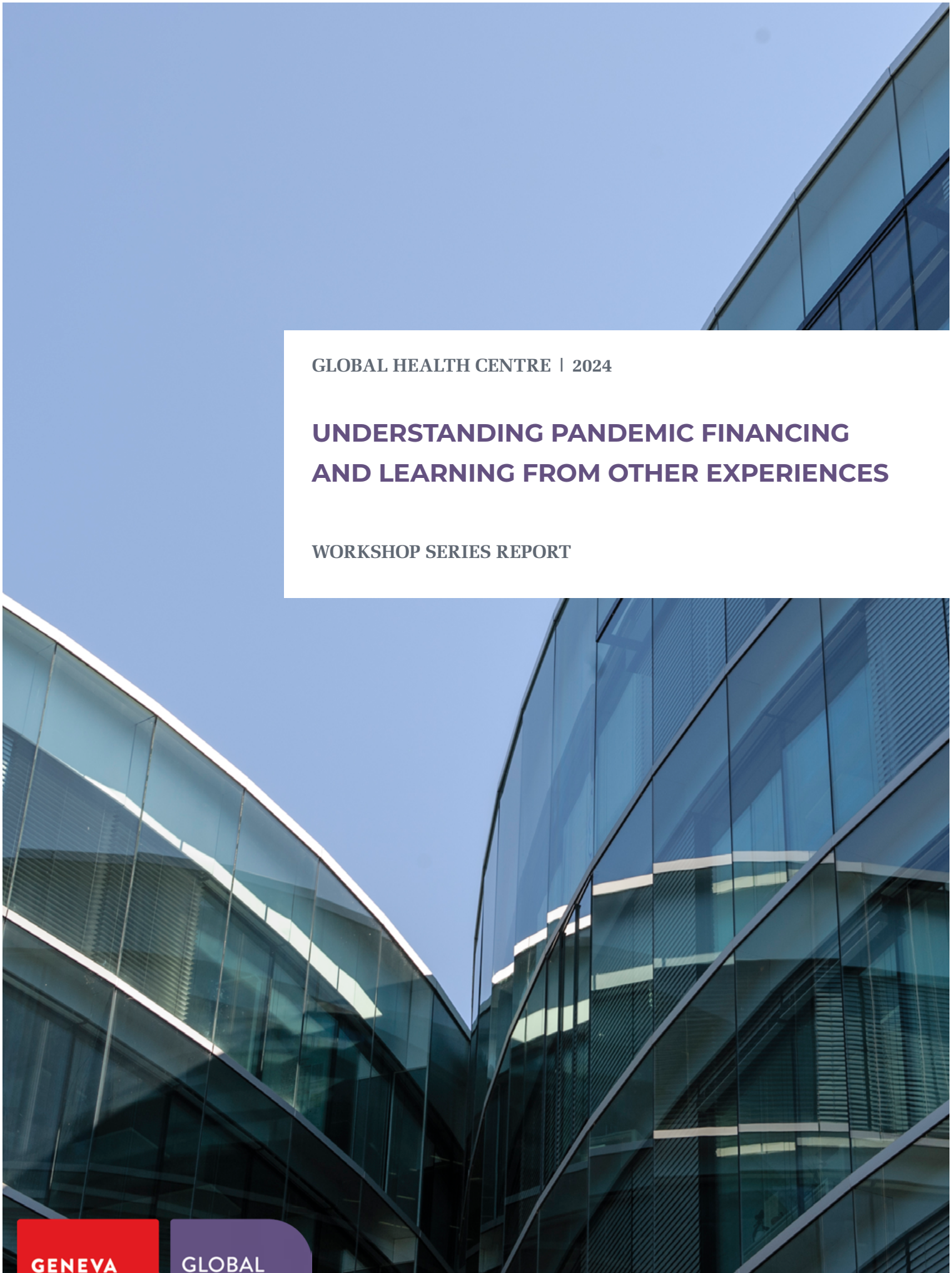

GLOBAL HEALTH CENTRE | 2024

UNDERSTANDING PANDEMIC FINANCING AND LEARNING FROM OTHER EXPERIENCES

WORKSHOP SERIES REPORT

GENEVA GRADUATE INSTITUTE

GLOBAL HEALTH CENTRE

This publication was developed as the outcome of the workshop "Understanding Pandemic Financing and Learning from Other Experiences: Exploring Key Questions for the Intergovernmental Negotiating Body (INB) and Working Group on Amendments to the International Health Regulations (WGIHR)" which took place on 22 November 2023 at the International Conference Center Geneva (CICG).

Co-convenors of the workshop: the Permanent Mission of Canada to the United Nations Office and other international organizations in Geneva, the Permanent Mission of the Republic of Ghana to the United Nations Office and other international organizations in Geneva, International Geneva Global Health Platform, Global Health Centre at the Geneva Graduate Institute.

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EXECUTIVE SUMMARY

The workshop "Understanding Pandemic Financing and Learning from Other Experiences: Exploring Key Questions for the Intergovernmental Negotiating Body (INB) and Working Group on Amendments to the International Health Regulations (WGIHR)" took place on 22 November 2023 at the International Conference Center Geneva (CICG). Building on the discussion paper entitled "Understanding pandemic financing and learning from other experiences," the workshop sought to provide members of Geneva-based permanent missions, and government officials from capitals, with an overview and analysis of global pandemic prevention, preparedness and response (PPPR) financing and experiences from other international regimes. These topics were analyzed in light of the ongoing negotiations of the Pandemic Agreement and the proposed amendments to the International Health Regulations (IHR).

