



**GLOBAL
INNOVATION HUB**
for Improving Value in Health

**Supporting Global Pandemic
Preparedness through Value-
Based Care**

Recommendations to G20 Joint Finance &
Health Task Force

Global Innovation Hub for Improving Value in Health





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The Global Innovation Hub for Improving Value in Health brings together countries and international organizations in a partnership for learning and collaboration on value-based healthcare, and to work together to expand the delivery of value-based care at scale.

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FOREWORD

This briefing explores the existing recommendations made by experts regarding pandemic preparedness, health system resilience and financing. Several institutions and governments - including the Financial Intermediary Fund (FIF) for Pandemic Preparedness and Response (Pandemic Fund) - are currently actioning those recommendations. This paper aims to apply a value-based care (VBC) framework to the expert recommendations with a view to strengthen global Pandemic Preparedness and Response (PPR), contain costs and improve outcomes.

The audience for this paper includes key policy makers, implementation bodies, multilateral institutions and civil society.

BACKGROUND

The Covid-19 pandemic has created a global impetus to invest in Pandemic Preparedness and Response. The G20, in conjunction with the WHO and World Bank, have played a leading role in driving these efforts forward. Both the G20 Health Working Group and the Joint Finance and Health Taskforce have

worked to uncover the key gaps in global preparedness while also advocating for strengthening the global health architecture.

This paper explores recommendations from the High-Level Independent Panel (HLIP), Independent Panel for Pandemic Preparedness and Response (IPPPR), World Health Organization (WHO), World Bank, Global Preparedness Monitoring Board (GBPM), Pan Action Network, and Oxford University.

All expert recommendations are necessary to strengthen our global preparedness systems. Governments, multilaterals, private sector, philanthropic organizations, civil society, and individuals have a critical role to play in implementing the recommendations effectively. The thesis of this paper focuses on applying a value-based care framework to the global PPR recommendations, set forth by experts.

Table 1: Summary of Notable Expert PPR Findings

Timeline	Output	Notable Findings
May 2021	Independent Panel for Pandemic Preparedness and Response (IPPPR)	<ul style="list-style-type: none"> Established by the WHO Recommends significant mobilization of funding for PPR, including a mix of longer-term and emergent funding.⁷
May 2021	WHO Report on Global Health Financing Architecture for Pandemic Preparedness	<p>The WHO put forward a global Pandemic Preparedness and Response (PPR) architecture consists of five sub-systems. This architecture outlined 5 key investment gaps that exist at the national, regional, and global levels:</p> <ul style="list-style-type: none"> Surveillance, collaborative intelligence, and early warning Prioritized research and equitable access to countermeasures and essential supplies Public health and social measures and engaged, resilient communities Lifesaving, safe and scalable health interventions, and resilient health systems PPR strategy, coordination, and emergency operations <p>Report also calls for predictable funding for preparedness and rapidly scalable financing for response, including through the establishment of a FIF for PPR.⁸</p>
June 2021	High Level Independent Panel (HLIP)	<p>Report submitted to Finance Ministers and Central Bank Governors (FMCBG) in 2021. It suggests to finance the 5 gap areas from the WHO report.</p> <ul style="list-style-type: none"> The World Bank, WHO and the High-Level Independent Panel estimate US\$ 31.1 billion is needed (US\$ 10.5 billion per annum).



- At national level, the largest PPR capacity gaps can be found in countries with the least fiscal space to address them, LICs and LMICs for which annual financing needs are estimated to be in the order of US\$ 16.2 billion per year, with a gap of at least US\$ 7.0 billion to be covered by international financing.
- Meeting the annual financing gap for the global and regional components of the PPR architecture is estimated to require in the order of US\$ 3.5 billion per year.

The HLIP proposes a global fund for PPR, suggests a global funding gap of at least \$10 billion annually, and notes '*significant scope for governments and the MDBs to mobilize private sector resources for PPR*'.⁹

Oct. 2021 **G20 Joint Finance-Health Task Force (JFHTF)**

The JFHTF is created with a mandate to design a financing facility for PPR to 'ensure adequate and sustained financing for pandemic prevention, preparedness and response'.¹⁰

To tie together the proposed WHO Pandemic Preparedness and Response (PPR) architecture and the World Bank's Financing Intermediary Fund, three "modalities" were put forward by the G20.

