# A SCOPING REVIEW OF GOVERNANCE CHALLENGES IN INTERNATIONAL HEALTH FINANCING

***LESSONS FOR THE PANDEMIC PREPAREDNESS AND RESPONSE FINANCIAL INTERMEDIARY FUND***

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## INTRODUCTION

The failures of the international COVID-19 response highlighted key gaps in Pandemic Preparedness and Response (PPR) at global, regional and national levels. As a result, calls are being made for additional funding of $10.5 billion per year to adequately strengthen the global PPR architecture. In response to these calls, the World Bank announced the launching of a new Financial Intermediary Fund (FIF) for PPR to catalyse this additional funding. The FIF aims to fill financing gaps, expand the ability of the UN agencies and Multilateral Development Banks (MDBs) to support capacity building at the country and regional level, and provide "greater agility at the global level through initial bridge financing, as other sources are mobilized." (World Bank, n.d.). It is likely to follow existing FIF models largely headed up by the World Bank, yet it remains unclear what governance model the Facility will take with divergent ideas being proposed by the World Health Organisation (WHO), Government of Twenty, World Bank and key stakeholders.

Accordingly, it is necessary and timely to review other existing international financing and governance instruments to locate key governance issues identified in the existing literature. This analysis allows the formation of informed and evidence-based recommendations to ensure policies are embedded in the FIF that guarantee transparency of decision-making processes and funds disbursement. Moreover, the analysis provides insights on key accountability criteria and mechanisms required to ensure the FIF remains accountable to its stakeholders and the wider global health community.

## CHALLENGES

It is expected that the broad guiding principles of the PPR FIF will be published in Autumn 2022. However, there remains considerable ambiguity regarding the governance makeup and financial modalities of the PPR FIF, with contrasting positions being taken by key stakeholders. For example, it has been suggested in a World Bank white paper that the founding donors of the FIF will have voting rights on the governing board, with the WHO having only observer status, while also sitting on the technical advisory panel, so that it can assist the World Bank secretariat as an implementing partner (World Bank, 2022). This has been described as a "deeply retrograde, insular design" (Ghosh and Mazzucato, 2022). Moreover, there are calls for the WHO to play a more central role as a UN institution and to have voting status alongside civil society representatives (Platform for ACT-A Civil Society and Community Representatives, 2022; WHO Council on the Economics of Health for All, 2022).

Part of the ambiguity is that there is currently a lack of transparency regarding how the FIF design is being finalised and which stakeholders are formally and meaningfully involved. Recently the World Bank has stated that civil society will have two board members as part of the governance structure, yet the nomination process was only given four days with substantial eligibility criteria. Moreover, the selection process will have

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only seven days and there does not seem to be financial assistance to assure that lower resource Civil Society Organization (CSOs) can meaningfully be nominated. Relatedly, the financial instruments associated with the PPR FIF are still to be finalised, but there appears to be a focus on surveillance and response capacities with a lack of focus on pandemic preparedness (World Bank, 2022). Finally, there are concerns that the PPR FIF will fall short of the $10.5 billion target and that it might lead to the diversion of aid already pledged for other health subsystems and further fragment an already complex PPR financing architecture (WHO Council on the Economics of Health for All, 2022).

These issues are not unique to the PPR FIF, but rather reflect broader challenges and identified shortcomings facing global health financing. In response, this paper details known challenges in order to provide a more systematic evidence base and lessons learned for the PPR FIF as it takes shape.

## METHODS

Given the lack of synthesized evidentiary material on PPR financing and the timeframe available, a rapid scoping review was identified as the most appropriate approach. A scoping review is suitable for determining the scope or coverage of a body of literature on a given topic and to give an indication of the volume of literature and studies available as well as an overview (broad or detailed) of current research findings and themes. This scoping review adopted an augmented methodology as developed by Arksey and O'Malley (2005) and further refined by Levac et al. (2010) and Santos et al. (2018).