In the first session ("Outcomes: Session 1"), Gian Luca Burci provided an overview of proposed provisions concerning financing included in the Negotiating Text of the WHO Pandemic Agreement and in the proposed amendments of the IHR. Suerie Moon highlighted the need to clarify the concept of PPPR financing, as well as the corresponding financing gaps and needs, and provided an overview of ongoing efforts to strengthen international PPPR financing arrangements. David Evans noted that the PPPR financing capacity of countries whose overall health spending is projected to contract or stagnate is likely to be constrained in the next few years.

In the second session of the workshop ("Outcomes: Session 2"), the presenters provided examples of how different instruments and international regimes address the issue of financing international activities. Ersin Esen described the role of the Global Environment Facility (GEF) in financing several Multilateral Environmental Agreements (MEAs). Cristina Nakano highlighted the experience of the Global Fund with debt swaps and the Debt2Health program. Finally, Murat Ozturk explained the functioning of the Pan American Health Organization's (PAHO) Revolving Fund and its pooled procurement mechanism.

Speakers highlighted the breadth of options for financing arrangements under international law, while noting the need to learn from previous experiences. The presentations were followed by discussions where workshop participants asked about different aspects of PPPR financing.

THE WORKSHOP: UNDERSTANDING PANDEMIC FINANCING AND LEARNING FROM OTHER EXPERIENCES

INTRODUCTION

PPPR financing remains one of the core issues in the negotiations of the Pandemic Agreement and the proposed amendments to the International Health Regulations (IHR). In their opening remarks, co-convenors highlighted the need for expert insights and learning from other experiences in light of the complexity of ongoing negotiations.

OUTCOMES: SESSION 1

PRESENTATION: FINANCING IN THE PROPOSAL FOR NEGOTIATING TEXT OF THE WHO PANDEMIC AGREEMENT AND THE AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS

