



ASAPSU

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ANALYSIS

**Analysis of
Shortcomings
related to
Implementation of
the World Bank's
Health Emergency
Response
Mechanisms**

The technical and financial partners (TFPs) play a key role in supporting African States in their response to health challenges. In the more specific context of health emergencies, Côte d'Ivoire has received funding from numerous TFPs. Between March 2020 and February 2021, the World Bank Group made available to Côte d'Ivoire a total of USD 335 million under the Pandemic Emergency Financing Facility (PEF) and USD 40 million under the Health Emergency Preparedness and Response Trust Funds (HEPR) via the Contingent Emergency Response Component (CERC). The Association de Soutien à l'Autopromotion Sanitaire Urbaine (ASAPSU) has set up a consortium of Civil Society Organisations (CSOs) from ten African countries to monitor the implementation of these mechanisms.¹

As a result of this monitoring, the consortium has identified some serious shortcomings in the setting up, awarding, performance monitoring and evaluation of these World Bank mechanisms. In light of this, we are convinced that everything must be done to avoid the same mistakes being repeated in the case of pandemic response mechanisms such as the Pandemic Fund. The following points should be taken into consideration when implementing such mechanisms.

1 STRENGTHEN THE LONG-TERM SUSTAINABILITY OF PROJECTS SUPPORTED BY THE WORLD BANK'S EMERGENCY FINANCING MECHANISMS.

This is a key recommendation. The projects funded have focused solely on managing the COVID-19 crisis, taking no account either of pre-existing issues or of the long-term consequences of this health emergency. Such an approach makes it difficult for the communities concerned to take ownership of the projects. Even when they are designed to provide an immediate response to an emergency, projects must also envisage solutions to tackle the long-term consequences of these crises. To do that, part of the funding received through these mechanisms must be directed towards addressing weaknesses in the healthcare systems of the countries concerned, on the basis of needs identified in national documents (Funding Request, National Health Development Plan (NHDP), etc.).

2 PUT GREATER EMPHASIS ON PANDEMIC PREVENTION AND PREPAREDNESS AND RESPONSE (PPR) IN THE HEALTH EMERGENCY FINANCING MECHANISMS IMPLEMENTED IN THE COUNTRY.

Our study showed that pandemic response mechanisms in Africa did not focus sufficiently on prevention and preparedness, even though this would have been considerably less costly. We believe that earlier prevention would enable us to build resilient healthcare systems and to anticipate future outbreaks of pandemics. We therefore recommend strong support for the Global Fund, whose PPR activities and well-established presence in Africa are recognized. These activities could benefit from greater support given that the last replenishment of the Fund fell below expectations.

3 IMPROVE THE INVOLVEMENT OF CSOS IN THE DESIGN, ROLL-OUT AND PERFORMANCE MONITORING OF GRANTS AWARDED BY THE FINANCING MECHANISMS. THIS RECOMMENDATION IS ALSO ADDRESSED TO GOVERNMENTS IN RECEIPT OF FUNDING UNDER THESE MECHANISMS.

Our analysis revealed that very few CSOs were involved in the various stages of the process, from design to monitoring of the financing mechanisms. This has considerably hindered CSOs from fulfilling their role to ensure funds are held accountable by local communities. Monitoring and evaluation of these mechanisms must be opened up to civil society. This has not been the case in the mechanisms we studied.

¹ ASAPSU- CICODEV- Positive generation - CES/DRRS/msas- ALPHADEN- ONG3D- Union Africaine des Consommateurs - Enda Santé - RCPFAS - UNACOIS - COBSUS- ONG Destin en Main- ANCS - HODS- SOLTHIS- Foi du monde- ITPC/WA-ACABEF-SANTE MOBILE-RESOPOPDEV-CRCF- ADEMAS-PLATEFORME OSC SUN-GEDROFE- ONG ACAVI-ONG SONGES-ONG CAM-ENDA ECOPOP

Similarly, CSOs' access to funding is limited by the conditionality of the mechanisms, especially during a health emergency when the rapidity of the response is crucial to its success. During health crises, CSOs are the first responders in their local communities. In order not to deprive CSOs of their pandemic response effectiveness, we call on the Bank to involve them to a greater extent and to make access to this funding more flexible.

4 CLEARLY UNDERLINE THE IMPORTANCE OF EQUITY IN HEALTH EMERGENCY FINANCING MECHANISMS.

Our analysis revealed a lack of equity in the funded projects and a failure to integrate them into the pre-existing health environment. In other words, the projects funded through the PEF and HEPR focused on COVID-19, ignoring the pre-existence of other diseases and cutting back on certain human resources in place to tackle those. In addition, the equity issue is not evident in the awarding of grants since the mechanisms studied do not include an equity evaluation grid which is accessible to civil society. Recognising this shortcoming, our consortium created a funding analysis grid that takes account of this equity aspect.

5 TAKE GREATER ACCOUNT OF PREVIOUS EVALUATIONS.

We found no elements demonstrating that previous financing mechanisms had been evaluated prior to the implementation of the PEF and the HEPR. This is one of the major shortcomings of these mechanisms. In view of the challenges, they were intended to tackle, it exposes us to a repetition of past mistakes.

6 PUT IN PLACE INCLUSIVE ACCOUNTABILITY MECHANISMS TO MEASURE THE EFFECTIVENESS OF FUNDS GRANTED.

Our analysis highlights a noticeable absence of accessible accountability and transparency mechanisms in the PEF and the HEPR. Speed is a crucial factor in emergency responses; however, we consider the absence of accountability and transparency mechanisms to be detrimental to monitoring the effectiveness of projects implemented. We have been unable to find any clear information about the Bank's accountability mechanisms, illustrating the considerable lack of clarity on this issue.

7 LASTLY, TO ENSURE THE LONG-TERM SUSTAINABILITY OF THESE FINANCING MECHANISMS, WE STRONGLY RECOMMEND THAT THE WORLD BANK INCLUDES A PROVISION FOR TECHNICAL ASSISTANCE (TA).

According to our analysis, neither the PEF nor the HEPR trust funds envisage TA either for States or for civil society. It is our view that assistance from the Bank is essential to help African governments improve the efficiency of their health budgets so that they can find the domestic resources necessary to tackle pandemics without having to call on the Bank's services.

With regards to civil society, in our view TA would help strengthen the capacity of CSOs to monitor governments' use of the resources and the extent to which the goals of the different mechanisms are met. We believe that such TA is essential if the Bank wishes to continue to support our States effectively both during and after health emergencies.

Such TA would help States strengthen their financial prevention and preparedness response capacity in crisis situations. It is absolutely essential that TA be integrated in the emergency financing mechanisms, in order to strengthen governments' capacities to improve budget efficiency and to better direct budgetary resources to emergency prevention and preparedness. TA would enable civil society to

improve its capacities to analyse and monitor mechanisms both during and after emergencies. The aim of such mechanisms should be to strengthen the system over the long term.

ASAPSU and the CSOs of the ten African countries who have supported us consider that the above elements constitute an essential roadmap that the Pandemic Fund (FIF) and international financial institutions should take into account to ensure the effectiveness of their interventions.

ASAPSU and its partners have drawn up the following list of criteria to guide the definition of objectives and the implementation of interventions:

- Accountability
- Transparency
- Effectiveness and efficiency
- Equity and integration
- Taking account of previous evaluations
- Absence of conditionality on funding
- Contribution of civil society to the needs' analysis
- Sustainability and ownership