



African Insights: Recommendations for Global Pandemic Governance and Funding

2023

Consultation Recommendations on Global & Regional
Governance, the WHO Pandemic Agreement, and
Funding for Pandemic Prevention, Preparedness and
Response: An African Regional Perspective

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MILLER SCHOOL OF MEDICINE
DEPARTMENT OF
PUBLIC HEALTH SCIENCES

PUBLIC HEALTH POLICY LAB



About this Consultation

The AHF Global Public Health Institute partnered with the University of Miami Public Health Policy Lab and the AHF Africa Bureau to bring together African public health thought leaders and experts to provide their viewpoints and discuss major issues of significance in global health. These discussions centered on global health financing, the World Bank Pandemic Fund, the WHO Pandemic Agreement, civil society, and regional approaches to pandemic prevention, preparedness, and response (PPPR).

The consultations took place over two distinct sessions on September 11 and 12, 2023, each with a unique roster of participants. Both groups reacted to identical series of questions as outlined in Annex¹. The group discussion was transcribed, and responses anonymized. The AHF Global Public Health Institute subsequently developed a summary of the discussion and the recommendations that emerged. Participants were given an opportunity to review, contribute, and elect to either endorse the recommendations as a contributor (co-author) and/or be listed as a participant in the consultation process.



Leaders and
experts provide
their viewpoints

¹ An additional individual consultation call took place with Dr. Mohammed Chakroun.

Participants & Contributors

Consultation Participants:



Akua Sena Dansua, MA
Consultation Moderator
Chair for Western & Central Africa
UNITE Parliamentarians Network for Global Health



Jorge Saavedra, MD, MPH, MSc
Consultation Moderator
Executive Director
AHF Global Public Health Institute at the University of Miami
AIDS Healthcare Foundation



Aggrey Aluso, MA
Director of the Africa Region
Pandemic Action Network



Allan Maleche, LLM
Co-Chair and Member of UNAIDS Human Rights
Reference Group
The Global Health Centre International Advisory Board



Benjamin Djoudalbaye, MD, MSc, MPH
Head of Policy and Health Diplomacy
Executive Secretary of the Africa Union Covid-19
Response Fund
Africa CDC



Cecilia Lodonu-Senoo, PhD
Founder and Executive Director
Hope for Future Generations, Ghana
Developing Country NGO Delegation Board Member
The Global Fund to Fight AIDS, Tuberculosis & Malaria



Ereena Dianne Naa Atsaawa Sackey
Policy Officer
Africa CDC



Ibtissame Azzaoui, PhD
Chair for Middle East & North Africa
UNITE Parliamentarians Network for Global Health



Josephat Kakoma, MA, MPH
Executive Director and Policy Analyst
African Constituency Bureau (ACB)
The Global Fund to Fight AIDS, Tuberculosis & Malaria



Mohammed Chakroun, PhD
Head, Infectious Disease
Fattouma Bourguiba University Hospital of Tunisia



Nahashon Aluoka, MPPA
Regional Advisor and Global Partnership Lead
Pandemic Action Network



Rosemary Mburu, MBA, MPH
Executive Director
WACI Health
Member of the Civil Society Policy Forum Working Group
The World Bank, IMF

Contributors to the recommendations:



Akua Sena Dansua, MA

Chair for Western & Central Africa
UNITE Parliamentarians Network for Global Health



Benjamin Djoudalbaye, MD, MSc, MPH

Head of Policy and Health Diplomacy
Executive Secretary of the Africa Union Covid-19
Response Fund
Africa CDC



Cecilia Lodonu-Senoo, PhD

Founder and Executive Director
Hope for Future Generations, Ghana
Developing Country NGO Delegation Board Member
The Global Fund to Fight AIDS, Tuberculosis & Malaria



Guilherme Ferrari Faviero, Esq., MS, MPH

Director
AHF Global Public Health Institute at the University of Miami
AIDS Healthcare Foundation



José Szapocznik, PhD

Chair Emeritus, Professor
University of Miami Miller School of Medicine
Department of Public Health Sciences
University of Miami Public Health Policy Lab



Jorge Saavedra, MD, MPH, MSc

Executive Director
AHF Global Public Health Institute at the University of Miami
AIDS Healthcare Foundation



Mohammed Chakroun, PhD

Head, Infectious Disease
Fattouma Bourguiba University Hospital of Tunisia



Dr. Penninah Iutung MD, MSc ID

Bureau Chief, Africa
AIDS Healthcare Foundation



Oluwakemi Gbadamosi, MA, EGID, MA, B.L, LL.B

Director Advocacy, Policy & Marketing
AIDS Healthcare Foundation

Special Acknowledgement:



Anicca Liu, MPH, MA

Senior Research Associate
University of Miami Public Health Policy Lab



Fernando Ariel Garcia Terron

Research Associate
AHF Global Public Health Institute



Eric J. Macarski, MA

Contractor
AHF Global Public Health Institute at the University of Miami
AIDS Healthcare Foundation



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The Eleven Recommendations



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The allocation strategy should use a multi-year commitment plan where priority is given to ensuring that regions and countries can meet their PPPR objectives, with the exception of new emergencies.

