



Coalition of Advocates for Global Health and Pandemic Preparedness

The Coalition of Advocates for Global Health and Pandemic Preparedness (The Coalition) is a group of organizations advocating for an integrated and holistic approach to preparedness that emphasizes equity, inclusion, and synergies of multiple global health programs in advancing preparedness. We believe that all global health initiatives should be centered on the key principles of community leadership, equity, access, and human rights and that efforts to fight current epidemics and strengthen health systems are central to equitable pandemic preparedness.

The Coalition welcomes the transparency of the Pandemic Fund in making its draft mid-term Strategic Plan public and open to feedback. The document lays down an encouraging roadmap for the Pandemic Fund, which aligns well with the Coalition's members priorities and vision for an equitable pandemic prevention, preparedness, and response global architecture.

On Section 3.3: The level of details provided in the plan regarding the approach to project funding envisioned by the Pandemic Fund secretariat is appreciated. We trust that the principles listed will allow the Secretariat to address PPPR inequity by prioritizing countries in most need of support. More broadly, the tiered priority system appeared fit for purpose, in particular the use of an allocation-based model for countries in most need.

On Section 2.1 & 2.2: It is not clear how or why the decision to focus on surveillance, laboratory systems, and workforce was made. Originally, these were chosen as priority areas for only the first call for proposals in an effort to focus funds and limit program proposals when funding was tight. While these three areas are critical, it would be a grave error for the Pandemic Fund to limit its funding to just these three areas. There are several other capacities necessary to achieve pandemic preparedness, including but not limited to public health communication, supply chain strengthening, research & development, and health systems strengthening, that are as of yet underfunded. As the Pandemic Fund Secretariat bills the Fund as the primary financing vehicle for implementation of the Pandemic Accord, it is counterintuitive that the applicability of Pandemic Fund resources would be artificially limited in this way.

On Section 6.3: The strategy does not provide details on how civil society at the country level will be included at all stages, from the initial design, to implementation and evaluation. It only states that "the Fund will explore ways to provide clarity on the role of civil society, including in countries that do not have organized civil society groups". This feels too vague for a Strategic Plan. It has been difficult for civil society to engage with the proposal development process, and the level of engagement highly depends on the relationships they may already have with Implementing Entities and Ministries of Health. The Secretariat must commit to creating and

resourcing appropriate mechanisms for civil society engagement across the proposal process. Models to look at include PEPFAR COPs and Global Fund CCMs.

On overall governance and the role of civil society (6.3) the draft repeats a number of objectives set at the launch of the Pandemic Fund, but does not address the two core governance reforms that civil society advocates have demanded for over a year:

- Civil society representatives need to be allowed to share board documents with members of an officially recognized delegation, as to be able to fully engage in Board discussions and ensure that they represent the plurality of civil society positions.
- Delegations need to have access to funding to compensate their members for their time and effort.

These demands are not unrealistic nor unprecedented. They have been in place for over 20 years at the Global Fund to Fight AIDS, TB and Malaria, Gavi, Unitaid, and other global health institutions. Where it comes to meaningfully engaging civil society and community in governance structure, there is no reason for reticence - [a model exists and is effective](#).

On section 6.4, we appreciate the recognition of the need to improve transparency around Pandemic Fund processes. Yet the document remains too vague regarding actionable commitment. After the experience of the first call for proposals and wave of funding, the Coalition expected to see a clear list of documents, including detailed project proposals, and reporting. Again, sharing these documents publicly is best practice put in place by global health initiatives for over two decades, and it is unclear why the Fund's Secretariat is hesitant to meet baseline expectations of civil society engagement.

Finally, regarding section 3.1, the discussion of indicators and KPI is useful, in particular as it confirms the need to look for impact indicators beyond already used metrics (GHS Index and Joint External Evaluation results) that do not seem adequate to capture ground level impact.

These comments were prepared with inputs from GFAN, AVAC, and Care US.