

WORLD BANK GROUP MULTI-DONOR TRUST FUND CONCEPT NOTE
Integrating Donor-Financed Health Programs
Window 3: Integrating Financing for Health Security in East Asia Pacific Region

Objectives

The purpose of this concept note is to present a scope of work and activities focusing on integrating and leveraging national, regional and global financing to improve health security across the East Asia and Pacific (EAP) region within the overarching umbrella of the multi-donor trust fund (MDTF) (TF072424) for integrating donor-financed health programs. Its development objective is to support countries in strengthening their health systems to accelerate and sustain progress towards key health outputs and outcomes that contribute to universal health coverage (UHC) with a particular focus on assessing and supporting the financial and institutional sustainability of donor-financed health programs.

This concept note describes activities and expected impacts at both regional and country level under three of the four MDTF activity pillars: (i) *comprehensive health financing and institutional assessments (Bank-executed)*; (ii) *technical assistance and capacity building (Bank-executed)*; (iii) *knowledge generation and exchange activities (Bank-executed)*. Given that the overall funding envelope envisioned at this stage would not be sufficient for significant government executed activities or co-financing, we are not proposing activities under the (iv) pillar: *implementation of health systems integration/strengthening interventions (Recipient-executed)*. Activities under pillar (ii) will be used to engage select governments around leveraging IDA and/or IBRD financing for health security.

Given the complexity of health security, its multisector approach outside health, myriad and fragmented initiatives involving many development and technical partners supporting health security, the World Bank will leverage its own ongoing work and work in close collaboration with other partners such as WHO, FAO, OIE, WPRO, USAID, CDC, other bilateral donors and ADB. The comparative advantage for the World Bank -- sustainable financing for UHC and health security, links between health security and general economic well-being, as well as bringing together human and animal health sectors -- guide the proposal. While defining policy, strategies, financing, communication and monitoring and evaluation for pandemic preparedness is the responsibility of national governments; regional cooperation is critical as prevention and control of potential cross-border diseases is a regional public good, with substantial positive externalities. Regional economic organizations such as ASEAN, APEC and EAS already engaged in health security will be leveraged to improve health security across the EAP region. Indonesia and Vietnam are prioritized for support in the first two years with the possibility of integrating health security financing assessments in other ongoing assessments in Cambodia, Lao PDR, and Myanmar if more resources become available.

The development objective of this initiative is to strengthen financial and institutional capacity of selected countries to ensure sustainability of health security in the EAP region. Expected intermediate outcomes includes:

- Catalyze and leverage domestic and external financing to improve health security
- Provide technical assistance in financial and institutional capacity building
- Increase political and economic commitment for health security

Background

Although progress has been made over the past few decades in the area of pandemic preparedness, as it has for all hazards, the recent Ebola outbreak and the resulting social, health and economic devastation was a clear demonstration that global response systems and national public health systems remain deficient in many ways. It illustrated that the world is not adequately prepared to prevent and respond to major outbreaks or a global pandemic. Burgeoning international trade, migration and travel continue to escalate the risk for pandemics or spread of infectious diseases across geographies. Other factors such as population density, urbanization, poverty, changing ecosystems, climate change, and the close contact between humans and animals, including wildlife, have increased the potential for emergence and rapid spread of infectious diseases across the world. In addition, increasing anti-microbial resistance (AMR) poses a global challenge.

