocation of existing ODA or national budget commitments.
- Documents detailing core governance aspects of the PPR FIF, including governance structure, decision-making processes and constituent policies must be transparently available on an online platform.
- PPR FIF must make it mandatory within funding agreements to ensure minimum levels of transparency are upheld when funds are used by implementing governments. This must include at a minimum:
 - The publication of contracts for works, goods and services funded by PPR FIF within 90 days of their signature on one of the implementing government's websites.
 - A commitment to a viable level of open contracting principles, as agreed in combination with PPR FIF.
 - The publication of the breakdown of which funds are going to which departments at the initial stages of the disbursement.
 - The publication of a full audit at the end of the agreement on one of the implementing governments.
 - The PPR FIF must release any agreements with implementing countries within 30 days of the signature and without redaction.
 - Data on financial flows must be released by PPR FIF in an open data format, where possible showing how it is spent in-country.
- Data transparently released by the PPR FIF should be accessible on one central platform that is designed in a user-friendly manner.
 - The PPR FIF requires clear upward reporting policies that provide necessary oversight and accountability, but which do not overburden implementing countries.
 - Gender-sensitive whistleblower mechanisms and mechanisms for the protection of whistleblowers should be developed as part of accountability mechanisms.
 - In situations where the capacity of implementing governments means accountability is threatened, PPR FIF should consider the funding of national CSOs to cover the gap in terms of monitoring and reporting.
 - An independent audit should be mandated at the end of all funding agreements.
- The PPR FIF must include the mandatory signing of integrity principles by both PPR FIF and implementing governments as well as the inclusion of compliance programmes in the funding agreement as based on the guidance in the OECD "Anti-Corruption Ethics Compliance Handbook."

- PPR FIF must include specific governance and anti-corruption safeguards in emergency loan agreements. These must make specific, concrete and time-bound commitments. The language of the commitments matters because it allows citizens, civil society, and the PPR FIF itself, to hold governments accountable and accurately monitor their implementation.
 - The PPR FIF must consult with CSO experts before loans are approved, in particular, to get ideas on what anti-corruption measures are needed.
 - The PPR FIF should routinely report at least every 6 months on the adherence to anti-corruption, accountability and transparency commitments or fund an Non-Governmental Organization (NGO) group to do this for them.
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9 Trillion (3 for Africa, 2 for Asia, 1 for Europe, 2 for America, and 1 for Australia)

Commit portion of FIF investments to support health systems during crises.

- Major gaps in COVID-19 response were attributable to a lack of health systems support, such as a fragmented and inadequate health workforce and disruptions to essential health services. The ACT-A Health Systems & Response Connector was developed to try to address this, and the G20 Joint Finance/Health Analysis noted these challenges. However, the White Paper doesn't adequately address this. Beyond the traditional health security capacities described (e.g., surveillance capacities, laboratory systems, medical countermeasures), the success of FIF will hinge on committing a percentage of core investments to support essential public health functions (e.g., primary health care, community health workers, interoperable information systems, etc.) necessary to sustain in-country responses to crises, particularly as LMICs may not have the capacity to address these on their own. This will be critical if we are to also ensure preparedness against emerging, but cross-cutting public health threats, including climate change, AMR, and economic inequality.
 - Note that this isn't the same as financing routine health system strengthening, which likely falls out of the scope of FIF, but rather focuses on maintaining health service resilience during health emergencies."
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Despite recent progress, children are dying from different pandemics every day. Pandemic death and family responsibilities prevent many people — especially women and adolescent girls — from working steadily or going to school. The pandemic is preventing the future and economies from reaching their full potential. World leaders must now engage more in action, innovation and financing to stabilize the situation in an anticipatory manner. Thanks

Gender equity, Equal representation of Women in Governance Positions, Expand scope to include recovery.

In terms of the scope of the fund, it is crucial that the pillars of One Health (human, animal and environment) are included and resourced. Let's remember that 73% of emerging human infections come from animals. It is therefore vital that the new fund focuses heavily on preventing zoonotic spillover. That means investment in strengthening health systems, including the animal health system, which is arguably the weakest link in OH currently.