Three high-level approaches, which are not mutually exclusive, provide possible solutions:

- Selectively augment resources for existing institutions to support PPR priorities.
- Establish a new, dedicated stream of additional international financing for PPR that can be channeled flexibly through existing institutions to strengthen PPR in a way that brings the



		<p>most added value for both contributors and recipients (e.g., a pooled fund).</p> <ul style="list-style-type: none">• Establish a new agency to consolidate the necessary fiduciary capacity and legal, administrative, and technical expertise (limited feasibility in the short to medium term).
<p>March - June 2022</p>	<p>The World Bank and WHO co-author two reports further establishing the case for a FIF</p>	<p>World Bank and WHO identify an annual funding gap of \$10.5 billion (supporting the findings of the HLIP) and note the potential of a FIF to be complementary to existing financing mechanisms.^{11,12}</p> <p>The World Bank publishes a White Paper on the case for a FIF for PPR</p> <ul style="list-style-type: none">• Suggests the possibility of wide scale participation (i) on the Governing Board (as Observers), as well as in (ii) the Technical Advisory Group.³ <p>World Bank Board approves the establishment of the FIF</p> <ul style="list-style-type: none">• Board Report further highlights the potential for private sector participation as (i) observers on the Governing Board, and (ii) in the Technical Advisory Group.¹⁶
<p>Aug. 2022</p>	<p>Pan Action Network CSO Consultation</p>	<p>In consultation sessions attended by ~350 civil society and non-governmental stakeholders made recommendations for the FIF, including seats for civil society on the FIF governing board.^{1,2}</p> <ul style="list-style-type: none">• Two seats were given to civil society on the FIF governing body



**October
2021**

**Global Preparedness
Monitoring Board (GPMB)**

GBMP is tasked with strengthening PPR stated in their 2022 annual report that there is momentum for PPR, but new governance and funding mechanisms are being discussed behind closed doors and in limited forums. Ultimately, they determined that PPR efforts to date have failed to achieve global health security. They called for new global social contract to prevent and mitigate health emergencies.

To move from words to action, the Global Preparedness Monitoring Board (GPMB) called for immediate action on the six most critical solutions for reform. They are:

- Strengthen global governance; adopt an international agreement on health emergency preparedness and response and convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.
- Build a strong WHO with greater resources, authority, and accountability.
- Create an agile health emergency system that can deliver on equity through better information sharing and an end-to-end mechanism for research, development, and equitable access to common goods.
- Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.
- Empower communities and ensure engagement of civil society and the private sector.
- Strengthen independent monitoring and mutual accountability



**October
2021**

Oxford University (in
partnership with the GBMP)

From an academic perspective, Oxford University outlined a set of recommendations to mitigate the political barriers to PPR plans including:

- Advance agreements for vaccine distribution
- Contingency fund for public health emergencies
- Agreement on sharing viruses and access to vaccines
- Strengthen periodic review of compliance with IHR core capacity requirements
- Assist developing countries to build research, manufacturing, and therapeutic capacity
- Mobilize financial support for IHR core capacities
- Increase assessed contributions to WHO by 10 percent
- WHO fund for research, diagnostics, and therapeutics
- UN high-level council on global public health crises
- Summit on global public health crises



THE NEED FOR VALUE-BASED CARE IN PANDEMIC PREPAREDNESS, RESPONSE, AND RESILIENCE PLANNING

In the wake of the lives lost during the pandemic, the path forward for health system strengthening must be grounded in a focus on people and the health experiences and outcomes that matter most to them. Compared to the legacy of reactive, diagnosis, and traditional health service delivery, value-based care offers a proactive, more holistic approach.

The concept of value in health pertains to a system where health outcomes of the population, communities, and individuals are explicitly prioritized in the way resources are allocated to health and care. Value-based care aims to improve the health outcomes (in this instance, pandemic preparedness) of people while optimizing health system efficiency, responsiveness and reducing health system waste for the money invested. Value-based care expands traditional

cycles to include a focus on wellness / disease prevention before diagnosis, as well as effective health monitoring after treatment to support continuous improvement.

