Recap | PPR capacities need to be strengthened urgently, however there are significant financing needs

- Most countries are ill-equipped to prevent, prepare for, and respond to pandemics
- To strengthen the capacity of LICs & MICs to prepare for pandemics, WHO & WB estimate an additional $10.5 B per year is needed at country, regional & global levels
- The Financial Intermediary Fund (FIF) for PPR is part of the solution
Recap | WHO’s 10 Proposals to strengthen the Global Health Architecture for PPR emphasizes need for a FIF for PPR

From G20 HLIP & >300 other recommendations to 10 key proposals
Objective of the Financial Intermediary Fund (FIF) for PPR

Finance critical investments for strengthening PPR capacities at national, regional & global levels, with a focus on IDA/IBRD countries.
Recap | the FIF aims to add value by complementing financing from domestic sources & global institutions

1. Provide dedicated, **additional** long-term funding for PPR

2. **Complement** existing PPR institutions & work by addressing gaps

3. Promote **coordination** among key agencies working on PPR

4. **Incentivize** increased investments by countries & partners

5. Serve as a platform for PPR **advocacy**
Update | Financing overview of the PPR FIF

• US$ 1.33 Billion in pledges

• 20 donors to date
  • 17 sovereigns
  • 3 foundations

• Contributions are voluntary

• Replenishment process TBD

Donor pledge letters received by World Bank as of 1 Sept 2022*

<table>
<thead>
<tr>
<th>European Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Indonesia</td>
</tr>
<tr>
<td>Republic of China</td>
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<tr>
<td>Japan</td>
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<tr>
<td>Germany</td>
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<td>Canada</td>
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<td>Republic of Korea</td>
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<td>United Arab Emirates</td>
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<tr>
<td>Spain</td>
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<td>Australia</td>
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<tr>
<td>Singapore</td>
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<tr>
<td>Norway</td>
</tr>
<tr>
<td>New Zealand</td>
</tr>
<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
<tr>
<td>Rockefeller Foundation</td>
</tr>
<tr>
<td>Wellcome Trust</td>
</tr>
</tbody>
</table>

* South Africa & the United Kingdom have also announced pledges. Table ordered by level of contribution.
**Update | FIF structure & operating process**

- **Governing Board**
  - Donors & Partners
  - Strategy, work program, funding decisions

- **Secretariat**
  - WB staff + WHO secondee

- **Technicial Advisory Panel**
  - WHO key role is TAP Chair

- **Trustee**
  - INstructs
  - Transfers

- **Beneficiary entities**
  - Accountable for supervision and results reporting.
  - Disbursements to beneficiary entities made under respective IE’s policies & procedures

- **Implementing Entities (IE)**
  - Projects to support IHR & PPR core capacities & National Action Plans for Health Security (NAPHS)
New | key principles underpinning FIF Board & Governance


2. **Constituency-based model** with **21 voting** seats to facilitate agility in decision-making

3. Ensure a **balance of donor & ‘co-contributor’ voting** seats to enhance decision-making quality & signal strong ownership of both groups

4. Aim for **decision-making through consensus**, with a clear & simple process for voting, and a **formal vote when consensus cannot be reached**

5. Include **non-voting constituency-based stakeholder seats** to ensure deliberations & decision-making benefit from relevant perspectives
# New | FIF Board Structure (proposal at 30 August 2022)

## Voting seats

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sovereign donors</td>
<td>9</td>
</tr>
<tr>
<td>Sovereign co-contributors</td>
<td>9</td>
</tr>
<tr>
<td>Foundations &amp; philanthropies</td>
<td>1</td>
</tr>
<tr>
<td>CSOs</td>
<td>2</td>
</tr>
</tbody>
</table>

## Non-voting seats (incl. others, max 10^3)

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>G20</td>
<td>1</td>
</tr>
<tr>
<td>TAP Chair</td>
<td>1</td>
</tr>
</tbody>
</table>

## Observers

- Trustee
- Secretariat
- Implementing Entities

## Board Co-Chairs

### Last major outstanding issues:
- 1 vs. 2 CSO voting seats
- Sovereign non-donor seats
New | process for allocating donor voting seats (review at 6 months, then every 2 years)

**Step 1**
1 seat is allocated to philanthropies/foundations

**Step 2**
- All other 9 seats will go to sovereign donors
- Donor exceeds constituency threshold?
  - yes: Sovereign donors exceeding threshold form single-donor constituencies (n)
  - no: Allocate remaining seats (9-n) among remaining donors