Le champ du FIF, serait l'appuis des communautés, et des OSC dans la mise en place des systèmes de Santé perrerin avec l'implication des besoins des communautés par la tenue des dialogues communautaires, la formation des communautés sur le monitoring, la surveillance épidémiologique, la gestion de la chaîne d'approvisionnement des médicaments essentiels sans les COSA, qui sont complices des responsables de DS et aires de santé dans le détournement des médicaments dans les CSI et DS et désigner les OSC comme seul BP des subventions PPR-FIF

Le soutien de la société civile dans le processus de Prévention, de signalisation, de protection des communautés et de post- gestion des catastrophes socio-sanitaire

Most emerging infectious diseases originate in animals and spillover into people. We must therefore invest in actions to prevent spillover. Experience with COVID-19 and monkeypox shows that waiting for pathogens to spill over and then trying to contain spread is fraught with risk. Investing in spillover prevention is also an issue of equity, because all too often the tools of containment (e.g., vaccines) are inequitably distributed; in contrast, spillover prevention protects everyone everywhere. Failure to include spillover prevention within the FIF's scope will result in the FIF not fulfilling its mandate.

Preventing zoonotic spillover through controlling deforestation and dangerous wildlife trade; while no solution is foolproof, this is the most effective method of protecting front-line communities and populations around the globe from dangerous pathogens. We know many of the methods that can be used to prevent zoonotic spillover, so it is critical to incorporate them into any successful pandemic prevention and response strategy.

Prevention of spillover (to reduce likelihood and frequency), preparedness for events, and efficient response all warrant substantial investment under the FIF. Each of these involve a different group of key stakeholders that requires involvement from the onset to appropriately shape the design.

Social and behaviour change media (including social media) and communication research with audiences and media practitioners, strategy development and activities to support pandemic prevention, preparedness and response.

Taking a One Health approach is not about allocating funds for any particular area, its about making sure the governance structures of the fund reflect the interconnected nature of pandemic prevention, preparedness and response across society, animals and ecosystems.

Funding needs to be available across sectors so as to allow the most effective action to be taken no matter which sector that lies in! For example, we have seen the pitfalls of this with rabies, where dog vaccination is 50x more cost-effective at preventing human rabies cases but funding rules prevent money from human health being spent on interventions in animals.

Embracing the One Health approach is important beyond the obvious wildlife-human interfaces that present a risk of emergence etc. It needs to extend into ROI and impact evaluations so that we don't end up in a situation where impacts that are in a different sector to where the money is spent are not captured. Shared ownership across sectors for complex global health problems — such as pandemics — help to make sure we don't have areas falling through the [funding] gaps.

Please see my comments on the Priorities for a more comprehensive explanation.

The World Bank Financial Intermediary Fund for Pandemic Preparedness and Response white paper highlights that one of the focus areas for financing currently includes “capacity for coordinated development, procurement and deployment of countermeasures and essential medical supplies.” Global Health Technologies Coalition underscores the need for the FIF to be leveraged for investment in the coordinated surveillance, rapid development, manufacturing, and equitable delivery of medical countermeasures essential to controlling epidemics and pandemics in every region. While initial resources may be limited, we believe that the FIF should seek to bolster all stages of end-to-end product development, ensuring that every country can access the tools and technologies they need to mitigate health threats

There should be a consideration for capacity building for CSOs doing the Human Rights Work around health, social justice, and accountabilities because this is where the major gaps lie.

To ensure success of the PPR FIF in supporting spillover prevention, inclusion of relevant prevention (aside from preparedness and response) expertise in the Secretariat and Technical Advisory Panel will be critical from the get go. Otherwise, the concern is a default to human health sector bias and an ongoing lean toward response versus prevention.

Also key is inclusion and support of the wildlife protection and conservation sector, Key stakeholders will be frontline workers, projects, programs and organizations working with wildlife conservation and trade in their ability and positioning for implementing spillover reduction measures on the ground.

Very well because improvement and increase health care.

We know that the PPR FIF aims to build on existing assessments of risk and capacities (e.g., STAR, SPAR, JEE, UHPR, One Health NBW, NAPHS) to prioritize actions and financing needs. However, neither the current JEE nor the 2005 IHRs explicitly include the community health workforce and infrastructure needs that need to be in place for prevention, detection, distribution, and response. Pragmatically, community health should be reflected in guiding IHR documents like the JEE and national action plan for health security (NAPHS frameworks), in regional investment plans, and in the financing design and monitoring frameworks for the FIF. We have seen the impact that this often invisible and under-financed cadre of frontline health workers have had on the continuity care during the COVID-19 pandemic. As such, I cannot underscore the importance of investing in this critical cadre of frontline health workers enough.