This research aimed to answer the following research question: What are the most likely challenges involved in the governance of emerging multilateral financing instruments for PPR?

As recommended in the Santos et al. (2018) scoping review methodology, a three-step search strategy was utilized, with a preliminary step added. First, given that the review is attached to an existing pool of work, a number of key search terms pre-exist. These include multilateral financing, health financing, pandemic preparedness, multilateral governance, and global governance. Scoping reviews are designed to be inductive and flexible, with new search terms emerging as the review develops. Key terms were constructed into search strings using Boolean Operators. Second, an initial search using Google Scholar was conducted. This initial search was then followed by an analysis of the text words contained in the title and abstract of retrieved papers. These terms supplemented the preliminary terms outlined above. In line with scoping methodologies, this refinement process allowed for inductive flexibilities and supplementary terms in search strategy design. A second search using a refined and focused term list was conducted using Google and Google Scholar to allow the capture of grey literature. In total, nine searches were conducted. Third, the reference list of 'high relevance' sources was searched for additional sources.

The returned documents were categorised into high, medium or low relevance groups as outlined below:

High: Discusses governance models of *multilateral health financing* instruments (Primary RQ) and *provides insights into governance challenges* in multilateral health financing instruments (sub-question A)

Medium: Discusses governance models of *multilateral financing instruments* (primary RQ) and *provides insights into governance challenges* in multilateral financing instruments (sub-question A)

Low: Discusses governance models of *multilateral financing instruments* (primary RQ) but only *provides generalised discussion* with few concrete examples of governance challenges (sub-question A)

A total of 74 documents were collected, from these 36 were of high relevance, 16 of medium and 22 of low relevance. Documents of low relevance were then excluded from the analysis. Thematic analysis of high and medium relevance data was conducted to identify key thematic groupings that emerged from the literature.

## EMERGENT THEMES

A total of eight key emergent themes were identified through analysing available and relevant literature. These themes are not an exhaustive description of all governance-related challenges associated with international health financing instruments but are a reflection of the major themes identified in existing academic and grey literature. In addition, it is important to note that these themes are cross-cutting, interconnected and reinforcing (e.g. compounding, moderating, and/or dependent). As a result, thematic grouping is based on a "best-fit" classification for analysis and presentational purposes. Lastly, indicative references are provided for key findings (full dataset available upon request). References have been chosen based on the representativeness of particular challenges identified. An overview of each theme is provided below.

### 1. Misaligned aid allocation

- *Preference for (short-term) political gains* - There's a risk of overseas development assistance in health being used to further donors' political goals and national interests. Additionally, donors often prioritise funds to be directed to countries within their area of influence/self-interest (Ollila, 2005; Sridhar and Woods, 2013; Saez, Konyndyk, et al., 2021; Saez, Sida, et al., 2021).
- *Prioritisation of donor needs (trojan multilateralism)* – Thematic trust funds are used by donors to bypass existing allocation systems and influence institutional (e.g. the World Bank) priorities (Sridhar and Woods, 2013; Winters and Sridhar, 2017). Earmarked funding offers more control and oversight to donors in alignment with their agenda (Tortora and Steensen, 2014; Clinton and Sridhar, 2017; Weinlich et al., 2020).
- *Side-lining of implementing country needs* – There's often a misalignment between sector-specific global priorities and country-specific needs with the imposition of donor and agency ideas (Mwisongo and Nabyonga-Orem, 2016; Reinsberg, 2017). This results in distortion of country health sector priorities, vertical silos, and diversion away from coordinated efforts for health system strengthening (Biesma et al., 2009; Sridhar and Tamashiro, 2009).
- *Diversion of funds* – There's a risk of new financing instruments not generating new funding, but rather diverting funding away from their original purpose (Heimans, 2003; Van Kerkhoff et al., 2011; Fernandes and Sridhar, 2017). Funding can also be substitutive, with funds being used to replace domestic spending on health, undermining investment (Moon and Omole, 2017). This corresponds to pandemic PPR financing research conducted by the University of Leeds team, which has found evidence indicating both Overseas Development Aid (ODA) and national budget reallocations away from other subsystems.
- *Divergence of organisational priorities* – Agencies face challenges to align funding conditionalities and donor needs with their mission. In order to prioritise funding to continue their work, agencies move away from their original mandates and become more donor-orientated, also referred to as 'mission creep' (Reisen, 2008; Weinlich et al., 2020).