By Gian Luca Burci, Global Health Center, Geneva Graduate Institute

The initial presentation started with the analysis of provisions of the Negotiating Text of the WHO Pandemic Agreement (hereinafter: the Negotiating Text). Art. 20 of the Negotiating Text mandates mobilization of domestic resources for strengthening capacities, implementing national programs, and strengthening health systems. Additionally, it underscores the imperative of generating financial resources for international cooperation and assistance for PPPR, particularly with regard to developing countries. Accordingly, the Conference of the Parties (COP) of the Pandemic Agreement would be tasked with operationalizing and overseeing the funding mechanisms, providing guidance on strategies, priorities and access to the funds. The funding mechanisms would consist of a capacity development fund relying on annual monetary contributions from the parties (either obligatory or voluntary), as well as monetary contributions from recipients of Pathogen Access and Benefit Sharing (PABS) System material. The mechanisms would also include an endowment for Pandemic Preparedness and Response (PPR), sourced from voluntary monetary contributions from all sectors benefiting from strengthened PPPR as well as donations from philanthropic organizations and foundations. Other pertinent articles include Article 5, which addresses the 'One Health' approach; Article 6, focusing on Preparedness, Readiness, and Resilience; Article 7, concerning the Health and Care Workforce; and Article 19, which deals with Implementation Capacities and Support. The overarching approach of the Negotiating Text is to prioritize cooperation to mobilize financial and other resources to implement its provisions, in particular with respect to developing countries.

With regard to proposed amendments to the IHR, provisions discussed include Art. 44 and 44a. These articles assign an important role for State Parties and WHO in purveying and administering funds, respectively. The newly proposed Article 44a is designed to establish a financial mechanism aimed at ensuring equity in health emergency preparedness and response. It entrusts the World Health Assembly (WHA) with the implementation and quadrennial review of this mechanism. Its objectives include granting resources to developing countries for core capacities, strengthening health systems, building research and development, production and distribution capacities for health, and addressing health equity within and between State Parties. Other proposed amendments relevant to financing include Article 5.1, which pertains to Surveillance, Article 13.3, related to the Public Health Response, and a new paragraph in Annex 1, designated as para 1bis, which deals with technological assistance.

PRESENTATION: OVERVIEW OF FINANCING FOR PANDEMICS

By Suerie Moon, Global Health Centre, Geneva Graduate Institute.

The presentation began by presenting the challenges and emphasizing the need to clarify the concept of PPPR financing. Suerie Moon highlighted the absence of a universally accepted definition and a standardized system for tracking and accounting for investments in PPPR. An example provided was that general domestic health expenditure might not explicitly target PPPR, yet the strengthening of domestic health systems can indirectly contribute to PPPR objectives. Additionally, a minor fraction of PPPR financing might be sourced from Development Assistance for Health (DAH). Prof. Moon also noted the complexity in categorizing expenditures, particularly in the context of One Health spending, which encompasses investments in animal health and often overlaps with other funding categories.

Prior financing estimates had relied on the Joint External Evaluation (JEE) framework, which includes investments in prevention, detection, response and other IHR hazards. The most recent estimates of financing by WHO and World Bank take a targeted approach, by proposing a framework of subsystems contributing to PPPR (see Figure 1 below). Therefore, one of the challenges with regard to ongoing negotiations is to establish a unified framework for assessing, tracking and monitoring investments into PPPR.

