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of the Global Fund

A hot debate at the Board on how the Global Fund should partner with the World Bank's new initiative

An update on Pandemic Preparedness Objective and Establishment of the Financial Intermediary Fund (FIF) at the World Bank was part of discussions during the Global Fund's 48th Board Meeting held on 15-17 November 2022.

The Board discussed: (i) a summary of work underway to incorporate pandemic preparedness into the grant launch cycle; (ii) an update on the establishment of World Bank Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPPR FIF); and (iii) key considerations and questions for the Strategy Committee (SC)/Board on Global Fund engagement with the PPPR FIF.

Status of work to incorporate PPR into the new Global Fund grant cycle

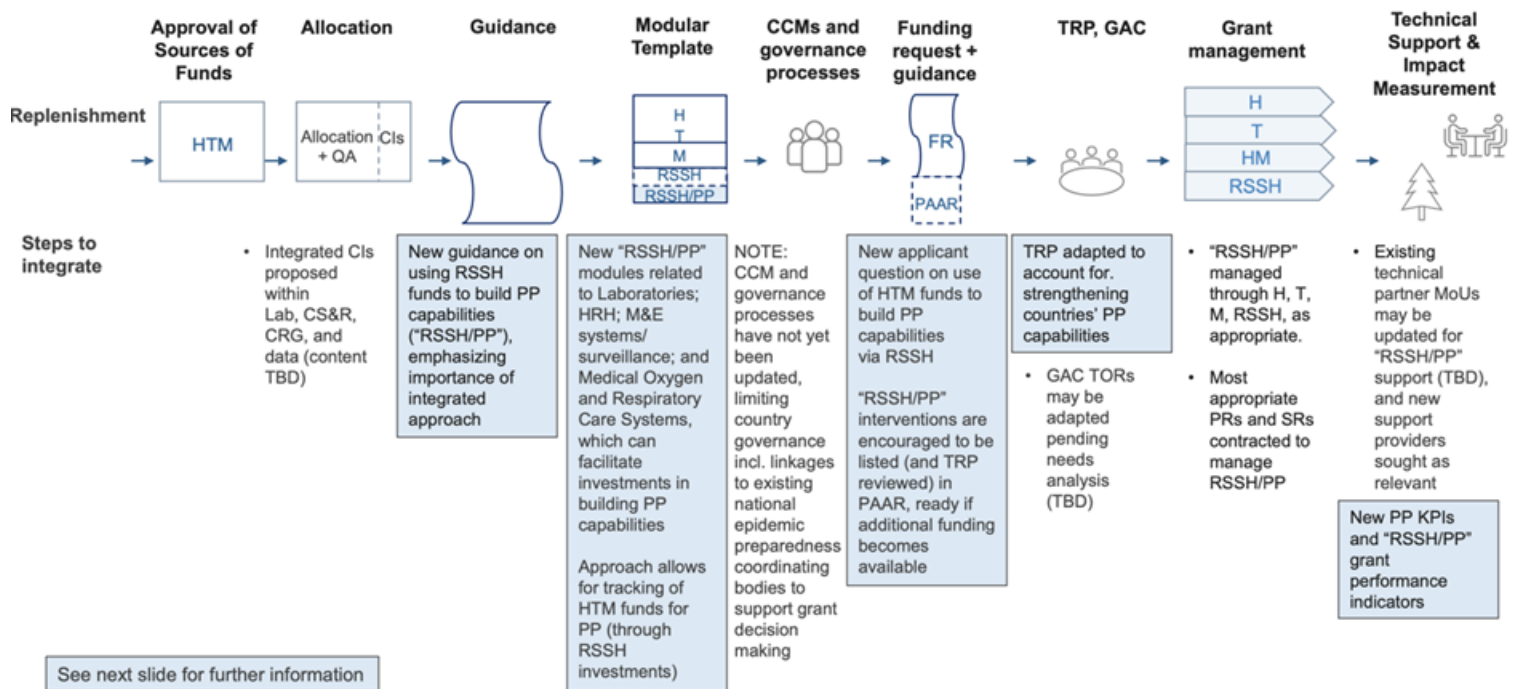
In terms of approach (in alignment with discussions at July Board retreat): the Global Fund is uniquely positioned to contribute to pandemic preparedness (PP) through building resilient and sustainable systems for health (RSSH) and HIV TB and malaria (HTM) programs better able to prevent, detect and respond to new infectious disease threats.