The Pandemic Fund

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A needs-based and outcomes-oriented system should be established to inform the Pandemic Fund's allocation strategy.

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For initial allocation rounds, the Pandemic Fund should strategically prioritize its allocation on critical and strategic needs of regions and subregions. Specifically, it should prioritize alignment with regional funding needs by empowering entities like Africa CDC as implementing agencies and by aligning its allocation strategy with regional or subregional health priorities.

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Establish a system of assessed contributions for the Pandemic Fund, commensurate with ability to pay, to be embedded within the framework of the WHO Pandemic Agreement.





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The Africa Epidemic Fund should be harmonized with existing global health financing mechanisms to promote synergy and avoid duplication of efforts in PPPR financing within the continent.

Africa
Epidemic
Fund

Accountability and Equity in Global Health

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To ensure equity, the Pandemic Agreement should establish accountability and enforcement mechanisms built on transparency, adequate oversight through independent monitoring, and a system of incentives that prioritize financial, technical, and technological resources for LMICs. This should be done upfront, not after the agreement has been signed.



Civil Society Engagement

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Advocate for the establishment of concrete standards that ensure active and meaningful civil society engagement in the implementation of the Pandemic Agreement and in the implementation of Pandemic Fund programs.

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International entities and countries should remove legal constraints and bolster funding for civil society operations, enhancing their capacity for outreach, research, and informed participation in governance.

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Integrate civil society voices in review mechanisms and national reporting processes to empower their role as watchdogs.

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Regional bodies should have authority to declare regional public health emergencies of international concern.



Substantive Content

The Pandemic Fund

The **World Bank Pandemic Fund** faces **significant challenges** at its present juncture. These range from **underfunding** and **oversubscription**², to a less than favorable global economic outlook that threatens resource mobilization, domestically and across all regions. Additionally, alongside a **waning focus on the COVID-19 pandemic**, the Pandemic Fund faces challenges with other global health organizations vying for the same pool of donor resources. In the near future, its **Governing Board must clarify the Fund's direction** – specifically, its **long-term resource mobilization** and **allocation strategies**. The recommendations presented herein are set against this backdrop.



01



A needs-based and outcomes-oriented system should be established to inform the Pandemic Fund's allocation strategy.

The Pandemic Fund should give priority to funding a data-driven approach to assessment of critical needs that is primarily focused on regional and sub-regional levels. This should be used as guide to build region-wide capacities, while countries receive some resources required to meet minimum standards for PPPR. Once established, **this system of assessment should evolve into a system of evaluation that is also able to independently monitor progress and assess impact.** Because such a system will require comprehensive and accurate data to inform allocation properly, countries initially need to be supported to develop the capacity for data collection.

This system should consider other global health funding sources to ensure that the Pandemic Fund is complementing rather than duplicating or competing with existing funding mechanisms. In this regard the Pandemic Fund should dedicate resources and attention to collaboration, strategic alignment, and resource optimization between itself and other funding bodies like the Global Fund to Fight AIDS, TB and Malaria (the Global Fund).

Coordination between the Pandemic Fund and the Global Fund is required, most importantly, because its similarity in programmatic focus as it pertains to financing PPPR for countries and regions³. To ensure within-region and within-country coordination, we recommend a model like the Global Fund C19RM⁴, which engages all important stakeholders, including civil society, within that region or country in the design of proposals and in their implementation. The Pandemic Fund could consider taking advantage of existing collaborations built under C19RM, or building its own within country coordinating mechanisms.



² State of the World's Preparedness: GPMB 2023 Annual Report [Internet]. 2023 [cited 2023 Nov 6]. Available from: <https://www.gpmb.org/annual-reports/annual-report-2023>

³ Engagement with the Pandemic Fund's First Call for Proposals 49th Board Meeting [Internet]. 2023 [cited 2023 Nov 7]. Available from: https://www.theglobalfund.org/media/13202/bm49_02a-engagement-pandemic-fund_update_en.pdf

⁴ Covid-19 Response Mechanism [Internet]. 2023 [cited 2023 Oct 17]. Available from: <https://www.theglobalfund.org/en/covid-19/response-mechanism/>

02



For initial allocation rounds, the Pandemic Fund should strategically prioritize its allocation on critical and strategic needs of regions and subregions. Specifically, it should prioritize alignment with regional funding needs by empowering entities like Africa CDC as implementing agencies and by aligning its allocation strategy with regional or subregional health priorities.

While the Fund remains undercapitalized, funding priority should be directed to regional and subregional projects addressing the most strategically important needs. This means that the initial focus should be ensuring that each region has achieved a minimum PPPR capacity in certain critical areas, such as surveillance, laboratory capacity, and early warning systems⁵. Further, prioritization should be refined based on a needs-based assessment. Alongside these allocations, targeted funding should support specific countries needing smaller grants to join larger regional initiatives and address PPPR architecture gaps. A focus on preparedness to detect outbreaks is a critical first step in preventing future pandemics⁶.