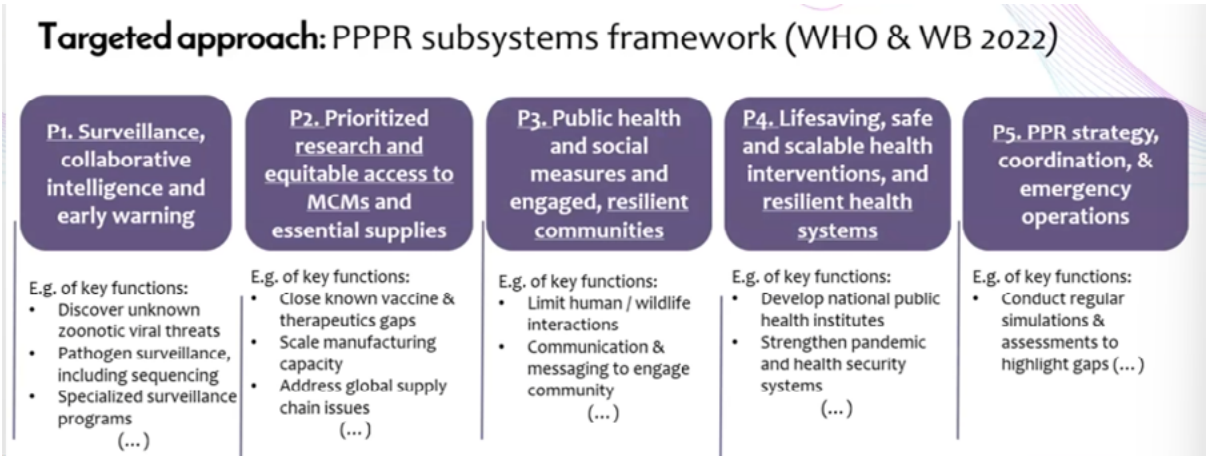

Figure 1[1]

The current estimation of the total funding need for PPPR stands at approximately 31.1 billion USD, with 26 billion USD needed at the national level and 4.7 billion USD at the global level.[2] The existing gap in meeting these financial needs is estimated to be around 10.5 billion USD, with 7.0 billion USD at the national level and 3.5 billion USD at the global level. The analysis suggests that to bridge the financing gap at the national level, particularly in lower- and middle-income countries (LMICs), these countries would need to allocate between 9 and 37 percent of their total health budgets to PPPR. This raises concerns about the feasibility of such substantial investments.

In light of this, it has been proposed that international financing could play a crucial role in mitigating the shortfall at the national level. The proposal suggests that international funding should cover 100% of the PPPR financing needs for lower-income countries (LICs), 60% for lower-middle-income countries (LoMICs), and 20% for upper-middle-income countries (UMICs). Despite this proposed international support, there would still be a requirement of an additional 3.5 billion USD to fully address the funding gap for PPPR at the global level.

1 World Health Organization and World Bank, rep., Analysis of Pandemic Preparedness and Response (PPR) Architecture, Financing Needs, Gaps and Mechanisms, February 2022, http://www.g7.utoronto.ca/g20/2022/G20-FHTF-Financing-Gaps-for-PPR-WHOWB-Feb-10_Final.pdf.

2 Ibid.

In her discussion on enhancing national and international financing frameworks, Prof. Moon highlighted the growth in total health expenditure from 1995 to 2019, which now amounts to approximately 9 trillion USD. She noted that, on average, high-income countries allocate 1000% more resources to health than upper-middle-income countries (UMICs) and 16000% more than low-income countries (LICs). Within this context, Development Assistance for Health (DAH), constituting a mere 0.5% of global health spending, is estimated at around 40 billion USD. DAH, primarily funded by a limited number of countries, is especially crucial for health financing in LICs.

The Negotiating Text of the Pandemic Agreement proposes a funding mechanism that includes both voluntary and mandatory contributions. However, it was noted that effectiveness of previous health-related financing mechanisms, such as the 23.5 million USD generated by the Pandemic Influenza Preparedness (PIP) Framework and the 31 million USD by the Plant Treaty, is modest in comparison to the comprehensive PPPR financing requirements.

Therefore, questions arise with regard to the capacity of the new mechanism envisaged in the Negotiating Text to contribute to financing PPPR funding gap and global public goods and whether it would rely on existing actors to channel funds. These considerations foreground the following set of questions:

- What are the rules that could increase financial investments in a sustainable manner to at least the minimum necessary levels?
- What sources of financing, other than the DAH and domestic health budgets, could be tapped and how to reflect them in the Pandemic Accord or IHR text?
- Should the financing rules be included in the Pandemic Accord, the amended IHR or both and how important is it that these rules are consistent and coherent between the two instruments?
- Last but not least, what are the necessary attributes for a governing body (such as the World Health Assembly or Conference of the Parties) to effectively oversee and manage these financing mechanisms?