The Global Fund Secretariat has been working to implement the evolving objective on PPR via two main workstreams:

- Integrating PP to the degree feasible in the new grant cycle through its core work with replenishment funds (country allocations, catalytic investments)
- In close collaboration with Gavi and CEPI, participating in early discussions related to the establishment of the FIF for PPPR, as a potential mechanism for delivering on the Global Fund Strategy's PPR objective

The Secretariat summarized efforts to incorporate PPR into its grant cycle:

Overview of efforts to incorporate PP in the new grant cycle



Updated guidance

There is an updated [Information Note on RSSH](#) for applicants that emphasizes approaches that support using RSSH to build PP ("RSSH/PP") capabilities including, e.g., investing in a broader array of laboratory-based surveillance activities; education and production of new health workers, including community health workers; specimen transport systems and diagnostic network optimization; array of medical oxygen and respiratory care supplies and services, etc. Moreover, in their Funding Requests (FRs), applicants are asked to consider how their proposed programs can contribute towards improvements in PP.

Technical Review Panel (TRP) adaptations

The TRP's TORs have been updated in line with the new Strategy to incorporate PPR needs (review criteria, membership, competencies) approved by the 18th SC meeting.

TRP recruitment is underway: the Global Fund has received a record number of applications for RSSH including for PP. Candidates have been selected to form a pool of high-quality experts with deep country-focused programmatic experience in building PPR capacities. These experts will review FRs related to building PP through RSSH investments.

As with other areas of FR review, TRP members will ensure that interventions make sense within the country funding landscape – inclusive but not limited to National Action Plans for Health Security (NAPHS)

and plans based on International Health regulations (IHR) capacities.

RSSH/PP Interventions

The updated Modular Framework Handbook contains RSSH/PP modules that have been designed to build specific capabilities in: (1) Laboratory Systems; (2) Human Resources for Health and Quality of Care; (3) M&E Systems incl. Surveillance for priority epidemic prone diseases and events; and (4) Medical Oxygen and Respiratory Care Systems.

Performance Measurement

The Secretariat has proposed three key performance indicators (KPIs) in line with the new Strategy and with “RSSH/PP” interventions eligible for financing in NFM4:

- P1: Percentage of countries with improved or sustained high performance in laboratory testing capacity modalities
- P2: Percentage of countries with improved or sustained high performance in early warning surveillance function
- P3: Percentage of countries with improved or sustained high performance in human resources for implementation of IHR

The updated Modular Framework now includes a subset of “RSSH/PP” indicators, e.g., density of health workers; laboratories accredited to high standards; health facilities providing oxygen therapy, etc., to monitor performance.

Through the updated Modular Framework, several “RSSH/PP” interventions and activities can be supported in the next cycle:

RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Surveillance for priority epidemic prone diseases and events	RSSH/PP: Medical Oxygen and Respiratory Care System
<ul style="list-style-type: none"> • HRH planning, management and governance including for community health workers • Education and production of new health workers • Remuneration and deployment of existing/new staff • In-service training • Integrated supportive supervision for health workers • Quality improvement and capacity building for quality of care • Community health workers: selection, pre-service training and certification, contracting, remuneration and retention, in-service training, integrated supportive supervision, etc. 	<ul style="list-style-type: none"> • National laboratory governance and management structures, e.g., development of national laboratory strategic policies, etc. • Quality management systems and accreditation • Laboratory Information Systems • Network optimization and geospatial analysis • Laboratory based surveillance incl. e.g., procuring equipment for sequencing facilities and the development and maintenance of One Health/AMR Surveillance • Laboratory supply chain systems • Specimen referral and transport system • Biosafety and biosecurity, infrastructure and equipment 	<ul style="list-style-type: none"> • Supporting the development and implementation of a national public health disease surveillance systems based on IHR requirements with emphasis on early warning surveillance, event verification and investigation and analysis and information sharing <p>See updated Modular Framework Handbook for further information including illustrative list of activities</p>	<ul style="list-style-type: none"> • Bulk oxygen supply (e.g., pressure swing absorption plants) • Oxygen distribution and storage • Oxygen delivery and respiratory care • Oxygen support systems (e.g., assessing national medical oxygen demand and gaps)

Integration of PPR into the next grant cycle

Core elements of PP are being integrated in selected aspects of the Global Fund grant cycle, from RSSH guidance and modules to FR forms to measurement and KPIs. Country Coordinating Mechanisms (CCMs) will be able to request a range of IHR/Joint External Evaluation (JEE)-linked interventions and

activities that can be supported and are well linked to the Global Fund's existing interventions and mandate;

However, the scope, scale and quality of RSSH/PP requests in the next cycle of grants depend on several other factors, most notably:

- Degree of country demand for and prioritization of RSSH/PP support;
- Degree of coordination between CCMs and existing country governance bodies overseeing IHR reporting, JEEs, and NAPHS implementation;
- New/enhanced partner support for integrating "RSSH/PP" interventions into Global Fund applications; and
- Total funds available for country allocations as lower funding levels will make it challenging to prioritize "RSSH/PP" needs given the need for continuation and scale-up of HTM interventions.

