Strengthening Pandemic Governance

Integrating Transparency, Participation, and Accountability Lessons into Future Pandemic Preparedness and Response

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While these approaches are not "out of the box" solutions and should be adapted and integrated in collaboration with global health experts, these recommendations have the potential to strengthen processes as well as population and health systems outcomes .

EXECUTIVE SUMMARY

The COVID-19 pandemic has revealed the myriad ways in which governments, global health institutions, and the public were not prepared for a health emergency of such magnitude. As the process of unpacking gaps in global and national responses continues, it is clear that breakdowns in governance hampered both responses. However, there are also encouraging examples of ways in which stronger governance frameworks and civic engagement aided efforts to cope with the pandemic. Evidence and experience from stakeholders in the transparency, participation, and accountability (TPA) community has the potential to inform and strengthen responses to future global health crises.

In this brief, we present proven approaches designed, tested, and in some cases scaled by researchers and practitioners in the TPA field that can address some of the issues that undermined COVID-19 responses, particularly with regard to effective delivery of care and treatment.

In addition to the recommendations highlighted below, the report lays forth one overarching lesson from the COVID-19 pandemic – that increased engagement between the global health systems and TPA communities before the next pandemic has the potential to reinforce responses to the next global emergency. The evidence and experience of TPA experts can and should be integrated into global health security planning, not only in relation to the global governance of funding and programming but also local dimensions of pandemic preparedness and response.

WHAT MIGHT THAT LOOK LIKE?
We offer suggestions grouped according to the frame provided by the G20 High Level Independent Panel proposal *A Global Deal for our Pandemic Age* as summarized in the next five pages.

HOW THE TPA COMMUNITY CAN CONSTRUCTIVELY CONTRIBUTE TO FUTURE PANDEMIC RESPONSES

To strengthen resilience of national health systems:

LONGER-TERM TPA STRENGTHENING:

< Implement best practices for health budget transparency and accountability.

< Engage civil society to build public trust, demand for healthcare, and inform health policies.

< Build capacity and tools for national and subnational TPA for the next emergency.

< Facilitate inter-government engagement through stronger governance mechanisms.

< Support TPA in other sectors to reduce ripple effects of health emergencies.

FIRST STEPS

Invest in best practices for accountable country budgeting systems, including practical measures for making health finances transparent.

Support spaces for engagement between civil society and local government leaders on health spending and service delivery as well as issues that affect and are affected by health.

Increase funding available for domestic civil society organizations from international aid organizations and private philanthropies.

To ensure the supply of medical countermeasures and tools:

LONGER-TERM TPA STRENGTHENING:

< Implement best practices for open procurement in emergency settings.

< Engage civil society in open procurement oversight in emergency settings.

< Support efforts to curb abuse of beneficial ownership regulations to limit pandemic related fraud.

FIRST STEPS

Support countries in committing to and implementing open procurement practices in non-emergency times.

Build recommendations and capacity building resources into future pandemic response plans to help countries adapt procurement practices to emergency best practices (such as tagging COVID-19 funds for later review).

Support civil society in building skills and resources to be able to track procurement and advocate for redress where problems are identified.

FIRST STEPS

To strengthen networks research and surveillance globally:

LONGER-TERM TPA STRENGTHENING:

< Engage the public to increase two-way flows of reliable information in a pandemic context.

< Balance surveillance with digital security and privacy considerations.

< Support monitoring of evidence disseminated as scientific fact while providing clear guidelines for those monitoring this information.

< Support mechanisms to track and hold accountable those involved in illegal wildlife trade.

Invest in mechanisms for two-way communication and sharing between civil society and governments that can continue to function in an emergency setting.

Support science literacy among citizens to combat the spread of misinformation and disinformation.

Conduct capacity building among independent organizations and media with technical skills to monitor scientific information and data.

Advocate for and require (where possible) best practices related to digital security and privacy in the collection and sharing of individual data for emergency situations.

To improve global governance of pandemic preparedness and response efforts:

LONGER-TERM TPA STRENGTHENING:

< Build better mechanisms and incentives for global information sharing.

< Strengthen policy transparency across borders.

< Secure meaningful representation of civil society on pandemic-related global decision making bodies.

FIRST STEPS

Build diverse and inclusive civil society representation requirements into the Global Health Threats Board and all other coordinating bodies for pandemic preparedness and response.

Ask researchers and governments to commit to open policy analysis principles to allow for independent analysis of policy implications and limitations.

Build and strengthen mechanisms and incentives for information sharing within and across country borders and institutions.

To strengthen financing for pandemic preparedness and response:

LONGER-TERM TPA STRENGTHENING:

Design international financing emergency agreements to improve health and governance in the longer term.

Ensure international aid organizations commit to openness and accountability.

Support civil society to monitor emergency international financing commitments.

FIRST STEPS

Ensure that new financing commitments include transparency-related requirements for spending and guidance and resources to recipient governments to implement requirements.

Require those contributing international aid to pandemic preparedness and response to commit to principles for aid transparency like those developed by Public What You Fund.

Provide support to civil society organizations to monitor international financing flows and advocate for accountability when problems are identified.

INTRODUCTION

Even as COVID-19 continues to spread around the world, health security experts are turning to mapping preparedness and response for the next global pandemic. The pandemic revealed shortcomings in everything from epidemiological surveillance and research, country health system responses, to development and procurement of therapeutics, diagnostics, and personal protective equipment.

The past two years have seen many practitioners and researchers in the good governance community pivot to find ways to help their communities cope with the ravages of COVID-19. They often found the speed and efficiency of government responses hampered by a lack of transparency, civic participation and voice, and accountability, leading to problems including inefficient use of funds and greater public mistrust in government pandemic policies. Recent reports, such as the United States Government Accountability Office's study of emergency relief funds, highlight how extensive and pervasive were the impacts of the lack of transparency and accountability in policies

Such findings prompted Transparency and Accountability Initiative – a collaborative of leading good governance funders – to commission this review of ways in which TPA knowledge, expertise and networks might be harnessed to reinforce future pandemic responses.

during the pandemic (Government Accountability Office 2022).