DISCUSSION, COMMENTS, QUESTIONS AND ANSWERS

Workshop participants underscored the importance of infrastructure, skilled workforce, operational procedures, quality control, system interoperability, and big data analysis in financing discussions, amid uncertainties about the next pandemic threat. Questions were raised about the potential return on investment (RoI) in public health and the placement of financing within the pandemic agreement or the International Health Regulations (IHR).

Suerie Moon remarked that the 2022 WHO & World Bank estimates, covering a limited set of factors, likely underestimate the true costs of pandemic preparedness. She emphasized the importance of other indicators, beyond financial metrics, and the need for a more comprehensive approach, reflected in Universal Health & Preparedness Review (UHPR) and JEE indicators. Regarding RoI, she highlighted that the economic impact of COVID-19, measured in trillions USD, suggests a substantial RoI for the additional investment in PPPR. She noted the historical pattern of crisis-driven investment and the lack of sustained post-crisis funding.

Another question concerned the decision whether to place financing mechanisms in the Pandemic Agreement or the revised IHR and the implications from the legal perspective. In that context, Gian Luca Burci highlighted the need to consider that the Pandemic Agreement may not enjoy universal ratification for some time. He suggested that, from a legal perspective,

it may be more practical for each instrument to have its own financing system, aligned with the overarching object and mission of the instrument. However, this underscores the necessity to find ways to harmonize management of the funds and functionally dividing responsibilities between them.

With regard to the point made about the necessity for upfront investments, such as capital investments in clinics, Prof. Moon responded that current estimates are based on a five-year projection, reflecting the concept of initial frontload investment. However, the continuation of such investment remains a subject of debate due to the lack of sustained political commitment observed over time. She pointed out the critical role of surge financing, historically mobilized in response to crises but often followed by periods of neglect. She referenced past efforts to improve surge financing for external assistance, such as the Pandemic Emergency Financing Facility (PEF) by the World Bank, which has been discontinued because of design flaws. The subject of effective surge financing continues to be a significant agenda item for the future of health reform.

PRESENTATION: FROM DOUBLE SHOCK TO DOUBLE RECOVERY – DIVERGENT PROSPECTS FOR HEALTH SPENDING

By David Evans, Geneva Graduate Institute and World Bank. Presentation on behalf of Christoph Kurowski, Martin Schmidt and David Evans, Health Financing Global Solutions Group, World Bank.

The presentation focused on the capacity of countries, particularly low- and middle-income countries (LMICs), to internally generate funds for PPPR. It was emphasized that LMICs, with their limited resources, face particular challenges in augmenting PPPR spending. The discussion commenced with an overview of the current macroeconomic climate post-COVID-19.

Recent economic projections show the financial burden of COVID-19, but also predict Gross Domestic Product (GDP) growth across various income groups. However, there is a need to differentiate the situation faced by different countries. Countries were categorized into three economic groups: expansion, stagnation, and contraction. Those in the contraction category, experiencing a reduction in overall spending, confront difficult choices in reallocating funds from other sectors. This challenge is exacerbated by rising interest rates on public debt, significantly affecting national budgets.

Two scenarios were proposed for envisioning future funding trends:

1. An optimistic scenario where governments maintain pre-pandemic growth rates in per capita health spending.

2. A pessimistic scenario in which governments keep the PPPR share of health spending constant, potentially leading to a decrease in overall per capita health expenditure compared to pre-pandemic levels. Such a scenario would pose particular difficulties for contraction and stagnation economies among LICs and LMICs in increasing health and PPPR spending.

The presentation suggested several policy interventions to mitigate the impact of reduced per capita health spending on PPPR investment capacity. These include increasing the portion of government expenditure allocated to health, more strategically targeting Development Assistance for Health (DAH) towards contraction and stagnation economies, and addressing the challenges posed by high interest payments on public debt.

