

RTSL COMMENTS ON THE PANDEMIC FUND DRAFT STRATEGIC PLAN (2024-2029)

25 April 2024

Resolve to Save Lives (RTSL) extends its appreciation for the Pandemic Fund (PF) work to date and for the opportunity to offer comments on the Pandemic Fund Draft Strategic Plan (2024-2029). The comments provided below are informed by RTSL close partnership with countries and implementing entities that have applied for, and in some cases received, support from the Pandemic Fund, underscoring RTSL engagement with the practical implementation of pandemic preparedness and response (PPR) efforts. The comments below are structured in alignment with the order and flow of the draft document.

FOCUS AREAS / PROGRAMMATIC PRIORITIES / CROSSCUTTING ENABLERS

The Fund proposes to maintain its investment in pandemic PPR-specific capacities across three programmatic priorities: surveillance, laboratory systems, and workforce. Considering the finite resources available in the medium term, it is judicious to prioritize investment in these areas, as they form the cornerstone of epidemic preparedness efforts. **It is important, however, to acknowledge the inherent tension between investing in specific, finite areas that bolster health systems readiness for managing epidemics and the broader, longer-term investments needed to prepare for future pandemics**, currently beyond the Pandemic Fund strategic remit and immediate priorities.

The addition of **cross-cutting enablers**, particularly the bolstering of National Public Health Institutes (NPHIs) or relevant public institutions, is a new and significant aspect of the draft Strategy. The Strategy extends to suggesting support for the establishment of new NPHIs. Recent experiences across Africa underscore the substantial long-term investments required for NPHI establishment, including those associated with the drafting and adoption of appropriate legal frameworks, the transfer of human resources and all aspect underpinning the operationalization of a country's Public Health strategic vision. The Pandemic Fund may consider **further specifying the nature of NPHI support within its funding scope and narrowing its possible investments to capacity strengthening efforts and technical enhancements of existing entities**.

RESOURCE ALLOCATION

In a context where the Fund anticipates having finite resources over the next period, an approach which envisages allocating the majority of its resources to countries that have the largest gaps in pandemic PPR capacity and highest pandemic risks seems both judicious and necessary. The proposition to develop a novel custom index and scoring methodology that encompasses various decision-making parameters for prioritizing countries and regions investments is a logical step in this context. Yet while the idea holds promise, it raises several questions. In an imperfect but

already crowded PPR measurement space, stakeholders may rightly question the value add of yet another index, begging for careful deliberation to ensure that any new index serves a distinct purpose and builds off existing frameworks. More importantly, the development of such an index will inevitably invite scrutiny regarding its fairness and neutrality in shaping resource allocation decisions. Concerns may arise regarding the methodology behind it, potential biases in data selection, and the transparency of the overall process. Given the stakes involved, **one potential avenue for bolstering trust and transparency in the index could be to entrust its development and application to an independent external entity. By outsourcing the task, the Board could mitigate concerns and ensure a rigorous and impartial approach, contributing to fostering greater confidence among stakeholders in the fairness of resource allocation decisions.**

REQUIREMENTS FOR RESOURCE ALLOCATION

The draft strategy takes stock of some the challenges faced by countries in their application to the PF. As noted, significant time and scarce resources were expended on proposal which went unfunded. The Fund's commitment to provide greater predictability of the size and timing of funding to applicants is a welcome step to help applicants calibrate their efforts. Greater flexibility in the application process and requirements for low-resource countries, such as implementing rolling deadlines for proposal submissions, is also positive development which will allow countries to synchronize their efforts with their domestic calendars and optimize their utilization of resources. However, and as the last call for proposals amply demonstrated, countries with the strongest capacities write the best proposals. It will therefore be crucial for the PF to address the challenges faced by low-bandwidth countries, particularly those with limited experience in international applications and whose primary language is not English. These countries often struggle to meet the diverse and demanding requirements of donors and face difficulties with proposal writing. Above and beyond the subpar model whereby international consultants are brought in to support application writing, **countries need support to build the capacities of their own established and rising leaders to access funding, and spend it in a timely, impactful, and accountable manner. This may involve options such as tailored capacity strengthening of relevant national officials who play an important role in the design and implementation of multisectoral health security implementation, and providing structured feedback to unsuccessful applicants in a manner that can help improve their chances in future rounds.**

COOPERATION, COORDINATION, COLLABORATION

Implementing entities are a central feature meant to enable the PF to channel resources far and wide, by supporting the implementation, administration, and oversight of projects and programs the PF finances. From a country perspective, working via implementing entities (IE) introduces its own complexities, establishing a layered set up where countries are tasked with developing multi-stakeholders' proposals upfront, with the money subsequently flowing to IE, who may then vary in their promptitude and efficiency in initiating the implementation of proposed activities.

