GOVERNMENT RESOURCE ACCOUNTABILITY DURING THE COVID-19 PANDEMIC

RECOMMENDATIONS FROM A GLOBAL ANALYSIS
including case studies from Brazil, Indonesia, Uganda, and the United States

DECEMBER 2022
This is the 13th “Missing the Target” report produced by ITPC since 2005 and the first MTT report to engage with government resource accountability during the COVID-19 pandemic. As with previous MTT reports, this report highlights the experience and perspectives of advocates in multiple countries to document progress toward global commitments for health, development, and human rights.

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ABOUT ITPC
The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. Formed in 2003, ITPC actively advocates for treatment access across the globe through the focus of three strategic pillars:

• Make Medicines Affordable
• Watch What Matters
• Build Resilient Communities

To learn more about ITPC, visit itpcglobal.org

ABOUT WATCH WHAT MATTERS
Watch What Matters is a community monitoring and research initiative that gathers data on access to and quality of HIV treatment globally. It fulfils one of ITPC’s core strategic objectives: to ensure that those in power remain accountable to the communities they serve. Watch What Matters aims to streamline and standardize treatment access data collected by communities—helping ensure that data is no longer collected in a fragmented way and that it reflects the issues and questions that are most important to people living with and affected by HIV. It relies on a unique model that empowers communities to systematically, routinely collect and analyze qualitative and quantitative data on access barriers and use it to guide advocacy efforts and promote accountability.

To learn more about Watch What Matters and ITPC’s community-led monitoring work, visit WatchWhatMatters.org.

ABOUT MTT
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SUGGESTED CITATION

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EXECUTIVE SUMMARY

During 2020 and 2021, a novel coronavirus morphed from a local outbreak into a pandemic, reaching 30 countries in its first months after becoming locally established and leading to the death of 23 million people by September 2022. The COVID-19 pandemic and the response, including travel restrictions, population lockdowns, and other disruptions, caused median global gross domestic product to drop by 3.9% from 2019 to 2020, making it the worst economic downturn since the Great Depression.

To respond to the COVID-19 pandemic in 2020 and 2021, governments rapidly allocated and spent massive amounts of funding for research, services, and economic stability. Within the first months of the pandemic, governments allocated over US$9 trillion in extra spending, including over $150 billion for vaccine development and delivery, $110 billion in emergency IMF loans for 86 countries, and approximately $13.7 billion in supplemental international development assistance.

Where did the money go? Was funding well spent? To answer these questions, ITPC worked with partners in Brazil, Indonesia, Uganda, and the United States, and with a team conducting a global survey to explore government resource accountability during the 2020-2022 COVID-19 pandemic. Each of the individual reports (Brazil, Indonesia, Uganda, the United States, and the global survey of 14 countries) can be downloaded at itpc.org. This brief provides key findings from each country and the global survey and identifies cross-cutting areas for action.

Across 18 countries, partners found and documented the ways that resource allocations and expenditures intended for the COVID-19 response were (and are) challenging to track and seldom accountable for impact or achieving intended goals. Where goals were articulated, this report found structural challenges that undermined effective use of resources, and documented how, in the face of these issues and amidst colliding pandemics, civil society continued to hold governments accountable and improve country pandemic responses.

This report is retrospective, looking back at the first two years of government accountability during a pandemic that continues to take the lives of more than 12,000 people throughout the world each day. However, this report’s implications are relevant for the future of pandemic preparedness and response. The gaps identified in the context of COVID-19 can and should be rectified now to strengthen readiness for surges in COVID-19 and to ensure that emergent outbreaks and future threats are better contained.