To prepare for the next pandemic, TAI funders and members recognized that one challenge that needs to be overcome is the over-prioritization of technical resources, policy, and infrastructure at the expense of addressing social and political drivers that underlie many of the outcomes of public health emergencies (Mahajan 2021). TPA researchers and practitioners have worked for decades to design, test, iterate, and scale approaches to strengthen transparency and accountability that, when paired with technical fixes, have been proven to strengthen delivery and effectiveness of care. Our starting hypothesis for this scan was that their insights can help anticipate and navigate governance challenges in global health emergencies.

What we mean by

TPA

Transparency: Ensuring that both government and private sector information is managed and published in a way that is relevant, accessible, usable, and useful to the public as well as timely and accurate.

Participation: Ensuring that representatives from low- and middle-income countries, civil society and government, private sector actors, and traditionally disadvantaged and vulnerable groups have the ability to provide input and feedback into strategic decisions that affect their lives.

Accountability: Ensuring that officials in public, private and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

In this report, we share actionable recommendations for the integration of transparency, accountability, and inclusive participation into future pandemic planning. These are grouped using the framework provided by the G20 High Level Independent Panel's proposal A Global Deal for our Pandemic Age. We focus on the G20 Proposal both because of the important leadership role that this group has in designing and implementing policy and financing options for future health emergency and because its recommendations are in line with other proposals regarding the need for solutions to governance breakdowns.

The G20 Proposal is structured around addressing five gaps that revealed themselves during the COVID-19 pandemic relating to national health security systems, supply of medical countermeasures and tools, globally networked research and surveillance, global governance and financing of pandemic preparedness and response. For each, we present:

Potential and realized governance failures that could befall the Proposal's recommendations;

Strategies from the TPA community that have been implemented and have shown evidence of combatting these failures; and,

First steps for TPA pandemic preparedness.

We hope that this review encourages further efforts to document and analyze TPA contributions to stronger health security and stronger collaboration and learning between the health security and TPA communities.

It is important to note that these suggested first steps are not **"out of the box"** solutions and that several straddle multiple gaps identified by the health security field; they are, however, actionable and proven approaches that, if implemented in partnership with country governments, civil society, and global actors, can mitigate many of the governance challenges that stood in the way of a more appropriate COVID-19 pandemic response.

To identify these strategies, we conducted both a grey literature search and interviews with representatives from TPA-focused organizations that have led innovative approaches and advocacy during the pandemic; while these interviews were largely conducted with representatives from international non-governmental organizations (INGOs), they drew on the experiences of INGOs with their domestic partners, including NGOs, social movements, and activists. While not an exhaustive process, data collection revealed a myriad of evidence and experiences regarding best practices for future pandemics.

1: RESILIENT NATIONAL SYSTEMS

While many of the G20 Proposal's recommendations for pandemic preparedness and response originate at the global level, there is important recognition that national systems must be strengthened in order for them to be resilient to the next global health emergency. Without adequate qualified human resources and financing for health as well as systems to strengthen access to and demand for high-quality health care, existing systems will not be prepared to combat the next pandemic – nor will they be able to continue to provide necessary non-pandemic care that in many places was interrupted during COVID-19.

POTENTIAL GOVERNANCE PROBLEMS.

The global health field has spent decades investing in national health systems strengthening. Experience shows the ways in which breakdowns in governance can undermine care. Mismanagement and misallocation of health resources is frequently cited as a challenge to securing and utilizing budgets for health. Corruption, at a scale of between 10% and 25% of spending on global health annually, remains a major roadblock in ensuring systems are adequately financed (Garcia 2019). Such governance obstacles deepen mistrust of health services leading and lack of demand, contributing to vaccine hesitancy (Quinn et al. 2021; Wouters et al. 2021; emerging findings from cross-country studies from the Evidence in Governance and Politics network). They also fuel broader mistrust of public institutions shaped by decades of historical experiences, political decisions, and institutions designed both inadvertently and deliberately to favor some groups over others (Mahajan 2021).

The pandemic also highlighted the interconnectedness of health systems and those systems affecting livelihood, poverty, food security, water and sanitation for marginalized and vulnerable populations. The COVID-19 pandemic made clear that the negative consequences of larger breakdowns in wellness and livelihood disproportionately affect those that are already underserved by national systems, leaving the pandemic to exacerbate inequality within countries.

RECOMMENDATIONS AND LESSONS FROM THE TPA COMMUNITY.

BEST PRACTICES FOR HEALTH BUDGET TRANSPARENCY AND ACCOUNTABILITY.

As noted above, the health sector budget in a country is one of the most important inputs into resilient health systems, and there is evidence that fiscal openness is associated with not only increased trust and participation but also improved health outcomes (de Renzio and Wehner 2017). The TPA field has spent decades researching and advocating for best practices to achieve fiscal transparency. However, research from the International Budget Partnership (IBP) highlights that many of these proven practices were abandoned during the COVID pandemic; two thirds of 120 countries surveyed as part of IBP's recent research provided either limited or minimal levels of accountability in their early COVID fiscal policy responses (IBP 2021). While emergency situations may require some adaptation of regular practices, speed and accountability in policy response are not inherently incompatible. Governments can

publish monthly reports on policy implementation; empower and resource Supreme Audit Institutions; restore the role of legislatures as budget approvers and monitors; and put in place mechanisms for citizen participation.

These actions are best practices even outside of a public health emergency. Evidence from the IBP highlights that decisions on trade-offs between spending on health and other critical services are best made when government budgets are transparent, open to public engagement and scrutiny, and have robust oversight. Further, investing in building good public financial management (PFM) systems for countries will go a long way in strengthening the accountability of health budgeting and spending, both in normal times and during a global health crisis. Supporting and building these practices of fiscal openness can and should be a priority before the next emergency.

ENGAGING CIVIL SOCIETY TO BUILD PUBLIC HEALTH TRUST AND DEMAND FOR HEALTHCARE.

In recent years, the idea that strong national health systems are built on strong community health systems has spread across the global health field. While a global pandemic does require a global response, health sector actors also need to rely on partners that know and are connected to local communities, where decisions regarding the demand for treatment and care are ultimately made. Pandemic responses can and should leverage civil society as a strategic partner in bridging the gap between the global and the local, and evidence from this pandemic demonstrates how effective that strategy can be.