Pandemic preparedness refers to a variety of health and non-health capabilities and operational capacities put in place--prior to an emergency happening--at community, subnational, national, regional and global levels--to forecast, prevent, detect, protect, respond and recover from infectious disease outbreaks and other public health emergencies. Preparedness is essentially the capacity to prevent, forecast, detect, respond and recover in relation to infectious disease outbreaks. It encompasses an all-hazards approach that allows building capacity to respond to other hazards and natural disasters. It also requires continuous planning, resilience-building, preparedness performance monitoring, and the identification of gaps and solutions through frequent simulations and scenario exercises. Although mechanisms such as the International Health Regulations (IHR)—a legally binding instrument first promulgated in 1969 and broadened in 2005¹—was developed with clearly defined core capacity requirements to prevent, protect against, control and provide a public health response to the international spread of disease and manage public health risks, recent assessments have found that 80 percent of countries have not complied with their legal obligations or updated their legal frameworks to implement their national IHR plans.²³ There is recent emphasis on investing in and developing more resilient, public health systems, empowering communities and focusing on pandemic preparedness to ensure that people are prepared, protected and can recover quickly from events that affect health outcomes and also increase risks to social and economic security. Similarly, the World Organization for Animal Health (OIE) standards⁴ aim at the sustainable improvement of a country's Veterinary Services' compliance with OIE standards on the quality of Veterinary Services, ensuring: early detection of disease incursions, transparency and notification, rapid response to animal disease outbreaks including implementation of biosecurity and bio-containment, compensation strategies to indemnify animal owners hit by outbreaks, and vaccination, as appropriate

The Ebola and Zika experiences are not the first, but only add to a long series of “wake-up calls” for greater international, coordinated action and increased sustainable financing to: (i) take

¹ International Health Regulations (2005, 2nd ed. Geneva World Health Organization. 2008.

² World Health Organization. http://www.who.int/topics/international_health_regulations/en/

³ Moon S, Sridhar D, Pate MA, Jha AK, Clinton C, Delaunay S, et al. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola. *Lancet*. 2015; 386: 2204–21. doi: 10.1016/S0140-6736(15)00946-0. pmid:26615326

⁴ World Organization for Animal Health. <http://www.oie.int/en/international-standard-setting/overview/>

seriously emerging health threats; (ii) assess pandemic risks; (iii) apply lessons identified from prior events, and; (iv) develop appropriate policies, strategies, and plans. A key factor accounting for the continued challenges in preparedness is the fact that the world's focus has been historically and primarily on *responding* to disasters as they occur; the prevention component of preparedness has, therefore, taken a back seat. Also, when potential pandemics are framed as just a health risk, governments often find it difficult to justify spending money to avoid low probability risk and the private sector may see little return on such investments. Yet, the key to mitigating the impact of a pandemic, as with any disaster, is in what happens during the pre-pandemic period, not in what might happen after a catastrophic event is already underway. Reports from several high-level panels and commissions recommend improvements in nations' public health capabilities and infrastructure, international leadership, and research and development. The UN High Level Panel on the Global Response to Health Crises also suggests that the WBG and WHO as well as other multilateral donors mobilize financing for preparedness and establish financing mechanisms such as the Pandemic Emergency Financing Facility (PEF), which the Bank launched in spring 2016.

The emergence of infectious diseases typically occurs at the human-animal-ecosystem interface. It is estimated that 75 percent of infectious diseases in humans, and 60 percent of all new human diseases each year, are of zoonotic origin. Human health and animal health are interdependent and bound to the health of the ecosystems in which they exist. Severe Acute Respiratory Syndrome (SARS), Nipah virus infection, avian influenza A (H5N1) and A (H7N9), and Ebola virus disease are among the many examples of infectious diseases that have emerged at the human-animal-ecosystem interface. Diseases of animal origin that can be transmitted to humans, such as avian influenza, rabies, Rift Valley fever and brucellosis, pose worldwide risks to public health. Globally, 13 zoonotic diseases together account for the deaths of 2.2 million people and 2.4 billion illnesses each year. The vast majority of these infections occur in low- and middle-income countries, presenting a major obstacle to global development efforts. "One Health" is a collaborative approach for strengthening systems to prevent, detect and respond – primarily – to infectious diseases and related issues such as antimicrobial resistance that threaten human health, animal health, and environmental health. One Health utilizes a variety of tools, such as surveillance and reporting, with the ultimate objective of improving global health security and accelerating socio-economic development⁵. The One Health approach requires strong cross-sectorial coordination.