Key to this strategy, is to consider the priorities that regions have set for themselves, which should be aligned with the Pandemic Fund's own financing objectives. This alignment is crucial for developing a

cohesive multi-year strategy, engaging countries in meaningful co-financing partnerships, and strengthening both regional and country ownership for PPPR. Adopting a strategy that supports region-specific priorities, while aligning with the Pandemic Fund's allocation strategy, enhances the likelihood of more accurately and effectively meeting each region's unique needs, in accordance with the expectations of the recipients⁷.

One of the major practical ways that this can be accomplished is for the Pandemic Fund to recognize Africa CDC as a Pandemic Fund implementer. Africa CDC has an ambitious plan aimed at creating an "equitable and just public health landscape," emphasizing resilient health systems at all crisis stages⁸. Their vision of health security is built on a vision of regional leadership and innovation, and it would be advisable for the Pandemic Fund to build its future allocation for the African continent on such a vision.

⁵ Fan V, Smitham E, Regan L. The Pandemic Fund Should Invest in Proven Surveillance Approaches [Internet]. 2023 [cited 2023 Nov 7]. Available from: <https://www.cgdev.org/blog/pandemic-fund-should-invest-proven-surveillance-approaches>

⁶ FAQ: Pandemic Fund First Round of Funding Allocations [Internet]. 2023 [cited 2023 Oct 17]. Available from: <https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif/brief/faq-pandemic-fund-first-round-of-funding-allocations>

⁷ Katz R, Standley CJ. Regional approaches for enhancing global health security. BMC Public Health [Internet]. 2019 May 10 [cited 2023 Oct 19];19(3). Available from: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-019-6789-y>

⁸ Africa CDC Strategic Plan 2023-2027 [Internet]. African Union; 2023 [cited 2023 Oct 17] p. III. Available from: <https://africacdc.org/download/africa-cdc-strategic-plan-2023-2027/>





03



The allocation strategy should use a multi-year commitment plan where priority is given to ensuring that regions and countries can meet their PPPR objectives, with the exception of new emergencies.

Year-to-year funding makes planning and executing long-term programs to improve Public Health Preparedness and Response (PPPR) difficult, if not impossible. **The Pandemic Fund should make every possible effort to work with donors and co-investors to develop a long-term, multi-year commitment plan for PPPR**, targeting both regions and countries. Such a plan should recognize the importance of consistent and sustained support to achieve long-term health security objectives. It should also incorporate flexibility for unforeseen emergencies, ensuring that while long-term goals remain a priority, the strategy can adapt to urgent and unexpected needs.



As highlighted in a published report by the Independent Panel for Pandemic Preparedness and Response, “Financing pandemic preparedness and response,” considerable initial investments in readiness is as crucial as the need for sustained financial commitments to effectively build and sustain local, regional, and global preparedness systems⁹. This is supported by findings from the consulting firm McKinsey & Company¹⁰. Overall, a proposed multi-year commitment strategy provides regions and countries with a predictable financial landscape, enabling more effective planning and implementation in the long run.

⁹ Radin E, Eleftheriades C. Financing Pandemic Preparedness and Response Background Paper 14 [Internet]. 2021 [cited 2023 Oct 19]. Available from: <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-Paper-14-Financing-Pandemic-Preparedness-and-Response.pdf>

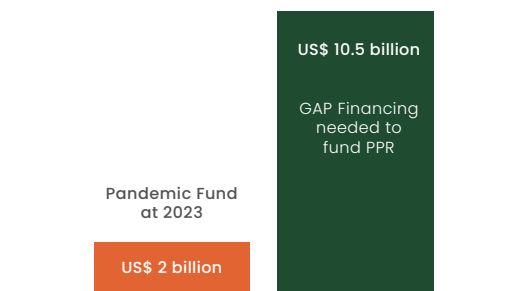
¹⁰ Not the last pandemic: Investing now to reimagine public-health systems [Internet]. 2020 [cited 2023 Oct 19]. Available from: <https://www.mckinsey.com/~/media/McKinsey/Industries/Public%20and%20Social%20Sector/Our%20Insights/Not%20the%20last%20pandemic%20Investing%20now%20to%20reimagine%20public%20health%20systems/Not-the-last-pandemic-Investing-now-to-reimagine-public-health-systems-F.pdf>

04



Establish a system of assessed contributions for the Pandemic Fund, commensurate with ability to pay, to be embedded within the framework of the WHO Pandemic Agreement.