This information is crucial for country pandemic-preparedness plans and strategies. Some countries already have these strategies; many will be revising and/or expanding them in connection with commitments to the global Pandemic Preparedness Prevention and Response Accord currently under negotiation and in connection to new financing mechanisms, such as the World Bank-hosted Pandemic Preparedness and Response Financial Intermediary Fund (FIF).
At a Glance: Our review, key findings and recommendations, and the target

What we reviewed

*Government accountability for resources during the COVID-19 pandemic in 2020-2021*

with a focus on case studies from Brazil, Indonesia, Uganda, and the United States.

Key Findings

All governments had flaws in their COVID-19 resource allocations, expenditures, and reporting.

In facing a novel pandemic, governments undertook ad-hoc approaches driven by the crisis that, while responsive to the emergency, often replicated or were shaped by prior practices, political agendas, and systemic gaps. As a result, economic and public health interventions were poorly coordinated, often at odds, and seldom tied to tangible impact, particularly for people most vulnerable to the economic and health impacts of pandemics, outbreaks, and ongoing health concerns.

Recommendations

*Develop, fund, implement, evaluate, and iterate integrated multisectoral approaches to public health, pandemic preparedness, and response.*

Pandemics, outbreaks, and established health challenges have economic and public health implications. COVID-19 responses showed the risks and limitations of ad-hoc, improvised crisis response-based plans and expenditures. Now is the time to use those lessons to evolve and strengthen national approaches that link finance, health, education, and other ministries. This integration should be driven by robust, participatory planning and strategy that is inclusive of civil society and supported by financial management and reporting systems that facilitate accountability and focus on tangible impacts, including:

- Adequately funded community-based systems for delivering and measuring the impact of both primary care and social welfare support (such as food, income replacement and generation, and microfinance). These systems must include remuneration of frontline workers.
- Establishing crisis-preparedness plans and functions so that systems for social welfare, microfinance, and public health are ready to respond to emergent outbreaks and used to support holistic responses to ongoing health challenges
- Building in-country capacity and/or supporting regional capacity for manufacturing and supply of essential health commodities
- Funding community-led monitoring for resource accountability
Key Findings

2 Governments faced minimal consequences for resource mismanagement and misinformation during the pandemic.

Governments allocated and spent funding for the COVID-19 response in ways that were motivated by politics, profit, and organizational expediency, undermining the effectiveness and equity of the pandemic response.

Recommendations

Institutionalize accountability to the most vulnerable in international pandemic accords and international financing mechanisms.

The proposed international pandemic preparedness accord and the World Bank Pandemic Preparedness and Response intermediary fund must learn from the COVID-19 pandemic and integrate measures to hold governments, along with funders and the private sector, accountable to public interest and public health. This would be via conditions and requirements for funding that ensure equity (who is receiving the services or commodities?), transparency (who is being paid to provide these services?), and impact.

Key Findings

3 Non-governmental organizations and advocates actively worked to ensure government resource accountability.

Independent community-based advocates identified misspent funds (Indonesia and Uganda), assigned government culpability for an anti-public health response (Brazil), documented the failure of government to prioritize public health over private sector interests (United States), and identified key gaps affecting health services at a local level (global survey chapter).

Recommendations

Support community organizations and advocates to promote resource accountability in pandemic preparedness, prevention, and response.

The World Health Organization (WHO), the World Bank, the Global Fund, and national governments must ensure that people most vulnerable to pandemics have decision-making roles in governing and strategy-setting pandemic preparedness entities at global, regional, and national levels. Funders working across disease areas and human rights must resource civil society for expanded engagement with pandemic preparedness and response, including community-led monitoring of government budgets and health spending.

