Center for Indonesia's Strategic Development Initiatives

Policy Brief

High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR) 2023: Global and National Imperatives toward a Better Prepared World Against Future Pandemics

Center for Indonesia's Strategic Development Initiatives (CISDI)

Background

Center for Indonesia's Strategic Development Initiatives (CISDI) is a civil society organization, an innovation and ecosystem enabler that works to accelerate the process for alleviating health service delivery problems through primary health care system transformation.

The United Nations General Assembly, with the backing of Indonesia as one of the sponsors to the resolution, voted to hold a high-level meeting (HLM) to find sustainable solutions for the global inequities and inadequate responses that the COVID-19 pandemic has exposed. The high-level meeting is expected to adopt a political declaration aimed at mobilizing political commitments and targets at the national and global levels for PPPR.

The upcoming UN HLM on PPPR is a chance to focus on the strategic choices ahead. As an aide to thinking, this policy brief aims at identifying key areas at global and national levels for Indonesian Government's consideration as follows: (i) to evolve global PPPR **governance**; (ii) to confront challenges to the **financing** of the global commons; (iii) to promote more robust international **regulation**; and (iv) **a strengthened primary health care** to bolster national PPPR.

We call on the Government of Indonesia to hold a robust position, enabling the capacity to influence world leaders to make political commitments on identified key areas this policy brief provides.

Overarching Principles

- A **whole-of-society** approach that enables meaningful participation of civil society organizations (CSOs) and marginalized communities in PPPR decision-making fora to promote public integrity and inclusivity.
- A **whole-of-government** approach that emphasizes the need for greater collaboration and coordination across departmental boundaries to create synergies in order to provide a common solution to PPPR problems.
- A **rights-based** approach to ensure that people's rights are put at the very center of PPPR policies and practices.
- An **integrated** approach that focuses on the interlinkages between the three HLMs (PPPR, UHC and TB).

Calls to Action – Global Level

Governance

The COVID-19 pandemic has highlighted key gaps in global health governance. As a result, calls were made for the creation of global collaborative partnerships to adequately strengthen the global PPPR architecture that subsequently led to the establishment of the Access to COVID-19 Tools Accelerator (ACT-A) at the end of April 2020 and the Pandemic Fund in November 2022.

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Vaccine inequity, vaccine nationalism and lack of meaningful engagement of low-income countries (LICs), lower-middle income countries (LMICs), CSOs and communities has undermined the global PPPR governance. LICs and LMICs have been disproportionately affected by the pandemic and continue to show very minimal vaccine coverage as a result of unequal distribution of COVID-19 vaccines. However, CSOs have been consistent in leading communities to ensuring access to health services during the pandemic.

Silva and Rapini (2022) criticized the ACT-A for being too focused on United Nations institutions or on private actors[1] and Usher (2022) found that it excluded LICs and LMICs in the creation and the initial governance of ACT-A.[2] While in the case of the Pandemic Fund, similar problem that plagues global health governance,[3] there are asymmetrical arrangements for information transparency as local CSOs have to rely upon personal relationships with government personnel to gain information on how to engage with the Pandemic Fund. Currently, there are also no formal CSOs and communities engagement mechanisms for the UN HLM on PPPR.

Improvement of the depth of transparency and meaningful engagement of LICs, LMICs, CSOs and communities is imperative in ensuring that global PPPR governance is legitimate, accountable and ultimately effective.

In ensuring that global PPPR governance is capable to really drive and achieve equity, political commitments need to be made on the following areas:

1. **Strengthened transparency and accountability of global PPPR initiatives, and full support to the global PPPR initiatives.** Governments, aligned with the advocacy of CSOs and communities, should urge global PPPR initiatives to adopt an effective and regular public communications strategy in strengthening the transparency of their works.
2. **Equal representations between Global North and Global South**. Governments need to call for a balanced governance in the global PPPR initiatives, with special attention given to LICs and LMICs to be empowered. All countries should be heard and are invited to contribute.
3. **Meaningful engagement of different (and affected) stakeholders to be involved in the global PPPR governance.** Governments should recognize the standing of LICs, LMICs, CSOs and communities as equal partners. They need to accordingly urge global PPPR initiatives to meaningfully engage LICs, LMICs, CSOs and communities in their governance.