One clear lesson relates to widespread vaccine hesitancy that occurred during the COVID-19 pandemic. Evidence shows that this type of hesitancy can be effectively combatted by delivering information about vaccines using a trusted messenger with a longstanding commitment to the community with which they are working (Quinn et al. 2021;

Weintraub et al. 2021). Civil society organizations are well-placed to help identify and bolster local role models and influencers that can help shape public perceptions to pursue good health-seeking behavior. One example of how to both build and leverage community commitment and influencers comes from Accountability Lab. Their Integrity Icon program identifies and amplifies local leaders who serve their communities fairly, creatively and accountably. This positive narrative is an important reversal of the more typical "naming and shaming" of politicians involved in scandal, and it facilitates respected local leaders and influencers sharing messages (such as COVID-19 treatment and prevention measures) in ways that resonate with local communities.

Beyond public trust, there is also strong evidence that civil society involvement in policy formation can lead to better policies. One example comes from IBP's SPARK program, which seeks to support activists and marginalized groups to engage in budget processes in seven countries (Ghana, India, Indonesia, Kenya, Nigeria, Senegal and South Africa). In Senegal, for example, the program found that the addition of a representative from the disabled rights community made a big difference in how the government addressed the needs of the community in its emergency package.

Engaging with civil society to reach communities also means providing support for their work. While many agencies espouse the need to support civil society, current mechanisms for pandemic response are not set up to do so. For example, the UN COVID-19 Humanitarian Response Plan only has 5% of its budget earmarked to fund local organizations. For future pandemic response plans, recommendations should ensure that funding is available to support the call for engaging civil society in a meaningful way.

BUILDING CAPACITY AND TOOLS FOR NATIONAL AND SUB-NATIONAL TPA BEFORE THE NEXT EMERGENCY.

One of the predictors of how well governments responded to the COVID-19 pandemic was their level of state capacity pre-pandemic (Mahajan 2021). While this is not a surprising finding, it does point to the value of investing not just in health systems before the next health emergency but also in good governance practices as a whole. Best practices for open governance, including the forms of fiscal transparency detailed above, can be more easily adapted to the situation of, and constraints posed by, a global pandemic when governments have existing capacity and experience with good public sector management. Organizations such as IBP, Open Contracting Partnership (OCP), and Open Government Partnership (OGP) have actionable guidance for countries seeking to build good practices outside of emergency settings as well as recommendations for partners and donors seeking to support this journey.

Among these best practices is the development and implementation of open data and open policy practices in the health sector. Open health information systems at the national and sub-national level are critical resources for both government officials and for civil society, which can utilize these data to track access to, and quality of, health services. They can also indicate gaps that civil society can use to guide evidence-informed advocacy to ensure people's access to high quality health care.

Another high potential approach to improving TPA at the national level is improving policy transparency, as advocated for by the [Berkeley Initiative for Transparency in the Social Sciences](#) (BITSS). Given the importance of modeling of COVID-19 trajectories as a basis for policy decisions, there are insights to be drawn from the growing open policy modeling and broader evidence-informed policy making communities. Disclosing the model assumptions on which governments base their actions, allows for independent verification, more informed debate and greater public confidence in decision making. It helps to ensure that policy "evidence" touted as fact

by institutions that are seeking to gain support for decisions can be assessed to either confirm the value of implementing the policy or identify gaps that might suggest the need to look at policy alternatives.

FACILITATE INTER-DEPARTMENT ENGAGEMENT.

While there are real bureaucratic challenges related to cross-department engagement on policies and practices, there are also existing mechanisms that have been highly successful in encouraging planning and policymaking that bridges across government. One example is the National Action Planning process developed and supported by the OGP. Even during the COVID-19 pandemic, representatives from different parts of government, as well as civil society and media partners, developed ambitious plans for strengthening transparency and accountability. These action plans hold the potential to help countries be better prepared for the next pandemic. Commitments include: introduction of embedded participatory budget practices (Nigeria), opening data and increasing formal citizen engagement on procurement of medical supplies (Liberia), full public disclosure of detailed COVID-19 budget (Indonesia), and embedding citizen participation approaches in the control of COVID-19 investment projects (Colombia). Mechanisms like these can be identified and expanded to create a culture of cross-department engagement that allows for smoother and more automatic collaboration in future pandemics.

SUPPORT TRANSPARENCY, ACCOUNTABILITY AND PARTICIPATION IN OTHER SECTORS TO REDUCE THE RIPPLE EFFECTS ON OTHER OUTCOMES, INCLUDING NUTRITION, WATER AND SANITATION, AND ECONOMIC LIVELIHOODS.

A health emergency does not only affect health, and these knock-on effects can make the fight to combat pandemics even more difficult. Civil society has a critical role in keeping systems and services outside of the health sector working during emergencies. Supporting accountability and participation in these activities can directly influence the trajectory of health emergencies.

While initiatives such as the SPARK program (introduced above) worked to address global health challenges directly, they also saw cuts to non-health resources and services at the start of the pandemic as government officials prioritized the COVID-19 response over other needs. Such prioritization took place even when the reduction of these services could have a direct impact on public health (Papadimos et al. 2020). Partnering with powerful citizen groups, SPARK took a multi-faceted approach to these

challenges: collecting rapid and widespread data on service issues, advocating to and with government champions to address these breakdowns, and building the capacity and skills of local activists to ensure that spending and services continue to address their needs. As a result of these actions, 3.8 million citizens saw significant increases in their services and achieved changes in policies that improved the lives of marginalized groups beyond the program. This model of civil society engagement that helps both citizens and government is one that should be shared and adapted as a means to achieving resilient national systems that go beyond the traditional view of health.
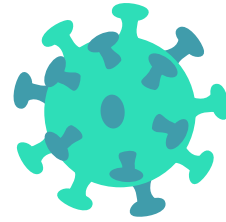
The ability for such programming to take hold depends upon the willingness of government to accommodate civic action. One worrying trend during the pandemic has been that of governments using pandemic measures to justify broader limits on civic freedom. Lessons are already emerging regarding the impact of emergency laws on civic space and the need to avoiding restricting civil liberties unnecessarily. These include avoiding interference with online and digital civic spaces, developing sunset clauses so that emergency laws do not continue in perpetuity, and ensuring independent oversight of policies and laws (OGP 2020).

