

**Dr Fifi Rahman, NGO Representatives to the ACT-A Facilitation Council
Statement at the 12th Facilitation Council meeting (28 October 2022)**

Firstly, I'd like to say a note on the pleasure that it has been working with folks on the Facilitation Council that have throughout appreciated CSO expertise and the value that we bring to the table. It has been a journey and more needs to be done to democratise future pandemic responses in terms of CSO engagement – but I know that friends we've made on this Council will be partners on this going forward.

Reflecting on both the Independent Evaluation, the Transition Plan, and the Transition Plan addendum on key learnings, I think that we as a global health community really need to actively start looking at equal intellectual partnership of LMICs not as a measure of a tick in the box diversity initiative but rather as a fundamental component of commodities deployment and pandemic response. The key learnings document has the therapeutics pillar mention engagement of countries and CSOs of course raise it, but ultimately mistakes in this Accelerator and in future Accelerators can be avoided with having infectious diseases, lab specialists, community mobilisation experts with LMICs passports in the room. Ultimately those of us who live in Brussels and Geneva don't have the in-depth understanding of what contextual factors drive tool uptake in DRC and in Madagascar and in Haiti – we just don't have that know-how. So I'd like to ask Global North actors in particular to take a look around the room in the next pandemic and actively include these experts. And we have to emphasise this because it is being underemphasised and simply not practised adequately in our global health architecture.

There continues to be unmet need and demand creation issues – which the COVDP is doing terrific work to address, and of course FIND, Unitaid, and Global Fund on test and treat. We heard yesterday for example that out of the 34 countries that COVDP is supporting, Zambia is the first country that has reached >40% vaccinations. But ultimately a key lesson is that these things need to come earlier in the pandemic. LMICs experts could have of course told us this and probably did multiple times, but we also need to invest in CSO and community-led advocacy earlier on.

Another lesson which I think was mentioned briefly by FIND in one of the documents is a human rights and access-based approach to testing. An unfortunate side effect of the emphasis on surveillance is PCR fundamentalism, which often requires folks to travel far to a lab to get tested and to wait a couple of days or up to two weeks in some countries for results. We pushed for self-testing throughout the pandemic to a lot of resistance that we weren't expecting – and it will be incredibly important to centre the right to health and to remember that the right to health doesn't apply differentially across geographies.

On oxygen, this pandemic has been a wakeup call on poor national level planning and international donor support for medical oxygen infrastructure. We'd like to mention **Liberia** and her efforts to launch and operationalise a 2021-2024 National Roadmap to Increase Access to Medical Oxygen. These multiyear plans, and specific government guidelines to donors specifying medical oxygen investment is strategic and should be seen as best practice to emulate. Ultimately, as the so-called 'acute' phase of COVID transitions, we need broader health systems investments, including community health service delivery and the salaried of those community health workers.

We end our final FC intervention with two requests. The pandemic and resulting inequities has set us on a path where sustainable regional manufacturing is key and the leadership of Africa CDC, the South African government, the WHO, and others have been essential in this process. But ultimately, we need to see a new TRIPS order and more technology transfer. Secondly, we think the underemphasis on Long COVID in this transition is very stark. We would like to see in the coming months, our very first Long COVID technical meeting and hope that the Hub can facilitate this.

Thank you all.