Box 1. Specific Case for the Governance of the Pandemic Fund

[1] Luiza Pinheiro Alves da Silva dan Márcia Siqueira Rapini, "Suitability of two WHO research and development initiatives for COVID-19 to promote equitable innovation: the Access to COVID-19 Tools Accelerator and COVID-19 Technology Access Pool," *Pan American Journal of Public Health*, 2022, https://doi.org/10.26633/RPSP.2022.194

[2] Ann Danaiya Usher, "ACT-A: "The international architecture did not work for us," *the Lancet*, Vol. 400, Issue 10361 (22 October, 2022), https://doi.org/10.1016/S0140-6736(22)02025-6

[3] Natalie Rhodes, et al, "A Scoping Review of Governance Challenges in International Health Financing: Lessons for the Pandemic Preparedness and Response Financial Intermediary Fund," *Transparency International Summary Report*, August, 2022, https://ti-health.org/wp-content/uploads/2022/08/Scoping-report-FIF-governance-challenges-TI_UoL-1.pdf

In order to tackle the asymmetrical arrangements for information transparency and recognize the standing of local CSOs and communities as equal partners, Governments that are involved as sovereign contributors and co-investors of the Pandemic Fund need to push for the formalization of in-country avenue that can enable different (and affected) stakeholders, including local CSOs and communities be involved meaningfully as key-decision makers of the PPPR initiatives at national level.

Financing

The world has significantly underinvested in PPPR. Given the enormous lives lost and morbidities that need to be borne due to poor health systems, investing in health systems strengthening remains imperative.

The World Health Organisation (WHO) and the World Bank (WB) in 2022 suggested that at least an additional US$10.5 billion per year in international financing will be needed for the future PPPR system. However, the Pandemic Fund, the recent G20-driven solution to close the PPPR financial gaps, has only secured US$1.62 billion, falling short of the needed US$10.5 billion per year.[4]

On another financing mechanism, ACT-A raised US$23.5 billion from donors, which, although significant, was less than half of the minimum requested amount.[5]

In order to develop sustained resource mobilization, the following commitments are urgently needed:

1. **Commitment to sustained but proportional contributions to global PPPR financing.** In order to prevent future pandemic-related human, social and economic costs, additional country participation in financing global commons is needed. As an LMIC that has pledged an amount of US$50 million to the Pandemic Fund, Indonesian Government should take the lead in the UN HLM on PPPR to further enhanced buy-ins and political commitments from more Governments, especially the middle-income countries (MICs), to make sustained but proportional contributions to critically close the PPPR financial gaps, including via Pandemic Fund.
2. **Commitment to the coordination of external assistance to be spent on items that provide publicly-accessible benefits, i.e. reform of the national health system which include transforming primary health care.** Enhancing resilience to public health emergencies requires a strengthened primary health care at national level. All countries as well as sovereign contributors and co-investors to the Pandemic Fund should coordinate their external assistance[6] to prioritize the strengthening of primary health care in LICs and LMICs, enabling the advancement of global PPPR.

[4] "Closing the Gap: Pandemic Fund Tracker," *Pandemic Action Network and ONE Campaign*, 2023, https://www.pandemicactionnetwork.org/news/closing-the-gap-global-pandemic-fund-tracker/

[5] Ann Danaiya Usher, "ACT-A: "The international architecture did not work for us."

[6] This includes official development assistance provided by the HICs and grants from the Pandemic Fund, the latter is particularly relevant considering the strategic position of Indonesia in the Pandemic Fund as sovereign contributor and Chair of the Board

Regulation

To advance global PPPR, it requires, inter alia, better surveillance of pandemic risks, better early warning system, better health supplies and services, better research and innovation, better response mechanisms, and better implementation. The ongoing process of amending the international health regulations (IHR) and establishing a legally-binding pandemic treaty are viable opportunities, therefore requiring particular attention in the UN HLM on PPPR.

In order to ensure that the amendment of IHR and the establishment of a pandemic treaty are ultimately effective in advancing global PPPR, the following sub-areas should be taken into consideration in the development and negotiation:

1. **Ensure equitable global access to PPPR tools.** Governments should agree on the mandate of the pandemic treaty to ensure that they regulate:
    - Transparency in all access to PPPR tools, including costs, prices, data and contracts.
    - The expansion of PPR tools research and manufacturing hubs in LICs and LMICs by limiting intellectual property rights and requiring transfer of technology and technical know-how from HICs.
2. **Promote effective enforcement.** Learning from the ineffective enforcement of the current IHR, Governments need to promote effective enforcement of the amended IHR and pandemic treaty by stipulating effective and actionable checks and balances mechanisms, for instance, through the establishment of a body of independent experts that monitors and supervises implementation of the instruments.
3. **Promote country compliance.** Governments need to push for the regulation of incentive and disincentive mechanisms of the amended IHR and pandemic treaty to promote country compliance of the instruments.
4. **Recognize the expertise and role of civil society in policy making processes.** Governments should safeguard public interest by allowing CSOs and communities to be involved meaningfully as equal partners in the design, implementation, monitoring and evaluation of the amended IHR and pandemic treaty.