FIRST STEPS FOR TPA PANDEMIC PREPAREDNESS

Invest in best practices for accountable country budgeting systems, including practical measures for making health finances transparent (IBP 2011).

Support spaces for engagement between civil society and local government leaders on health spending and service delivery as well as issues that affect and are affected by health.

Monitor civic freedoms and strengthening design of health measures to avoid unnecessarily restricting liberties.

Increase funding available for domestic civil society organizations from international aid organizations and private philanthropies.

2: SUPPLY OF MEDICAL COUNTERMEASURES AND TOOLS

In many ways, challenges related to the supply of medical countermeasures and tools became the biggest story of the pandemic. From the limited availability of personal protective equipment (PPE) and therapeutics such as oxygen to the questions about the development and distribution of vaccines, the implications of supply chain breakdowns have dominated many policy discussions in the first eighteen months of the COVID-19 pandemic. This is perhaps not surprising when we consider the unique "one-two punch" that COVID-19 delivered – a massive global increase in demand for products that often peak at lower levels and in different places at different times and a swift reduction in supply due to COVID-19 lockdowns and cross-border restrictions.

POTENTIAL GOVERNANCE PROBLEMS.

The supply of critical COVID-19 related materials was marred by breakdowns at both the global and national levels, often rooted in governance challenges. Many were failings of incompetence and inefficiency more than malicious behaviors. Nonetheless there has been fraud and corruption in national procurement processes during the pandemic that has taken many forms including:

BRIBERY OF OFFICIALS AND INSPECTORS AT DIFFERENT POINTS IN THE PROCUREMENT PROCESS

OPAQUE BIDDING PROCESSES THAT ALLOW FOR POSSIBLE PREFERENTIAL SELECTION OF CONTRACTORS

A LACK OF POLICIES TO ADDRESS POTENTIAL CONFLICTS OF INTEREST BETWEEN GOVERNMENT DECISION MAKERS AND MEDICAL COMPANIES IN WHICH THEY MIGHT HAVE A VESTED INTEREST

DIVERSION OF MEDICAL SUPPLIES AND RESOURCES TO ILLEGAL OR UNAUTHORIZED OPERATIONS

(Grundy et al. 2022; Kohler and Wright 2020; OCP 2020; Steingrüber and Gadanya 2021).

Research in twelve countries highlighted the myriad of issues that arose in emergency procurement of PPE, diagnostics and treatment supplies (OCP 2020). Further, the prioritization of treatment of COVID-19 resulted in the de-prioritization of other important health issues, leading to problems such the increased use of substandard and/or falsified medications (Amimo et al. 2021).

As discussed in relation to resilient national health systems, public mistrust was also exacerbated in light of the problems related to supply of diagnostics, therapeutics and PPE. Media headlines detailing how contracts were awarded to low-quality suppliers, politically influential people profiting from pandemic needs, and capture of supplies undermined public confidence (Gupta & Morain 2021; Wouters et al. 2021).

RECOMMENDATIONS AND LESSONS FROM THE TPA COMMUNITY.

BEST PRACTICES FOR GOVERNMENTS FOR OPENING PROCUREMENT IN EMERGENCY SETTINGS.

Much like fiscal openness, speed and accountability do not need to be opposing goals in the case of ensuring open and accountable procurement during a pandemic. OCP adapted their evidence-based recommendations for open procurement to include considerations for the expediency required during a global health emergency, including specific recommendations for policy, coordination and disclosure.

Policy recommendations highlight the need for clear and publicly available information on when and how to use emergency procedures, plus proactive written justification and retroactive provisions to address issues identified after procurement, such as price gauging. Specific coordination practices, such as establishing clear oversight and auditing procedures and roles of stakeholders therewithin, can ensure that there are multiple layers of accountability, even when procurement needs to progress at a faster pace than normal.

With regard to disclosure practices, while not all procurement may be able to go through the same level of prior review in an emergency setting, the disclosure

and tagging of emergency procurement allows for both civil society and government to return to data later and to identify and address potential problems. Civil society organizations like the Public Service Accountability Monitor in South Africa have piloted tools that allow CSOs and governments alike to return to the receipts from COVID-19 spending and procurement to identify potential instances of corruption, even if these could not have been caught in advance.

The use of these practices during COVID-19 has been carefully documented and researched by OCP, dispelling concerns that implementing these measures during a pandemic is not feasible and and proving the benefit that open procurement can provide to the ability to secure high-quality medical supplies during a crisis. For example, in Lithuania, the Public Procurement Office responded quickly to concerns regarding the ability to purchase PPE and questions of supplier quality and prices by making details of emergency contracts fully available to the public, even in the midst of the emergency in June 2020.

While opening procurement also opened the Lithuanian government to criticism if red flags were identified, the government decided that it was worth this risk if it meant also identifying gaps and areas for improvement to ensure more consistent access to higher quality supplies. As a result, the Public Procurement Office, with help from civil society and journalists, was able to swiftly course correct on several supply issues during the pandemic, not after the fact.

It is worth noting that this and other success stories are built on a foundation of both good policies to support transparency and accountability and the will and actions of political figures; without either of these drivers, cases of corruption and misuse of resources will continue to flourish especially in a crisis setting.

## ENGAGING CIVIL SOCIETY IN OPEN PROCUREMENT IN EMERGENCY SETTINGS.

As introduced above in the case of Lithuania, civil society and independent media have a clear role in opening health emergency procurement, and this potential can best be achieved when government sees these actors as partners in improving the health system response, not enemies trying to block progress. As part of its open procurement recommendations, OCP provides a roadmap for greater integration of civil society and journalists in improving transparency and accountability and reducing corruption in supply chains. When governments publish procurement data, civil society is able to review and share information with policymakers regarding procurement problems that may be limiting the effectiveness of a pandemic response. Monitoring by civil society can be embedded directly into platforms that share procurement data, such as Ukraine's DoZorro.

EFFORTS TO CURB THE ABUSE OF BENEFICIAL OWNERSHIP REGULATIONS.

