

**Civil Society & Communities Town Hall:  
Feedback from October 7, 2022 Pandemic Fund Board Meeting**

Friday, October 14, 2022

7- 8pm WIB (Jakarta); 3-4pm EAT (Nairobi); 1-2pm BST (London);

8-9am ET (New York); 7-8am CT (Bogotá)

**NOTES AND READOUT**

Interim Civil Society Board Members **Jackline Njeri Kiarie** (Amref Health Africa) and **Elisha Dunn-Georgiou** (Global Health Council), along with alternate Board Members Nitish Debnath (One Health Bangladesh) and Olya Golichenko (Frontline AIDS), held a Civil Society & Communities Town Hall on Friday, October 14. The Town Hall provided a readout of the October meeting of the Pandemic Fund Governing Board meeting on October 7, shared updates on decisions taken, tasks ahead, and invited feedback, reflections, and priority-sharing from civil society and community colleagues. The Town Hall also provided updates on formally establishing an active civil society and communities constituency, as well as a Civil Society Technical Working Group to facilitate regular, proactive channels for information sharing, and increase opportunities for experts from civil society and communities to inform technical decision-making around the Fund.

**Key updates from the Interim Board**

- The Terms of Reference for the Technical Advisory Panel (TAP) was approved, though additional edits are still expected. The TAP will be a panel of 20 experts with expertise across different areas of pandemic prevention, preparedness, and response (e.g. diagnostics, health workforce, emergency management, zoonotics). The Secretariat will send out a call for nominations and the Governing Board will appoint the panel. **\*UPDATE\*** As of October 20, the [Call for Experts to serve the TAP is open](#). Applications are due by November 3, 2022.
  - This group will be important to guiding the focus and technical areas of the Fund. Interim Civil Society Representatives urge colleagues with country-specific experience to start preparing to apply. There may also be opportunities for a representative from civil society to take on the TAP Co-Chair role.
- The priorities for the first Call for Proposals and a Results Framework/Theory of Change have not yet been decided. As a result, the target date to open the first Call for Proposals has been pushed from November 15 to December 15, with the possibility to push again to January 15. First-round priorities are leaning towards investments in surveillance and health worker/health systems strengthening.
- The proposal process will be country-driven, in partnership with Implementing Entities. Civil society engagement will be important at the country level.
- The Governing Board is in the process of setting up working groups to help advance key documents, processes, and priorities. Each working group will be limited to 9 members, comprised of Board Members, and at times supporting staff. Interim Civil Society Representatives have put themselves forward to serve on each working group. Working groups will focus on: Results Framework; Co-Financing and Innovative Financing; Priority areas for Call for Proposals.
- The Pandemic Fund/FIF still doesn't have a formal name. "Global Pandemic Fund" was proposed as this terminology is being widely used, but was met with pushback. The World Bank will consider hiring a PR firm to identify name alternatives before the G20.
- There will be a G20 launch event for the Fund in November. Details are still under discussion.

**Dialogue with Interim Civil Society Board Members and priority sharing from civil society and communities**

First Call for Proposals

- After the launch for the first Call for Proposals, there will be a 3-4 month window to submit proposals.
- For the first round of proposals, the Board is considering mobilizing around US \$300 million in multi year funding. While US \$1.5 billion has been pledged, not all pledges have been converted into funding, and the current aim is to not spend all funding in the first Call for Proposals.
  - There are some concerns from civil society that US \$300 million is too conservative for the first tranche of investment and could spread investments too thin to see impact. While the World Bank may remain conservative in this area, other donors and Board Members could help to up the ambition. While the full US \$1.5 billion can't be mobilized as this is pledged amounts, not converted amounts, there could be room to increase to US \$500 million, or ⅓ of the pledged contributions.
- The first Call for Proposals is being discussed as a “pilot,” not as a result of limited funds, but as a result of limited consensus around priority areas for investment.
- First-round priorities are leaning towards investments in surveillance and health worker/health systems strengthening. The Board may focus on a different set of priorities in a second call for proposals. Work is still needed to determine overall focus areas for the Fund, and how to align investments across different rounds of proposals for maximum impact.
- The proposal process will be country driven. While the process is not yet fully clear, countries will identify priorities for funding and prepare proposals, with support from an implementing entity. Implementing entities will submit the proposals on behalf of the country.
- National Action Plans for Health Security (NAPHS) are being discussed as a base for identifying country priorities and frameworks for investment.
- It remains unclear which countries or regions will be prioritized for funding in the first round, and discussion is still needed around distributing funding in a more ad hoc way, or focussed on targeted areas and regions to help amplify/maximize investment.
- A country can only receive 1 grant in a funding cycle.

