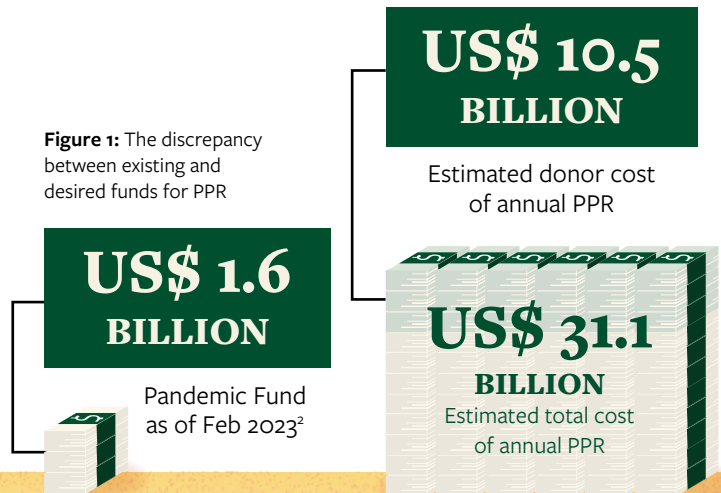


Financing for future pandemics: Implications that must be addressed

Why our research is needed

The failures of the international COVID-19 response highlighted key gaps in pandemic preparedness and response (PPR) at global, regional and national levels. In response, the World Health Organization (WHO) and the World Bank (WB) requested an additional US\$ 26.4 billion from low- and middle-income countries, and US\$ 10.5 billion at the global level, to strengthen the global PPR architecture¹ (see Figure 1)*. However, the feasibility and potential effectiveness of this funding have not been fully explored.

*This includes US\$ 7 billion required from donors to make up for LMIC shortfalls plus additional donor funding of US\$ 3.5 billion at the global level.




What we did

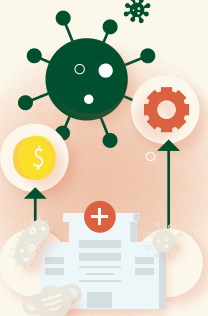
To provide a comprehensive analysis of PPR financing capacities, our five interdisciplinary research projects:

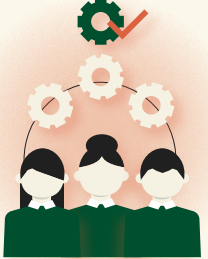
- examined the **current PPR financing** architecture
- analysed the **feasibility** of meeting required PPR targets
- identified potential **solutions** and remaining **challenges** involved with mobilising PPR resources.


Worrying implications for future pandemics

Our research revealed six implications that must be addressed in preparation for future pandemics:

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1 **Overlapping and competing mandates** of global health initiatives with an increasing focus on PPR.
- 

2 **Health funding and resources used for COVID-19 related activities**, such as workers and testing equipment, were re-directed away from other important areas, such as tuberculosis, HIV, polio and malaria.³
- 

3 **Donors and the G7 favour initiatives governed outside the UN system**, such as the Global Fund and Gavi, because donors can have greater oversight and influence on them.
- 

4 **Low likelihood that PPR targets can be met over the next five years** – even under best-case financing scenarios.

¹World Health Organization & World Bank (2022) “Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms”. G20 Indonesia: [the docs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf](https://www.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf)

²The Pandemic Fund is the primary PPR financing instrument formerly known as the World Bank PPR Financial Intermediary Fund (FIF): <https://www.worldbank.org/en/news/press-release/2022/11/12/g20-hosts-official-launch-of-the-pandemic-fund>

³Brown, G. W., Tacheva, B., Shahid, M., Rhodes, N., Schäferhoff, M. (2022) “Global health financing after COVID-19 and the new Pandemic Fund”, Future Development: www.brookings.edu/blog/future-development/2022/12/07/global-health-financing-after-covid-19-and-the-new-pandemic-fund

5



Little evidence that alternative financing mechanisms for raising the extra funds would be effective.

Mechanisms assessed:

- advance purchase commitments
- procurement guarantee and cost-sharing
- the International Finance Facility for Immunisation (IFFIm)
- the Pandemic Emergency Financing Facility (PEF) and PEF 2.0 which are now terminated

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The Pandemic Fund has not sufficiently addressed challenges associated with past health financing instruments (see Figure 2).

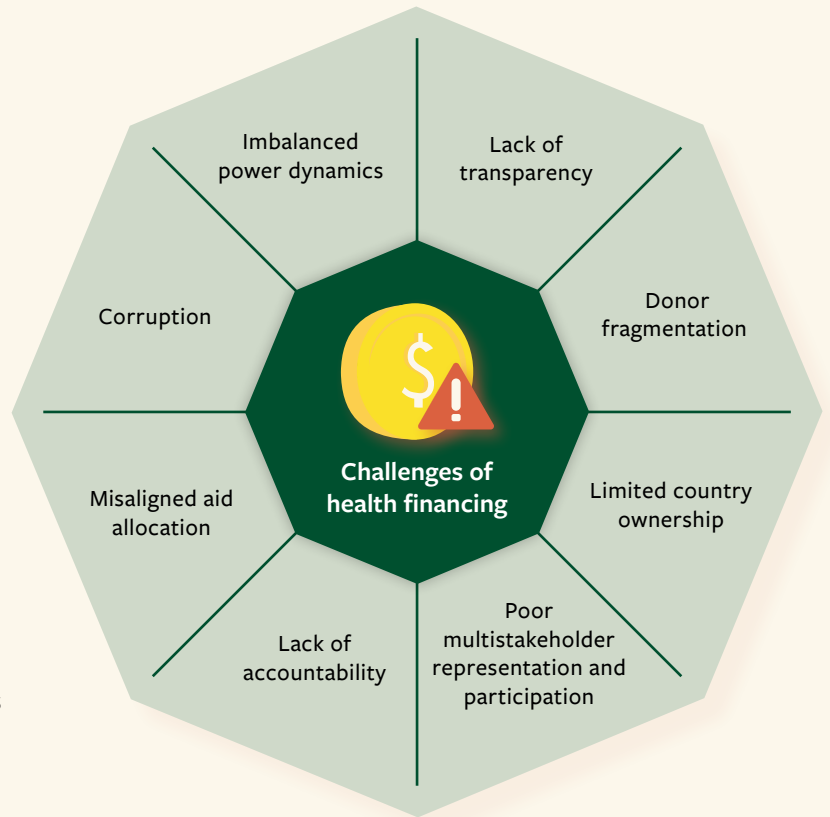


Figure 2: The eight challenges of health financing

Recommendations for actors preparing for future pandemics

- 1 Commission more research** into key success indicators for health financing replenishment mechanisms and the utility of alternative financing mechanisms for PPR.
- 2 Finance the Pandemic Fund from additional funds**, and not from the reallocation of existing official development assistance or national budget commitments - for example, redirect resources from defence budgets, cancel debt, address illicit financial flows, and explore a global tax on carbon, financial transactions, or airline flights.
- 3 Set funding priorities in collaboration with the Pandemic Fund donors and implementing countries**, complemented by wider stakeholder engagement and in consultation with non-governmental organisations, civil society organisations as well as global and local health experts.
- 4 Critically assess the Pandemic Fund's purpose, scope and areas of work** as part of the existing health governance and financing architecture to ensure it is not creating further fragmentation, duplication or misalignment.
- 5 Prioritise existing PPR funding** without exacerbating known inequities.

Publications forthcoming. Research drafts available upon request from Professor Garrett W. Brown g.w.brown@leeds.ac.uk.

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