

Item # 8: Draft Resource Mobilization Action Plan for I-DAIR | 2022-2023

1. The International Digital Health & Artificial Intelligence Research Collaborative (I-DAIR) is envisioned as an independent, inclusive and distributed platform for harnessing digital transformations for universal health coverage. Since August 2020, a small team has been building a path to its launch in partnership with multiple stakeholders including governments, the World Health Organization (WHO), private sector and foundations as well as premier research and technology institutes from across the globe. Its focus has been on networks, needs and opportunities in small States and the Global South, including through hubs in Africa, Asia, Latin America and the Caribbean. A key focus is research with and for low income (LIC) and lower middle-income countries (LMIC).

2. The incubation phase of building this new international partnership has been generously supported by two grants provided by Fondation Botnar and the Wellcome Trust. The move to becoming an independent Swiss foundation with its board in 2022 and the expansion of multi-country and cross-regional research projects will lead to the presentation of necessary additional investments into R&D of digital health, related digital infrastructures and capacity development as well as the maintenance of a repository of digital health public goods, including standards and benchmarks. The private sector and sovereign states of all income levels will be invited to contribute to I-DAIR's mission.

3. As a new international initiative, I-DAIR will have to reach out to additional contributors in 2023 to cover the resource needs for the years to come. However, the I-DAIR team is acutely aware that this campaign for resource mobilization happens at a particularly difficult moment for public and private investors and for the global health community overall. Therefore, a „business-as-usual approach” is no option. The following plan will outline some ideas how I-DAIR will pursue an innovative strategy to mobilize its required resources. I-DAIR has been inspired by the recent international discussion on new principles and paradigms for financing global commons called Global Public Investment (GPI)¹.

4. The foundational rationale of GPI is that the traditional paradigm of a relatively small number of (donor) countries financing global goals of common interest in a large number of (partner) countries in the global south has become outdated and obviously does not work to finance global challenges such as the response to pandemics or climate change or the inclusive digital transformation. The same applies to new organizations and initiatives asking for funding such as I-DAIR: To attain these global goals, we need to significantly broaden the base of countries contributing, reaching out to traditional and non-traditional investors at all levels of income. A recent Lancet commentary explained the approach proposed under the headline GPI as “countries at all income levels would contribute [...], including potentially domestic spending by low-income and middle-income countries on agreed, defined global public goods within their own borders”². To

¹ Further information on Global Public Investment can be found at a dedicated website: www.globalpublicinvestment.org

² The Lancet commentary, VOLUME 400, ISSUE 10349, P345-346, JULY 30, 2022; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01239-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01239-9/fulltext)

do so, GPI proposes to work according to the principles: every country contributes, every country benefits, every country decides.

5. The financing of the digital transformation towards UHC, or as the recent Lancet/FT Commission Report³ has called it: the digital determinants of health, could become the first example of how a central piece of global health and development is financed through a new and innovative approach.

A. The current context

6. The COVID-19 pandemic has fundamentally changed the fiscal situation in countries at all income levels and will likely have major implications for the future global health architecture. Several high-level international commissions such as the WHO Independent Panel for Pandemic Preparedness and Response (IPPPR) and the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response are recommending the creation of new funds to finance pandemic preparedness at a level of at least US\$ 10b/year but are also clearly stating that the traditional way of financing these funds through ODA will not work any longer. The new Pandemic Prevention, Preparedness and Response Fund hosted as a Financial Intermediary Fund (FIF) by the World Bank will become operational in September 2022.

7. In addition, the war in Ukraine with its dramatic consequences not only in direct human suffering but also by raising prices for food, energy and many other commodities requires government responses in all countries. All of this will have an enormous impact on international financing for development and will make resource mobilization for all other international causes extremely difficult. That will include funding being derived from research budgets as well as development-/ODA- the two most likely sources of public investment in I-DAIR. Not least the experience with the funding for ACT-A has shown the limitations of ODA and the traditional approach to the funding of global causes building primarily on the G7 and G20. This experience underlines that a more universal approach is needed to finance global public goods requiring a new level of shared ownership and responsibility.

B. Proposal to become an innovator in this challenging context

8. However, I-DAIR is well positioned to use a new and different approach to resource mobilization and replenishments which could work in its favor. This opportunity includes:

8.1. Building on its comparative advantage with states having relatively smaller populations to make them the first movers rather than traditional big investor countries

8.2. Approaching other non-traditional investor countries among HICs and UMICs who might have a particular incentive to become part of the I-DAIR network including through the establishment of hubs in their countries/regions

8.3. Building on strong support from major foundations securing a relatively high share of resources from the non-public sector

³ The Lancet and Financial Times Commission Growing up in a digital world: Governing health futures 2030, final report: <https://www.thelancet.com/commissions/governing-health-futures-2030>

8.4. Using the flexibilities of an emerging governance structure to incentivize contributions from all countries.

C. Prioritizing States with smaller populations

9. A central element of the resource mobilization strategy for I-DAIR is to focus first on states with smaller populations organized in the Forum of Small States (FOSS) rather than the traditional approach to address the countries with the highest ODA budgets first, such as G7 countries and the European Commission. The governments of these traditional donor countries are currently under the highest pressure to cover the costs of the COVID-19 pandemic and the war in Ukraine. Countries with higher domestic budgets for R&D and sizable populations are also less likely to see the immediate benefit of I-DAIR for themselves. They are in a position to make large scale investments into digital health and AI for health and they can count on sizable data sets to conduct their research domestically. Smaller states will benefit more from a distributed approach connecting their research institutions with those in other countries and being able to use much larger data sets through a common research infrastructure. An inclusive and participatory governance structure will ensure that their voices will be heard so that their research priorities can be accommodated.

10. The overall goal is investment in I-DAIR in the order of at least **USD 300M over 4 – 5 years**⁴ The following amounts should be seen as indicative. Of the projected overall goal, USD 100M should come from foundations and the private sector. This leaves USD 200M from sovereign states, of which USD 50-70M from members of FOSS and non-traditional donors, and USD 130-150M from major, traditional donors.

Proposed investments through I-DAIR

11. The I-DAIR Secretariat has estimated the potential demand that the 300M funding base would cater to. This demand covers the following four broad areas:

11.1 **Collaborative R&D** in areas such as a digitally enabled and science based global pandemic scheme, Open Health, distributed and recursive clinical trials, and

11.2 A distributed **Research Infrastructure** for digital health and AI in health or other potential applications;

11.3. **Capacity development** through projects such as the Capacity Development Network as well as grant challenges to build a transdisciplinary community of researchers and innovators in digital health and AI;

11.4. **Maintenance of digitally-enabled global public goods** such as the Global Research Map, governance mechanisms, benchmarks, data cleaning and curating tools, AI models etc.

12. It is expected that part of the resources would be channeled through the hubs architecture of I-DAIR built around 27-30 hubs across all regions the world.

⁴ Pledges shall be made by the end of 2022 and will cover the years 2022 and 2023 – 2025.

Considerations on the funding mechanism

13. The idea of a funding mechanism through which I-DAIR will financially support the scaling of research and research capacity at global, regional, and sub-regional level has been part of the foundational concept of I-DAIR. Based on the conversations so far, it is recommended to plan the funding mechanism as an integral part of I-DAIR and focusing it sharply on research, research infrastructure and research capacity – as this is the niche where no other funding organization is active yet. On this basis, I-DAIR is pursuing the design of its funding arm in the context of its organizational and legal transition into a Swiss foundation.