#### Civil Society Engagement in Priority Setting and First Call for Proposals

- As the proposal process will be driven by countries, much of whether or not civil society and communities are engaged in proposal development will depend on what happens at the country level. The Board can set parameters, but there has to be mobilization in-country to make this happen. As civil society, we will need to push to get the right people to be engaged – and there might not be enough socialization yet. Civil society needs to know this is coming and get ready to engage.
- Interim Civil Society Representatives helped secure language in governing documents that proposals should show evidence of an inclusive process in proposal development (and this may become a scoring criteria). But realizing this in practice will depend on civil society and communities at the country level.
- If the first Call for Proposals focuses on health workers, it will be important to draw on expertise of associations of the workforce for the proposals to be realistic.
- Different countries develop NAPHS differently: some countries are more inclusive in developing national plans than others. The Fund process can be leveraged to make sure countries are more inclusive in defining health security priorities going forward – in National Action Plans and in proposals. Getting this sentiment into underlying Fund documents will be important, as will be connecting civil society and communities to ongoing health security processes at the country level.
  - Roughly 104 countries have completed a Joint External Evaluation (JEE) but only about 15 have moved to complete and publish a NAPHS. This could be a great push to get NAPHS developed, with inclusive input.
- Countries will also be preparing their Global Fund proposals in January 2023, which may challenge capacity for both governments and civil society to engage in Pandemic Fund proposal processes. There has been some discussion about technical support, as well as

leveraging existing country platforms and structures rather than creating duplicative structures for the Fund.

### Innovative Financing

- While it is important that the Fund help advance country ownership of pandemic prevention, preparedness, and response, there are concerns with language on conditionality, and tying Fund grants to additional investments or loans in country. We need other ways to advance innovative financing and ownership outside of conditionality.
- Current thinking in the proposal process is to incentivize countries to invest domestic resources in tandem with Fund grants, with no strict guidelines. Proposals would have freedom to just show strong investment in/prioritization of pandemic prevention, preparedness, and response, and health systems strengthening.
- It will also be important to insert language on additionality, to drive home new and additional investments, not repurposed investments.

### Theory of Change

- Civil society should help identify what should drive a Theory of Change and Results Framework, and help push this at the Governing Board level.
- Every stakeholder wants something specific to be funded, but this is probably a bad strategy if not backed with a Theory of Change, tied to different levels of investment.

### **Next steps:**

- **Mechanisms to engage Civil Society and Communities**
  - **Constituency google group:** If you haven't done it yet, please register to the Civil Society and Communities Constituency listserv to stay up-to-date on the Pandemic Fund [here](#).
  - **Civil Society and Communities Technical Working Group:** To express interest in being part of a civil society technical working group, review and sign-up [here](#). Parameters and roles/responsibilities for the on-call group of technical experts can be found on the interest form.
  - **Technical Advisory Panel application:** Please encourage experts from civil society and communities to apply for the Technical Advisory Panel, to provide independent advice to the Board on critical gaps in pandemic PPR, funding priorities and calls for proposals, as well review of funding proposals submitted to the PPR FIF. As of October 20, 2022 the [call for experts to serve the TAP is open](#). Applications are due by November 3, 2022.
  - We will explore opportunities for civil society and communities to continue to share priorities for Fund financing, noting that two consultations and an open survey provided opportunities in August. Aggregated comments and feedback can be found from August 16/17 [here](#) and August 30/31 [here](#).
  - We will explore opportunities for civil society and communities to contribute to a Theory of Change to help ground the work of the Interim Civil Society Board Members.
- **Save the Date- Upcoming Civil Society & Communities Town Hall Meetings**
  - **November 17:** 9-10pm WIB (Jakarta); 5-6pm EAT (Nairobi); 2-3pm BST (London); 9-10am ET (New York); 9-10am CT (Bogotá)
  - **December 14:** 8- 9pm WIB (Jakarta); 4-5pm EAT (Nairobi); 1-2pm BST (London); 8-9am ET (New York); 8-9am CT (Bogotá)
- **Feedback welcomed:** [pandemicfund-CSC@pandemicactionnetwork.org](mailto:pandemicfund-CSC@pandemicactionnetwork.org)