#### Key implications

Development aid for health (DAH) is often criticised for its lack of effective, efficient and/or equitable outcomes. A major component of this is that DAH is often "donor-driven", symbolic of external "pet-projects" that are poorly integrated into national health strategies. This creates vertical health siloes, which focus on singular areas of coverage, while also diminishing local buy-in and ownership. Moreover, the conditionalities associated with DAH often reduce local control, flexibilities and needs-based responsiveness, undermining programme performance and population health outcomes. Finally, research conducted by the University of Leeds has already found evidence indicating both Overseas Development Aid and national budget reallocations away from other health subsystems to PPR activities, which further threatens to undercut

health system strengthening efforts while exacerbating universal health coverage vulnerabilities (SDG 3.8). Unfortunately, these challenges have yet to be suitability addressed by the new PPR FIF which risks the continuation of non-strategic misaligned programmes with funding shortfalls.

### Recommendations

- A rigorous and systematic consultation process that includes a wide range of engagement activities must be put at the core of the PPR FIF governance structure. This should include:
    - Funding priorities to be decided collectively by both PPR FIF donors and implementing countries.
    - The embedding of Non-governmental, Civil Society and Academic Groups so that they can systematically provide input and evidence.
- PPR FIF must set up and be operated by additional funds and not from the reallocation of existing ODA or national budget commitments.

## 2. Transparency

- *Asymmetry of information* – Governance structures can create uneven arrangements for information transparency, for example, local civil society organisations have to rely upon personal relationships with government personnel or take significant efforts to gain information on how to engage with international financing funds (Hurd et al., 2016; Moon et al., 2021).
- *Poor transparency of organisational governance* – There is often opacity surrounding the decision-making processes of international financing instruments (E&K Consulting Firm, 2020; Moon et al., 2021). Additionally, an analysis found that World Bank policies, reports and datasets do not meet required standards of transparency with key information on policies, governance and financial information often out-of-date, missing or incomplete (Winters and Sridhar, 2017).
- *Implications of private sector involvement* – The requirement for confidentiality and secrecy of private corporate interests and activities has negative implications for international health financing where private actors have grown to play an important role. This invites a wider reflection on the appropriateness of private funding in health financing and the risks of conflicts of interest (Heimans, 2003; Erikson, 2015; Stein and Sridhar, 2017; Stein and Sridhar, 2018; Storeng et al., 2021).

### Key implications

There is ample evidence suggesting that a lack of transparency undermines trust between stakeholders, masks asymmetries in policy influence, and makes reason-giving and programme accountability difficult. Moreover, a lack of transparency makes independent research and evidence gathering difficult, thus posing a key challenge in the pursuit of evidence-based policy. Widespread ambiguities in the PPR FIF white paper signal a general failure to recognise the importance of transparency for programme acceptance and buy-in, ignoring its key role in policy success.

### Recommendations

- Documents detailing core governance aspects of the PPR FIF, including governance structure, decision-making processes and constituent policies must be transparently available on an online platform.
- PPR FIF must make it mandatory within funding agreements to ensure minimum levels of transparency are upheld when funds are used by implementing governments. This must include at a minimum:
    - The publication of contracts for works, goods and services funded by PPR FIF within 90 days of their signature on one of the implementing government's websites.