The gap-financing needed to fund ‘a fit-for-purpose PPR architecture’ has been estimated by the WHO and the World Bank to be US\$ 10.5 billion annually¹¹. This has been used as the target funding levels for the Pandemic Fund¹². However, as of July 2023, the Pandemic Fund has secured just over US\$ 2 billion¹³. Relying solely on a voluntary donor-driven contribution is not sustainable. **This challenge, however, can be overcome through the establishment of an assessed contribution system for PPPR that is linked to the Pandemic Agreement.**



¹¹ Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms [Internet]. 2022 [cited 2023 Nov 7] p. 2. Available from: <https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf>

¹² Delivering on the G20 Leaders commitment to build an equitable and effective Financial Intermediary Fund (FIF) for Pandemic Preparedness and Response (PPR) [Internet]. 2022 [cited 2023 Nov 7]. Available from: [https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-\(fif\)-for-pandemic-preparedness-and-response-\(ppr\)](https://www.who.int/news/item/19-04-2022-delivering-on-the-g20-leaders-commitment-to-build-an-equitable-and-effective-financial-intermediary-fund-(fif)-for-pandemic-preparedness-and-response-(ppr))

¹³ Pandemic Fund Allocates First Grants to Help Countries Be Better Prepared for Future Pandemics [Internet]. 2023 [cited 2023 Oct 19]. Available from: <https://www.worldbank.org/en/news/press-release/2023/07/20/pandemic-fund-allocates-first-grants-to-help-countries-be-better-prepared-for-future-pandemics>



“To embed the Pandemic Fund’s role within the Pandemic Agreement, its Board must advocate for this integration, and collaborate with the INB to draft relevant provisions for consideration by member states while there is still time.”

In the ‘October 30 Proposal for Negotiating Text of the Pandemic Agreement, the INB suggests creating two new global health financing mechanisms to assist developing countries meet agreement obligations and build respective PPPR capacities¹⁴. **The establishment of these mechanisms, a capacity building fund and an endowment, overlooks the crucial fact that other major global PPPR financing mechanism – chief among them the Pandemic Fund and the Global Fund – are already in place providing the same sort of critical financing for LMICs.** Such a proposal, therefore, is likely to harm the existing global health financing ecosystem by further fragmenting focus, duplicating efforts, and spurring needless competition for a limited pool of financial resources.

With a focus on LMICs, the Pandemic Fund was established in collaboration with the WHO for the specific purpose of providing critical PPPR financing at the global, regional, and country levels. Its close proximity to the WHO is evidenced by its Secretariat, staffed by both the World Bank and the WHO, and a Technical Advisory Panel (TAP) that is chaired by a senior WHO official. This working relationship positions the Pandemic Fund as the ideal candidate for official PPPR financing mechanism for countries.



¹⁴ Proposal for negotiating text of the WHO Pandemic Agreement [Internet]. 2023 [cited 2023 Nov 15]. Available from: https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf



To embed the Pandemic Fund's role within the Pandemic Agreement, its Board must advocate for this integration, and collaborate with the INB to draft relevant provisions for consideration by member states while there is still time. Within the framework of the agreement, its own funding should be based on an assessed contribution system that commensurate with each country's ability to pay. Additionally, in this new role, the Pandemic Fund should collaborate closely with the Global Fund to guarantee full synergy in their initiatives.

We, therefore, urge the INB to reconsider its existing proposal and instead collaborate with the Pandemic Fund to transform it into the official PPPR financing mechanism for the Pandemic Agreement. Acknowledging the roles of the Pandemic Fund and other key PPPR financing mechanisms, such as the Global Fund, is a vital strategy in developing a more unified, enduring, and dependable global health finance system. This approach also calls for increased collaboration and efficiency between the Pandemic Fund and the Global Fund to avoid duplicative efforts and ensure complete alignment in their initiatives for funding PPPR capacity building in countries and regions.





Africa Epidemic Fund

05



Africa Epidemic Fund should be based primarily on a self-funded model.

06



The Africa Epidemic Fund should be harmonized with existing global health financing mechanisms to promote synergy and avoid duplication of efforts in PPPR financing within the continent.

The African Union (AU) recently decided to upgrade the AU COVID-19 Response Fund into the Africa Epidemic Fund. Dr. Donald Kaberuka was appointed to prepare the ground, and report to the AU on modalities to operationalize the Fund by February 2024. Together with other regional initiatives like the elevation of the Africa CDC, the establishment of this fund signifies a pivotal step for African nations to assert leadership and chart their own path in addressing the continent's pressing health challenges.





The Africa Epidemic Fund should be, primarily, self-sustaining and not based on a voluntary donor system. To this end, it is recommended that African countries contribute an assessed amount according to their ability. This would require the AU to establish the criteria for “ability to pay,” ensuring a balanced contribution model that accounts for the economic diversity of the continent. Additionally, **individual countries should prioritize allocating a certain percentage of their national investments for health and PPPR goals**, recognizing that national participation and co-investment is crucial for individual countries and regions to fully actualize their PPPR needs. It was further recommended that African nations prioritize health as a matter of national security because of the political instability and security risks that can be prompted by health emergencies.