## **Annex: Questions from Chat**

**Question:** Are the working groups made up of Board Members themselves, or delegates from their staff?

**Response:** Working groups are comprised of Board Members and, in some cases delegates.

**Question:** Will the Working Groups be constituted by the experts who qualify to be part of the TAP?

**Response:** The working groups are separate from the TAP. The working groups will be comprised of Board Members and delegates and are expected to start before the TAP is put in place.

**Question:** Can you please share more information on who is part of which working groups?

**Response:** Working group membership has not been decided yet. Civil society representatives have put our names forward and should have an answer next week on which groups we are in.

**Question:** Is there any discussion of research and development (R&D) financing and pro-access conditionalities for funding?

**Response:** There has not been a lot of discussion of R&D. Civil society put comments forward around local manufacturing (and possibly also Japan and Germany). This is tied to extensive discussion on first round priorities for investments, with many leaning toward surveillance and investing in health systems. The group working on the call for proposal priorities will take this forward.

**Question:** Most of the pre-selected Implementing Entities are regional development banks rather than health sector institutions, any particular reason for this? And how would this affect the CSO engagement?

**Response:** Processes are advancing for additional implementing entities, such as Africa CDC, Global Fund, Gavi, CEPI, etc. to be solidified as implementing entities before the first Call for Proposals.

**Question:** The plan is for countries to apply through implementing agencies such as Gavi and Global Fund? Implementing agencies like those would have a role in managing country level proposals and funding?

**Response:** Yes that's correct.

**Question:** To what extent will implementing entities be encouraged to develop joint proposals?

**Response:** Yes, non-governmental entities and civil society are amongst the actors expected to work with implementing entities in developing proposals.

**Question:** Countries will also be preparing their Global Fund proposals for the next allocation cycle beginning in January 2023 which raises the concern of country capacity if they are being asked to prepare also the Pandemic Fund proposals. Are there discussions about how to ensure technical support in the preparation of these two big funding applications?

**Response:** There has been some discussion about technical support. There has also been discussion about leveraging existing country platforms and structures rather than creating duplicative structures for the Pandemic Fund.

**Question:** Has a funding envelope for the first Call for Proposals been determined?

**Response:** That has not been decided. Initial conversation was that the first round would be US \$300 million.

**Question:** Could you share if and when the next Board meeting is scheduled for, or any next steps on the Working Groups?

**Response:** We do not yet have a date for the next board meeting.

**Question:** Is there any information related to Indonesia's status as a donor-recipient country within the Pandemic Fund? Has the governing board already agreed on the possibility of donor-recipient principles within the Pandemic Fund governing mechanism?

**Response:** This is being actively discussed.

**Question:** Has there been discussions around the need to ensure funding gets to civil society and communities and not just government for health system strengthening and surveillance?

**Question:** How to ensure real community involvement in developing proposals for funding. Can we develop and start circulating minimum standards for what that consists of?

**Question:** What would help in terms of advancing support for health systems/health worker investments? How can we help ensure investment in community systems too? Has there been discussion of how multilaterals like Gavi, Global Fund can be part of the health systems strengthening?

**Question:** How much of the funding pot is going to support the Pandemic Fund infrastructure and Secretariat? Is there a percentage ceiling?

**Question:** Interested to hear what have been the conversations on how the funding, and first call of proposals will ensure there is a second call and ensuring not spreading too thin to deliver on impact?

**Question:** How can INGOs work with host country governments to apply for proposals? Are INGOs allowed to apply directly to Implementing partners such as the Global Fund?

**Question:** Many European donors have consistently pushed the Global Fund and Gavi to work together with countries to develop joint health systems strengthening investment plans — just wondering to what extent you're hearing that also within the Board or whether the approach is really siloed with implementing entities in competition with each other?

**Question:** Health systems strengthening investment plans are super important, please send more information, this was not mentioned however the importance for coordination is often mentioned.

**Question:** Have CSOs been collecting names for the working groups in the Board as well as the CSO technical working group?