Another lesson learnt from the Ebola outbreak and previous pandemics is that the challenge of financing pandemic preparedness is not just ensuring sufficient resources but also improving governance structures and institutions to coordinate and manage resources effectively. The requirements for preparedness are multiple and the components lie in different parts of government and are financed through a variety of mechanisms ranging from: domestic and external resources to emergency funds; disease specific global funds such as the Global Fund for AIDS, TB and Malaria (GFATM); the US President's Emergency Plan for AIDS Relief (PEPFAR); development banks and bilateral donors. However, domestic and external financing is often fragmented and donor coordination remains a challenge. Rational and increased financing requires stronger leadership, a common financing framework for investments in pandemic

⁵ World Bank Group. People, Pathogens, and Our Planet. Volume 1: Towards a One Health Approach for Controlling Zoonotic Diseases. 2010. http://siteresources.worldbank.org/INTARD/Resources/PPP_Web.pdf

preparedness, effective national legal and regulatory frameworks, and effective governance structures at national and local levels. By linking financing for pandemics with all sectors of the economy, preparedness would be “mainstreamed” in development plans.

Pandemics are multisectoral and are linked with other disasters. Therefore, countries prepared for pandemics have better capacity to handle other emergencies. While a pandemic is a health emergency, its impact is by no means confined to the health sector. Other hazards such as hurricanes, floods, earthquakes, accidental or intentional release of pathogens, nuclear contamination, chemical spills, and energy shortages have health impacts. While efforts to strengthen health systems are imperative, adopting a “whole-of-government” and a “whole-of-society” approach to pandemic preparedness is compulsory in order to mitigate the social and economic consequences of a pandemic. Given that most emerging infections originate in animals, it is essential to sustain support for a One Health approach to address pandemic risk, including antimicrobial resistance (AMR), and coordinate surveillance for early warning and prevention of infectious diseases with zoonotic potential. It is also essential to increase investments in veterinary health systems. Most of the skills needed for pandemic response are applicable for all hazards, including risk communication, coordination, community mobilization, commodity management, and security. However, cross-sectoral coordination and collaboration remains a challenge for most governments and stakeholders.

Investing in preparedness yields significant returns on investment. The World Bank Group (WBG) estimates that system improvements in public health and animal health to meet the minimum standards of the WHO and the OIE, for example, would cost US\$3.4 billion a year. However, past zoonotic outbreaks occurring between 1997 and 2009 – that did not even become pandemics – cost \$80 billion or US\$6.7 billion per year. On the other hand, the benefit of better preparedness is estimated at approximately US\$36.7 billion per year. This far outweighs the estimated investment in pandemic preparedness of US\$3.4 billion per year.

Increased investments in pandemic preparedness and building capacities would:

1. Strengthen overall health systems and core public health functions to manage other health problems. Improving veterinary systems would also contribute to health security, as well as increase trade opportunities, food security and incomes for farmers.
2. Contribute to the WBG’s mission of poverty alleviation and boosting shared prosperity, especially since infectious diseases tend to impact the poor disproportionately. Poor communities tend to live close to animals with inadequate veterinary and human public health services. Such diseases diminish livelihoods, nutrition, food security, trade, and assets of poor households⁶.

The international community is stepping up efforts to anticipate public health risks and improve pandemic preparedness. These efforts include: (i) a Sustainable Development Goal target to strengthen the capacity of all countries for early warning and detection, risk reduction and management of global health risks; (ii) establishment of the Global Health Security Agenda (GHS) which is a partnership of 50+ countries and development partners to enhance capacity to prevent, detect, and respond to health threats; (iii) strengthening implementation of the International Health Regulations (IHR) and monitoring country reporting on disease outbreaks

⁶ World Bank. <http://www.worldbank.org/en/topic/pandemics/overview>

and public health events through joint external evaluations (JEE) that cover 19 technical areas derived from both the IHR and GHSA and the establishment of an Alliance for pandemic preparedness to oversee implementation of the joint external evaluations and follow up actions; and (iv) PVS pathway to increase compliance with the OIE standards, for the improvement of animal health and welfare and veterinary public health worldwide, including safe international trade in animals and their products.