While there are valid arguments on how funds should generally be spent, they should be directed first towards improving impoverished health systems, which is the cause of PPR failures in many LMICS. Many examples from Africa show how improvements in their PPR systems would require supporting communities or local councils to provide clean water and WASH facilities, as well as recruiting and deploying a sufficient number of trained health workers at every level (national, district, and local). This and other examples show that while

disease surveillance and early warning systems are important, “on-the-ground capabilities” within and external to health facilities as well as reducing financial barriers to accessing health services remain fundamental to the FIF hitting its mark. Strong Primary Health Care systems and Universal Health Care are critical for our global defense should we face another public health crisis today.

What should not be in scope for the PPR FIF, and why?

All scopes are should be because increase the 30% financial support

Business as usual practices should not be the scope of the PPR FIF. The fund should aim to be as equitable and innovative as possible.

Funding to political parties because there won't be impact through that.

It is predictable that the emphasis will shift to response as well as emergency preparedness (e.g. stockpiling, vaccine development). These are necessary, but consume a huge amount of budget. The amount envisioned for prevention of spillover, preparedness for events, and efficient response should be clarified to ensure stakeholders have a clear sense on whether the scope is or is not relevant to them.

Le FIF devrais minimiser l'implication des responsables politiques et les représentations des responsables des districts sanitaires dans la mise en œuvre des activités de préventions des épidémies; en leur donnant un statut de consultant ou prestataire de services de santé communautaires

Le soutien des autorités sanitaires, l'implication complète des autorités sanitaires

None. Roles are very critical.

The discrimination must be avoided for good leadership on the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response activities.

There will be a temptation to go for and fund low hanging fruit that doesn't address some of the systemic issues. Additionally, the FIF should not focus on funding projects but look to more sector wide support, as this is more sustainable. This should be avoided otherwise the FIF will go down the path of many unsuccessful initiatives.

How can the PPR FIF scope and priorities legitimately fill gaps in pandemic preparedness at national and regional levels?

I would like to add about identifying the target audience to discuss common issues and seek solutions to problems shared by everyone and clarify what we wish to accomplish, and set follow-up action items.

A robust and coordinated strategy to prevent spillover has never been implemented. As a result, we continue to face outbreaks of new and re-emerging diseases that threaten populations around the globe. Ensuring support for a coordinated spillover prevention campaign is feasible, makes economic sense, and would fill gaps that have left society open to devastating outbreaks.

All state members and non-members signed the pledge.

Animal health has historically been neglected in policy, practice, and financing. This has created major gaps that lead to zoonotic spillover of disease from animals to humans. A true One Health approach, which supports animal health, the neglected pillar of OH, is key to plugging existing gaps in PPR.

Appointing members at all levels with official letters.

Efforts will fail if FIF only finances siloed IHR core capacities without considering at least basic support for health systems that enable IHR to be successfully and sustainably implemented.

This includes:

- Leveraging gaps already identified by Member States through the INB and WG-IHR
 - Integrating frameworks (HEPR, EPHFs, IHR + UHC capacities)
 - Aligning assessments (JEEs + SARA), and ensuring minimum % or base level of health systems support for all PPR investments (reflecting USAID HSS requirement)
 - Ensuring experts that are pulled from these broader health systems and determinants of health (including cross-cutting SDGs) to sustainably advance progress on PPR
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Ensure that a One Health approach (and broadly multi-sectoral) is taken from the start. The priorities cannot legitimately be achieved by WHO guiding the FIF alone. There are entirely different ministries, laws, and other mechanisms fully outside of WHO's mandate that require attention for prevention of spillover events. At a minimum, all of the Quadripartite organizations need a role for genuine involvement.

In order for any gap to be filled effectively, and especially in countries struggling with the impact of infectious diseases, transparency and accountability must be mainstreamed throughout funding practices. This will ensure that funds are not misallocated or stolen and are spent appropriately.

Les priorités et la portée du PPR-FIF devraient combler les besoins des Nations et des régions dans la prévention des épidémies par l'implication des communautés dans le monitoring des maladies, la surveillance effective par les communautés en renforçant leur capacités et la collecte des données pour avoir des alertes dans les meilleurs délais; par la gestion des chaînes d'approvisionnement en médicaments essentiels; en dotant les communautés des EPI, des outils collectés de données en sommes mettre en place un Mécanisme préventif de système de surveillance et de prise en charge des catastrophes avec les communautés.

Multilateral institutions reforms at global, regional, subregional, national, subnational, and local levels for good coordination process, monitoring and evaluation and reporting.