However, in practice, the proportion of government spending dedicated to health has declined post-COVID. The future of DAH increases at the country level is uncertain, with proposals to focus available DAH on contraction and possibly stagnation economies, considering their growth prospects. Addressing debt distress remains a complex issue, particularly with debts owed to private institutions less inclined to offer debt relief, and the growing influence of non-traditional donors in the global debt landscape.

DISCUSSION, COMMENTS, QUESTIONS AND ANSWERS

In the discussions that ensued, examples of indicators for targeted investments were considered, such as the World Bank's use of Gross National Income (GNI) per capita. The efficacy of loan buydowns, as utilized by the Global Fund for tuberculosis (TB), was noted for its targeted approach and incentives. In response, David Evans suggested not solely relying on GNI per capita, but also considering future growth prospects. When asked about reliance on World Bank classification, Prof. Moon noted that in various treaty regimes, states can choose to self-identify as developing countries.

Questions were also raised about the role of private financing and non-traditional funders in funding PPPR. The tendency of private investors to focus on infrastructure rather than social goods was highlighted. The speakers acknowledged that private financing cannot fulfill the entire PPPR funding requirement. The challenge thus lies in incentivizing private institutions to invest in social goods like health, education, and employment. The now discontinued PEF at the World Bank, cited as an example of attempting to engage large insurance companies with an RoI incentive, also highlighted the complexities and potential pitfalls of such mechanisms. Attracting philanthropy capital has been another option discussed in this context.

Innovative financing sources, such as reallocating funds from defense budgets to health, were discussed. David Evans pointed out that countries facing decreased government expenditure might find it challenging to increase DAH without increasing its share of total government expenditure, but that allocating funding from different sources may prove an interesting option from a political standpoint. Despite the overall pessimistic outlook for health spending per capita, it has been noted that there have been examples in the past where, when faced with economic slowdown, governments acted to protect health spending in particular.

OUTCOMES: SESSION 2

HOW DO ENVIRONMENTAL TREATIES MANAGE FINANCING? WHAT IS THE ROLE OF THE GLOBAL ENVIRONMENT FACILITY?

By Ersin Esen, UNEP

The presentation began with an overview of the UNEP/GEF unit's role in resource mobilization for biodiversity and land degradation objectives. UNEP contributes scientific, policy, and innovative expertise to assist countries in land restoration and biodiversity conservation. With 600 million USD, UNEP was able to restore approximately 2,863,775 hectares of land and recovered about 5,661,131 hectares of forests. The portfolio supports the Global Biodiversity Framework (GBF) targets, with nearly 46% of the projects situated in Africa, followed by Latin America, the Caribbean, and Asia. Ersin Esen highlighted the critical role of aligning donors' strategy with UNEP's strategy, which allows for quick mobilization of resources.

Ersin Esen emphasized the importance of aligning donor strategies with UNEP's goals for efficient resource mobilization. UNEP, as a member of the Quadripartite, adopts the One Health approach, integrating environmental considerations and launching the Nature for Health (N4H) program focused on prevention at the source.

The presenter then outlined the mission and history of the Global Environment Facility (GEF). Established in 1991, GEF became an independent institution in 1994, with the World Bank acting as its trustee. The GEF focuses on biodiversity, climate change, international waters, land degradation, ozone layer depletion, and persistent organic pollutants. The GEF currently is an international mechanism for providing grants and concessional funding to address global environmental challenges and currently serves as the designated "financial mechanism" for the Convention on Biological Diversity (CBD), United Nations Framework Convention on Climate Change (UNFCCC), the Stockholm Convention on Persistent Organic Pollutants (POPs), the United Nations Convention to Combat Desertification (UNCCD), the Minamata Convention on Mercury and the Biodiversity Beyond National Jurisdiction (BBNJ).