  - A commitment to a viable level of open contracting principles, as agreed in combination with PPR FIF.
  - The publication of the breakdown of which funds are going to which departments at the initial stages of the disbursement.
  - The publication of a full audit at the end of the agreement on one of the implementing governments.
  - The PPR FIF must release any agreements with implementing countries within 30 days of the signature and without redaction.
  - Data on financial flows must be released by PPR FIF in an open data format, where possible showing how it is spent in country.
- Data transparently released by the PPR FIF should be accessible on one central platform that is designed in a user-friendly manner.

## 3. Accountability

- *Complexities of accountability* – The international financing system has weak mechanisms of accountability, a review of 43 multilateral organisations rated only two as 'strong' on accountability (Sridhar and Woods, 2013; Moon and Omole, 2017). Governance structures of multisectoral funds can be ad-hoc and complex, making accountability difficult as they bring together a large number of stakeholders with varying degrees of power and influence (Heimans, 2003; Bruen et al., 2014). Further, if the roles of decision-making are unclear it is difficult to ascertain who is accountable to whom (Moon and Omole, 2017; Moon et al., 2021).
- *Lack of oversight* – There is a risk of poor oversight and accountability in Financial Intermediary Funds which lack in-country presence, rely upon fund partnership programmes, and are not covered by World Bank policies (Warren et al., 2017; Winters and Sridhar, 2017). This can make it hard for stakeholders to understand how programmes work, whether they actually further health goals, and can result in programmes being out of touch with local context and needs (Warren et al., 2017; Stein and Sridhar, 2018).
- *Lack of accountability mechanisms for implementing countries and citizens* – Where the role of national governments in new initiatives isn't clear the channels for public accountability are hindered. Financial Intermediary Funds do not fall under the mandate of the World Bank's inspection panel, thus leaving no mechanism for implementing countries to raise concerns over funded initiatives (Winters and Sridhar, 2017; Moon et al., 2021).
- *Increased accountability demands from donors* - Due to overseas development aid receiving increased public scrutiny and widespread political distrust, donors are under increased pressure to demonstrate "value for money", "national interest" and demand greater accountability (Tortora and Steensen, 2014; Saez et al., 2021). Earmarked funds can offer more accountability to donors on a project-specific basis, yet demands for accountability usually pertain to financial details (Weinlich et al., 2020; Saez, Konyndyk, et al., 2021; Saez, Sida, et al., 2021) and can result in a general reluctance for pooled funding or interventions with wider system mandates.

### Key implications

A crucial aspect of programme ownership, follow-through and effectiveness is multidirectional accountability in which principles of "partnership" are embedded within DAH processes. Donors should rightfully know that their funds are "reaching the ground" by their implementing partners and thus can be justified to taxpayers as having "value for money" that is in everyone's mutual interest. Correspondingly, implementing countries should rightfully have a genuine sense of partnership where localized needs and control are being respectfully reflected in programme design, management, and evaluation. This multidirectional

accountability is crucial since asymmetrical processes are known to undermine trust, effective design, programme sustainability, and outcomes. Given the scale, complexity and urgency of the PPR FIF mandate, there is a real danger that a lack of appropriate accountability measures could fail to mitigate against unidirectional accountability (only upward to donors) in the new PPR FIF, which endangers the possibility to break from DAH business as usual.

### Recommendations

- The PPR FIF requires clear upward reporting policies that provide necessary oversight and accountability, but which do not over-burden implementing countries.
- Gender-sensitive whistleblower mechanisms and mechanisms for the protection of whistleblowers should be developed as part of accountability mechanisms.
- In situations where the capacity of implementing governments means accountability is threatened, PPR FIF should consider the funding of national CSOs to cover the gap in terms of monitoring and reporting.
- An independent audit should be mandated at the end of all funding agreements.