Par la surveillance à base communautaires, à travers le renforcement de capacité des communautés
Supporting underfunded smaller frontline organizations in hotspot countries and regions.

The FIF should leverage existing institutions like the Global Health Security Agenda (GHS), and stakeholders from the GSHA to inform priorities. The GSHA is a ready-made platform for LMIC country representatives, CSO, and private sector leaders that can help articulate country and regional health preparedness needs. These diverse GSHA experts can provide additional technical guidance and offer a more holistic set of perspectives. The GSHA also provides support to countries as they assess their own pandemic preparedness capabilities, including R&D capacity, and these processes can help provide guidance on how to strategically and equitably disperse the funding from the FIF. Therefore, GHTC urges stakeholders to consider having the GSHA serve on the FIF's technical advisory board to help guide the priorities deliberations.

The process of identifying priorities should have strong and meaningful participation from national and regional entities in the prioritization of what is funded. Additionally, there is already an evidence base around some of the key gaps in PPR and further analysis should be undertaken to see how far 1.3 billion will go where these gaps are concerned, in dialogue with experts and leaders from the national and regional level. Interventions that ensure equity across the board should also be prioritized.

There are many engaged in preparedness and response, far fewer investment mechanisms for "prevention". Countries may be less likely to request support for prevention, so there needs to be a way to incentivize them, even considering some form of affirmative funding, technical assistance, and research support.

Through inclusiveness, responsiveness, and serving as a fanatical agent of change in process.

Through capacity building for both local and national CSOs. Mass sensitisation of health service providers.

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, the health workforce enables the provision of global public health goods. 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. 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. 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. These results were sustained in rural and remote communities during COVID-19 in 2020.

What key priorities should define the first round of funding from the PPR FIF?

Access to commodities, governance and coordination, capacity building.

Allow for omnibus proposals from key implementing agencies so that Global Fund, Gavi, and others can bring their strengths. If only country applications are allowed, these agencies and all the synergies they can offer will have trouble participating.

CSO groups in specific countries should be empowered through funding to monitor and report on funding flows coming from PPR FIF.

Data portals, methodologies, and use cases for publication of data should be funded.

Essential needs based on scale of preference priority, degree of pandemic impacts and other socio-economic considerations.

Focus on national and regional interventions with maximum impact and building on existing effective mechanisms may be worthwhile.

Funding priorities should be guided by science and evidence. Prevention of zoonotic spillover should be a priority.

Global, regional, subnational, national, subnational, and local teams installation.

I joined the consultation on 31st August so won't repeat the contributions that I made in the chat but I would just like to clarify on One Health because I didn't feel the Jamboard summary presented for both discussion sessions was representative of the discussion.

There was much advocacy for the fund to embrace a One Health approach, but this was interpreted on the Jamboard as preventing zoonotic emergence of infectious diseases.

This is not comprehensive enough to capture the intentions of the contributors (in my opinion). Taking a One Health approach is about embracing a whole-systems, cross-sector perspective on the complex issue of Pandemic PPR. Please see the UN Quadripartite (WHO, WOA, FAO & UNEP alliance) definition of One Health
<https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>

One health is a 'big picture' approach, which not only encourages the synergistic effects that emerge through transdisciplinarity, but can also prevent responsibility gaps that emerge when disparate, narrow-focus funds exist.

It also presents opportunities for effective actions and cost-savings in pandemic preparedness and response beyond just the prevention narrative that was captured. For example, sharing resources and logistics across supply chains, strengthening regulation and enforcement for

medicines or pollution, sharing specialist laboratory staff, facilities or surveillance platforms (once a sample is in the lab it doesn't matter if it came from hand, hoof, or earth!), joint interventions on WASH and biosecurity or, joint community education and outreach campaigns (especially targeting those otherwise hard-to-reach)... to name but a few.

I worked closely with WHO to write the One Health strategy for Neglected Tropical Diseases. Because this group of diseases is very disparate — only linked by their neglect — then the principles were high level and therefore many are directly applicable as principles of One Health action for things such as Pandemic PPR funds 😊 Please see the Framework for Action, Pages <https://www.who.int/news/item/30-01-2022-on-world-ntd-day-who-releases-key-document-to-guide-a-paradigm-shift-towards-one-health>

I think the PPR FIF should fund some representatives and some youth country groups to make advocacy, health communication, and marketing about the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response and fund some platform to fight the current pandemic.