However, the JEE tool, within the WHO evaluation and monitoring framework, currently does not include financing indicators and the Bank is discussing with WHO, the United States Government and other partners to incorporate preparedness financing indicators and questions through the creation of a 20th technical area. In addition, the G7 in 2015 announced support for 60 countries to implement the IHR. The EU has committed resources to provide emergency measures and longer-term support for the development of vaccines and treatments, and the UK has launched the Fleming Fund to tackle the growing problem of AMR. Coordination between different initiatives remains a challenge.

Building on its experience in health systems strengthening, lessons learnt from previous investments in public health and pandemic preparedness, support to regional projects in West Africa, East Africa, and Southern Africa on anti-microbial resistance, the WBG is well positioned to step up its efforts by supporting countries to reduce risks to infectious disease outbreaks and building their capacity to prepare and respond to them. Lessons learned from WBG's support to various pandemics such as HIV and the Global Program for Avian Influenza Control and Human Pandemic Preparedness and Response Project (GPAI), which provided US\$1.3 billion of financing for 72 projects in 60 countries to strengthen their capacity for early and effective disease control, provide a solid foundation for scaling up these efforts through increased IDA 18 support. Within the EAP region, the GPAI supported eight countries including Cambodia, Indonesia, Lao PDR, Vietnam and Myanmar. In many of these countries, the GPAI supported the development of pandemic preparedness national action plans, based on the One Health principle, which will provide an essential foundation for advancing the broader engagement on health security financing. Key lessons learned include: i) pandemic risk is a specific issue that requires sustained high-level support and commitment to avoid being overrun by short-term priorities.; ii) attention to pandemics and other major health emergencies should move away from a paradigm grounded in crisis response, and towards incorporating pandemic risk reduction and risk management into system strengthening; and iii) the Bank could work to reduce the risks from zoonotic diseases and pandemics by building support for animal health systems, human health systems, and the links between them into agriculture, livestock, and human health interventions as this would strengthen long term capacity building in regular investment operations planned and designed during ordinary times.

Within the global community, the WBG, World Health Organization (WHO) and other partners have launched an innovative global financing facility – The Pandemic Emergency Financing Facility (PEF). The PEF will provide critical private and public financing to strengthen pandemic response efforts, and incentivize investments in preparedness as a crucial measure towards mitigating pandemic risk. The PEF includes both insurance and cash windows with affordable premiums to provide surge funding for response efforts to help prevent rare, high-severity disease outbreaks from becoming pandemics and help fill a critical funding gap, as well as help catalyze the creation of a global market for pandemic insurance instruments. The PEF is

an important new complement to existing global and WBG financing tools to invest in public health system strengthening and outbreak preparedness and response available to IDA and IBRD countries.

Financing Instrument: The Multi-Donor Trust Fund

The program is linked to the Global Health Security Window of the overarching umbrella of the multi-donor trust fund (MDTF) (TF072424) for integrating donor-financed health programs in the EAP region. Its development objective is to support countries in strengthening their health systems to accelerate and sustain progress towards key health outputs and outcomes that contribute to universal health coverage (UHC). Within this PDO, this program will focus on assessing pandemic preparedness financing and strengthening the financial and institutional sustainability of donor-financed health programs. This will be achieved by: (i) conducting comprehensive pandemic preparedness financing assessments; (ii) enhancing regional and national capacity; and (iii) improving knowledge generation, sharing and learning.

Why the focus East Asia Pacific Region?