What we want (the global target)

Government resource accountability in pandemic responses, including investment in multisectoral approaches, community-led monitoring, and accountability to the most vulnerable.
INTRODUCTION

The world is now looking ahead and seeking to strengthen its preparedness and capacity to prevent and respond to future pandemics, including through an international Pandemic Preparedness Prevention and Response Accord currently under negotiation and through new financing mechanisms, such as the World Bank-hosted Pandemic Preparedness and Response Financial Intermediary Fund (FIF).6, 7

Global Target: Government Resource Accountability in Pandemic Responses

According to the World Health Organization (WHO) and the Independent Panel for Pandemic Preparedness and Response (IPPR), country governance and oversight are core elements of effective pandemic preparedness and response. Specifically, WHO states that one goal for the new international pandemic accord under negotiation is to fill gaps in “governance and oversight mechanisms to increase trust, ensure accountability and foster transparency.”8

In a May 2022 report update, the IPPR warned that lessons from COVID-19 had gone unheeded and called for several government actions, including independent reviews of COVID-19 responses, engagement with civil society, sustained investment in health systems, and other core activities.9

Based on the parameters laid out by WHO and the IPPR on years of advocacy and accountability work on related issues, the authors of this MTT report defined the target of government resource accountability in pandemic responses as requiring the following components:

Coordinated, transparent and impact-centered investment in multisectoral approaches.

Responses to major pandemics, including COVID-19 and HIV, TB, and malaria, require investments in health commodities (including personal protective and prevention supplies, diagnostics, vaccines, and treatments), health services, and health promotion, and also require investments in economic resilience and social welfare and protection. The alternative, as seen in the COVID-19 response in many countries, is that funds are disbursed in siloed and fragmented ways, without clear or coordinated strategies and with minimal reporting on impacts and outcomes.

Accountability to the most vulnerable.

Pandemics have disparate impacts on populations based on comorbidities and demographic and environmental factors, but also based on contexts of poverty, neglect, and marginalization. For effective global pandemic prevention and response, governments must be accountable for effective and equitable pandemic responses that reach everyone in harm’s way.

Integration of community leadership, implementation and monitoring. Civil society organizations, advocates, media, and researchers can work with health providers and governments to shape strategies, solve immediate issues, share information, maintain trust, and ensure that funding allocated to specific objectives has the desired outcomes for public health, resilient communities, and better health outcomes for all. This impact has been well-demonstrated in HIV and AIDS, TB, and malaria; community-driven programs and monitoring must be funded and supported as part of government investments in pandemic preparedness and response.
METHODS

During the second half of 2021, in consultation with community partners, ITPC developed a proposal for a new “Missing the Target” report focused on government resource accountability in the context of the global response to the COVID-19 pandemic. In November 2021, ITPC was notified of funding support from the Robert Carr Fund through the RCF Exceptional Opportunity Funding related to the COVID-19 response.

By April 2022, ITPC identified country partners in Brazil, Indonesia, Uganda, and the United States, as well as a global policy and advocacy partner that had interest in, and availability for, this proposed MTT report. Collective planning calls were organized and a process, timeline, and budget were developed. Each partner defined the scope and focus of its chapter, including identifying specific sources of information, approaches to data collection, and analysis. The approach was purposefully flexible, allowing civil society groups to delve into areas of interest and previous work, to document key learnings from the early period of the pandemic. The partners also developed and reviewed a timeline for the writing, revision, and production of the report.

The MTT report was implemented as a rapid four-month assessment and analysis, focused on 2020-2022, with data collection and/or analysis conducted at a country level in June 2022, compilation and editing of case study content along with a summary of global survey data during July and August, and final review, editing, and production completed in September.

The final outputs of the work include this summary report along with country-specific reports and related plans for coordinated follow-up of international communications and advocacy.
GLOBAL FINDINGS

**Top finding: Governments missed the target of resource accountability.**

In all four in-depth case studies from Brazil, Indonesia, Uganda, and the United States, researchers documented government failures in adequately compiling and sharing detailed, transparent, trackable, and actionable information about the resources allocated and expended for economic and public health responses to COVID-19 from 2020 to 2022.

**Additional findings**

Across the four case study countries and the 14 additional countries surveyed by Matahari Global Solutions, the following themes were shared:

**All governments had flaws in their COVID-19 resource allocations, expenditures, and reporting.**

The COVID-19 response required rapid government investments in health commodities (including personal protective and prevention supplies, diagnostics, vaccines, and medicines), health services, health promotion, and investments in economic resilience and social welfare and protection.