During the COVID-19 pandemic we have seen cases of officials making decisions regarding the awarding of contracts who also have a stake in the companies bidding for contracts. As detailed by Open Ownership, skirting beneficial ownership regulations throught the abuse of shell companies can be a more challenging problem to identify and address than other procurement-related breakdowns; information about company ownership is often private, and those benefiting have clear incentives to not disclose this information. As such, efforts to regulate beneficial ownership, including further research on its reach, and global pressure to pass laws that safeguard against conflicts of interest are best made outside of the pandemic setting and should be prioritized as COVID-19 moves to its "build back better" phase.
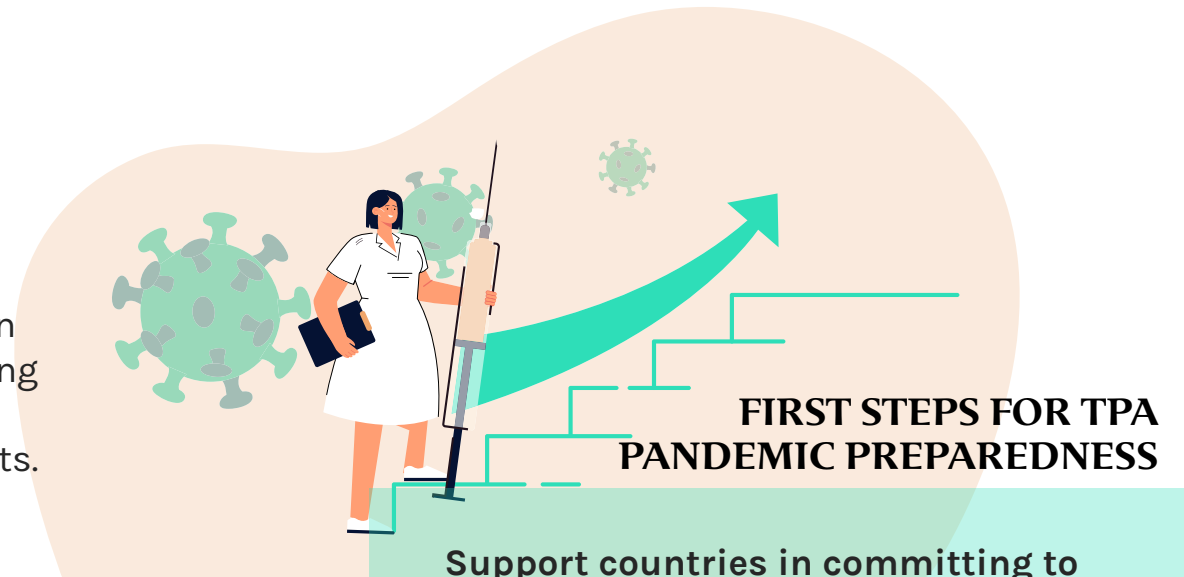
## FIRST STEPS FOR TPA PANDEMIC PREPAREDNESS

Support countries in committing to and implementing open procurement practices in non-emergency times.

Build recommendations and capacity building resources into future pandemic response plans to help countries adapt procurement practices to emergency best practices (such as tagging COVID-19 funds for later review).

Support civil society in building skills and resources to be able to track procurement and advocate for redress where problems are identified

3: GLOBALLY NETWORKED RESEARCH AND SURVEILLANCE

Among the multifaceted challenges that the COVID-19 pandemic presented, one of the first to emerge was the limitations of existing systems to both identify emerging diseases and prevent or assuage the spread of disease across global populations. One element of this gap relates to the need for stronger surveillance to more rapidly identify the emergence and spillover of pathogens and to ensure that accurate information about risks is being shared globally to provide time and guidance for stakeholders to respond. A second set of recommendations relates to strengthening global public good of research on emerging infectious diseases.
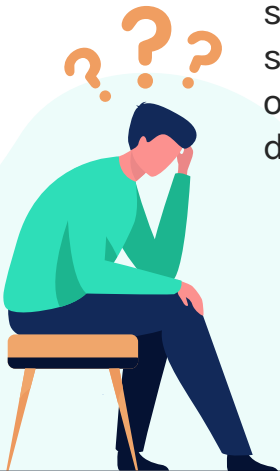
POTENTIAL GOVERNANCE PROBLEMS.

While the recommendations identified in the G20 Proposal are critical to the spread of future global health threats, they are susceptible to governance-related breakdowns that could hinder efforts to provide widespread, accurate and timely information about infectious diseases. The pandemic revealed the consequences of poor coordination across in-country health and policy actors, in contrast to a One Health approach which advocates for researchers working on human, wildlife, livestock, and domestic animal health issues to collaborate on the potential cross-species spread of disease (Daszak et al. 2021).

The inherently technical nature of epidemiology and zoonoses creates unique challenges in sharing information with citizens about the origins, dangers and potential spillovers of infectious diseases. However, delayed sharing of this information – or failure to share it at all – has significant consequences in terms of levels of trust and resulting behaviors (Weible et al. 2020). While much of the rampant misinformation and rumors that were spread during COVID-19 did not stem from the scientific community, there are numerous documented cases in which medical researchers produced disinformation (i.e., information that was known to be incorrect and yet shared deliberately)

related to the origins and the trajectory of the virus (Papadimos et al. 2020).

Finally, efforts like the Coalition to End Wildlife Trafficking Online (led by the World Wildlife Fund, the International Fund for Animal Welfare, and TRAFFIC) highlight how corruption and lack of transparency in wildlife trade may have affected both the early trajectory of COVID-19 and more recent unproven claims of wildlife-based cures and treatments by people seeking to profit off of the pandemic.

RECOMMENDATIONS AND LESSONS FROM THE TPA COMMUNITY.

ENGAGING THE PUBLIC
In addition to providing information on emerging global health threats to the public, those tasked with sharing this information should take special care to design and deliver messages that are relevant and relatable to the public, including tailoring message

delivery and content to traditionally marginalized and disenfranchised groups.

To achieve this goal, it is critical that global and national stakeholders work directly with local leaders and influencers. While there has been significant focus on gaps in sharing public information during COVID-19, there are also myriad examples of best practice from the transparency and accountability community. Examples include Accountability Lab's Civic Action team in Nepal that worked with local governments to both spread messaging about gender-specific information related to the pandemic and integrate gender-sensitive policy into districts more broadly, and work by the South African CSO Asivikelane to develop tailored messaging regarding the pandemic in local languages and in formats that speak to younger people and people with low literacy. The messaging was so effective that it was often reprinted directly by national and sub-national government agencies (IBP South Africa 2021).

