

Commenter: Mayur Sharma

**From: Mayur Sharma** [REDACTED]

**Sent: Sunday, April 21, 2024 10:03 AM**

**To: Pandemic Fund Consultations <[REDACTED]>**

**Subject: Comments on overall Medium Term Strategy**

Hello Pandemic Fund Team,

I am very privileged to study the strategy that will support 50 countries in developing the country's capacity to prevent, detect, and respond to disease outbreaks. I have spent a few years working with the state health department, HIV surveillance and response, TB M&E work in USAID priority countries, GF project in Nepal for Malaria surveillance and preparing the country during the control phase of malaria and also during the preparation of the elimination, FF fund in Nepal, and Tanzania. Based on my understanding, if possible, I have provided the following points for your consideration:

The Global Fund and the AMR project, funded by The Fleming Fund project from UK DHSC, have established a Country Coordination Mechanism and a multisectoral steering committee at the ministry level in each country where they operate. At the national level, these committees comprise technical experts, including civil society and human and animal health representatives. This project can strengthen their involvement and utilize their expertise in the pandemic fund to achieve better outcomes.

Many countries have implemented vertical surveillance systems for disease-specific surveillance. However, these systems do not provide a reliable data source that the government can use for better data quality. Thus, data quality is often compromised. The pandemic fund can also involve the private sector, resulting in better outcomes related to detecting, preventing, and responding to public health outbreaks globally. The pandemic fund framework and monitoring and evaluation framework are mentioned in the strategy, highlighting IHR regulations. So, every country's National Public Health Laboratory is prepared for first-level TOT through capacity building to strengthen its capacity to detect disease outbreaks that could potentially be a public health concern at the national and global levels. So, the NPHL will help sub-national laboratories to strengthen their capacity so that it can be coordinated within the country and data are generated in a well-established surveillance laboratory network that can be generated at the national and sub-national level that could ultimately be reported to the WHO collaborative center like IHR.

To make its practical implementation possible in every country, could we utilize the One Health approach that aligns with humans, animals, and the environment? However, implementing the One Health approach may be challenging for countries that don't have it. This could be an opportunity for countries to develop a One Health strategy. If we start from scratch again, we will use the next five years to formulate the strategy and M&E plan. Project implementation will be shorter once we start implementing the strategy and M&E plan framework. The strategy should clearly state whether we use a One Health strategy or a different strategy in line with IHR policy. Mixing all strategies may make it difficult to achieve the goal.

The program had a good start with disease surveillance and early warning, laboratory systems, and the public health workforce. We can continue this work by using the recent JEE scores, the AMR country capacity assessment, including the laboratory assessment by the Fleming Fund, and the M&E and surveillance capacity assessment from different vertical programs or donors. The report could be

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**one of the best ways to find where the country stands right now as a baseline. Many countries have already performed laboratory assessments and surveillance system assessments. All these reports will be a baseline for moving forward. Otherwise, low- and middle-income countries may end up duplicating work. The Global Fund, Fleming Fund, and One Health approach complement each other's work.**

**Thank you**

**Regards**

**Mayur Sharma**