Across all countries, pre-existing strengths in the health sector, social welfare systems, and governments, including local capacity for public health action, saved lives. In Brazil, local laboratory and manufacturing capacity, along with a legislative and administrative structure that buffered these entities from manipulation by the executive branch, was a bulwark in the national response. In the United States, the robust government-funded research infrastructure, combined with a prioritized research agenda and sufficient funding, enabled Operation Warp Speed—even as the intellectual property provisions for these breakthrough commodities created gross global inequities.

While there were strengths and successes, across all countries, governments also failed in their strategic and political decisions related to the COVID-19 pandemic and in their disbursements and management of funds for the COVID-19 response. A major problem was that crisis-driven responses disbursed funding via ad-hoc structures, often agencies with limited oversight from civil society or other entities, and with limited transparency into the strategy, impacts, and outcomes intended as a result of the investment. Despite clear evidence of the need for dynamic problem-solving, government leaders and managers:

- Pursued pre-existing political agendas through their public health strategies (see reports from Brazil and the United States)
- Prioritized private sector interests over public health (Indonesia and United States)
- Maintained siloed and fragmented approaches to health financing (Uganda)
- Provided inadequate funding of frontline public health and community health workers (global survey)
- Had slow or inadequate reporting on outcomes and impacts at a country level (all countries)
Initial government responses focused on COVID-19 also often did not address the potential impacts of the new COVID-19 outbreak and the response on simultaneous pandemics, including HIV, tuberculosis, and malaria. Health advocates in most countries found little evidence of a holistic approach that sustained established public health responses while mobilizing a new pandemic response.

**Governments faced minimal consequences for resource mismanagement and misinformation.**

COVID-19 had disparate impacts on populations based on comorbidities and demographic and environmental factors, but also based on contexts of poverty, neglect, and marginalization. However, governments allocated and spent funding for the COVID-19 response in ways that were motivated by politics, profit, and organizational expediency, undermining the effectiveness and equity of the pandemic response. Further, government officials actively concealed and mischaracterized this mismanagement of resources with minimal consequences.

**Advocates actively worked to ensure resource accountability in many countries.**

In many cases, advocates did work to hold governments to account. From the earliest days of the COVID-19 response, civil society groups tracked government actions and deployed responses to emergent information and challenges, monitoring budgets and spending, policies, official communications, and negotiations between governments and private sector entities regarding purchase and ownership of health commodities. As seen in other major pandemics, such as HIV, TB, and malaria, civil society organizations, advocates, researchers, lawyers, and public media were able to work with health providers and governments to share information, identify strategies, identify problems, develop solutions, maintain trust, and ensure that funding is allocated toward building resilient and sustainable health programs.

In particular, the civil society groups that developed content for this report all deployed their experience with accountability-focused advocacy to locate information about government COVID-19 funding allocations to specific sectors (health, economy, and social protection). Some of these groups were also able to gather information that the government could not or would not provide about who was receiving funds and how the pandemic was impacting different communities. The rapid and extensive engagement on COVID-19 reflects these groups’ years of experience working on other issues and their ability to pivot into new arenas when crises emerge.

Independent community-based auditors and accountability-focused groups identified misspent funds (Indonesia and Uganda), assigned government culpability for an anti-public health response (Brazil), documented the failure of government to prioritize public health over private sector interests (United States) and identified key gaps affecting health services at a local level that led to solutions (global survey chapter). Decentralized authority through state governments and state management of health systems, such as seen in Brazil and the United States, also helped combat national mismanagement and misinformation in the COVID-19 response.
GLOBAL RECOMMENDATIONS

1 Develop, fund, implement, evaluate, and iterate integrated multisectoral approaches to public health, pandemic preparedness, and response.