In addition to IHR core capacities:

- Diverse cadres of health workers (beyond just epidemiologists/infectious disease specialists but also nurses, social workers, and CHWs)
 - Sustain essential health services during health emergencies (building resilience in primary health care)
 - Leverage pooled procurement mechanisms to ensure affordable, high-quality, and accessible medicines and supplies during crises (both related to actual outbreak and for routine health services)
-

Increase 30% pledge signed.

Le renforcement des communautés sur la gestion de la chaîne d'approvisionnement, le monitoring en droit humains dans le domaine de la Santé communautaires, les dialogues politiques et les diagnostics culturelles des communautés

Les priorités du premiers financement du PPF-FIF serait le soutiens des OSC et des communautés dans la mise en œuvre de systèmes connexes de prévention, de surveillance, de gestions de catastrophes communautaire en santé par: le renforcement de capacités des acteurs communautaires ou agents associatives sur les maladies, le monitoring pour la collecte de donnée; sur l'alertes des épidémies, et surtout sur le changement social des comportement; par l'organisation des ateliers de formations, des diagnostics communautaires, des dialogues communautaire aux niveaux des communautés vulnérables tout en impliquant les personnes vulnérables(Jeunes filles mères, les enfants de 0 à 15 ans, les autochtones, les déplacés sociales et les refugier puis les PV-VIH, PV TB, les personnes transgenres)

Prevention with an indicative amount established for this purpose in the first six months.

Prevention: Strengthening risk analysis, monitoring and risk reduction capacity at high-risk interfaces for pathogen spillover.

Preparedness: Take stock of GHS Index findings that go across society — logistics, public information, trust.

Response: Strengthening emergency preparedness plans, including rapid response mechanisms and detection capabilities for emerging pathogens.

Reforms, local sustainable development multilateral institutions (Committees & SDGs local centers) are put in place.

Youth recruitment

Capacity Building

Communities mobilisation for action

Awareness raising

Data revolution

Health need data collection

Social protection programme implementation

Health promotion programme for all.

Reiterating the above related to scope, prevention in spillover risk reduction should be a key priority.

Prioritizing support of the wildlife protection and conservation sector should be a key consideration. Supporting frontline workers, projects, programs and organizations working with wildlife conservation and trade will help ensure implementation of rapid and tangible spillover reduction measures.

Priority organizations to support:

Organizations and institutions that are implementing projects and programs that integrate a One Health approach throughout all aspects of the work. Frontline prevention.

One Health/Preventing Pandemic coalitions — global reach and scope.

National/in country One Health Platforms — Liberia has a very effective and committed OH Platform but often lacks support and finances to conduct widespread and high impact activities.

Wildlife protection and conservation organizations — opportunity to address prevention at the interface of humans and wildlife.

Countries with high levels of poverty are often also hotspots for emerging zoonotic diseases. Supporting these countries from the start will be essential to stopping the next global pandemic.

Research, strategy development, building cross-sectoral partnerships and networks for prevention and preparedness, and then response, and resources for a potential response.

SRHR should be a Priority because of the effects it presents when not attacked. Focus on Accessibility to Health information and services. Focus on averting the effects of Climate change in SRHR which will eventually build resilience against the effects of the pandemic

True prevention strategies that stop spillover into patient zero before it occurs. By protecting front-line communities, we not only protect global health, we also endorse a more equitable public health strategy, as containment alone relegates front-line communities to disease and death.

What are areas that should be deprioritized for this initial round?

All are essential but a scale of preference based on NEEDS should be adopted

Any investments that are not designed to be multistakeholder, multisector, and integrated into the national health system.

For this initial round, the individual grant and no pandemic actions areas are deprioritized for this initial round as i should think.

Funding for infrastructure development

Funding of MDBs and private actors (through pre-approved IEs like the IFC and EIB) should be actively avoided. The priority, especially in early rounds of funding, should focus on IEs that prioritize public systems and public delivery. In addition, it may not be strategic to focus on resource intensive sector like R&D.

l'appuis des communautaires, et des OSC

Le soutiens des gouvernements et des représentant locales de la Santé; réduire d'avantage leur responsabilisation dans la mise en œuvre des projets pour le premier lots de financement car la première phase serais une phase de consultations directes des besoins réels des communautés et non des gouvernement; ils doivent jouer le rôle de prestataires de suivi des politiques et programme du projet et non des décideurs des besoins des communautés.

Vaccine trials and other medical countermeasures, which already have existing funding mobilized.

Do you have feedback on the update shared by the Interim Secretariat? If so, please briefly share.

