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# Feasibility Study for Pandemic Diseases Fund

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## Feasibility study for Pandemic Disease Fund

### Introduction

1. Feasibility Studies are used to explore the potential costs, benefits, and drawbacks of embarking on a project, review lessons from evaluations of previous projects, and explore feasibility in terms of technical, financial, economic, institutional, sector policy, legal, and social contexts. The aim of this proposed feasibility study for Pandemic Disease Fund is two-fold: (1) to build a framework for the Pandemic Disease Fund for D-8 MCs and evaluate its viability and (2) to assess whether this venture is compatible with the D-8s vision to “rise to the task of meeting existing and emerging global challenges through innovative collaboration arrangements and mechanisms in such strategic fields as capacity-building, transfer of technology, and investment and capital assistance<sup>1</sup>”
2. A pandemic is the global outbreak of a disease which first begins as an epidemic. In today’s world, the greatest threat to humanity are pandemics, they have a negative impact on economies, wipe out populations, destabilize health systems and institutions and they lead to a decline in the health, productivity, and quality of life of citizens.
3. When faced with the threat of pandemics, collective defenses in the form of surveillance, resilient health systems and medical countermeasures (vaccines and drugs) have proven to be highly effective. However, these measures require scaled up financing at the global and national levels. With prior pandemics like the 2009 H1N1 pandemic, the 2014-2016 Ebola outbreak in West Africa, funding for surveillance, research and capacity building, development and purchase of medical countermeasures gave rise to disease funds like the World Banks Pandemic Emerging Financing Facility, and the \$100 million WHO emergency fund.
4. After the WHO declared the COVID-19 a pandemic in 2020, the continued devastation caused by COVID-19 as well as previous pandemics and epidemics on global health systems and economies continually highlights a global lack of preparedness and coordination, core systemic inefficiencies and inequities. The projected costs of response and recovery in the wake of the COVID-19 pandemic has also dwarfed global prospects of achieving SDGs and UHC by 2030.

### Context / Condition in which the Pandemic Disease Fund is being situated

5. Throughout history, infectious diseases which first emerge as epidemics - the rapid spread of a disease across a particular region - then metastasize into pandemics have occurred regularly causing havoc to livelihoods, health systems and populations. In previous pandemics like the HIV outbreak of the 1980s, about 35 million global deaths were recorded, subsequently, the 2003 SARS epidemic accrued over US \$ 40 billion in economic loss. In 2009, the H1N1 and H5N1 influenza pandemic caused about 650,000 global deaths and about US \$45-55 billion economic losses recorded. In the 2014-2016 Ebola outbreak over 10,000 lives were lost in West Africa and as much as US \$53 billion recorded in economic loss. Although figures are still unclear, it is estimated that over US\$ 10.3 trillion has been lost in the most recent covid-19 pandemic, and experts predict the virus would cause up to 50 million deaths worldwide<sup>2</sup>.

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<sup>1</sup> [D-8 Global Vision 2012 -2030](#)

<sup>2</sup> [Effects of Pandemic Outbreak on Economies: Evidence From Business History Context](#)

6. Pandemics not only adversely impact the social and economic states of countries, but they are also responsible for a quarter to one-third of global mortality,<sup>3</sup> and lead to a decline in global productivity as they tend to disproportionately affect young and economically productive citizens.
7. An evolving global health crisis that continues to devastate millions of people, the COVID-19 pandemic has also affected livelihoods, economies, and public health systems in D-8 Member countries, hitting them hard in areas such as trade, access to health products and services, and other wide ranging socio-economic challenges. As of 10th August 2021, the D-8 recorded approximately 18.5 million reported cases and 343,000 deaths, accounting for 9% of the 207 million global cases and 8% of the 4 million global deaths. Among Member Countries, Iran has borne the highest burden with over 115,000 deaths and over 3 million cases.
8. Following efficacy trials for the development of SARS-CoV-2 vaccines, in July 2021, the WHO officially gave emergency listing to six vaccines - AstraZeneca-Vaxzevria, Janssen Ad26.COV 2.5, Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty, COVID-19 vaccine BIBP, and Sinovac-CoronaVac. Despite the availability of various vaccines, as of July 2021 only 1.2% of people in low- middle income countries had received at least one dose of the vaccine,<sup>4</sup> In D-8 Member Countries, only 12% of its 1.1 billion citizens, approximately 100 million people are fully vaccinated. Developments and emerging variants of COVID-19 – alpha, delta, and gamma - has placed increased demands on vaccine supply and raised concerns about the impact of viral changes to the vaccine efficacy.
9. The D-8 Health and Social Protection Programme (HSP) was created to support and expedite the attainment of health-related Sustainable Development Goals (SDGs) and accelerate progress in achieving Universal Health Coverage (UHC) in Member Countries. After the WHO declared a pandemic, the D-8 HSP organized a COVID-19 virtual meeting with Member Countries on the 16th of April 2020. Member Countries resolved to collaborate with each other to strengthen the response in terms of enhanced partnerships, experience sharing, mutual support and assistance. As an outcome of the meeting, Resource Mobilization and Implementation Working groups have been set up and are working to support MCs in their response and recovery efforts.