Strategies for pandemic preparedness, prevention, and response must be multisectoral to address the economic and social shocks and stresses of outbreaks and emergent and established pandemics while also providing preventive and therapeutic measures, tracking and sharing epidemiological information, and ensuring continued access to basic healthcare. The countries in this survey did not develop integrated approaches, and the pandemic has revealed gaps, including underfunded systems for primary care and social welfare, fragmented responsibility for pandemic prevention and response, siloed economic and public health responses, and lack of political prioritization of public health.

Country leaders, civil society advocates, and stakeholders involved in the new international Pandemic Preparedness Prevention and Response Accord and new financing mechanisms, such as the World Bank-hosted Pandemic Preparedness and Response Financial Intermediary Fund (FIF), should insist that national and international pandemic strategies prioritize, fund, and document progress on structural risks. These risks include:

- The adequacy of investments and remuneration for frontline public health and community health workers
- The capacities of public sector financial management systems to rapidly allocate, disburse, and evaluate the impact of, and adjust strategy for, health programs and programs for economic resilience and social welfare and protection
- The capacities in low- and middle-income countries to manufacture and procure personal protective and prevention supplies and essential health diagnostics, vaccines, and medicines
- Government transparency and accountability in contracting with for-profit private sector entities for services and supply of health commodities and in enforcing intellectual property ownership for inventions developed with public funds

2 Institutionalize accountability to the most vulnerable.

Pandemics have disparate impacts on populations based on comorbidities and demographic and environmental factors, but also based on contexts of poverty, neglect, and marginalization. For effective global pandemic prevention and response, governments must be accountable for effective and equitable pandemic responses that reach everyone in harm’s way.

Current pandemic preparedness efforts, such as the FIF, are barreling forward with minimal attention to how new financing mechanisms will avoid the massive misuse of multilateral development funds spent during COVID-19. Countries received billions in international assistance for COVID-19 and yet continued to neglect the poor and the marginalized, leading to ongoing epidemics of COVID-19 and millions of
RESOURCE ACCOUNTABILITY
REQUIRES BETTER FINANCIAL DATA

In conducting this rapid four-month assessment and reporting exercise, the report’s researchers uncovered many gaps in available budget and expenditure data. The following are recommendations to improve financial information systems to enable greater resource accountability in pandemic preparedness, prevention, and response.

- **Pandemic preparedness and response investments must report on impacts, not just expenditures.** While researchers in all countries could track some government allocations and expenditures, it was far more challenging to locate information on the impacts and outcomes of that spending: who received it, what happened, and how this mapped to original objectives for the emergency funding.

- **Governments must replace siloed pandemic programming and budgets with multisectoral strategies and systems.** Rushed, fragmented responses built onto historically siloed systems led to limited documentation in any sector – and required civil society detective work to piece together health, social welfare, and private sector investments.

- **Community-led monitoring of budgets and expenditures must be funded and adopted as an international norm, not an exception.** Community-led monitoring is a crucial part of validating government reporting, identifying problems, developing solutions, and ensuring that funding is allocated toward building resilient and sustainable health programs.

Support community organizations and advocates to promote resource accountability in pandemic preparedness, prevention, and response.

Across all major pandemics (including COVID-19 and HIV, TB, and malaria), civil society organizations, advocates, media, and researchers have worked successfully with health providers and governments to share information, identify strategies, identify problems, develop solutions, maintain trust, and ensure that funding is allocated to building resilient and sustainable health programs.

The World Health Organization, the World Bank, the Global Fund, and national governments must ensure that those most vulnerable to pandemics have decision-making roles in governing and strategy-setting pandemic preparedness entities at global, regional, and national levels. Funders working across disease areas and human rights must resource civil society for expanded engagement with pandemic preparedness and response, including community-led monitoring of government budgets and health spending.