While Value-based care is a concept predominantly featured in academic and policy discussions on innovative approaches for health system design, the key principles and enablers of value in health are equally relevant for strengthening the global health infrastructure for PPR (i.e., data & IT infrastructure, cost & outcome measurement, integrated care unit, supportive policy/regulation, workforce capability, and progressive financing/payment models)

Over the past 2 years, expert recommendations emphasized strengthening health systems to bolster pandemic response and preparedness. Many of the expert recommendations can be implemented through principles of value-based care. The G20 noted that any new financing facility will need to operate within a broader Global Health & Finance Architecture to enhance coordination and optimize its efficiency & effectiveness. Value-based strategies, implemented at a national level, can



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guide the Pandemic Fund investments and align with the WHO, GPMB and Oxford recommendations. Health system resilience and VBC are interconnected and integrating these principles into the Pandemic Fund's investment methodology will improve the overall outcomes for the investments. Employing a value-based approach will encourage investment efficiency and cost saving, while working to improve PPR outcomes.

POLICY RECOMMENDATIONS

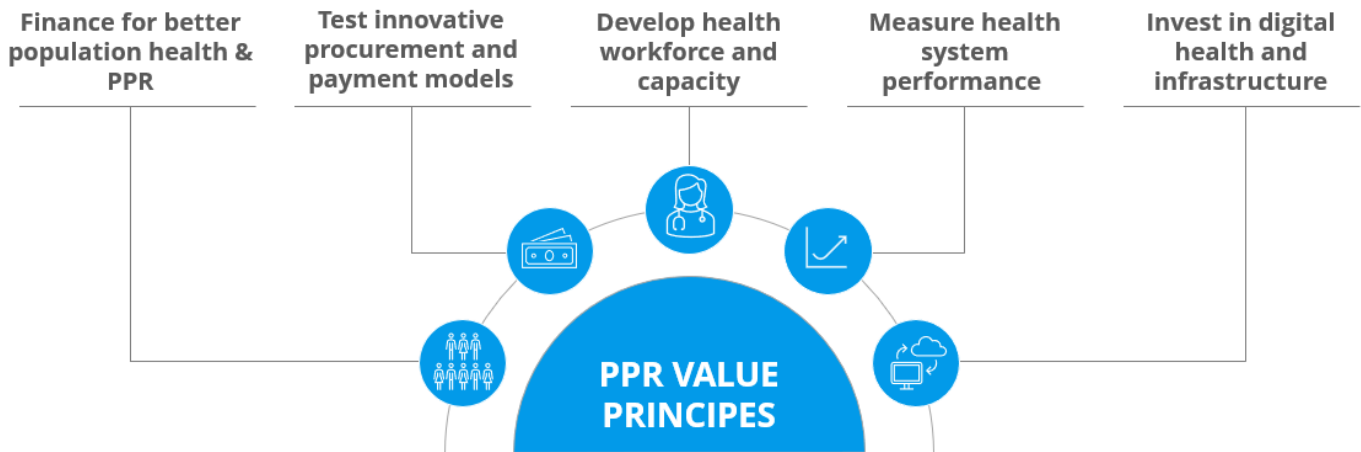


Figure 1: Principles for capturing value for PPR (non-exhaustive)

Value-based health principles are overarching and can guide pandemic preparedness activities at all levels; globally, regionally, and nationally, and contribute to health system resilience and responsiveness. The principles provide a resilient framework for organizing health systems, optimizing care, minimizing costs, and responding to population needs.

By transitioning health systems to delivering better value, there is an opportunity to take a holistic view of healthcare and approach delivery and financing in a new way.

Finance for better population health, preparedness, response, and resilience

“We need a new global social contract to prevent and mitigate health emergencies. The new social contract must serve as the foundation of the global health emergency ecosystem. It should be based on the principles of equity, solidarity, inclusivity and reciprocity, accountability and transparency, sustainability and action.” – **Global Preparedness Monitoring Board**

This principle explores the objectives of the health system while considering health spending and the required agility of the health system to respond to the needs of the population. Covid-19 illustrated that health systems are not designed with the ability to rapidly respond to shifts in demand and so decision makers need a framework that is agile and responsive while keeping the health system goals clearly at the heart of actions.