An assessment of implementation models through IE, conducted independently and transparently, could help with accountability while pinpointing features necessary to expeditiously execute approved projects. It could also help hone in on expectations upfront and eventually set official benchmarks to maximize the impact of IE/country collaboration.

The Pandemic Fund was created with a critical mission—to establish a dedicated source of additional and sustained funding for pandemic Preparedness, Response, and Recovery functions. The latest iteration of the PF draft strategy reflects a perceptible evolution in ambitions, especially as it relates to an aspiration to foster collaboration across a spectrum of pandemic PPR stakeholders. Enhancing coordination in a landscape characterized by fragmentation is a commendable endeavor, and one of the ways to enhance the impact of finite PPPR funding. It is worth noting, however, that fostering “*coordination across the range of pandemic PPR actors, across sectors within countries, and across countries and regions*”, with the goals of “*ensuring multi-sectoral collaboration for a whole-of-government, One Health approach*” is resource intensive and demands robust political engagement at the highest levels of government, as well as active involvement from sectors beyond health. The outcomes of ongoing negotiations surrounding a pandemic agreement and the potential establishment of new governance arrangements suggest a dynamic environment that may reshape the contours of pandemic PPR efforts, including where and how high-level coordination may be ideally anchored. It would therefore seem important for the PF to continue monitoring these developments and **critically assess whether or not the PF, conceived as a funding mechanism, is best placed to assume a larger coordination role, beyond its mission to ensure its funded projects are well-aligned with and complement other funders and stakeholders’ PPR efforts.**

GOVERNANCE: LMIC REPRESENTATION AND ENGAGEMENT ON THE BOARD

The current state of representation and engagement of low- and middle-income countries (LMICs) within the Pandemic Fund board has been sub-optimal. LMIC board members, tasked with voicing the perspectives of a diverse group of countries with varying capacities and needs, find themselves largely unsupported in fulfilling their roles effectively. This includes analyzing board documents, consulting with countries in their sub-regions, articulating positions that authentically encapsulate the richness and nuances of diverse countries’ viewpoints, and fostering sustained and constructive engagement. As a result, many LMICs do not feel that their views are appropriately represented, and conversely, consider that their insights and interests are being overlooked or marginalized within the board's decision-making processes. This disconnect erodes trust and undermines the credibility of the Fund's governance structure. There is a pressing need, as part of the new Strategic Plan, for **mechanisms that bolster the participation of LMIC and their representatives. This could involve tailored support aimed at enhancing their capacity to navigate complex board deliberations, providing resources to facilitate preparatory work and enable meaningful consultation within sub-regions ahead of and after board meetings, and fostering an inclusive environment where diverse perspectives are valued and systematically incorporated into decision-making.** By further supporting LMIC board members and ensuring their voices are heard and respected, on par with donor countries, the Pandemic Fund can take a step to fulfill its mission in a manner that strive to be equitable, inclusive, and responsive to the needs of all countries.

GOVERNANCE: CIVIL SOCIETY PARTICIPATION IN THE PANDEMIC FUND

The Pandemic Fund's Governing Board includes two voting seats for Civil Society Organizations (CSOs). Yet this important formal representation has not automatically translated into CSOs effectively wielding influence in the PF institutional governance and representing the range of civil society PPR interests. Civil society representatives have confronted several challenges since the PF inception: a lack of financial and administrative support while managing significant time commitments and burden of work with at times limited institutional backing for such work (e.g., review board meeting materials, participate in board meetings and committees,); a steep learning curve when it comes to both learning the ways of working of this newly-established and still-evolving entity and the complexities of the health security landscape; challenges to remain abreast of the full range of constituency diverse and at times antagonistic issues and concerns, and related difficulties representing them fairly and effectively. As demonstrated in their participation in the governance of other global Health institutions, CSOs can promote transparency, multidirectional accountability, and effectiveness in resource allocation and decision-making. They are also known to drive policies which reflect the interest of communities and are staunch advocates for their engagement in program design, implementation, and monitoring. Through their efforts, CSOs strengthen the fabric of trust essential for effective preparedness ahead of public health emergencies, when their role becomes even more pronounced. In its draft strategic plan, the pandemic fund recognizes the important role of CSOs and identifies community engagement as critical for its success and an underlying theme for its work. A crucial aspect will be to **support the enhanced participation of CSOs in the governance of the pandemic fund by allocating adequate resources and providing robust support structures so board members can engage fully with governance processes and with their global constituencies. This includes financial assistance for capacity building, constituencies activities (consultations, platform building etc.) and logistical support (e.g., meeting facilities, technological infrastructure). Additional mechanisms, such as a Civil Society Advisory Panel, could be envisaged to complement CSO board membership and ensure the Pandemic Fund hears from those civils society actors who play important roles, including at subnational and community levels.**