**Step 3** (repeats)
- Repeat with new threshold(s) until no contributors meet ‘next new threshold’
- Sovereign donors > new threshold form add’l single donor constituencies
- More donors than remaining seats?
  - yes: Sum residual contributions & divide by 9-n to establish ‘new threshold’
  - no: Remaining donors self-organize into > 1 constituenc(ies)

**Step 4**
- All donor board seats allocated

**Step 5**
- New donor(s) invited to join constituency with lowest total contributions (single or multi-donor) OR self-organize

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1. If unable to self-organize, highest donor joins constituency with lowest cumulative contributions

NOTE: In situation where 2 or more donors have the same value, order is based on GDP/capita
New | allocation of Sovereign ‘Co-contributor’ (non-donor) Seats

As interim representatives for 1st Board meeting, 8-9 Sept

- 9 voting seats for co-contributors based on WHO Regions to link to IHR strengthening
- number of constituency seats per Region based on IDA-eligible countries & population
- each constituency seat filled by 1 FIF-eligible country in each Region/sub-Region
- each constituency to nominate a health or finance representative (with alternate from other sector)

- to initiate process, 1 country from each block invited to represent the constituency (based on IHR indicators) in September & to take forward a Regional/sub-Region self-selection process

- once constituency self-selection process completed, representatives to serve 2-year term, starting at 2nd Board meeting (e.g. April 2023), with possibility to renew for single 1-year term

World Bank2, as host of FIF Interim Secretariat will issue invitations to 1st Board Meeting ASAP

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1. allocation is based on IDA-eligible areas to ensure representation of most vulnerable areas with greatest capacity gaps; representative of a Region/sub-region can be either an IDA or IBRD FIF-eligible country
2. World Bank to issue invitations, in consultation with WHO, as host of the FIF Interim Secretariat
**New | process to allocate sovereign co-contributor seats by WHO Region**

**Step 1:** allocate 1 seat to each WHO Region with FIF-eligible countries

**Step 2:** balance seats based on number of IDA-eligible countries

**Step 3:** allocate last seat based on IDA-eligible population

Note: Number of seats allocated based on vulnerability & capacity for PPR, IDA leverage as proxy

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**Allocation by WHO Region**

- **AFRO**
  - Central Africa
  - East and Southern Africa
  - West Africa

- **EMRO**
  - Emro 1 (N. Africa, Horn & Levant)
  - Emro 2 (AFG, IRN, PAK et al.,)

- **WPRO**
  - 1

- **AMRO**
  - 1

- **SEARO**
  - 1

- **EURO**
  - 1
New | Technical Advisory Panel (TAP)

**Purpose:** guide & inform the Board on priorities and critical gaps in PPR as well provide analysis and evidenced based recommendations on individual proposals for FIF funding

**Membership**
- Diverse range of **technical and financing** independent experts relevant to FIF-supported programmes
- Selection & vetting process based on **standard procedures** for WHO expert panels (e.g. SAGE, SAGO, STAG-IH, UHPR, etc.)
- Governing Board to appoint:
  - Core group of 15-20 experts on a rotational basis
  - Chair (WHO) and Vice-chair of TAP (non-WHO)
  - Additional **pool of experts** to call as required for proposal review & other analysis as needed

**Responsibilities & Operations**
- Review proposals to the FIF and **make evidence-based recommendations** to the Governing Board
- Provide **consolidated reports** to the Governing Board including on PPR priorities and performance
- TAP will be convened and supported by FIF Secretariat technical team, led by WHO
- Clear rules of procedure to ensure independence and manage conflicts of interest
New | Implementing Entities – shortlist for ‘start-up’ & expansion

<table>
<thead>
<tr>
<th>Proposed ‘start-up’ IEs</th>
<th>Potential ‘expansion’ IEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UN:</strong> WHO, Unicef, FAO</td>
<td><strong>UN:</strong> UNDP, WFP, UNHCR, UNEP, IFAD</td>
</tr>
<tr>
<td><strong>MDBs:</strong> WB, AsDB, IDB; AfDB, AiiB, EIB, IFC (1c)</td>
<td><strong>MDBs:</strong> ISDB, EBRD</td>
</tr>
<tr>
<td><strong>Other:</strong> Gavi, Global Fund, CEPI are being assessed by the WB for potential inclusion prior to launch</td>
<td><strong>Other:</strong> Africa CDC, CARICOM, WOAH/OIE, IAEA</td>
</tr>
</tbody>
</table>