Ces contenues sont conforme

Fantastic and highly informative

I am so glad with the update shared by the Interim Secretariat. Thank you

Le soutien du système de Santé à base communautaire

Please ensure representation from One Health (including animal health and environment experts) to genuinely include a prevention scope.

The governance structure of the fund is heavily donor-led and entirely dominated by human health actors. Other pillars of One Health (animal health and environment) should be represented too, in particular FAO, OIE, and UNEP.

The update was more comprehensive than the updates in the first round of the FIF. More could be shared on the specific timelines and plans between now and November and which points they plan on engaging CSOs in discussions. We would also like to hear if they have any activities lined up during the WB annual meetings and G20 meetings around the same time.

This participatory approach is very much recommended and enhances ownership of the priority activity implementation

Update well shared

Useful

Yes

Do you have specific questions for the PPR FIF Interim Secretariat? If so, please briefly share.

After the civil society 2 global seats are occupied, what will be the regional and national appointment process?

As we've seen in the COVID pandemic and previous infectious disease outbreaks, media and communication are a critical part of any prevention, preparedness and response. This goes beyond media briefings and delivering messages to using social and behaviour change communication (SBCC) approaches so that media and communicating activities are engaging with communities, connecting people, and enabling and empowering people to take actions that reduce risk and harm. Is it possible to include people with media and SBCC expertise in pandemic preparedness and response in the Board and Technical Advisory Group?

I would like to have idea on how the interim PPR FIF Secretary plans to support activities to fight pandemic specially in Africa? Thank you.

L'inquiétude réside sur l'engagement de la société civile car les gouvernements qui mettent l'accent sur la santé dans les DS
Les attributions et les devoirs de ces derniers, aussi les lieux d'affectations de ces derniers

Step-up the good work. Will sure like to provide some further technical inputs at some point

What will they be referencing or frameworks will they be borrowing from in regard to structuring incentives for domestic investment? What specific gap assessments/ needs analysis will be informing how they prioritize what will be funded or will they be undertaking? Which experts are speaking into this process.

Do you have any final comments or feedback related to this initial CSO consultation process?

Great process which is highly interactive and allows for full participation.

I am so glad about the good work of the Interim Secretariat. I am passionate and hope to get involved with you. Thank you.

I am wondering where the media and communication sector fits in the FIF.

L'Organisation Congo Prévention Secours OCPS par ma voie vous remercie de le faire participer à cette consultation

Nous sommes satisfaits de ce processus d'implication des OSC dans la résolution des catastrophes liées à la santé, car l'atteinte des normes de la CSU de l'ODD3 avec l'implication des communautés serait la meilleure façon de prévenir, de surveiller, d'alerter, et de gérer les épidémies en contexte de crise sanitaire mondiale

Really appreciate the opportunity to discuss this fund, not only to present our CSO experiences and 'lessons learned' but to help develop everyone's thinking on effective structures and scope for pandemic PPR - I certainly have learned a lot and made some excellent new connections around the world :)

Step-up the good work done thus far. Kudos

Thank you for all the work!

Thank you. The scope of the FIF is broad, and I appreciate this is a challenging endeavor. It is crucial prevention be built in very specifically, and with the right stakeholders and areas of expertise - which are not captured by PAN or WHO. Please engage the Global Health Security Agenda Consortium, the Quadripartite organizations and One Health High-Level Expert Panel, and the Global Preparedness Monitoring Board to assess gaps that can be anticipated and proactively find ways to address them. This is essential for achieving the Fund's important objectives.

The consultation process is in line with the multilateral manner for better and transparent governance.

This is very recommended because knowledge and experience sharing is key in decision making.

We raised concern over the CSO rep selection process. While we understand that things have happened rapidly and there has been a need to progress swiftly, we would like to ensure that the process going forward is more inclusive and open. For instance, we are still unclear about

who will sit on the CSO rep selection committee. They should ideally be nominated through an open process and should have diverse representation. There should also be agreement on the process of how CSO reps will engage and gather views from across the CSO community, as well as how they will report back. This and many other lessons can be drawn from CSO engagement processes under e.g., GPE/FCPF/FIP/GCF, etc. And we would be happy to support in shaping the process.

Resources:

[One Health: The International Community Takes A New Step Forward - Impakter](#)

<https://impakter.com/time-get-serious-about-preventing-pandemics/>

<https://impakter.com/global-health-system-needs-prevention-address-future-pandemics/>