GEF funds are replenished every four years and amount to 5.33 billion USD in the current funding cycle. The GEF is located within the World Bank, with a functionally independent secretariat and a CEO/chairperson accountable to the main executive organ, the GEF Council. The GEF Council, composed of thirty-two donor and recipient countries and meeting every four years, makes policy decisions endorsed by the GEF Assembly, which consists of 185 countries. GEF implementing agencies develop project proposals in line with GEF and agency requirements, managing these projects with executing partners. Projects must be country-driven, supporting national policies and sustainable development, involving civil society and local communities.

Finally, Ersin Esen noted the importance of the decision to adopt the Kunming-Montreal Global Biodiversity Framework by the UN Convention on Biodiversity's Conference of the Parties (COP 15) in December 2022. The framework provides a unified set of objectives and criteria for funding of biodiversity projects. A new Global Biodiversity Fund (GBF) is proposed to be established by the GEF, supporting the implementation of this framework. Questions regarding the fund's complementarity with other funds, country eligibility, resource allocation, and project cycle remain subject to discussion.

DISCUSSION, COMMENTS, QUESTIONS AND ANSWERS

Workshop participants emphasized the importance of utilizing existing financial models in the context of the ongoing pandemic agreement and International Health Regulations (IHR) amendment negotiations. They pointed out the Global Environment Facility (GEF) as a particularly relevant model due to its capacity to function as a financing mechanism for multiple treaties and protocols simultaneously.

The success of financial arrangements in various Multilateral Environmental Agreements (MEAs) was attributed to a significant level of trust from donors and confidence in the availability of resources for implementation, capacity building, and technical assistance – a balance that GEF has successfully achieved. In that context, Ersin Esen noted the importance of trust and the challenge of managing a complex ecosystem involving 18 agencies with distinct operational cultures. To that end, the GEF coordinates its activities through policy documents and holds biannual Council meetings to review these policies.

The issue of overlapping membership in financing mechanisms was addressed, with Ersin Esen mentioning that it is generally managed through umbrella funds from the donor side. The GEF provides reports to COPs of MEAs, which are then considered in GEF Council meetings and reflected in GEF's strategic documents. When asked about the role of private partners and capital, Ersin Esen mentioned Conservation International's role in bringing private sector support and the example of the Engreen fund, supported by Norway, which focuses on the subnational sector, collaborating with local governments to establish environmental targets.

PRESENTATION: GLOBAL FUND'S EXPERIENCE WITH DEBT SWAPS: THE DEBT2HEALTH PROGRAM

By Cristina Nakano, Global Fund

The presentation began with an overview of the Global Fund model, a worldwide partnership combating HIV, TB, malaria, and now COVID-19. This collaboration involves governments, technical and development partners, civil society, health workers, and the private sector. Since its inception in 2002, the Global Fund has invested 60 billion USD, with over 15.7 billion USD raised in its current three-year cycle to support programs managed by local experts.

The Global Fund's allocation process is based on disease burden and a country's economic capacity. Countries receive communication about their allocations and are invited to submit funding requests, which should encompass their full funding needs and long-term strategies. These requests are evaluated by a panel of experts for technical quality and strategic direction, and the approved projects are then implemented by local professionals. Any amount exceeding the allocation is classified as unfunded quality demand, eligible for funding when additional resources become available.

An example of the funding mechanism is the Debt2Health initiative. In one case, Spain agreed to cancel 21.1 million euros of Cameroon's debt, with Cameroon contributing 40% of this amount (9.3 million Euros) to the Global Fund. These transactions are considered additional contributions to the Global Fund. Thus far, twelve such transactions involving thirteen countries have generated 226 million USD in health investments. Key lessons include the Global Fund's effectiveness as a multilateral platform in overseeing large-scale projects and directing debt swap proceeds to predefined funding gaps. The success of this model hinges on transparency, inclusion, country ownership, accountability, and measurable outcomes, fostering trust.

However, it's important to decouple project implementation from the debt swap timeline and payment schedules, as these can be time-consuming and potentially hinder project progress. It was emphasized that debt swaps focus on transforming debt into health investments rather than providing debt relief. They represent additional funds that supplement, rather than replace, existing resources.