These examples highlight the need for local civil society to fill a gap that government and the scientific community may struggle to fill with regard to the spread of understandable and actionable pandemic messages. They also demonstrate the benefits of positive collaboration between civil society and government during public health crises and the potential for translocal networks of civil society and

local government to make progress in places where national officials are harder to reach. In both South Africa and Nepal, while action originated with civil society, the fact that government officials recognized the positive role that civil society could play facilitated productive feedback from citizens back to government counterparts that would help them better develop and target COVID-related policies. Ultimately, if citizens are able to see their needs and concerns reflected in policies and practices related to pandemic response, there is an opportunity to chip away at the lack of confidence in global and public health institutions (Gostin & Friedman 2017).

BALANCING SURVEILLANCE WITH DIGITAL SECURITY AND PRIVACY CONSIDERATIONS.

While there is a reasonable need for surveillance of the introduction and spread of infectious diseases during public health emergencies, surveillance measures should not be taken at the expense of reasonable and important privacy considerations on the part of citizens. This is especially true when there is significant evidence that the COVID-19 pandemic served as

an excuse for many governments around the world to take steps that closed civic space by cracking down on those with opposing views. For instance, there are various cases of governments shutting down internet access, delaying elections and stomping out protests in the name of public safety (International Center for Not-for-Profit Law 2021). Organizations like Access Info, Access Now, and the Open Data Institute have highlighted concrete recommendations for how important public health measures like contact tracing apps and vaccine passports can balance the need for information on peoples' behavior and the need to make sure human rights and privacy are not dangerously undermined.

The OGP outlines a range of best practices to secure public data potentially critical to tracking infectious diseases from being used by governments to monitor and potentially persecute activists and opposing political figures. These include:

Involving different stakeholders in oversight (such as requiring parliamentary oversight) and design and use of data (leveraging multi-stakeholders advisory councils).

Clearly identifying and allowing for monitoring of the scope of data collection and processing to ensure that only necessary data is collected.

Ensuring citizens have mechanisms to seek justice if their data is not used properly.

(Open Government Partnership 2020)

It is worth noting that these recommendations are ones that are often aspirational rather than realized even outside of the context of a global health emergency; however, the experience of the COVID-19 pandemic demonstrated the dangers of not having such accountability mechanisms in place.
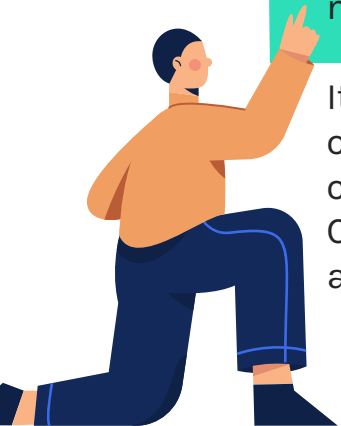
THE NEED TO MONITOR EVIDENCE DISSEMINATED AS SCIENTIFIC FACTS – AND TO PROVIDE CLEAR GUIDELINES

The TPA community has spent many years testing, researching, and iterating on best practices for monitoring the actions and decisions of decision-makers. In the case of a global pandemic, the influencers and rule makers include those in the scientific and medical field. While highly technical areas such as the study of infectious diseases does require capacity that is distinct from the monitoring of budgets and service delivery, there are high-capacity organizations and independent experts that are well-positioned to monitor data and evidence coming from scientific communities, and they should be supported to do so.

The OGP sourced key relevant guidelines for ensuring accountability in scientific inquiry in their publication A Guide to Open Government and the Coronavirus (2020), including: guidance for making scientific processes apolitical, even among state-supported agencies; processes for independent oversight of research and potential misconduct therewithin; and provisions for free

speech by, and lack of censorship of, scientists and medical researchers.

Civil society and academic experts can be vital sources of information to government and populations alike. The development of platforms and directories of research in the United States and Brazil and through the development of tools like the Disinformation Tracker that provide information related to the spread of disinformation across Africa are good examples.

SUPPORTING MECHANISMS TO TRACK AND HOLD ACCOUNTABLE THOSE INVOLVED IN ILLEGAL WILDLIFE TRADE.

While zoonotic diseases can and do stem from legal wildlife trade, combatting illegal markets can put a significant dent in the potential for diseases to transfer from animals to humans without warning.
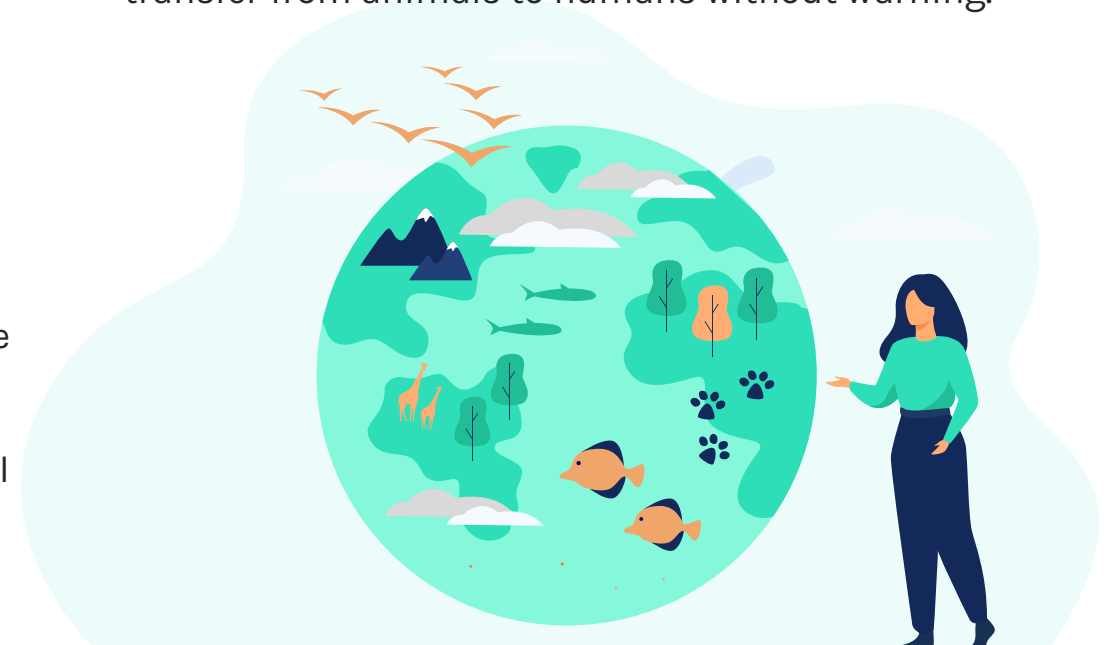
The World Wildlife Fund has developed a set of five key recommendations that range from direct intervention in wildlife activities to addressing the social determinants that may lead to the transfer of diseases across species, all of which can and should be implemented in the period before the emergence of the next zoonotic-based pandemic.