Value based care allows for health system agility. Considerations for financing PPR within a value framework include:

Adaptable models of care

During the COVID-19 pandemic, adaptability in care solutions and payment models strengthened health system responsiveness. Examples of this including promoting the use of telemedicine and other digital health technologies to deliver care safely and effectively to patients, reducing the risk of spreading infectious diseases and preserving critical healthcare resources for those who need them most. Additionally, adaptable models of care encourage healthcare organizations to allocate resources and staff more efficiently in response to changing needs. Adaptability can support community-based care and other non-traditional healthcare delivery systems, such as mobile clinics, to reach those who are most in need and reduce the risk of spreading infectious diseases. By implementing adaptable models of care, healthcare organizations can improve their ability to respond to pandemics and other public health emergencies, ensuring that they are better prepared and more resilient in the face of future health threats.

Determinants of health

PPR investments need to examine social and other determinants of infectious

outbreaks, economic planning, and security. Improving health equity in pandemic response requires addressing the social determinants of health that contribute to disparities in health outcomes. The essence of this principle considers health beyond the boundaries of healthcare. Notable social determinants of infection include climate change, crowded living conditions, low-quality housing, disadvantaged socioeconomic position, low-income, and low education¹. Changes in temperature and precipitation patterns can alter the habitats and behavior of disease-carrying animals, increasing the risk of disease transmission to humans. In addition, displacement and migration can increase the spread of diseases across national borders, creating new health challenges for countries and their health systems. Low-income and rural households are at high risk for climate-related pandemic risks. Addressing poverty and economic insecurity needs to be prioritized through a health resilience lens. Increasing access to information and education will support health systems resilience. Coupling access to high quality healthcare with accurate and accessible information about infectious disease and how to

prevent its spread will create more resilience health systems.

Public health and surveillance

Alongside the social determinants of health, health systems need to invest in public health, with a specific focus on surveillance, prevention, and awareness. It is difficult to predict the cause of the next major pandemic, as new diseases and pathogens can emerge at any time. However, some of the factors that can increase the likelihood of a pandemic include climate change, biodiversity and land use bringing humans into closer contact with animals, globalization, and pathogen evolutions. Health systems should strengthen their surveillance systems to detect outbreaks early and respond quickly. This includes enhancing disease monitoring and reporting, and establishing rapid response teams. Health systems should also ensure that they have effective infection prevention and control measures in place, that can be communicated effectively to all socioeconomic groups of society. Population health needs to be perceived as a public investment and become commonplace in health systems to improve PPR resilience.

¹[National Library of Medicine, 2022](#)

Financing for preparedness relies on determining preparedness policies, quality measures and infrastructure to incentivize behavior change from all system actors, including providers, regulators, payers and citizens.

Test and scale innovative procurement and payment models

“A permanent mechanism and capacity should be established for end-to end development, procurement, and access to medical counter-measures for health emergencies... This structure must be ‘designed for equity’ and should provide stewardship and priority setting for R&D, drive investment in the development of medical counter-measures... Establish a collective financing mechanism for prepared-ness to ensure more sustainable, predictable, flexible, and scalable financing” – **Global Preparedness Monitoring Board**

There is a significant opportunity to link value-based financing with pandemic preparedness, response and resilience efforts. The US Assistant Secretary for Planning and Evaluation (ASPE)² commissioned a study which concluded that Fee-For-Service (FFS)/ volume-based payment structures does not promote PPR. They recommend (1) developing preparedness quality measures to integration into “pay-for-performance” programs, (2) using value-based payment models to incentives preparedness activities and (3) continuing movement towards value-based payment innovations.

Examples of innovations in VBC payment include alternative payment models such as capitation, risk-adjusted capitation, pay for performance, and bundled payments. These approaches differ from traditional payment models as the value-based models align payments to the quality of services provided, i.e., to reward providers for high-quality person-centric services and penalize inefficient and low-value services. These models in healthcare payment can improve pandemic preparedness and

² The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health & Human Services, 2021

response by incentivizing healthcare providers to prioritize preventive measures, disease control, and public health. They can incentivize healthcare providers to focus on preventive measures, such as vaccination programs, that can reduce the risk of pandemics and limit their spread.

In conjunction with payment models and mechanisms, VBC offers robust quality-control (technical value), which can classify providers' performance in predetermined domains (e.g., efficiency, cost reduction).

Implementing value-based care payment innovations, with a PPR focus, will incentivize system-wide preparedness activities, while opening up clear channels of engagement between private sector, governments, and providers.