### Justification

10. In the D-8 bloc, COVID 19 overwhelmed health systems, disrupted supply chains, inequitable access to health commodities and a lack of preparedness has greatly undermined MCs response to the pandemic. For instance, despite Iran, Turkey and Indonesia possessing manufacturing capacity for vaccine and health products, only 12% of the population in the D-8 bloc have been fully vaccinated. This can be attributed to the reliance on the COVAX facility and inability to harness the vaccine manufacturing potential of D-8 Member Countries.
11. Given the socio-economic impact of the pandemic, there is a growing recognition of the inadequacy of existing resources, tools, and information to respond to current

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<sup>3</sup> [ibid](#)

needs, prepare and counter emerging and re-emerging diseases in the future. Due to the peculiarities of the D-8 Member countries, response capacities across D-8 Member Countries will be as diverse as the outcomes, and different in respect of health systems' context, epidemic preparedness, response, and economic capacities among Member States. These peculiarities necessitates that all response, recovery, and development-oriented interventions are informed by evidence.

12. In response to this, the Heads of State at the 10th D-8 Summit mandated the health arm of the D-8 to ensure member countries are supported in responding to the pandemic, strengthening their health systems, and ensuring readiness for future pandemics. In this light, the D8 was directed to undertake a feasibility study for the establishment of a D8 Pandemic Disease Fund. This fund will assist member countries to scale up their COVID-19 response efforts, procure and ensure access to non-pharmaceutical products (such as Personal Protection Equipment (PPE), facemasks, Hand Gloves, Syringes, and other consumables) as well as explore long-term plans for vaccine production and future pandemic and epidemic preparedness within the bloc.

### Objectives

13. The goal of the proposed Pandemic Fund is to provide immediate, and urgently needed grant financing instruments to support national pandemic responses of MCs, now and in the future. Consequently the objective of the feasibility study is to provide a blueprint which has systematically assessed, analyzed, and evaluated the viability and sustainability of the Pandemic Diseases Fund, taking into consideration the technical, economic, political, social, and legal situations of D-8 Member Countries.

### Specific Objectives

14. Specifically, the objective of the feasibility study is to:
  - a) Explore how Pandemic Disease Funds can be established for the bloc, especially in combating COVID-19 and future pandemic diseases
  - b) Conduct desk review of scientific articles that speak to selected epidemics of pandemic potential (emerging, re-emerging, and ongoing diseases) and the present COVID-19 pandemic.
  - c) Identify the merits, demerits, potential challenges, and problems of siting a Pandemic Diseases Fund.
  - d) Identify internal and external factors to be considered in establishing pandemic diseases fund
  - e) Propose strategies on how much the funding facility will hold and operate sustainably when established to control pandemic diseases within member countries

### Expected Outcomes

15. It is expected that a good estimate of the resources needed to rebuild and strengthen current health systems, prepare for future epidemics, protect the integrity of supply chains for commodities, and ensure access to therapeutics and equipment in D-8 MCs will become evident. Therefore, the specific outcomes emanating from the feasibility study will provide:

- a) **Outcome 1:** Well-defined methodology and framework for implementing the D-8 Pandemic Disease Fund by May 2022 is in place.
- b) **Outcome 2:** financing agreement with clearly defined procedures and processes for mobilizing required resources not below US\$100 million for the take-off of the Pandemic Disease Fund.
- c) **Outcome 3:** ratification process for take-off of agreement of the proposed fund by Member countries within a maximum timeframe of 6 months.