The program focuses on the East Asia Pacific (EAP) region because it is vital to global pandemic preparedness. Home to more than 30% of the world's population, this region's ability to effectively forecast, prevent, detect health threats, as well as capacity to respond and recover, is a determinant for true global pandemic preparedness. Furthermore, the region has been the epicenter of emerging and re-emerging infectious diseases such as Severe Acute Respiratory Syndrome (SARS), Nipah virus infection, avian influenza A (H5N1) and A (H7N9). The region is also one of the most "globally connected in terms of international flows of trade, capital, information, and people."⁷ Several socio-economic, demographic, environmental and ecological factors drive the emergence of disease outbreaks in the EAP region. These drivers include: close contact between humans and animals, encroachment with wildlife, high population density, rapid urbanization, high growth rates, and climate change. The region is further prone to natural disasters – mainly floods, earthquakes and tsunamis – all of which impact on health.

Recognizing the threats, several countries in the EAP region have made tremendous efforts to tackle emerging infectious disease; however, many challenges remain in ensuring adequate and efficient sustainable financing for pandemic preparedness. Current levels of financing for overall health care, and pandemic preparedness in particular, remain suboptimal in most EAP countries as they spend less on health as a share of GDP and in per capita terms and under-invest in pandemic preparedness. Investing in public health is often not prioritized and several countries are less than compliant with all the IHR and OIE standards requirements. Furthermore, countries have limited capacity to prevent, detect and respond adequately to disease outbreaks. There is high reliance on out of pocket payments while several countries still heavily depend on external financing. Generally, health financing is not pooled or managed in optimal ways and allocation tends to be inefficient and inequitable. External financing support is also often fragmented, uncoordinated, off budget and often substitutes for domestic investment. Budget execution may also be inefficient in some countries. Finally, the need to work across sectors and boundaries adds to the challenge in many countries of the region.

⁷ Ghemawat, P and S Altman (2014), *DHL Global Connectedness Index*, Bonn: Deutsche Post.

Given the global and regional public health nature of investments in health security, an effective and coordinated regional approach is necessary given the trans-boundary nature of epidemics and the specific pandemic risks associated with the region in particular. There is a need to build the capacity of regional institutions for coordinated efforts in ensuring sustainable and more efficient financing to: (i) support prevention; (ii) advance early detection, rapid and effective responses and countermeasures; (iii) improve cross-sectorial collaboration to address risks of emergence of infectious diseases at the human-animal-ecosystem interfaces; and (iv) promote knowledge exchange, cross country learning and innovation; and (iv) build capacity and strengthen institutions. The Association of Southeast Asian Nations (ASEAN) and Asia-Pacific Economic Cooperation (APEC) are already involved in pandemic preparedness and disaster risk management and can play a key role in building political commitment for increased domestic financing for pandemic preparedness and resource sharing for vaccines and commodity stockpiles and emergency preparedness.

To address sustainable financing and strengthen regional and cross-sectorial cooperation in EAP, the WBG is collaborating with DFAT and other partners to support the following objectives: (i) increase diplomatic and policy engagement as well as advocacy for sustainable and efficient domestic and external financing and also generate the necessary evidence on financing and capacity gaps; (ii) improve regional collaboration to address trans-border risks of transmission of infectious diseases; and (iii) provide technical support to strengthen knowledge generation and sharing, and capacity building of national and regional institutions.

The proposed scope of work aligns with the WBG goal to build resilient and responsive public health systems as emphasized in the World Bank EAP's Regional Health Strategy 2014-2019 to ensure that countries are better prepared for the next epidemic/pandemic. This program complements on-going pandemic preparedness efforts by increasing and integrating pandemic preparedness financing at country level and strengthening regional cooperation to address trans-boundary health threats. This initiative will also bring on board the private sector as a key constituency that is often highly impacted on by pandemics by developing an investment case for this important group. The selection of countries was informed by country interest to participate in the initiative as well as partner priorities in EAP. The program prioritizes Indonesia, Vietnam, Cambodia and Lao PDR with the possibility of integrating pandemic preparedness financing assessments in ongoing assessments in other countries in the region. The convening function of regional institutions such as ASEAN, APEC and Mekong Basin Disease Surveillance Network will involve more countries beyond the four priority countries. The four priority countries will conduct the financial and institutional assessments with technical support from national partners and the World Bank, WHO, OIE and CDC. The four countries will jointly provide oversight of the initiative through the recently formed technical task force to oversee the initiative.