Measure health system performance

"FIF funds are channeled through accredited implementing entities that carry out FIF-funded activities using their own policies and procedures, including for project preparation, appraisal, supervision, monitoring. The reporting process will be set forth in the Operations Manual of the FIF, and the implementing entities are expected to follow the timelines as well as the format determined by the FIF Board." – **World Bank**

Within the PPR context, the global health architecture needs to measure outcomes that matter the most for PPR and resilience and link them to value-based payments and digital build-out. Evidence suggests that quality measurement can change behavior within value-based payments as a lever to achieve this. Payers typically would need to develop measures for preparedness and resilience for providers participating in innovative payment programs. The Pandemic Fund's Technical Advisory Panel can make recommendations, at an international level, to guide national decision-making in this pillar.

Traditional metrics of health system performance focus on activities and processes. VBC measures includes clinical quality indicators, formulation of regulatory frameworks, access to service and care, % of population with health coverage, out-of-pocket (OOP) expenditure, government healthcare spending against % of GDP and compliance rates. Currently, there are limited measures for the value of PPR initiatives at a national or international level. Illustrative measures could include hospital stockpiles of PPE and preparedness tabletop simulations. Whatever measures are selected, they need to be transparently reported such that the system can adapt to ensure that the mechanisms in place are optimizing to achieve the highest value. Consideration should be given to reporting requirements and the data infrastructure investment required to enact this principle.

By monitoring these health outcomes, public health officials and policymakers can better understand the impact of the pandemic and implement effective strategies to reduce its impact and promote health equity.

Invest in digital health

“Investment is required in specialized labs and staffing, advanced molecular diagnostic capabilities, and digitalization and data integration” – **High Level Independent Panel**

“In order to be effective, systems must be designed for equity from the ground up and must be agile and adaptable enough to respond to threats rapidly. Facilitating open, real-time sharing of data, information, and samples, along with the benefits that arise from them, would promote both goals. It would give governments, scientists and the private sector timely access to the data and materials they need for surveillance and R&D, while also ensuring that the knowledge and products that are created are shared equitably with those who need them most. ” – **Global Preparedness Monitoring Board**

The global PPR model needs to develop robust data-infrastructure to enable measurement of costs and outcomes to drive continuous improvement underpins VBC. Digital health has become increasingly

important in addressing global health security. The integration of technology into healthcare has the potential to greatly improve the ability to prevent, detect, and respond to public health threats.

First, digital health can enhance surveillance and early warning systems by collecting and analyzing large amounts of data in real-time. This information can be used to identify outbreaks and track their spread, allowing for quick and effective responses.

Second, digital health can improve access to care and information, particularly in rural and low-income areas. By providing remote consultations and telemedicine services, patients can receive medical advice and treatment without having to travel to healthcare facilities, which can be difficult or impossible in some regions. This can help to reduce the spread of infectious diseases and prevent outbreaks from becoming widespread.

Third, digital health can improve the efficiency of healthcare systems by streamlining processes, reducing waste, and enabling more data-driven decision-making. This can help to ensure that

resources are used effectively, making it easier for healthcare systems to respond to public health emergencies. Preparedness activities include investment in data infrastructure, interoperability, telehealth, and digital health.

Digital investment bolsters preparedness, health system resilience and care delivery in an emergency. Looking at digital health as it related to provision of care, COVID-19 has accelerated progress towards digitization across the patient journey. The accelerated exploration of digital tools across the health ecosystem has yielded innovative solutions including EHR, telehealth, e-prescription and e-delivery, and remote monitoring, all of which is a foundational step towards person-centered integrated care delivery models aimed at achieving better patient reported outcomes and creation of greater value.

Data standardization, clinical coding for diagnoses and obtaining quality data for baselining and analysis are also essential to sustain VBC. All these approaches can ensure complete, consistent, and accurate recording of patient data (e.g., demographic and clinical information) to successfully measure and compare



quality of care provided. Using value-based payment incentives to build out digital health infrastructure will create higher value health care delivery while also increasing preparedness and resilience.

