

# NTI: bio



# **Investing in Global Health Security:** How to Build a Fund for Pandemic Preparedness in 2022

Health experts from around the world have warned for years that countries, regional bodies, and global institutions must invest more in critical capacities to prevent, detect, and respond to epidemic and pandemic threats. The COVID-19 pandemic—with more than six million deaths to date and costs to the global economy estimated by the International Monetary Fund to reach at least \$12.5 trillion through 2024—is the latest, and most devastating, crisis to underscore the need to shape and sustainably fund long-term pandemic preparedness capacities globally.

Building from lessons and actions taken in response to the 2014 Ebola outbreak in West Africa, the first Global Health Security (GHS) Index, released in October 2019, showed that most countries had not allocated funding from national budgets to fill identified preparedness gaps. The finding fueled a March 2020 call from health policy experts for a Global Health Security Challenge Fund to catalyze additional, sustainable financing to close country-identified capacity gaps. As the COVID-19 pandemic swept the globe, persistent underinvestment in preparedness became even clearer—a finding reinforced by the second iteration of the GHS Index released in late 2021 showed 154 out of 195 countries were experiencing critical long-term financing shortfalls. During the past 12–18 months, leaders and experts from the G20 High Level Independent Panel on Financing the Global **Commons (HLIP), the Independent Panel for Pandemic** Preparedness and Response (IPPR), the Director-General of the World Health Organization (WHO), and WHO Council on Economics of Health for All, along with a growing number of governments, global health leaders, and civil society organizations, have called to establish a new Fund for Global Health Security and Pandemic Preparedness (hereinafter, the Fund) housed at the World Bank, with the aim of mobilizing at least \$10 billion annually—as a sustainable and catalytic way to prepare against future pandemic threats.

On April 21, 2022, immediately after G20 finance ministers and central bank governors reached

consensus to establish a new Fund for preparedness at the World Bank, a group of leading experts and stakeholders from governments, civil society, academia, and multilateral institutions working in global health, global health security, and biodefense met to review progress and offer advice on next steps. This paper reflects the key takeaways from that conversation and aims to inform next steps to structure, approve, and launch a new Fund, including the consultative process led by the World Bank.

# **Fund Priorities**

Experts agreed that the major global gaps in pandemic prevention, preparedness, and response and resilience (PPR) outlined by the HLIP should set the parameters for the new Fund's priorities. These include:

- 1. Globally networked surveillance and research to prevent and detect emerging infectious diseases.
- **2.** *Resilient national systems* to strengthen a critical foundation for global pandemic preparedness and response.
- **3.** Supply of medical countermeasures and tools to radically shorten the response time to a pandemic and deliver equitable global access.
- **4. Global pandemic governance** to ensure the system is tightly coordinated, properly funded, and with clear accountability for outcomes.

These categories, however, are broad and might not provide enough direction to set clear parameters and priorities for Fund activities. Determining guidelines and/or priorities within them will be critical to focusing the early activities of the Fund on the most pressing issues, prioritizing activities that can yield progress in the near-term and for which grant funding will be most effective, and distinguishing the Fund's purpose from that of other institutions. For example, capacities related to upstream research and development (R&D) may not be suitable for including in the category "supply for medical countermeasures." Although additional resources are needed for pandemic R&D, new, grant-based funding may not align with proven incentive structures for early- and mid-stage medical R&D, such as advanced market commitments and at-risk funding. Additionally, upstream R&D costs are high, could quickly expend a nascent Fund's budget, and have other, more tailored financial supports. Fund resources in this category could be more focused on operationalizing manufacturing, supply chain, and logistics capacities. Others strongly champion investing in the health workforce as part of building of "resilient national systems," yet whether the Fund should support any and all health workforces-or a more focused subset of the workforce-needs to be defined.

It will also be important to determine whether this Fund will strictly focus on preparedness capacities, or if it will also be a vehicle for surge funding in a health emergency. Both types of financing are needed for future threats. However, it may make sense for this Fund to be laser focused on filling preparedness gaps while in parallel advancing a structure for emergency surge funding during an active crisis—especially as funding needed to both support preparedness and emergency response is far greater than the \$10 billion annually targeted for this Fund.