NOTE: robust conflict of interest (CoI) provisions will be applied to those entities with potentially multiple roles

To be assessed based on accreditation framework established by the Board once it is constituted
Recap | **Expected scope** of FIF investments across the PPR cycle
New | priorities for FIF investments will reflect key needs for IHR core capacity strengthening

Initial FIF calls for proposals could include surveillance, coordination and/or countermeasures

- Strengthened national integrated disease, threat and vulnerability surveillance
- Increased laboratory capacity for pathogen & genome surveillance
- Collaborative approaches for risk forecasting, event detection & response monitoring
- Fast-track R&D with pre-negotiated benefit-sharing agreements
- Scalable manufacturing platforms & agreements for technology transfer
- Coordinated assessment & emergency supply chains to ensure equitable access

- Proactive risk communication & information management to inform communities & build trust
- Community engagement to co-create public health & social measures based on local contexts & customs
- Multi-sectoral action to address community concerns such as social welfare & livelihood protection
- Safe & scalable emergency care
- Infection prevention & control that protects patients, health workers & communities
- Health systems that can maintain essential health services during emergencies

NOTE: Illustrative purposes only.
The Governing Board will discuss specific priorities for the 1st Call for Proposals after its first meeting.
Financing is limited & needs infinite.
New | call for Proposals & Proposal Development: Principles

**Call for Proposals & Proposal Template**: key instruments to operationalize financing priorities, enable country leadership, engender coordination, and incentivize domestic financing for PPR

1st call expected: Nov. 2022 & focused on strengthening capacity in a selected group of countries

Subsequent calls can broaden set of countries or focus on regional or global functions

**Key principles**

- country-driven
- underpinned by IHR & build on existing assessments, strategies and plans
- process to strengthen coordination and alignment of donor/technical support on PPR
- inclusive and transparent, involving broad set of stakeholders at country level
- catalyze government investment
New | Call for Proposals & Proposal Development: Preliminary Approach

Approach

• **Structured, country-led process** to identify most pressing PPR gaps/financing priorities – supported by WHO, WB & partners with involvement of broad set of country stakeholders

• Build on existing assessments of risk and capacities to prioritize actions and financing needs (STAR, SPAR, JEE, UHPR, One Health NBW, NAPHS...)

• Identify **Implementing Entities & Implementing Partners** best placed to help address key gaps

• Identify **critical government policy actions, institutional reforms & co-financing** to support international financing

• **Country-led development of FIF Proposals** that indicate (i) summary of country process; (ii) domestic PPR financing context and commitments; (iii) priority financing PPR gaps and requests; (iv) expected role of different IEs and IPs; (v) results framework and monitoring arrangements
New | PPR Outcome Indicators

**PREPARE**
Measures country's preparedness for emergencies
Indicator: IHR States Parties self-assessment Annual Reporting (SPAR)

**PREVENT**
Measures efforts to prevent emergencies via vaccination coverage
Indicator: Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases

**DETECT & RESPOND**
Measures timeliness of detection, notification, and response to public health emergencies
Indicator: Timely detection and response to potential health emergencies
Next steps & timeline in Establishing the FIF

Ongoing work of Founding Donors (with interim secretariat support):

- FIF governance, Board structure, roles and responsibilities
- TAP ToRs
- Implementing Entities
- FIF operational arrangements

Interim Secretariat is drafting the following documents for FIF donor review & agreement and endorsement of Board at its 1st sitting:

- Governance Framework
- Operations Manual
- Contribution Agreement Template
- Financial Procedures Agreement Template

1st Board meeting on 8-9 September 2022
Focus of September-November workplan

Including, but not limited to:

- **Formation of the TAP** (based on ToRs endorsed at 1st Board)
- A partnership-level **Results Framework**
- **1st Call for Proposals**, incl. prioritization & preparation of documents, to issue in early/mid-November
- Communications strategy
- **Accreditation pathway** & framework for additional IEs
- Framework to manage conflicts of interest
- Risk management strategy for the partnership
- Continued stakeholder consultations
Discussion points/Member State perspectives

- Scope of the FIF
- Role of WHO in the PPR FIF (incl. Chair of TAP)
- WHO support to Board Members for 1st meeting (8-9 Sept)
- Priorities for financing (i.e. most critical gaps)
- Other...