Update on the establishment of the FIF for PPPR

The [FIF for Pandemic Prevention, Preparedness and Response \(PPPR\)](#) was formally established in response to the global priority arising from the overwhelming impact of COVID-19. It was officially launched on 8 and 9 September 2022 and you can read more about this in our article [here](#).

Role of Implementing Entities (IEs) in World Bank PPR FIF operations

Program/project implementation will be supported by Implementing Entities (IEs) accredited by the FIF's Governing Board

The IE and/or a Beneficiary (with an identified IE) submits a Funding Proposal: "Where a Beneficiary submits the proposal, the proposal needs to have identified an eligible IE for implementation, such that the allocated funds can be transferred accordingly."

The roles and responsibilities of IEs are to administer FIF funds awarded to it and conduct discussions with FIF beneficiaries on projects that could benefit from FIF funding. The IE; provides implementation and/or implementation support to FIF funding beneficiaries, provides financial and progress reporting, and participates in M&E activities.

Partners pre-selected to become IEs are the African Development Bank, Asian Development Bank, Asian Infrastructure Investment Bank; European Investment Bank, Food and Agriculture Organization, Inter-American Development Bank, International Finance Corporation, UNICEF, the World Bank and the World Health Organization. Potential IEs outside this eligible pool are subject to a waiver process under World Bank policies; these are the Global Fund, Gavi, the Vaccine Alliance, and CEPI. This means that the Fund is eligible to apply for FIF PPPR funding; and this was a subject for lively discussion at the Board meeting, with many diverse options expressed.

Implementation arrangements for the PPPR FIF, including the first priority areas, how best to ensure coordination across IEs and the details associated with applying for funds, remain unclear and are under active discussion.

The Global Fund has been engaging jointly with Gavi and CEPI given their similarities as organizations subject to waivers for inclusion as IEs and collaboration on PPR via ACT-A.

The Global Fund's engagement with the FIF

The Global Fund currently has observer status on the FIF Board. Hence, it is important to clarify the role that the Global Fund could potentially play as an IE to avoid both conflict of interest but also to take advantage of the Fund's proven flexibility and adaptability in its response to the COVID-19 pandemic. Clearly, the Global Fund must support the FIF to ensure that the ambitious goals and mandate are met, without duplication, and with maximum efficiency.

Key considerations and questions for the Board on Global Fund engagement

The 20th Strategy Committee (SC) meeting discussed the direction it thought that the Global Fund should pursue with regard to its involvement with the FIF.

SC members encourage the Global Fund to remain engaged in the FIF discussions, especially in the interest of avoiding further duplication of efforts and fragmentation of the global health architecture. The SC noted that the Global Fund has a relative comparative advantage in terms of stakeholder inclusiveness and its emphasis on country ownership, which should be brought to the table in the FIF discussions.

SC members noted that the FIF is relatively underfunded and that little is known about its business model. This makes it difficult to provide the Board with a clear direction on whether to pursue a funding proposal. However, some SC members noted that the FIF could be a mechanism for the Global Fund to better achieve its goal of the Global Fund Strategy's evolving objective on PPR. The Global Fund has a comparative advantage in the FIF's own Strategy's areas such as surveillance, laboratory systems, human resources for health, and FIF community systems that would allow for country-specific grants.

SC members felt that the Secretariat should proceed cautiously and must consider the costs and benefits of applying for FIF funding, especially with regard to considering ways to reduce the duplication of grant approval and governance processes to reduce transaction costs and accelerate impact. SC members also noted the importance of ensuring that investments are country-driven and developed through consultative processes, such as those of the Global Fund.

These comments from the SC shaped the Board discussion that took place on the PPPR FIF.