<u>Calls to Action – National Level</u>

Enhancing resilience to public health emergencies requires a strengthened primary health care. Evidence provided by Li, et al (2021) highlighted that primary health care plays a significant role in health care responses: identifying potential COVID-19 cases, making an early diagnosis, helping vulnerable people cope with the anxiety about the virus, strengthening compliance with prevention and protection measures, and reducing demand for hospital services.[7]

Box 2. Lessons Learned: Case of Indonesia

[7] Donald Li, et al, "Primary health care response in the management of pandemics: Learnings from the COVID-19 pandemic," *Atención Primaria,* Vol.53 (December, 2021), https://doi.org/10.1016/j.aprim.2021.102226

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The COVID-19 pandemic has exposed the unpreparedness of Indonesia's health system in the face of the pandemic. Primary health care, which should be the first point of contact between the population and the health system, has also been disrupted.

As an integral part of PPPR, there is an urgent need to strengthen primary health care down to the city and district levels. While having around 10 thousand public health centers across the nation, there remains inequity in care, particularly those which are experienced by vulnerable communities due to lack of accessible health services. The disruption has been happening, including but not limited to the following grounds:

1) **Lack of inclusive policies**, with policies often supporting health development in Java and Bali and leaving other more remote provinces behind.
2) **Poor infrastructures**, with the availability of medical equipment, electronic health center management recording systems and internet connection only owned by 46.12%, 20% and 13% of public health centers**.** [8]
3) **Human resources for health remains below national standard,** with 51.1% of public health centers not having a full complement of nine types of health workers, 5% of public health centres not having a doctor and a doctor ratio of only 0.67 per 1,000 population.[9]
4) **Lack of attention to community health workers**, with the absence of a robust regulation that regulates community health workers as part of supporting health personnel with a set of rights, including to get PPPR capacity buildings.

One of the most tangible examples of disrupted programs is the national COVID-19 vaccination program. Although Indonesia has vaccinated 74.52% of its population with the primary dose, and the supply of vaccines tends to be sufficient,[10] inequity remains. At least 18 provinces have not reached 70% of the primary dose vaccination target (52%), including 5 provinces (14%) that have not even reached 50% of the primary dose vaccination. This proves that the country needs a more inclusive health system, including through a strengthened primary health care, that prioritizes access to care for vulnerable communities in disadvantaged areas.[11]

We call on the Indonesian Government to lead on the gathering of political commitments from countries to advance their national PPPR capacities, through a strengthened primary health care, particularly on investing the community health worker and collaboration in support of:

[8] Kementerian Kesehatan. (2019). *Laporan Riset Fasilitas Kesehatan (Rifaskes) 2019 Puskesmas*. https://labdata.litbang.kemkes.go.id/images/download/laporan/RFK/2019/lapnas/lapnas_puskesmas_rifas19.pdf

[9] Kementerian Kesehatan. (2022). Profil Kesehatan 2021. Kementerian Kesehatan. https://www.kemkes.go.id/downloads/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-2021.pdf

[10] Patnistik, E. (2022, March 23). *Menkes: Indonesia telah amankan 553 juta dosis vaksin covid-19*. KOMPAS.com. Retrieved April 18, 2023, from https://nasional.kompas.com/read/2022/03/23/17005631/menkes-indonesia-telah-amankan-553-juta-dosis-vaksin-covid-19

[11] Kementerian Kesehatan. (2023). *Vaksin Dashboard*. https://vaksin.kemkes.go.id/. Retrieved April 18, 2023, from https://vaksin.kemkes.go.id/ .

1. **Robust and inclusive country-level health governance.** Ministries of Health should endorse cross-sectoral participation of Government agencies and provide a formal engagement mechanism that deals with determinants of health and meaningful participation of relevant non-governmental stakeholders, including but not limited to CSOs, affected communities, academia and professionals. Learning from Thailand's good practice, mechanisms such as a National Health Assembly need to be established to facilitate evidence-based policy-making with great emphasis on inclusive and meaningful participation.
2. **National health system reform.** Governments, with meaningful participation of CSOs and vulnerable communities, are urged to develop national PPPR strategies and allocate a dedicated budget for PPPR, through additional domestic resources mobilization and/or translation of grants/aids from other countries/global PPPR initiatives, focusing particularly on primary health care. The objective of this point can be achieved through strengthened global and regional cooperation and within previously-mentioned country-level health governance.
3. **Strategic purchasing.** Making purchasing more strategic is integral to the objective of using available funds optimally to achieve primary health care strengthening and accessible goals, thus advancing national PPPR. The objective of this point can also be achieved through a consultation process within a robust and inclusive country-level health governance.
4. **Robust community-based public health surveillance systems.** Community health workers connect communities, particularly those who are vulnerable, to primary health care, including helping to collect data for surveillance systems (e.g. tracing, treatment and close contacts). Governments need to make sure that they adequately invest in and institutionalize community health workers as part of supporting health personnel, enabling robust community-based public health surveillance systems.