## 4. Anti-corruption

- *Drivers of corruption* – Opportunities for corruption and fund misuse are created by the large amount of public and private funds being mobilised. Information and power asymmetries, poor transparency around decision-making and weak accountability mechanisms increase the risk of conflicts of interests and undue influence (Heimans, 2003; Mackey and Liang, 2012; Stein and Sridhar, 2017; Mackey et al., 2018).
- *Effective anti-corruption governance* – Over recent years international health financing organisations have increased efforts to mitigate corruption risks largely through transparency and accountability mechanisms. However, these mechanisms can have large operating costs shifting resources away from health services, increase administrative burdens on implementing countries, and can hinder project implementation (Mackey and Liang, 2012; Mackey et al., 2016; Chang et al., 2021; Bowra et al., 2022). This is particularly the case with mechanisms such as performance-based financing (e.g. as associated with health FIFs) (Diaconu et al., 2022).
- *Lack of research and evaluation* – It is difficult to provide a robust overview of anti-corruption governance in international health financing due to a lack of relevant literature. Evaluation of organisations is difficult due to a lack of accepted standards and difficulties in measuring corruption, negatively impacting mitigating strategies (Mackey et al., 2016; Mackey et al., 2017; Chang et al., 2021; Bowra et al., 2022).

### Key implications

Whilst the PPR FIF disbursement of funds may be vital to ensure financial solvency and enable adequate emergency response, past experience also suggests that without proper transparency mechanisms, money can go unaccounted for and be misappropriated. This poses a threat that funds will be taken away from vital services with longer-term national implications, as corrupt actors enrich and entrench. The risk of corruption in international financing as represented by the PPR FIF (whether in the form of bribes, embezzlement or diversion of funds) increases with the level of speed the finances are distributed as well as their value. Given the nature of the PPR FIF as a global institution dedicated to quickly respond to global threats, it is a real possibility that corruption could undermine its mandate should appropriate measures not be taken.

### Recommendations

- The PPR FIF must include the mandatory signing of integrity principles by both PPR FIF and implementing governments as well as the inclusion of compliance programmes in the funding agreement as based on the guidance in the OECD "Anti-Corruption Ethics Compliance Handbook"
- PPR FIF must include specific governance and anti-corruption safeguards in emergency loan agreements. These must make specific, concrete and time-bound commitments. The language of the commitments matters because it allows citizens, civil society, and the PPR FIF itself, to hold governments accountable and monitor accurately their implementation.
- The PPR FIF must consult with CSO experts before loans are approved, in particular, to get ideas on what anti-corruption measures are needed.
- The PPR FIF should routinely report at least every 6 months on the adherence to anti-corruption, accountability and transparency commitments or fund an Non-Governmental Organization (NGO) group to do this for them.

## 5. Country ownership

- *Importance of ownership for success* – Country ownership of funded activities and policy decisions is important for the sustainability and effectiveness of projects in improving health, as recognised in the 2005 Paris Declaration on Aid Effectiveness (Ocampo, 2003).
- *Donor versus "recipient" relationship* – Achieving country ownership is made difficult by donors' need to have oversight over how funds are being spent and their ability to control priorities through earmarked funding (Reisen, 2008; Moon and Omole, 2017). The announcement of top-down approaches for PPR by a small number of actors, such as the PPR FIF, could be described as developmental paternalism which merely reiterates and reinforces existing global power dynamics (Kiiza et al., 2019; Storeng et al., 2021).
- *The burden on implementing countries* – Implementing countries are characteristically low-income, sometimes fragile states and donor-dependent (E&K Consulting Firm, 2020). The complexities of international health financing architecture and the pressure of donor conditionalities result in a high burden on implementing countries, making ownership difficult. Countries are overburdened with parallel and duplicative reporting requirements for donors, creating high transaction and administrative costs (Reisen, 2008; Sridhar and Tamashiro, 2009; Mwisongo and Nabyonga-Orem, 2016; Warren et al., 2017).
- *Lack of engagement with national and subnational coordination mechanisms* – Donors and agencies often bypass existing national and sub-national mechanisms, governance structures, and coordination processes. This makes coordination of funding difficult for implementing countries and undermines country ownership (Biesma et al., 2009; Spicer et al., 2010; Mwisongo and Nabyonga-Orem, 2016; E&K Consulting Firm, 2020).
- *Consolidation of influence from a small group of global elites* – Despite a growing number of new funds and initiatives there remains a small group of donors controlling a disproportionate amount of funding in global health financing. These include the UK, USA, EU institutions and the Bill & Melinda Gates Foundation (Sridhar and Woods, 2013; Winters and Sridhar, 2017; Clinton and Sridhar, 2017; Fernandes and Sridhar, 2017; Saez et al., 2021).