In streamlining the operationalization of the Africa Epidemic Fund, several key points should be considered. First, it is crucial to **prioritize regional dialogues** that encourage resource, information, and expertise sharing, and to **clearly define the roles of key players**, such as the African CDC. Second, harmonizing policies and regulations both regionally and globally is essential, necessitating a thorough assessment and alignment of guidelines, regulations, and eligibility criteria to integrate the Africa Epidemic Fund seamlessly with existing regional and global finance mechanisms. Third, **coordinating initiatives at both regional and global levels** is vital, potentially involving comprehensive information-sharing mechanisms, such as a common database. Finally, the Africa Epidemic Fund should leverage the infrastructure and strategies provided by established entities like the Global Fund and Pandemic Fund to **optimize the use of these resources** in achieving desired outcomes for Africa and its countries.



Accountability and Equity in Global Health

07



To ensure equity, the Pandemic Agreement should establish accountability and enforcement mechanisms built on transparency, adequate oversight through independent monitoring, and a system of incentives that prioritize financial, technical, and technological resources for LMICs. This should be done upfront, not after the agreement has been signed.

The primary obstacle to the success of most international treaties is the lack of adequate accountability and enforcement mechanisms¹⁵. Research demonstrates that international agreements without enforcement mechanisms fail to achieve their objectives¹⁶, and the Pandemic Agreement will be no exception. Major setbacks in compliance and implementation of obligations under existing global health agreements can be traced to the absence of adequate mechanisms for accountability and enforcement¹⁷. For example, major WHO-governed treaties like the Framework Convention on Tobacco Control and the International Health Regulations (IHR) have “been plagued by incomplete state compliance,”¹⁸ with lapses in IHR compliance contributing to COVID-19 becoming a protracted pandemic.¹⁹

15 Friedman EA, Finch A, Gostin LO. Pandemic Treaty: The Conceptual Zero Draft [Internet]. Georgetown Law; 2022 [cited 2023 Aug 16]. Available from: <https://oneill.law.georgetown.edu/pandemic-treaty-the-conceptual-zero-draft/>

16 Hoffman S, Baral P, Rogers Van Katwyk S, Pritharan L, Hughsam M, Randhawa H, et al. International treaties have mostly failed to produce their intended effects. *Proceedings of the National Academy of Sciences (PNAS)* [Internet]. 2022 Aug 1 [cited 2023 Aug 16];119(32). Available from: <https://www.pnas.org/doi/10.1073/pnas.2122854119>

17 Faviero GF, Stocking BM, Hoffman S, Liu A, Bausch DG, Galea S, et al. An effective pandemic treaty requires accountability. *The Lancet Public Health* [Internet]. 2022 Jul 26 [cited 2023 Aug 23];7(9). Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00192-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00192-X/fulltext)

18 Gostin LO, Monahan JT, Kaldor K, DeBartolo M, Friedman EA, Gottschalk K, et al. The legal determinants of health: harnessing the power of law for global health and sustainable development [Internet]. 2019 May 4 [cited 2023 Aug 23];393 p. 1879. Available from: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)30233-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30233-8.pdf)

19 Avitsland P, Aguilera X, Al-Abri SS, Amani V, Aramburu CC, Attia TA, et al. Functioning of the international health regulations during the COVID-19 pandemic. *The Lancet* [Internet]. 2021 Sept 24 [cited 2023 Aug 23];398(10308): p. 1284. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01911-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01911-5/fulltext)

Crucial to accountability is independent oversight.²⁰ This is needed because it offers an objective assessment of compliance, and because self-assessment tools and peer-review mechanisms alone are not fit for purpose.^{21,22} When “conducted independently, monitoring is a critical mechanism to keep state parties accountable to their respective obligations.”²³ As emphasized by the GPMB, **experience indicates that monitoring initiatives become significantly more effective at promoting accountability when they incorporate independent evidence-based monitoring** in addition to self-evaluation and peer assessment.²⁴ Provisions for independent oversight should be negotiated upfront in the agreement and not left for discussion after the agreement has been signed.

Embedding the necessary accountability framework within the Agreement will likely require a paradigm shift in how countries perceive accountability and enforcement. It’s essential to move beyond the notion that accountability is synonymous with intrusive policing that infringes on sovereignty, towards a collective understanding that these measures are about providing mutual assurances. Without this shift, the very purpose of constructing the Agreement may be frustrated. The goal should

20 Faviero GF, Stocking BM, Hoffman SJ, Liu A, Bausch DG, Galea S, et al. An effective pandemic treaty requires accountability. *The Lancet Public Health* [Internet]. 2022 Jul 26 [cited 2023 Aug 23];7(9). Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00192-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00192-X/fulltext)

21 Hanbali L, Lehtimäki S, Hannon E, McNab C, Schwalbe N. Independent monitoring for the Pandemic Accord: A non-negotiable provision. *The Lancet* [Internet]. 2023 Jan 31 [cited 2023 Nov 7];401(10376):553. Available from: [https://www.thelancet.com/journals/lanet/article/PIIS0140-6736\(23\)00126-5/fulltext](https://www.thelancet.com/journals/lanet/article/PIIS0140-6736(23)00126-5/fulltext) doi:10.1016/S0140-6736(23)00126-5