### Implementation

16. A project implementation team of 15 consultants will be contracted to design and execute the feasibility study within 6 months. Consultants from relevant thematic areas within Member Countries will be engaged in accordance with the D-8s Procurement Guidelines to undertake the feasibility study. The team which is multi-disciplinary will comprise subject matter experts from the Ministries of Health and Finance in D-8 Member Countries and high-level D-8 personnel pooled in with other selected experts from specialized agencies like the WHO, World Bank and IsDB to provide technical support, guidance, and sector expertise for the study.
17. The D-8 HSP will have a project management team that will convene the project implementation team, provide administrative support, coordination, and facilitation of the feasibility study project. Digital technologies will be leveraged on to implement the study, with virtual meetings, online surveys, and digital consultations as frequently as may be required.
18. The expertise of the consultants will be drawn from the following fields or disciplines:
- a) Public Health
  - b) Epidemiology
  - c) Health systems strengthening
  - d) International Finance
  - e) Economics
  - f) International law
  - g) Programme management
19. The key deliverables from the consultancy team will be outcomes 1, 2 and 3 over a total cumulative period of 6months broken into three distinct phases of 2 months each. The major outputs and activities are contained in the framework below.

### Framework for the study

#### 20. Activity framework

Phases	Activities	Output/deliverables	Timeframe
Phase 1: Inception and	1.1 Constitute the working team and develop work program	Inception report detailing outcome 1.	Nov – Dec 2021

preparatory activities	1.2 Design and develop project context, scope, methodology and analytic framework 1.3 Conduct Rapid Assessments of the internal and external environments		
Phase 2: Designing a suitable financing agreement	2.1 Review existing data and financing facility frameworks 2.2 Conduct key informant interviews for additional information 2.3 Conduct stakeholder analysis and consultation for appropriate financial house to host the fund 2.4 Assess the financial and economic capacity of D-8 MCs to fund	Report and draft financing agreement	Jan – February 2022
Phase 3: Ratification process and final feasibility study report	3.1 Prepare feasibility report with a (GO / NO-GO) decision 3.2 Develop a ratification process for the take-off of the funding agreement. 3.3 Prepare the Pandemic Disease Fund financing requirements and plan 3.4 Plan dissemination and launching events	Final Feasibility Report	April – May 2022

### Phase 1

21. The D-8 HSP envisions that from the HSP programme office, leadership, oversight, and coordination will be provided for the feasibility study. Experts will be recruited based on specific terms of reference as derived from the objectives and key deliverables for the study. The timelines and working arrangements for the consultants will be set. Consultants with working knowledge of setting up such fund will be pooled from partners such as the world bank, Islamic development bank and the WHO across regional and national boundaries. In addition to the preparations, outcome 1 will be delivered from this phase.

### Phase 2

22. Additional information will be sought from key informant interviews, consultations, and desk reviews to guide the development of an acceptable financing agreement that will be the backbone of the establishment and operations of the pandemic diseases fund. The work will encompass preparing the terms and elements of the financing agreement.

### Phase 3

23. In the third phase, the work would outline the processes for ratification of financing agreement by member countries and culminate in a formal dissemination and launching event which are the side deliverables for this phase.

24. After conclusion of each phase, the report from the research activities will be discussed and reviewed by the HSP leadership and, where necessary, by members of the D-8 HSP Working Groups. The final report will include findings - learnings, and recommended course of action for the Pandemic Disease Fund.

### Monitoring & Evaluation

25. The hallmark of Monitoring and Evaluation is creating data for planning and execution of the feasibility study. Through the effective collaboration of the project team and all stakeholders, the M&E process for the Feasibility study of the Pandemic Disease Fund will involve the collection of relevant information, review of performance in the implementation of the feasibility study plan, documentation of progress, gaps, and opportunities for improvement.

### Indicators

26. The indicators for the feasibility study are not a prescriptive set, however the project team will use them as a guide to identify the most appropriate course of action to take during the feasibility study. Proposed indicators would be process in nature around meeting up all activities according to the timelines in the study framework. Indicators of performance on the watch list are:
- a) 80% project schedule compliance rate.
  - b) Number of financing facilities and implementation frameworks reviewed.
  - c) 70% high-level stakeholder buy-in for the Pandemic Disease Fund.