Deaths that were entirely preventable. Funds were pocketed or diverted to the private sector and corporate entities, the international response is winding down (though the pandemic has not), the world is moving on, and yet governments were never held to account.

Future pandemic preparedness treaties and financing mechanisms must include consequences for misspending, with preferential reallocation of funds to local governments and non-governmental organizations that can demonstrate capacity for effective programming that reaches the most vulnerable.

Future pandemic preparedness treaties and financing mechanisms must include consequences for misspending, with preferential reallocation of funds to local governments and non-governmental organizations that can demonstrate capacity for effective programming that reaches the most vulnerable.
SUMMARY FINDINGS AND RECOMMENDATIONS BY COUNTRY

BRAZIL

Key Findings

❖ A robust, constitutionally mandated right to health, supported by a universal healthcare system with decentralized authority allowing independent action by state and municipal leaders, along with public laboratory and manufacturing capacity, afforded Brazilian citizens some protection and resilience in the face of national governmental neglect.

❖ Non-governmental actors, including civil society, scientists, and the media, mobilized to define issues and propose solutions that were, with support from the judiciary, implemented on a state and municipal level.

❖ National mobilization and the resilience of the universal healthcare system were insufficient safeguards for a federal government that used the COVID-19 pandemic to extend its pre-existing program of undermining Brazilian democratic institutions, and used political rallies, policies, and misinformation as vectors for spreading the novel coronavirus, causing hundreds of thousands of preventable deaths.

Recommendations

❖ Brazil’s public health system and decentralized democratic system, which put decision-making power in the hands of governors and the judiciary, were critical to the components of its response to COVID-19 that saved lives and reduced suffering.

❖ As funding streams from international development banks and pandemic preparedness emerge, a country’s governance structures, public health system, and ability to deliver evidence-based responses even when the leader is invested in misinformation should be considered as criteria for the amount and recipient of funds.
INDONESIA

Key Findings

☒ Researchers mapped government of Indonesia investments in the health sector and a three-phase economic/monetary stimulus.

☒ Indonesian Corruption Watch used publicly available information to identify irregularities in the procurement carried out by National Agency for Disaster Countermeasure, an entity that operated with limited oversight and accountability.

☒ To address the transparency and accountability of COVID-19 budget management, in 2020, a Coalition of Civil Society for Accountability for COVID-19 Management (Koalisi Masyarakat Sipil untuk Akuntabilitas Penanganan COVID-19) was established; in 2020 and 2021, the performance of eradicating corruption in Indonesia’s Corruption Perception Index improved by one point on the Index scale.

Recommendations

☒ The government must implement a special policy for the social assistance distribution control mechanism, specifying the involvement of intended beneficiaries in monitoring the distribution of social assistance

☒ The Ombudsman must identify and assess public service units with no complaint mechanism and announce it to the public.

☒ The government of Indonesia must publish data on the procurement of goods and services plan for any pandemic or outbreak response, including information on the implementation phase of the plan, via a Special Dashboard for procurement of goods and services information.

☒ The government must fund and integrate a community-based audit model into its procurement reforms.

☒ The government of Indonesia must ensure that a policy of COVID-19 budget transparency is integrated with e-planning, e-budgeting, and e-monitoring and evaluation.

☒ Communities and the private sector must be involved in the COVID-19 management committees and related task forces, and community-based monitoring and evaluation must be supported to assess the performance of COVID-19 management.
Key Findings

In spite of early findings of irregularities in disbursement of COVID-19 funds and donations managed through the Office of the Prime Minister, no substantial changes were made in the government structures for managing COVID-19 funds.

A policy review found no deliberate country efforts towards establishing a coherent strategy for COVID-19 policies, funding and implementation that simultaneously addressed concurrent epidemics, such as HIV and TB, even though the imposition of COVID-19 measures, such as lockdowns and distancing, impeded people from obtaining their HIV and TB medications.