Further, organizations and coalitions including the International Consortium on Combatting Wildlife Crime and the Environmental Investigation Agency (UK) offer guidance and training for tracking wildlife-related crime – measures that can reduce chances of future disease spread.

FIRST STEPS FOR TPA PANDEMIC PREPAREDNESS

Invest in mechanisms for two-way communication and sharing between civil society and government that can continue to function in an emergency setting.

Support science literacy among citizens to combat the spread of misinformation and disinformation.

Conduct capacity building among independent organizations and media with technical skills to monitor scientific information and data.

Advocate for and require (where possible) best practices related to digital security and privacy in the collection and sharing of individual data for emergency situations.

Strengthen regulation, oversight and enforcement to counter cross-border wildlife trafficking

4: GLOBAL GOVERNANCE

The pandemic has revealed serious shortcomings in global structures designed to coordinate efforts to contain and treat pandemics. One need only note the delays in information sharing or the disparities in vaccine access globally to see evidence of global dysfunction. Greater transparency and, above all, accountability will be needed in future pandemic responses.

POTENTIAL GOVERNANCE PROBLEMS.

Unlike many past epidemics that were cross-country but not truly global in nature, COVID-19 revealed the weaknesses that exist in structures and incentives for countries, institutions, and sectors to work together. The default tendency was for governments to focus on their own national needs.

Perhaps one of the biggest failings of the early months of the COVID-19 pandemic was the breakdown in accountability in sharing information globally and across countries, which likely contributed to a higher morbidity and mortality rate (Global Preparedness Monitoring Board 2021). Despite the global nature of COVID-19

and the fact that many countries were facing similar challenges at the same time, countries frequently resorted to creating policies in isolation and often without sharing information about their decisions outside of their borders (Marks-Sultan et al. 2016; Daszak et al. 2021). Further, there is emerging evidence from the T-index that information that was shared publicly regarding COVID-19 testing and death rates was not accurate, further reducing public trust.

We have already discussed the need to better integrate and provide support to civil society in each part of pandemic preparedness and response. The lack of civil society voices extended from the local to the global level, including in critical global health institutions, such as the World Health Organisation (WHO) (Gostin & Ayala 2017). This lack of adequate representation means that global health decisions miss out on the perspective of civil society who often have a better and clearer perspective of the needs and priorities of citizens; this, in turn, further weakens public trust in these institutions (Gostin & Friedman 2017).

RECOMMENDATIONS AND LESSONS FROM THE TPA COMMUNITY.

BUILDING A BETTER MECHANISM AND RELATED INCENTIVES FOR GLOBAL INFORMATION SHARING.

The Global Preparedness Monitoring Board recommends creating "an agile health emergency system that can deliver on equity through better information sharing and an end-to-end mechanism for research, development and equitable access to common goods" (Global Preparedness Monitoring Board 2021). This recommendation calls for global institutions such as the WHO, Food and Agriculture Organization, and United Nations Environment Programme to lead the charge in developing the system, but it remains critical that voices from countries and localities, government and civil society have a space in the design and implementation of this system.

In addition to strengthening global information sharing, accountability mechanisms are needed to ensure that actors do share information. Mechanisms such as the COVID-19 Assessment Scorecard can be important tools in identifying actors that are not complying with global health related TPA standards, but more will be needed to incentivize openness (Lazarus et al. 2020).

STRENGTHENING POLICY TRANSPARENCY ACROSS BORDERS.

A pandemic that is affecting countries around the world is a unique opportunity for cross-country learning, one that was largely not formally realized during the COVID-19 pandemic. However, there are good evidence-based recommendations for how to implement more consistent and structured policy transparency. These recommendations include the provision of capacity building for governments on developing laws and policies (Marks-Sultan et al. 2016).

ENSURE COMMITMENT FROM GLOBAL BODIES (INCLUDING THE PROPOSED GLOBAL HEALTH THREATS BOARD) TO HAVE MEANINGFUL CIVIL SOCIETY REPRESENTATION FOR DECISION-MAKING.

As highlighted in our review of current representation of civil society, there is a long way to go toward achieving this recommendation (Figure 1). Improvement will require political will on the part of global institutions that may face internal pressure to maintain the status quo. It will also require creative efforts to integrate civil society representatives in such a way that ensures inclusive representation as well as sufficient voice and power to achieve mutual accountability.

Figure 1. Board Representation by Sector*

Fund	Civil society/NGOs				Government representatives			Private sectors	Private foundation	Financers	
	Global South	Global South	Unspecified	Total	Global South	Global South	Total	Unspecified	Unspecified	Unspecified	Total
Global Fund			3	3	6	6	12	1	1		2
Global Partnership for Education	2	1		3	7	8	15	1	1		2
Green Climate Fund					12	12	24				
Global Financing Facility	1	1			9	7	16	2	2	2	6

*The boards of The Global Partnership for Education, Global Fund an Green Climate Funds are governing bodies with decision-making power. The Global Financing Facility, however, is governed primarily by Trust Fund Committee comprised of Bank and donor representatives. The board referred to in the table above, is an Investor Group with the responsibility of strategically advising the Trust Committee.

FIRST STEPS FOR TPA PANDEMIC PREPAREDNESS

Build diverse and inclusive civil society representation requirements into any Global Health Threats Board and all other coordinating bodies for pandemic preparedness and response.

Ask researchers and governments to commit to open policy analysis principles to allow for independent analysis of policy implications and limitations.

Build and strengthen mechanisms and incentives for information sharing within and across country borders and institutions.