Develop workforce and capacity

“...health workforce strengthening must be a top priority in distribution of the PPR FIF funds. The WHO projects a shortfall of 18 million health workers by 2030 - and it is through a robust health workforce that new pandemic threats are detected, spread is monitored, communities are informed of protection strategies, and therapies and vaccines are delivered to the population. Currently, there are very few funding streams devoted to recruiting, retaining, and supporting the global health workforce. This fund can be pivotal to filling that gap”
- **Pan Action Network CSO Consultation**

“Core public health capacities and workforce for surveillance, early detection, sharing of information on outbreaks and similar events, and the ability to direct sufficient resources toward mitigating them.” - **Global Preparedness Monitoring Board**

“All countries have adequate workforce, facilities, and equipment within national health systems to handle a surge of cases from respiratory pathogens or other infectious hazards.” - **High Level Independent Panel**

Consideration should be given to the workforce’s composition, geographic diversity, size, retention, and skillset, while also ensuring that it can expand and contract according to pandemic needs. Classic models of workforce employment, training and development need to be updated to create the agility required for pandemic preparedness and response. OECD highlighted one of the major gaps as being the inability for health systems to respond with necessary staff and skills capacity to serve the demands of changing health system demands.

Approaches for value-based workforce reform focus on addressing staff shortages and burnout. To manage fluctuating demand for COVID-19 diagnostics and treatment, coordination between providers and regions was needed. Several countries reassigned health workers to address variable regional needs. Additional flexibilities in staffing, skill-mix and scope of practice introduced. In addition to reassigning and hiring clinical staff, countries also changed how their existing workforces were deployed in response to the pandemic.

Value-based innovations in this area include countries:

- Adjusting licensing, reciprocity and credentialing requirements to expand the workforce in regions with the greatest needs.
- Extending the scope of practice for shortage professions.
- Provider organizations developed more flexible approaches to address workforce shortages and improve productivity. Skill mix in clinical teams was reviewed so that individuals could work to their current skill level rather than their existing grade or job title team-based care was reconfigured, and roles for nurses, pharmacists,

nurse practitioners, physicians' assistants and medical assistants were expanded. This entailed reconfiguration of training for new entrants to the workforce and existing employees.

- Providing bonus payments to health workers and adapted staff remuneration policies across the subnational level. These measures disincentivized multi-employment and allowed a more efficient distribution of health personnel across the provinces.
- Allowing medical education and training bodies to introduce new training and assessment methods for practitioners as part of the country's COVID-19 response. Free infection prevention and control training modules offered to all workers in general health and care settings.

CONCLUSION AND RECOMMENDATIONS

Global decision makers should employ principles and essential elements of VBC to guide PPR investments and activities. The value framework will (1) bolster the efficiency of PPR at the national level, (2) improve cost savings and allow for payment/procurement innovation, (3) measure outcomes in a transparent way, (4) build out the digital ecosystem for the next generation of PPR, and (5) scale the workforce to create agility for pandemic response. Value principles help create bespoke health systems design solutions that can scale efficiently with changing demands.

Overall, the recommendations from global experts (table 1) on PPR, health systems resilience and financing provide a roadmap for the world. When enacting the recommendations, the Pandemic Fund should view health systems at a national, sub-national and local level when assessing funding for initiatives to support and strengthen PPR. The measurement aspect of the value principles is necessary to assess the impact of our PPR investments, such that future investments will be evidence-based.

Additionally, the efficacy and responsiveness of a health system is dependent on the population's receptivity and trust in the health institutions and practitioners responsible for delivering care services. By placing a central focus on outcomes that matter to people, the principles of VBC provide a useful frame to inform investments in PPR to ensure health system are more responsive and resilient, especially during health emergencies.

The global decision-making bodies are currently in the process of laying the foundation for global health security in the decades to come. A foundation for the future of PPR, grounded in the essential elements of VBC, offers the best path towards strengthened and resilient systems to support global health security around the world.



REFERENCES

Oxford University. Blavatnik School of Government. MOVING FROM WORDS TO ACTION: IDENTIFYING POLITICAL BARRIERS TO PANDEMIC PREPAREDNESS. 2021 <https://www.gpmb.org/annual-reports/overview/item/moving-from-words-to-action>

National Library of Medicine, Striving for Health Equity: The Importance of Social Determinants of Health and Ethical Considerations in Pandemic Preparedness Planning. 2022 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9017774/#:~:text=Important%20social%20determinants%20of%20the,low%20income%20and%20low%20education.>

[The Office of the Assistant Secretary for Planning and Evaluation \(ASPE\) at the U.S. Department of Health & Human Services, 2021](#)

Pandemic Action Network. *First Round of Civil Society Consultations for the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response. Summary of Proceedings and Key Messages (19 August 2022).*; 2022. <https://dashboard.pandemicactionnetwork.org/wp-content/uploads/2022/08/Summary-and-Key-Messages-CSO-Consultations-on-PPRFIF.8.19.22.wAnnex.pdf>

G20 Indonesian Presidency. Launching of the Pandemic Fund: Key Milestone to Address Global Financing Gaps for Pandemic PPR.