Key updates from the Civil Society and Communities panel discussion

On 14 October 2022, the Civil Society Board Members, together with alternate Board members, held a Civil Society and Communities panel discussion to summarize the Pandemic Fund Governing Board meeting held on 7 October; and provide updates on decisions taken and tasks ahead to encourage feedback from civil society and communities. The meeting discussed how to establish an active civil society and community constituency, as well as a Civil Society Technical Working Group in order to facilitate regular and proactive channels for information sharing. It also discussed how to increase opportunities for experts from civil society and communities to inform technical decision-making.

The priorities for the first Call for Proposals and a Results Framework/Theory of Change have not yet been decided. It was noted that civil society inputs are critical for driving for the Theory of Change and advocating for it at the Governing Board level. The need to involve civil society has led to a delay in the first Call for Proposals from 15 November, possibly to 15 January. It is likely that the first round's priorities will focus on investments in surveillance and health worker and health systems strengthening.

- The proposal process will be country-driven, in partnership with the pre-selected IEs. Civil society engagement will be important at the country level.
- The Governing Board will set up working groups to help advance key documents, processes, and priorities. Each working group will be limited to nine members. These members must also include

Board Members and supporting staff.

- The working groups will focus on: Results Framework; Co-Financing and Innovative Financing; and Priority areas for the Call for Proposals.

The FIF Board hopes to mobilize around \$300 million in multi-year funding to support the first round of proposals. There will be a three- to four-month window to submit proposals after the launch of the first Call for Proposals. This is considered to be a “pilot,” not because of inadequate funds but as a result of limited consensus around priority areas for investment.

Board discussion

Noting that the Board currently had insufficient information to present clear options for discussion, the Secretariat and Committees asked the Board to consider:

1. Should the Global Fund apply for FIF PPPR funding?
 1. What are the comparative advantages of the Global Fund’s engagement in the FIF?
 2. Is the funding available commensurate with the effort and potential impact?
 3. What are the challenges and are there ways to mitigate them?
2. What are the operational considerations of programming any FIF funding, particularly if the funding amounts are relatively small? A key consideration is how funding, operations and reporting can be integrated and aligned with the new grant cycle.
3. How shall the Global Fund Secretariat continue this discussion with the Committees and Board given the very fast changing discussions on FIF operations and upcoming call for proposals?

Members felt that the options must be looked at with caution given the lack of detailed information on how FIF will work. It was strongly stated that the Board must protect the Global Fund business model and governance procedures as they have shown meaningful impact over the years: and the FIF and the Global Fund do seem to have different ways of working.

Africa regional colleagues added that, after the Ebola outbreak in West Africa followed by COVID, countries still need health system strengthening more than ever but the last thing they need is another distraction, another round of proposals, and setting up separate governance structures. If it will help absorb transaction costs at country level it would probably be more efficient for the Global Fund to apply with embedded transaction costs so there would cause the least disruption at the country level. Countries, they added, need strong public health institutions and as little fragmentation at national level as possible.

Surveillance, laboratory and other system components are already receiving C19RM funding and that is why the Global Fund should be interested in the FIF PPR: although its first round is for a relatively small amount of money. A multi-country approach is appealing given the limited resources available, like a Catalytic Investment modality funding. But countries would have to be supported technically to apply, which is not within the Global Fund’s mandate.

Some stakeholders saw this as an opportunity to combine interventions in areas of common interest and challenge for both the World Bank and the Global Fund, such as countries designated as having challenging operating environments.

Another concern is that the Board really has to make an immediate decision given the looming deadline.

FIF funding should allow recipient countries to maximize the FIF’s use by placing greater emphasis and

priority on the FIF rather than trying to fully cover the costs of the national response. In other words, to be effective and efficient, FIF grants should not replace the role of states (countries) in absolute terms. They should support interventions that don't go beyond the scope of a sovereign state. While prevention, preparedness, and response are intrinsically linked and important, priority must be given to preparedness. Indeed, governments around the world do not seem to have sufficiently addressed the consequences of the COVID-19 pandemic. If an influenza pandemic were to emerge in the coming days or weeks, could the world cope successfully? Could the mechanisms and facilities in place for Ebola surveillance respond effectively to a sudden demand for surveillance of a new virus in an emergency? Based on past experience, there is currently reason to doubt this.

In summary, the Board concluded while continuing to exercise caution it would apply for FIF funding in January 2023.

The Board Document GF/B48/10, Update on Pandemic Preparedness Objective and Establishment of the FIF at the World Bank should be available shortly at <https://www.theglobalfund.org/en/board/meetings/48>

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