What is clear is that the Fund should prioritize core capacity building so that countries and regions are prepared to detect, prevent, and rapidly respond to outbreaks with pandemic potential. Countries and regional organizations must play a strong role in determining priorities for investment through leadership, decision making, and governance of the Fund. By working with countries to identify gaps, maintaining accountability in addressing gaps, and serving as a catalyst for additional and sustainable domestic and international investment for pandemic preparedness, the Fund can play a significant role in promoting country and regional ownership for global health security.

#### **Fund Principles**

Experts discussed the strengths of advancing the Fund as a Financial Intermediary Fund (FIF) at the World Bank, including building on the Bank's unique capabilities and track record to stand-up, structure, mobilize resources, and manage purpose-driven international funds. They noted, however, that fund structure and priorities are interlinked, and that a grant-based FIF structure can help define Fund priorities by nature of the initiatives grant funding is best placed to support.

Other principles for the Fund design, structure, and governance include:

- Complement existing global health institutions and financing mechanisms and avoid further fragmentation of the global health architecture. It is critical to ensure a new Fund is complementary to other mechanisms of the World Bank, WHO, and other global institutions. The Fund must focus on investments needed to close identified gaps in preparedness at the country, regional, and global levels, complementing and addressing priorities not currently within the mandates of multilateral organizations like Gavi, Global Fund, and the Coalition for Epidemic Preparedness Innovations.
- Mobilize new funds from across sectors and catalyze new investments at the national and regional levels. The Fund must be additive and mobilize new, diverse resources for pandemic preparedness from a whole-of-government, wholeof-society perspective. It must not drive further competition for existing Official Development Assistance (ODA) or global health and development resources. Additionally, the Fund should work to incentivize domestic resource mobilization for pandemic preparedness through mechanisms such as matching funds—which will require support and engagement from political leadership in all countries and regions.
- Engage country and regional partners as advocates and implementers. Countries and regions know best their gaps in preparedness capacity and understand contextually specific needs and priorities. Positioning countries and regional organizations to identify and champion their priorities for the Fund, as well as serve as implementers, is critical to expeditiously channeling resources to where they are most needed, alongside potential implementation through global and multilateral institutions.

- Identify and prioritize the greatest needs. The Fund should prioritize resources to the most urgent and acute needs, informed by countries, regions, and needs and gaps assessments. The Fund should not exist primarily to "top off" existing global health organizations, even if their work aligns with pandemic preparedness and response, but rather should channel funding to those organizations if they are identified as the most efficient implementers of resources for acute needs as defined by countries and regions.
- Focus on near-term, concrete gains. To drive longterm buy-in and support, the Fund should prioritize investments in near-term, concrete gains to show early proof-of-concept and effectiveness.

## **Process for Standing-Up a Fund**

The process for determining the Fund's priorities, structure, modalities, and governance must be transparent and inclusive, so that the Fund is effective, legitimate, and sustainable. As the World Bank launches an official consultative process to inform recommendations to its Executive Board on Fund design, priorities, and governance, this and any future decision making processes should engage not only "traditional" and well-connected stakeholders, but also organizations and communities that would be most affected by the Fund's investments. This will mean striking thoughtful balances between moving expeditiously to take advantage of political momentum and taking the required time to meaningfully consult with a globally diverse and representative set of stakeholders, including civil society and other non-state actors.

Key considerations follow to help drive productive engagement with diverse stakeholders and build toward a Fund that is not only impactful, but inclusive and legitimate.

• Provide meaningful engagement opportunities for governments at all income levels, and civil society and community organizations through the World Bank, in collaboration with WHO and other multilateral organizations, to lead an inclusive design and priority-setting process. This will increase global support and buy-in, cement the fund as a cross-cutting global good, and help ensure the strong stakeholder engagement needed for successful Fund implementation.