The selection of countries was informed by country interest to participate in the initiative as well as partner priorities in the region. The proposed results framework will provide a means of monitoring program implementation for the duration of the grant to ensure that countries are on track to better prevent, detect and respond to the threat of pandemics.

Proposed Activities

The proposed activities of this program are linked and aligned with the overall MDTF development objective and its pillars. The interventions will focus on: 1) conducting comprehensive pandemic preparedness financing and institutional assessments; 2) strengthening capacity at regional and national levels; and 3) knowledge generation and sharing, effective advocacy and making a case for investment in health security. The budget for the initiative is US\$4.35 million.

In June 2016, the World Bank team hosted a high-level meeting with policymakers, development partners, private sector and civil society organizations from the EAP region. The objective of the meeting was to secure political buy-in and commitment for the program as well as consult and build consensus around the priority areas of pandemic preparedness and next steps. Stakeholders endorsed the proposed approach.

Pillar 1: Comprehensive Health Financing and Institutional Assessments

This pillar will build on on-going work in financial and institutional sustainability of health programs, health system strengthening and One Health approaches. This pillar supports countries to conduct comprehensive pandemic preparedness financing and institutional assessments in the target countries.

Outputs:

- (i) Health security financing and institutional assessment piloted in selected countries
- (ii) Health security plans developed in four countries

Activities:

- Develop and pilot a health security financing assessment tool looking at both human and animal health. The health security financing assessment will take into account the results of the JEE and PVS Pathway tools, the broader WHO monitoring and evaluation framework and WHO-OIE tool for assessment of capacities at the human-animal health interface as well as the operational framework for good governance at human-animal health interface. The assessments will focus on the collection and compilation of data on pandemic preparedness financing flows; service delivery by source, revenue generation, external resources; and adequacy of resources for preparedness response and recovery and cross border aspects/regional public goods financing gaps. The assessments will also examine allocative and technical efficiency (including investments in supplies, vaccines, research, surveillance, laboratory networks and cross border areas), pooling, predictability, and resource mobilization. With regards to financial and institutional sustainability, the assessments will examine political commitment to support the broader pandemic preparedness agenda, fiscal space, and prioritization for preparedness and emergency response including how pandemic preparedness is linked to overall disaster risk management through an all-hazards approach. Country reports will be disseminated and discussed with Ministries of Finance, Planning, and other stakeholders.

- Support countries to conduct institutional assessments that will look at both regional and national institutions coordinating and implementing pandemic preparedness plans. In the context of financing, assessments will focus on coordination of donor support, political economy and commitment for pandemic preparedness, pandemic preparedness governance, multi-sectoral collaboration and coordination mechanisms, public financial management, human resources management, supply chain management including strategic procurement and stockpiling, standard operating procedures for cross border and inter agency collaboration, communication strategies, legal and regulatory frameworks in the context of financing, sub-national level and community involvement.
- Conduct annual regional consultations with other international partners, relevant regional entities, Ministries of Finance, Ministries of Foreign Affairs, Ministries engaged in environment, both human and animal health (domestic and wild animals), private sector and civil society stakeholders to review cross country assessments and advocate to increase political commitment to increase domestic resources and explore innovative financing including risk insurance for pandemic preparedness. Inter-regional knowledge exchanges can be a valuable vehicle to motivate countries to invest more in improving pandemic preparedness.
- Establish a Technical Task Force⁸ to coordinate and provide technical inputs for this initiative. The objectives of the Technical Task Force include the following: (i) Guide and coordinate technical support for developing the health security financing assessment tool (HSFAT); (ii) Strengthen advocacy at country and regional levels to enhance political commitment and leadership and identify regional champions; and (iii) Serve as an advisory group to support interpretation of the results of health security financing assessment and make adjustments to the tool and process. The main deliverables for the Task Force are the development of a pandemic preparedness financing assessment tool and a set of proposed indicators and questions on a 20th JEE technical area. The 20th technical area would function as a primer to the implementation of the HSFAT tool. The Task Force will meet bi-annually to review progress, address implementation challenges, and discuss emerging issues.

