

Commenter: Sadaf Lynes

**From:** Sadaf Lynes [REDACTED]

**Sent:** Thursday, April 25, 2024 8:38 AM

**To:** Pandemic Fund Consultations <[pandemic\\_fund\\_consultations@worldbank.org](mailto:pandemic_fund_consultations@worldbank.org)>

**Subject:** Pandemic Fund strategic plan

Thank you for the email with the Pandemic Fund strategic plan.

Firstly, congratulations on an excellent strategic plan which reflects the wide range of consultation the secretariat has undertaken. It is a very strong plan building on the lessons learnt from the first round of awards. The comments below are my personal comments.

**Executive Summary:** The four additional areas under unique value proposition are strong in terms of the value of multi-sectoral approach which is much needed in terms of agreement, planning and co-ordination. Under additive investment I would make stronger wording for the necessity for governmental budgeting and commitment (in addition to investment) based on outcomes from country awards.

**Focus areas:** Cross cutting enablers such as National Public Health Institutes (or relevant public institutions) are mentioned with a focus on the four themes of onehealth, community engagement, health inequity and gender equality. An emphasis on a multi-sectoral approach to strengthening public health systems to co-ordinate and streamline actions and decision should be center stage for future applications. NPHI's act as connectors and bridges between different sectors and the core drivers to enable system cohesion starts from having solid operational foundations. Relationships, governance and outcomes will be optimized in times of health emergencies if day to day operational networks is established around a common mission and goal adopted across key stakeholders.

**3.1** The pandemic fund intends to focus on countries with the biggest gaps and resource allocation will be based on qualitative and quantitative metrics. This should be supported by wider evidence-based assessment that can be supported by other organizations. For example organisations such as IANPHI would be well positioned to support these assessments (for example roles and resilience of NPHI's for pandemic and epidemic PPR within public health systems)

Secondly, ensuring fair geographical coverage/balance should also be of consideration to ensure distribution of funds.

**4.2** With donors there should be a requirement for investment in horizontal initiatives that strengthen the foundations of PPR. Individual disease programmes do not necessarily strengthen systems but are beneficial for time limited vertical programme delivery.

**5.2** Communities of shared practice and learning amongst countries and government through interactive engagement would be welcome through the strategic plan. There are

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networks in existence that can support the pandemic fund secretariat through joint network actions.

**6.1** A role for organisations such as the International Association of National Public Health Institutes should be considered above the role of potential delivery partners, and some perspectives have been reflected in the section on governance and stakeholder engagement. Although the association is not an implementing entity (as is not able to be) but there is a strong argument for associations/NGO's such as IANPHI to play a more pivotal role because of their scientific and leadership knowledge and expertise. With an in depth understanding of National Public Health institutes roles, needs and access to country context understanding this would be an opportunity to align objectives and benefits through a formalized role.

**6.3 Other: Advocacy-** there is only one explicit mention of advocacy in the document (through civil society organisations.) This is a missed opportunity- One of the role of the pandemic fund is to advocate for sustainable strengthened PPR in countries through evidence base that is produced through the implementation of the pandemic fund. Having an advocacy and communication plan that is targeted at all levels of stakeholders would be a suggested addition to the strategic plan.

There are other mechanisms that can be considered and capitalized to advocate for financial, governance, technical mechanisms to enable organisations to sustain resilient, co-ordinated PPR approaches at national, subnational and community level. These approaches can be built through other routes of evidence based benefits including societal, economic and ethical positions.

Further consideration needs to be reflected in support for LMIC in the preparation of their applications. This is a specialized area and not all LMIC have access to the expertise and time required to complete the application.

Kind Regards  
Sadaf

Sadaf Lynes

Director of Collaborative Surveillance, Workforce and Health Emergencies