22 Independent Monitoring for the Pandemic Accord: A Proposal for Action [Internet]. 2023 [cited 2023 Nov 7]. Available from: https://www.sparkstreetadvisors.org/_files/ugd/5428a3_e8c473bd50e74f5b8b806e77d54c96d7.pdf

23 Independent Monitoring for the Pandemic Accord: A Proposal for Action [Internet]. 2023 [cited 2023 Nov 7] p. 3. Available from: https://www.sparkstreetadvisors.org/_files/ugd/5428a3_e8c473bd50e74f5b8b806e77d54c96d7.pdf

24 State of the World’s Preparedness: GPMB 2023 Annual Report [Internet]. 2023 [cited 2023 Nov 6]. Available from: <https://www.gpmb.org/annual-reports/annual-report-2023>





be to create a reliable environment where each country is confident that its efforts will be met with reciprocal compliance by others. To achieve this, commitments must be made to establish a system of **incentives and disincentives for compliance**. This system should **focus on providing LMICs with the financial, technological, and technical resources needed** to achieve compliance with obligations. In this regard, it is important that the system of accountability establishes **agreed-upon equitable benchmarks for countries**. These benchmarks, of course, need to be adjusted to each country's starting point and ability to progress toward compliance with minimum PPPR requirements.

Without accountability for obligations, equity will not be attained. History has shown that relying solely on the goodwill of countries is a recipe for disaster.²⁵ Regrettably, the INB negotiation process has consistently sidestepped accountability and enforcement across all drafts so far.^{26,27,28} Most notably, in the most recently released Negotiating Text of the Pandemic Agreement decisions on accountability have been deferred to a post-Agreement phase, and a system of incentives and disincentives has not been considered.²⁹ This raises serious concern that **the absence of well-defined binding mechanisms for accountability and enforcement of compliance will render key provisions of this agreement merely aspirational, which will likely lead to Agreement's failure to achieve its objectives.** We, therefore, strongly urge the INB to draft clear upfront provisions for accountability – with particular emphasis on independent monitoring and enforcement, and not leave this discussion for after the agreement is signed.

25 Taylor L. Covid-19: Who treaty hopes to overcome "catastrophic failures" of pandemic response. BMJ [Internet]. 2023 Feb 14 [cited 2023 Oct 18];357. Available from: <https://www.bmj.com/content/380/bmj.p357>

26 Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting [Internet]. 2023 [cited 2023 Oct 18]. Available from: https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf

27 Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+) [Internet]. 2023 [cited 2023 Oct 18]. Available from: https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf

28 Jerving S. Pandemic treaty draft lacks accountability [Internet]. 2023 [cited 2023 Oct 18]. Available from: <https://www.devex.com/news/pandemic-treaty-draft-lacks-accountability-106258>

29 Proposal for negotiating text of the WHO Pandemic Agreement [Internet]. 2023 [cited 2023 Nov 15]. Available from: https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

Civil Society Engagement

08



Advocate for the establishment of concrete standards that ensure active and meaningful civil society engagement in the implementation of the Pandemic Agreement and in the implementation of Pandemic Fund programs.

09



Integrate civil society voices in review mechanisms and national reporting processes to empower their role as watchdogs.





10



International entities and countries should remove legal constraints and bolster funding for civil society operations, enhancing their capacity for outreach, research, and informed participation in governance.

Together with communities and other non-state actors, **civil society organizations are an integral part of the global health ecosystem**, serving as a vital bridge in the partnership between public and private sector.³⁰ They advocate for the funding of global health financing, **accelerate technological development, provide valuable technical expertise, and fulfill roles as mediators, implementers, watchdogs, and champions.**⁷ They also play a major role in accelerating research, development, and distribution of common goods,^{31,32} and in promoting transparency and accountability. During the COVID-19 health emergency, civil society played a crucial role by aiding governments in the implementation of whole-of-society response and by working directly with communities in critical PPPR functions.^{7,33,34} Civil society organizations also served as **vital intermediaries between governments and the public,**³⁵ fostering a mutual exchange in communication: channeling grassroots ideas to government and stakeholders while also integrating top-down perspectives down to the grassroots.^{36,37}



30 Strengthening Public-Private Cooperation with Civil Society [Internet]. 2023 [cited 2023 Aug 16]. Available from: https://www3.weforum.org/docs/WEF_Strengthening_Public_Private_Cooperation_with_Civil_Society_2022.pdf

31 Storeng KT, de Bengy Puyvallée A, Stein F. COVAX and the rise of the 'Super Public Private Partnership' for Global Health. *Global Public Health* [Internet]. 2021 Oct 22 [cited 2023 Aug 16];1–17. Available from: <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1987502>

32 Ashraf A, Muhammad A, Fazal Z, Zeeshan N, Shafiq Y. The role of civil society organizations in fostering equitable vaccine delivery through COVAX. *Eastern Mediterranean Health Journal* [Internet]. 2023 [cited 2023 Aug 16];29(4):232–5. Available from: <https://apps.who.int/iris/handle/10665/368514>