- Define and delineate stakeholder roles and responsibilities in design and governance to safeguard the equity of governments, regional and multilateral organizations, donors and philanthropies, and civil society/non-state actors. Each entity has unique and valuable insight to shape the decisions, tools, and incentives to make this Fund successful.
- Fund process and rapid actions must remain broadly shared ensuring that the commitments made by governments, regional organizations, and civil society are shepherded forward in a productive manner and in line with agreed upon priorities (e.g., the HLIP, Joint Task Force, and G20 discussions).
- Incorporate the identified preparedness gaps by countries and regional organizations as articulated through existing tools, such as the WHO Joint External Evaluation and Global Health Security Index, or other priority-setting channels. The World Bank must then prioritize, in consultation with partners, Fund resources to support countries and regional organizations with the greatest needs.
- Ensure timely and transparent updates on Fund activities and achievements to build and sustain political support and confidence in the Fund and demonstrate the Fund's added value to the global architecture. This should include an emphasis on supporting countries and regional institutions in developing stronger systems for accountability.

### Conclusion

Global leaders have coalesced around the need for a new Fund, and this is a welcomed achievement for our collective global health security. But the hard work is just beginning. Building a Fund that is transformative and sustainable will require:

- Carefully and deliberately prioritizing the issue of acute needs at the country and regional levels, advancing tangible and near-term gains, and distinguishing the added value and complementarity of the Fund in the broader global health landscape.
- Broad and meaningful consultation and engagement to build long-term support and direction from diverse stakeholders.
- Strong, inclusive governance, accountability, and reporting to build a sustainable and trusted structure for the long-term.

#### Contributors

This paper was informed by a consultative meeting that included the following thought leaders and experts. This paper does not necessarily reflect the views of their institutions or consensus view on all points by all participants.

- 1. Co-Chair, Margaret A. Hamburg, Nuclear Threat Initiative
- 2. Co-Chair, Carolyn Reynolds, Pandemic Action Network
- 3. Ashley Arabasadi, Management Sciences for Health
- 4. Bruce Aylward, World Health Organization
- 5. Priya Basu, World Bank
- 6. Kate Dodson, United Nations Foundation
- 7. Victor Dzau, U.S. National Academy of Sciences
- 8. Jeremy Farrar, Wellcome Trust
- 9. Amanda Glassman, Center for Global Development
- 10. Angela Hinds, Caribbean Public Health Agency
- 11. Lisa Indar, Caribbean Public Health Agency
- 12. Rebecca Katz, Georgetown University
- 13. Magnus Lindelow, World Bank
- 14. J. Stephen Morrison, Center for Strategic and International Studies (CSIS)
- 15. John Nkengasong, Africa Centers for Disease Control and Prevention
- 16. Raj Panjabi, United States Government
- 17. Elizabeth Radin, International Rescue Committee
- 18. John-Arne Røttingen, Norway
- 19. Joy St. John, Caribbean Public Health Agency
- 20. Brad Tytel, Bill & Melinda Gates Foundation
- 21. Stephanie Williams, Australian Government

#### References

Reuters, IMF Sees Cost of COVID Pandemic Rising Beyond \$12.5 Trillion Estimate, January 20, 2022.

Bank of Indonesia, Ministers of Finance and Governors of Central Banks of G20 Countries Work Together on Solutions on the Current Global Economic Challenges, News Release, April 21, 2022.

Nuclear Threat Initiative, Center for Global Development, Georgetown University, and the Center for Strategic & International Studies, *Concept Note: Global Health Security Challenge Fund*, March 2020.

Financing the Global Commons for Pandemic Preparedness and Response, A Global Deal for Our Pandemic Age: Report of the G20 High Level Independent Panel, June 2021.

Pandemic Action Network, *New Multilateral Financing Mechanism for Global Health Security and Pandemic Preparedness*, Policy Brief, August 2021.

Global Preparedness Monitoring Board, From Worlds Apart to a World Prepared, 2021 Annual Report, October 2021.

Independent Panel on Pandemic Preparedness, COVID-19: Make It the Last Pandemic.

Pandemic Action Network, A New Fund for Global Health Security and Pandemic Preparedness: Why, What, and How, Issue Brief, May 2022.

Nuclear Threat Initiative and Johns Hopkins Center for Health Security, *2021 Global Health Security Index*, December 2021.

Juliet Bedford, Jeremy Farrar, Chikwe Ihekweazu, et al., "A New Twenty-First Century Science for Effective Epidemic Response," Nature 575 (2019): 130–136.