2022. <https://www.g20.org/launching-of-the-pandemic-fund-key-milestone-to-address-global-financing-gaps-for-pandemic-ppr/>

World Bank. *Governance Framework: Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response.*; 2022. <https://thedocs.worldbank.org/en/doc/eac1acfe37285a29942e9bb513a4fb43-0200022022/related/PPRFIF-GOVERNANCE-FRAMEWORK-Sept-8-2022-FINAL.pdf>

Development Finance Vice Presidency, Trust Funds and Partner Relations Department (DFTPR). *Financial Intermediary Fund Management Framework.* World Bank Group; 2019. <https://fiftrustee.worldbank.org/content/dam/fif/documents/fif-framework.pdf>

US Chamber of Commerce. *Unleashing the Potential of the Private Sector Recommendations for the Board of Governors and Secretariat of The Pandemic Fund* <https://www.uschamber.com/program/policy/global-initiative-on-health-and-the-economy>

World Bank Group. *A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank. White Paper.* World Bank; 2022. <https://thedocs.worldbank.org/en/doc/018ab1c6b6d8305933661168af757737-0290032022/original/PPR-FIF-WB-White-Paper.pdf>

The Independent Panel for Pandemic Preparedness and Response, Rt Hon. Helen Clark, H.E. Ellen Johnson Sirleaf. *COVID-19: Make It the Last Pandemic.*; 2021. https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

Kaiser Family Foundation. *Global Health Policy. Civil Society Inclusion in a New Financial Intermediary Fund: Lessons from Current Multilateral Initiatives.* 2022.

<https://www.kff.org/global-health-policy/issue-brief/civil-societyinclusion-in-a-new-financial-intermediary-fund-lessons-from-current-multilateral-initiatives/>

75th World Health Assembly. *Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience - Report by the Director-General.* World Health Organization; 2022. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_20-en.pdf

G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response. *A Global Deal for Our Pandemic Age.*; 2021. <https://pandemic-financing.org/wpcontent/uploads/2021/07/Foreword.pdf>

World Health Organization, World Bank. *Analysis of Pandemic Preparedness and Response (PPR) Architecture, Financing Needs, Gaps and Mechanisms.*; 2022. <https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a->

[0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf](https://thedocs.worldbank.org/en/doc/0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf)

World Bank, World Health Organization. *Financing Modalities for Pandemic Prevention, Preparedness and Response (PPR).*; 2022. <https://thedocs.worldbank.org/en/doc/16c7e5b734f1d9953f0582c837b11b64-0290032022/original/G20-Paper-on-PPR-Financing-Modalities.pdf>

World Bank. *Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response - Engagement and Overview.* Published November 11, 2022. <https://projects.worldbank.org/en/projectsoperations/products-and-services/brief/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-engagement>

STOPAids. *Recommendations for the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR).*; 2022. <https://stopaids.org.uk/2022/05/27/recommendations-for-the-financial-intermediary-fund-fif-for-pandemic-prevention-preparedness-and-response-ppr/>

Ministry of Finance. Italy. Press Release: The G20 establishes a High-Level Independent Panel on financing the Global Commons for Pandemic Preparedness and Response. 2021. <https://www.mef.gov.it/en/inevidenza/The-G20-establishes-a-High-Level-Independent-Panel-on-financing-the-Global-Pandemic-Preparedness-and-Response-00001/>



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World Bank. *Establishment of a Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response. Board Report.*

World Bank Group; 2022.
[http://documents.worldbank.org/curated/en/
733191656685369495/Establishment-of-a-
Financial-Intermediary-Fund-for-Pandemic-
Prevention-Preparedness-and-Response](http://documents.worldbank.org/curated/en/733191656685369495/Establishment-of-a-Financial-Intermediary-Fund-for-Pandemic-Prevention-Preparedness-and-Response)