33 Centering communities in pandemic preparedness and response: Background paper 10 [Internet]. 2021 [cited 2023 Aug 16]. Available from: <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-10-community-involvement.pdf>

34 Byanyima W, Lauterbach K, Kavanagh MM. Community pandemic response: The importance of action led by communities and the Public Sector. *The Lancet* [Internet]. 2023 Dec 14 [cited 2023 Aug 16];401(10373):253–5. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02575-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02575-2/fulltext)

35 Strengthening Public-Private Cooperation with Civil Society [Internet]. 2023 [cited 2023 Aug 16]. Available from: https://www3.weforum.org/docs/WEF_Strengthening_Public_Private_Cooperation_with_Civil_Society_2022.pdf

36 Centering communities in pandemic preparedness and response [Internet]. 2021 [cited 2023 Nov 7]. Available from: <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-10-community-involvement.pdf>

37 Byanyima W, Lauterbach K, Kavanagh MM. Community pandemic response: The importance of action led by communities and the Public Sector. *The Lancet* [Internet]. 2023 Dec 14 [cited 2023 Nov 7];401(10373):253–5. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02575-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02575-2/fulltext) doi:10.1016/s0140-6736(22)02575-2

From HIV/AIDS to the COVID-19 pandemic, history has shown the vital role that civil society, communities, and other non-government actors play in tackling global health crises.^{38,39} Despite these and other unparalleled contributions, their voices remain sidelined in the decision-making processes of the Pandemic Agreement.⁴⁰ In this context, **we call for the establishment of specific standards that ensure meaningful civil society and community engagement in the implementation processes of the Pandemic Agreement** which so far has only been done in vague, non-binding, and general terms.⁴¹ Further, we recommend that civil society voices be included in surveillance networks, review mechanisms and national reporting processes as watchdogs. The efficacy of civil society as watchdogs is well documented.^{42,43}

Further developing funding mechanisms, including domestic investment or social contracting, for civil society's engagement in global health security is vital moving forward. Such efforts are crucial, given the financial challenges many civil society organizations face, which hinder their outreach and governance participation. South Africa's proactive approach in the 2000s, which involved adapting its legal framework to allow for funding of civil society in the health sector, played a pivotal role in shifting this paradigm in the country and serves as an example of an approach that can be followed.⁴⁴



38 Kaufman J. Civil Society involvement in National HIV/AIDS programs. HIV/AIDS in China [Internet]. 2019 Oct 11 [cited 2023 Oct 19];427-40. Available from: https://link.springer.com/chapter/10.1007/978-981-13-8518-6_22

39 Civil Society and the Global Pandemic: Building Back Different? [Internet]. 2021 [cited 2023 Oct 19]. Available from: <https://carnegieendowment.org/2021/09/30/civil-society-and-global-pandemic-building-back-different-pub-85446>

40 Hodgson TF, Carmona MS, Podmore M. States cannot negotiate a Pandemic Treaty Alone. BMJ [Internet]. 2022 May 20 [cited 2023 Oct 19]; Available from: <https://www.bmj.com/content/377/bmj.01281>

41 Proposal for negotiating text of the WHO Pandemic Agreement [Internet]. 2023 [cited 2023 Nov 15]. Available from: https://apps.who.int/gb/inb/pdf_files/inb7/A_NB7_3-en.pdf

42 McGowan CR, Takahashi E, Romig L, Bertram K, Kadir A, Cummings R, et al. Community-based surveillance of infectious diseases: A systematic review of drivers of Success. BMJ Global Health [Internet]. 2022 Aug 19 [cited 2023 Oct 19];7(8). Available from: <https://gh.bmj.com/content/7/8/e009934>

43 Strengthening Public-Private Cooperation with Civil Society [Internet]. 2023 [cited 2023 Oct 19]. Available from: https://www3.weforum.org/docs/WEF_Strengthening_Public_Private_Cooperation_with_Civil_Society_2022.pdf

44 Sabi SC, Rieker M. The role of civil society in health policy making in South Africa: A review of the strategies adopted by the Treatment Action Campaign. African Journal of AIDS Research [Internet]. 2017 Apr 2 [cited 2023 Oct 19];16(1):57-64. Available from: <https://www.tandfonline.com/doi/abs/10.2989/16085906.2017.1296874>



Regional Approaches to Emergency Declaration

11



Regional bodies should have authority to declare regional public health emergencies of international concern.

While the declaration of “global” pandemics should be the exclusive mandate of the WHO, there is a need to better align regional realities with that of the WHO emergency declaration process. **When outbreaks of epidemic proportions necessitate within-region coordination, regional authorities should be empowered to independently declare regional public health emergencies of international concern.** This capacity to declare regional emergencies is needed because diseases such as Dengue, which heavily impacted almost all Latin America & The Caribbean countries, with over 2.8 million cases reported in 2023, have

not been declared a Public Health Emergency of International Concern.⁴⁵ Given their proximity to local events, regional bodies can provide quicker and more tailored regional responses to health crises. **By empowering regional organizations, immediate action can be taken, leveraging their deep understanding of regional nuances, leading to more effective containment and response strategies and interventions.** This approach underscores mutual respect, transparency, communication, and agreement between global and regional bodies. In 2022, African member states elevated the Africa CDC to an autonomous regional public health agency with the authority to declare such regionally based international emergencies,⁴⁶ a strategy and initiative that should be mirrored in other regions.