5: FINANCING PANDEMIC PREPAREDNESS AND RESPONSE

For each of the gaps and corresponding recommendations presented in the G20 proposal, the authors also acknowledge that implementing the proposed roadmap requires a significant infusion of funding. They propose several channels to build this fund, including domestic resource mobilization, support from international financing institutions, and leveraging the private and philanthropic sectors. The proposal further lays out some of the specific needs and considerations for funding, including the need to develop innovative insurance solutions and considerations for fast-tracking financing from international sources.

### POTENTIAL GOVERNANCE PROBLEMS.

External financing of national health systems presents a unique set of challenges, as does international financing during an emergency. A lack of clarity regarding criteria for provision of funds may lead to financing being subject to misallocation, corruption or cooptation. While we have noted earlier that speed and accountability are not opposing goals,

designing funding mechanisms – especially from international providers – requires creativity and flexibility to ensure that funding that is needed rapidly to address growing health emergency concerns is not allocated inappropriately. During COVID-19 we have seen the diversion of health system funds from essential medicines and ongoing health services to meet the urgent needs that arose from the pandemic (Amimo et al. 2021). For international funders this raises the question of whether they should enable their own funds to be redeployed, even if this leaves ongoing needs (such as vaccination campaigns for other diseases) underfunded.

RECOMMENDATIONS AND LESSONS FROM THE TPA COMMUNITY.

DESIGNING INTERNATIONAL FINANCING EMERGENCY AGREEMENTS TO IMPROVE HEALTH AND GOVERNANCE IN THE LONGER TERM.

OCP and Open Ownership research on the emergency support provided by the International Monetary Fund during the pandemic has yielded numerous suggested corrections for the future. Among their recommendations, they highlight the need for financing commitments to include more specific information about transparency-related requirements for pandemic spending. Funders should provide guidance and resources to recipient
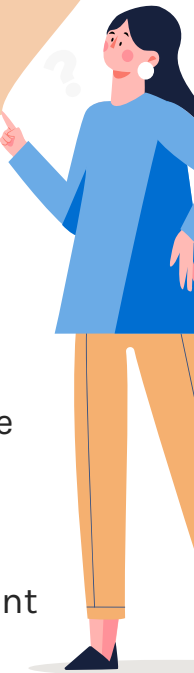
governments that would help them implement such requirements – and potentially integrate these into larger fiscal and procurement practices.

INTERNATIONAL AID ORGANIZATIONS SHOULD COMMIT TO OPENNESS AND ACCOUNTABILITY AS WELL.

If external providers of funding are asking for TPA commitments from recipients, they should also hold themselves to these same commitments. There have been positive (if belated) steps by global institutions to make their decisions and progress related to COVID-19 public, such as the Global COVID-19 Access Tracker. Ideally, in the case of future global health emergencies such information will be available in a more timely fashion to allow for tracking of resources and aid. The OGP outlines a set of recommendations for donor agencies and governments to improve their own practices, including: publishing consistent and timely data on pledges and disbursements that can be understood and analyzed by civil society, providing clear information on the requirements

and provisions for recipient governments, and engaging with civil society in both funding decisions and monitoring and auditing (OGP 2020).

Ultimately, it is critical that any aid commitments and spending for future pandemics can and should follow the same principles outlined by Publish What You Fund: publishing information proactively; in a comprehensive, timely, accessible, and comparable way; and give people the ability to request and receive information on aid processes (Publish What You Fund 2020).

SUPPORT CIVIL SOCIETY TO MONITOR EMERGENCY INTERNATIONAL FINANCING COMMITMENTS.

As noted in the final recommendation above, civil society has a significant role to play in monitoring international aid flows. This is a role that CSOs have been successfully playing for decades and especially during the COVID-19 pandemic. For example, Accountability Lab's work with civil society in Liberia to follow the COVID money helped CSOs to identify

significant gaps, including the fact that 73% of the $155 million being channeled from international sources to government could not be tracked. While this does not mean that these funds were diverted or used inappropriately, the finding provided civil society with important evidence to advocate for greater transparency and answers to specific questions about the use of pandemic funds.

At a regional level, the COVID-19 Transparency and Accountability in Africa project initiated by Connected Development, BudgIT, Global Integrity and partners has had similar success in tracking resources in seven African countries. The project team is monitoring spending and service delivery as well as building coalitions to ensure accountability for the gaps identified. Social accountability approaches applied to projects involving international funds have been shown to have a potential impact on health outcomes. Supporting governments to apply these approaches before pandemics hit can provide an important tool in strengthening the health system both during emergencies and during normal times (de Renzio & Wehner 2017). These principles can and should be applied to the design of any global funding mechanism for future pandemic preparedness and response from the design phase.

FIRST STEPS FOR TPA PANDEMIC PREPAREDNESS

Ensure that new financing commitments include transparency-related requirements to enable accountability for how funds are spent and provide guidance and resources to recipient governments to implement these requirements.

Require those contributing international aid to pandemic preparedness and response to commit to principles for aid transparency, such as those developed by Public What You Fund.

Provide support to civil society organizations to monitor international financing flows and advocate for accountability when problems are identified.

CONCLUSION

The best practices and experiences from the TPA community are ones that have been proven to strengthen not only the delivery of healthcare, including through budgeting, procurement, and service delivery monitoring, but also the trust and engagement of the people for whom health systems are ultimately designed for – the patients. The pandemic provided even more evidence that governance breakdowns can derail even the best designed pandemic response – and that TPA approaches can help mitigate or prevent these breakdowns.

The recommendations described in this report respond directly to the needs and challenges that we can predict for the next pandemic, including the needs for: surveillance and research to identify new infectious diseases, resilient domestic systems, functioning supply chains, global governance of pandemic policies, and adequate funding for these needs. These recommendations should be integrated into the roadmap for pandemic preparedness and response.

One overarching learning from the COVID-19 pandemic is that greater collaboration and engagement between TPA organizations and stakeholders in the health security and health systems fields can inform systems-driven responses to future global health crises. As these fields continue to reflect on the past two years, there is a window of opportunity to foster collaborative action to strengthen health systems governance. One starting point would be for TPA stakeholders to more proactively engage in health security and health systems spaces. By investing in this engagement now, the global health community will begin the next pandemic several steps ahead of the governance challenges that are likely to befall future health emergency responses.

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