PRESENTATION: PAHO REVOLVING FUND FOR ACCESS TO VACCINES

By Murat Ozturk, PAHO

The presentation opened with an explanation of the Regional Revolving Funds (RRFs), which are technical cooperation mechanisms facilitating access to quality vaccines, essential medicines, and public health supplies in the Americas. These funds operate through pooled procurement, allowing PAHO Member States to secure competitive pricing and coordinate demand planning. Key elements of demand pooling include technical support, procurement, and financial planning.

Member States benefit from this approach through streamlined processes, reduced prices, favorable conditions, a line of credit, a reliable supply of quality-assured products, and alignment with technical and programmatic recommendations. For suppliers, the RRFs offer a consolidated point of access to 42 countries and territories, predictable demand, and prompt payment. Notably, over 95% of vaccines procured through the PAHO's revolving fund are financed nationally, making it the world's largest pooled procurement mechanism based on national financing.

The RRFs also play a significant role in market shaping, benefiting both PAHO Member States and suppliers. Lessons learned from the COVID-19 pandemic include PAHO's pivotal role within the COVAX Facility and its assistance to 14 countries in accessing vaccines for Mpox. The presentation highlighted the critical importance of local manufacturing for financial sustainability in PPPR initiatives. The viability of these local manufacturing efforts is grounded in the reliability, accuracy, and sustainability of demand from National Immunization Programs.

ANNEX

ANNEX 1. WORKSHOP AGENDA

WORKSHOP & WORKING LUNCH

22 November 2023 (8:45-12:45 CET) | Centre International de Conférences Genève, CICG (Rue de Varembé 17)

8:45 – 9:00	Arrival & Registration
9:00 – 9:20	**Welcome Remarks** from co-sponsors: • **Joyce Seto**, Permanent Mission of Canada to the United Nations Office and other international organizations in Geneva • **William Okaikoe**, Permanent Mission of the Republic of Ghana to the United Nations Office and other international organizations in Geneva Summary of current financing-related text and proposals in INB and WGIHR (**Gian Luca Burci**, Global Health Centre, Geneva Graduate Institute)
9:20 – 10:20	The financing landscape for Pandemic Prevention, Preparedness and Response (PPR) Moderator: Daniela Morich (Global Health Centre, Geneva Graduate Institute) • Landscape of financial flows for PPR and ecosystem of actors (**Suerie Moon**, Global Health Centre, Geneva Graduate Institute) • Macroeconomic prospects: the capacity of countries to spend on health and on pandemic preparedness and response (PPR) (**David Evans**, Geneva Graduate Institute and World Bank) Q&A Moderator: Daniela Morich (Global Health Centre, Geneva Graduate Institute)
10:20 – 10:40	Break
10:40 – 11:50	Learning from other experiences Moderator: Daniela Morich (Global Health Centre, Geneva Graduate Institute) • How do environmental treaties manage financing and what is the role of the Global Environment Facility? (**Ersin Esen**, UNEP) • How has debt relief been used for health financing? The Global Fund Debt2Health initiative (**Cristina Nakano**, Global Fund) Q&A • How to fund cooperation mechanisms to supply high-quality products for immunization programs? The Revolving Fund of the Pan American Health Organization (**Murat Ozturk**, PAHO) Q&A
11:50 – 12:20	Interactive Breakout Sessions • What do r**ecent trends and challenges in health financing** imply for what kinds of agreed rules for financing would be important in the Pandemic Accord/IHR? • What do **experiences from other treaties/initiatives** suggest regarding what kinds of agreed rules for financing would be important in the Pandemic Accord/IHR? • What kind of financing commitments could be made **in the text** of the Pandemic Accord/IHR and what kind of **follow-up governance arrangements** (e.g. COPs) would be important to consider?
12:20 – 12:40	Feedback from Interactive Breakout Sessions
12:40 – 12:45	Closing (Global Health Centre)

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