⁴⁵ Dengue - the Region of the Americas [Internet]. 2023 [cited 2023 Nov 9]. Available from: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON475#:~:text=In%202022%2C%202%20811%20433,surpassed%20by%202016%20and%202019.>

⁴⁶ Adepoju P. Africa CDC is Elevated to Status of Continental Public Health Agency [Internet]. 2022 [cited 2023 Oct 23]. Available from: <https://healthpolicy-watch.news/africa-cdc-gets/>



About the Conveners

AHF Africa Bureau



In 2002, AHF began operations in Africa, starting with South Africa and Uganda, which marked the commencement of the organization's global programs outside the United States. Since then, AHF's presence on the continent has grown, providing life-saving antiretroviral treatment (ART) to over 1,000,000 individuals living with HIV across 409 facilities in thirteen countries, namely Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, Uganda, Zambia, and Zimbabwe. In Africa, AHF collaborates closely with the government through the Ministries of Health and National HIV/AIDS Agencies, Civil Society Organizations, PLHIV Networks, NGO partners, Parliamentarians, and Communities - to bring patient-centered HIV prevention, testing, treatment, care, and advocacy closer to the people.

AHF Global Public Health Institute



The AHF Global Public Health Institute conducts applied research and advocacy to improve public health policy and outcomes at the national, regional, and global levels. Through its flagship operation at the University of Miami and affiliates located in several universities around the globe, its focus is to generate evidence and engage with relevant stakeholders to promote positive change in law, governance and policy.

University of Miami Public Health Policy Lab



The University of Miami Public Health Policy Lab is dedicated to advancing an equitable world that is accountable for the health of all people. It seeks to promote improved global health by advocating for evidence-based solutions. The lab was established in 2022, and is led by Dr. José Szapocznik, PhD.



Annex 1

Consultation Questions

QUESTION: Considering the Pandemic Fund's limited capitalization, what strategies, approaches, or improvements should be contemplated to ensure a more efficient and equitable distribution of funds in the future?

QUESTION: How can we accelerate the operationalization of the Africa Epidemic Fund and integrate it with existing global PPPR financing mechanisms? In other words, how can we synchronize the initiatives at the regional level with those at the global level?

QUESTION: How can we create a more equitable system while addressing the challenges and barriers that currently exist? How do we tackle this from a global health perspective?

QUESTION: How can we ensure countries remain accountable for their commitments, both in the text of the agreement and in practice?

QUESTION: What is the role of civil society in the new global health security architecture under negotiation? How can this role be more adequately formalized and integrated in this architecture?

QUESTION: How can the role of the WHO as the premier international health agency be strengthened regarding declaration of emergencies and, how can it work in a more coherent and collaborative manner with regional public health agencies like Africa CDC for instance?

About the AIDS Healthcare Foundation and its work in Global Health

The AIDS Healthcare Foundation is a global nonprofit organization that provides cutting-edge medicine and advocacy worldwide to over 1.8 million people in 45 countries. We are currently the world's largest provider of HIV/AIDS medical care in the world, working to ensure prevention, testing, and treatment of HIV and AIDS for all people, regardless of ability to pay. Since 1987, AHF has cared for thousands of people living with HIV and AIDS worldwide, implementing new programs in communities, and expanding delivery of healthcare and influence over policy with the aim of saving more lives.

To address global health issues, AHF created the AHF Global Public Health Institute, which has been involved in promoting a legally binding global health agreement since prior to the inception of the COVID-19 pandemic. At the institute, we leverage our applied research to enhance international health law, policy, and governance outcomes through advocacy. Our efforts are aimed at addressing and bridging the existing gaps in the global health security architecture, with the goal of helping the world prevent, prepare for, and respond to future pandemics.

In response to COVID-19, the Institute commissioned a study which led to the publication "A Global Public Health Convention for the 21st Century," in the prestigious *Lancet Public Health*. This study, served as the impetus for the launch of collaborative efforts that included the Panel for a Global Public Health Convention, an independent coalition of global leaders committed to strengthening the



world's ability to prevent pandemics, the University of Miami Public Health Policy Lab, and the Global Pandemic Policy Group.

During the most critical phase of the COVID-19 pandemic, AHF acted through the Institute by initiating the SARS-CoV-2 Genomic Sequencing Fund. AHF extended this grant opportunity to Faculty at Institutions of Higher Learning, Research, and Academic Institutions, with the aim to enhance research efforts and offer a distinct avenue for generating high-quality evidence concerning the rapidly proliferating variants worldwide. From 2021 to 2023, the Sequencing Fund has sponsored 15 projects in 14 different countries, playing a pivotal role in bolstering genomic sequencing capabilities across the globe, particularly in low-and middle-income countries.

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