### Key implications

Global covenants have increasingly recognised the need for localised ownership and managerial autonomy in the design, implementation, and evaluation of DAH. Obvious upsides include increased political will and follow-through, better population representation, increased context specificity, better integration of programmes into national health strategies, and increased chance of local co-investment and sustainability. The current design of the PPR FIF as presented in the World Bank white paper remains unclear about how

PPR indicators will be determined with national governments, what role national governments will have on the World Bank FIF board, what reporting and accountability mechanisms will be used, or how flexible PPR funding will be to meet contextual needs. Ambiguities in the white paper suggest an undervaluation of national ownership thus weakening the World Bank's commitment to aid effectiveness as well as its known relationship to programme success.

### Recommendations

- The PPR FIF should avoid creating new in-country governance, funding and reporting structures and instead provide resources to expand existing structures.
- Ensure that an equal representation of high, middle- and low-income countries are invited to participate in the planning of the technical and financial design and governance of PPR FIF.
- The PPR FIF should avoid the hiring of international consultants and/or expatriates and look to hire local firms and Non-Governmental Organizations (NGOs).

## 6. Donor coherence and fragmentation

- *Complex fragmentation* – The international health financing architecture can be described as greatly complex, uncoordinated, inefficient and ineffective, consisting of a growing number of unaligned public, private and civil society actors creating a greater number of distinct yet overlapping funding instruments (Reisen, 2008; Tortora and Steensen, 2014; Stein and Sridhar, 2017; Saez et al., 2021). This makes financial tracking, accountability and program effectiveness difficult to assess, which can result in double-counting financial commitments and inflated program impact evaluations (Madan Keller et al., 2020).
- *Incoherence driven by earmarked funding* – Coordination of donors is challenged by programme-specific funding. This model of funding also feeds into competition between agencies for resources, harming inter-agency coordination and strategic resource allocation (Biesma et al., 2009; Tortora and Steensen, 2014; Weinlich et al., 2020).
- *Undermined effectiveness of aid* – Complexity and fragmentation in the coordination of funds undermine potential synergies and economies of scale that can be made between donors and programmes of work. This is cited as reducing the effectiveness of health emergency response (Heimans, 2003; Jain, 2020).
- *Duplication of agency focus, activities and governance structures* – Duplication and overlaps are seen in the thematic and geographic focus of agencies, the types of activities being funded, and in national coordination structures being created in parallel (Reisen, 2008; Spicer et al., 2010; Weinlich et al., 2020).

### Key implications

COVID-19 demonstrated that global, regional and national systems were unprepared and unable to suitably respond to the pandemic. Key factors are historic underfunding, policy fragmentation, and programme duplication. At the moment, there is little indication of how the PPR FIF will interconnect and complement other PPR and global health initiatives nor how it will finance estimated PPR costs. Not addressing these challenges will result in yet another under-coordinated and fragmented institution that lacks meaningful political capacities or funds to prepare for the next pandemic.

### Recommendations

- The purpose, scope and areas of work of the PPR FIF must be critically assessed as part of the existing health financing architecture to ensure it is not creating further fragmentation or duplication.