The overall three-year budget for this activity will be AUD\$4 million.

⁸ The objectives of the Technical Task Force include the following: (i) Guide and coordinate technical support for developing the health security financing assessment tool (HSFAT); (ii) Strengthen advocacy at country and regional levels to enhance political commitment and leadership and identify regional champions; and (iii) Serve as an advisory group to support interpretation of the results of health security financing assessment and make adjustments to the tool and process.

Pillar II: Technical Assistance and Capacity Building

The focus of this pillar is to address the issues identified in pillar 1 in priority countries. Technical assistance will be provided to foster regional collaboration, develop political commitment for sustainable financing, and build capacity of regional and national institutions.

Outputs:

- (i) Integrated pandemic preparedness financing and plans in place in priority countries
- (ii) Pandemic preparedness financing advocacy strategies developed

Activities:

- Conduct a series of capacity building events to improve skills in financial planning, tracking and monitoring and evaluation.
- Provide technical support to regional economic organizations and develop advocacy strategies and tools to increase political commitment and strengthen leadership of ministries of finance and planning.
- Support joint planning, implementation, monitoring and evaluation across countries, encouraging mutual accountability and pooled financing for cross-border issues.
- Engage with regional economic organizations and countries with a view to setting up a sub-regional pandemic preparedness operation in 3 EAP countries.
- Support countries to develop pandemic preparedness strategies and plans as well as capacity development plans post JEE assessments: The Joint External Evaluations conducted by WHO will establish baselines and identify areas of underinvestment and capacity gaps. This will be bridged with the PVS and gap analysis conducted by OIE^{9,10}.
- Strengthen multisectoral coordination for improving one health and whole-of-society approaches to pandemic preparedness
- Provide technical support to improve planning capacity and improve allocative and technical efficiency.

The overall budget for this pillar will be about AUD\$2.5 million over three years.

Pillar III: Increase knowledge generation, innovation and learning:

Pillar III supports cross-country learning focusing on health security financing and regional collaboration. Knowledge gaps will be identified and technical support provided to address these gaps.

Outputs:

- (i) Regional knowledge exchange events (both within and across the EAP region, as well as with other regions that share similar experiences) and platforms implemented

⁹ WHO, 2015. Handbook for the assessment of capacities at the human-animal interface

¹⁰ WHO-OIE Operational Framework for Good governance at the human-animal interface: Bridging WHO and OIE tools for the assessment of national capacities

- (ii) Knowledge products developed and disseminated
- (iii) An investment case for health security financing developed
- (iv) Study tours conducted

Activities:

- Facilitate regional, cross-sectoral and cross country learning through joint training, curricula and tools, disseminating best practices, and sharing lessons learned. This will include working in partnership with regional organizations, selected countries, technical organizations such as WHO, FAO, OIE to support cross-boundary simulation of pandemic preparedness plans to monitor performance, apply lessons learned, and pilot innovations.
- Commission cross-sectoral analytical work to address knowledge gaps and strengthen the evidence base for health security financing.
- Provide support for global, regional and national knowledge exchanges and forums.
- Support consultative meetings on health security financing.
- Convene regular partners’ meetings to discuss integration, collaboration and coordination on priority pandemic preparedness issues identified through financing assessments and to emphasize the links between pandemic preparedness and the macro-economy.
- Convene annual high-level regional meetings that bring together key countries and relevant stakeholders in the region to establish a regional platform for knowledge exchange and learning and maintain political commitment.