### Sources of data

27. The study encompasses eight countries and thus requires review and collation of a broad range of data, primary and secondary sources of data will be utilized by the study for optimal results. Considering the limited timeframe (six months), virtual research methods will be utilized for the study.
28. Surveys can be formulated in the context of collating information on the political, economic, social, legal, technological, and other existing situations in MCs but would be online. Similarly, key informant interviews with health policy experts, representatives of government agencies, trade policy experts, D-8 commissioners and other subject matter experts to discuss main findings will take place online.
29. Secondary data sources for consideration include existing literature and financing facility frameworks, official pandemic and national statistics from D-8 MCs Ministries of Health, CDC, big data from the internet (journals, online articles, newspapers etc.), development organization (WHO, ILO, WTO, ADB, IsDB, UNDP etc.) data, trade, and professional associations data, private sector publication and registers.



## Budget Summary

30. Total cost of the project will be **55,697.00** as can be seen in the table below

<b>Cost description</b>	<b>Total hours</b>	<b>Hourly rates (Euros)</b>	<b>Total (Euros)</b>
<b>Phase 1</b>			
Administrative staff (1 person)	120	40	4,800.00
Programme officers (1 person)	168	40	6,720.00
Management staff (1 person)	84	80	6,720.00
Consultants and experts (8)	144	100	14,400.00
		Subtotal:	32,640.00
	<b>Units</b>	<b>Unit cost (Euros)</b>	<b>Total planned (Euros)</b>
Working group meetings - technical support	15	230	230.00
Roundtable style meetings - technical support & advanced virtual platform	3		
		Subtotal:	230.00
<b>Phase 2</b>			
Publication Costs	<b>Units</b>	<b>Unit cost (Euros)</b>	<b>Total planned (Euros)</b>
Analysis, triangulation of research data, and transcription of roundtable recordings	8	1,500	12,000.00
Briefing papers - editing, formatting, layout of reports	2	500	1,000.00
		Subtotal:	13,000.00
<b>Phase 3</b>			
Final Report - editing, formatting, and layout – D-8 Publications	8	500	4,000.00
Dissemination event - technical support & advanced virtual platform (or travel costs if not virtual event)	1	5,827	5,827.00
		Subtotal:	9,827.00
<b>Total Cost</b>			<b>55,697.00</b>

## Assumptions, Risks & Mitigations

31. Early analysis of the core assumptions and identification of internal and external risk factors before the start of any project helps create a project design that is sound. It also helps to mitigate any risks that may derail the project. The identified assumptions, risks, and mitigation for the feasibility study include:
32. **Assumption 1:** The project assumes that the Health and Social Protection arm of the D-8 will facilitate the feasibility study and drive the implementation of the PDF in the D-8 bloc.
  - a) Risk: The D-8 HSP Programme is still in its infancy, lack of MCs commitment and ownership threaten the growth of the Programme. This poses a great risk to the implementation of the framework designed for the D-8 Pandemic Disease Fund.
  - b) Mitigation: MCs buy-in and ownership to the D-8 HSP Programme, through the commitment of financial, technical, and human resources, as well as the endorsement of its 5-year Strategic Plan.
33. **Assumption 2:** The project assumes that the internal and external assessments of MCs using the Political, Economic, Social, Technological, Environmental and Legal (PESTEL) model would inform the study findings, the financing agreements and resource mobilization procedures and processes.
  - a) Risk: Given the nature of the COVID-19 pandemic, PESTEL situations in D-8 MCs for the next 2-3 years would continuously evolve and would most likely be volatile, especially political, economic and social situations. These changes could compromise the findings from the feasibility study and ultimately affect the defined procedures and financing agreement for the Pandemic Disease Fund.
  - b) Mitigation: Rapid assessments and post feasibility study reviews to bridge all data gaps and update situational analysis in MCs would be included in the implementation arrangements of the study.
34. **Assumption 3:** The project assumes that following a go decision, ratification process for take-off agreement of the proposed fund by MCs will occur within six (6) months.
  - a) Risk: Bureaucratic processes, national interests & bias, and resource limitations are issues that may elongate this assumed timeframe and disrupt the take-off of the fund.
  - b) Mitigation: Involving stakeholders (policy makers, D-8 Commissioners) at every step of the project - pre, during and post feasibility study through consultative meetings and briefings. Ensure the ratification process is endorsed at the highest level (HOS) through the dissemination event.

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