## 7. Multistakeholder representation and participation

- *Underrepresentation of implementing countries* – There is poor representation of developing countries in decision-making governing bodies and in discussion forums in international health financing (Ocampo, 2003; Seidelmann et al., 2020).
- *Barriers to CSO participation* – There are a number of barriers which hinder civil society engagement in international health financing governance activities in country. These include limited experience of CSOs engaging in such forums, limited financial resources and time to join meetings, poor communication and awareness raising with civil society, and rushed processes with little notice. This can result in more resourced civil society actors, (often large international NGOs) becoming civil society representatives in place of indigenous CSOs (Spicer et al., 2010; Hurd et al., 2016; Kiiza et al., 2019; CSO GFF Hub, 2020; E&K Consulting Firm, 2020; Kates et al., 2022).
- *Questions of CSOs as representatives* – Even where civil society representatives are engaged there remain questions about constituency representation. This is often compounded by a lack of transparency in CSO selection processes (Hurd et al., 2016; Hurd et al., 2017; Kiiza et al., 2019; Kates et al., 2022).
- *Lack of meaningful CSO engagement* - The quality of civil society engagement across agencies and in-country engagement platforms varies, in some cases, there is a lack of procedures to facilitate meaningful engagement (Spicer et al., 2010; Hurd et al., 2017; E&K Consulting Firm, 2020; Kates et al., 2022). In cases where formal structures are in place, there exist few structural safeguards. This results in cases where multi-stakeholder platforms are dominated by governmental elites or hand-selected CSOs (Brown, 2009; Spicer et al., 2010).
- *Competition between CSOs and other organisations* – The low availability of resources for CSOs in country drives a sense of competition and distrust between organisations. This disincentivises meaningful participation and collaboration with other organisations due to a fear of losing funding (Spicer et al., 2010; Hurd et al., 2017; E&K Consulting Firm, 2020).
- *Implications of early formative processes / Path dependency* – The originating engagement and participation process have implications for the interests and ability to reform those processes. GAVI and Global Fund were created through coalition formation processes whereas the World Bank was created by political elites, this has influenced and embedded particular governance structures and accountability mechanisms, which foster or hinder reform capacities (Gómez and Atun, 2013).

### Key implications

An important takeaway from COVID-19 is the realisation that effective pandemic preparedness and response will require the coordination and input of multiple sectors and stakeholders. Multisectoral participation is necessary not only to align policies for more comprehensive and complementary PPR coverage but also to make sure that PPR activities align with local needs, burdens of disease and upstream determinants. This speaks to the importance of the "partnership agenda" in global health as well as the facilitation of meaningful dialogue between stakeholders, particularly those with local expertise and implementation experience. At the moment, the PPR FIF looks as if it will be managed by an exclusionary group of the usual global donors and a few hand-selected external organizations. Failure to widen participation will result in "travelling models" that are not fit for purpose and therefore do not promote wider global health security.

### Recommendations

- Civil society engagement policies must be implemented early in the PPR FIF process and made transparent alongside making resources and capacity building available to maximise effective participation.

- There needs to be a meaningful cross-section of civil society represented in governance process at the global, national, and sub-national levels. The selection process for civil society representatives at all levels must be made transparent and democratic with ample time for CSOs to prepare.
- There must be effective and mandated communication channels established with civil society throughout the PPR FIF governance structure to ensure maximum awareness-raising and the ability for organisations to effectively prepare and participate.
- There must be safeguards attached to the selection of CSO representatives at all levels to ensure that international NGOs do not crowd out indigenous CSOs.

**Funding Source**: This project has been supported by a grant from the Open Society Foundations. Background research has also received funding by the Economic and Social Research Council United Kingdom REF: ES/X001482/1. The research is part of a wider PPR financing project "Reviewing Supranational Costs of Health Security Preparedness for WHO and G20 Evidence-base" with the Evidence and Analytics for Health Security Unit at the World Health Organisation, Duke University and Open Consultants.

**Please cite as**: Natalie Rhodes, Garrett Wallace Brown and Tom Wright, A Scoping Review of Governance Challenges in International Health Financing: Lessons for the PPR Financial Intermediary Fund. *Transparency International Summary Report*, London, August 2022.

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