The overall budget for this component will be AUD\$1.5 million.

Expected Results and Outcomes

Results framework

Development objective	Indicators	Targets/Rationale/Notes	Status
To strengthen financial and institutional capacity of selected countries to ensure sustainability of health security in the EAP region	<ul style="list-style-type: none"> ▪ Share of sector budget (health, agriculture, etc.) allocated to pandemic preparedness ▪ Percentage of recommendations to increase and improve efficiency/effectiveness of health security financing implemented by country ▪ Number of countries and regional organizations with advocacy or collaboration plans on health security 	<ul style="list-style-type: none"> ▪ The health security financing assessments will provide baselines. ▪ Ultimately improved financing should show up as improved JEE and PVS scores. ▪ 3 countries and two regional organizations that develop/strengthen advocacy strategies and collaboration plans to address cross border health threats 	
Intermediate objectives	Indicators	Targets/Rationale/Notes	

<ul style="list-style-type: none"> ▪ Catalyze and leverage domestic and external financing to improve health security 	<ul style="list-style-type: none"> ▪ Comprehensive tool to assess gaps in health security financing and institutional capacity developed ▪ Number of countries that have developed costed national pandemic preparedness plans with resource mobilization plans to increase domestic and external financing 	<ul style="list-style-type: none"> ▪ These tools will be a public good filling existing gaps in the JEE and PVS pathway process. The tools will be used alongside the JEE and PVS pathway process to improve financial and institutional sustainability of pandemic preparedness. ▪ The preparedness plan also allows the country to leverage and increase additional investments as needed.
<p>Provide technical assistance in financial and institutional capacity building</p>	<ul style="list-style-type: none"> ▪ Percentage of recommendations to strengthen institutional capacities and coordination of health security initiatives implemented by country and regional organizations ▪ Number of countries conducting periodic simulation exercises to measure capacity in pandemic preparedness 	<ul style="list-style-type: none"> ▪ Based on recommendations of institutional assessments, technical assistance will be provided to strengthen institutional capacity. ▪ Simulation exercises will assess progress made in development of health security capacity, identify capacity gaps and further actions needed.
<p>Increase political and economic commitment for health security</p>	<ul style="list-style-type: none"> ▪ A collaborative task force with all partners to improve regional commitment for health security ▪ Number of regional consultative and collaboration events ▪ Advocacy tools for health security financing ▪ Number of countries exchanging data and knowledge on health security ▪ Number of analytical and knowledge products in pandemic preparedness 	<ul style="list-style-type: none"> ▪ Task force will include representatives from key government agencies in the target countries and international partners active in the region, including USAID, CDC, WHO, OIE, ADB, Mekong Disease Surveillance Network, ASEAN HS working group chair.

Management

This work will be conducted under the MDTF governance structure and managed by GHNDR (Global Practice for Health, Nutrition and Population) focusing on EAP countries. The TTL for the work is the Global Lead for Healthy Societies working with a network of experts within and outside the World Bank to leverage ongoing work with other partners. For example, Indonesia and Vietnam are also priority countries for the U.S. Government GHSA and WHO is conducting JEE in a number of countries and the Bank team will engage with them to conduct JEE in the three DFAT priority countries to generate baseline information. Recipients will include WBG task teams and government institutions. Activities financed will be administered under the Operational Policies and Procedures that apply to IBRD/IDA financing, including the WBG's framework regarding governance and anti-corruption.

Dissemination and Outreach Strategy

The dissemination strategy for the program will involve a multipronged approach targeting different stakeholder groups. The final products of this program, including the health security financing and institutional assessment tools will be disseminated and adopted in the participating countries. Furthermore, the program will organize a series of regional consultative meetings and knowledge exchange events to disseminate and share lessons learned from the program.