During the COVID-19 pandemic, supplementary budgets were often allocated to different government ministries, which lacked specific policies on implementation of the allocated funds in relation to COVID-19 programming. As of August 2022, it continues to be difficult to obtain progress reports on COVID-19-related activities conducted under the different programs during 2020 and 2021 to assess performance and value for resources invested.

Limited information is available about how funds allocated to COVID-19 health measures were spent, including funding reallocated from Global Fund grant savings. COVID-19 resource allocations and expenditures are thus not well documented by institution, geography, types of commodities or programs and services, or populations. This limits any ability to determine effectiveness, impacts, or returns on investment.

There is no information on how funding reallocations between disease areas impacted budgets for, and outcomes in, other health issues, such as HIV, tuberculosis, and malaria.

An historic approach to donors providing off-budget funding for HIV, TB, and malaria complicated efforts to track the interrelationship between COVID-19, HIV, TB, and malaria investments, outcomes, and impacts.

Recommendations

An institutionalized system is required to effectively monitor off-budgeting of health financing, especially since it has proven to be near-impossible to retrieve information on off-budget allocations during the COVID-19 pandemic.

Public health crisis management, including policy development and emergency measures, must explicitly and proactively consider inter-dependencies with and implications for other health issues.
UNITED STATES

Key Findings

※ The US government, as a patent holder and/or co-inventor of life-saving medications and vaccines, does not demonstrate financial accountability for its investments of taxpayer dollars into research. Instead of acting as a responsible steward of public funding, the government prioritizes the profits and priorities of the pharmaceutical industry over the public interest. Advocacy and activism are crucial to impel the government to greater financial accountability.

※ Activists with specialized expertise (chemical compound structure and patent law) and access to databases can identify claims for government (and other public sector) patent co-ownership of compounds manufactured and owned by the pharmaceutical industry. These claims, when made public, generate media attention and impel and/or provide additional justification for investigative action on the part of the government, resulting in a shift in practices related to licensing of federally funded inventions to commercial companies and government commitments to more transparency with the public regarding current licenses of government-owned intellectual property.

※ Ongoing advocacy has led to shifts in governmental approaches. For example, in 2022, Representative Pramila Jayapal co-led with Representative Jan Schakowsky to secure an amendment to the National Defense Authorization Act to require a report on pricing and equitable access provisions of any publicly developed COVID-19 vaccines or medications via the Department of Defense.

Recommendations

※ Financial accountability with regard to government-funded intellectual property should be a crucial component of pandemic preparedness and response strategies at national and global level, with requirements and expectations that government funding for private sector research, development, and manufacturing is conditional on pricing and intellectual property conditions that ensure affordability and access for all.

※ Government officials' interest (or lack thereof) in asserting ownership and investigators' queries can result in findings that do not resolve key questions about co-ownership. In other words, US government reluctance to assert co-ownership can be an obstacle even when the government itself is seeking clarification. Nevertheless, this avenue of evidence-based activism can be used to raise issues, expand transparency, and set precedents for action.

※ US government commitments to technology transfer, open licensing, and public manufacturing should become standard components of the grants, contracts, and mechanisms related to next-generation pandemic prevention countermeasures.

※ Activists and community members can and should continually monitor the generation of government-funded and government-owned intellectual property – and ensure that it is being used in the interest of the public.
MULTICOUNTRY SURVEY

Key Findings

🌟 In 13 out of 14 countries surveyed, the COVID-19 response was held back by inadequate investments in frontline health workers. Community health workers were typically unpaid, and formally trained health workers experienced chronically poor remuneration and serious delays or interruptions in payments. These problems existed before the COVID-19 pandemic, but persisted despite billions spent on international assistance.

🌟 Key commodities, including rapid antigen tests, were not available in contexts where they were needed as a crucial public health tool, such as in conflict settings or with mobile and migrant populations. Further, problems in procurement and supply management, and restrictions on who could deliver essential diagnostics, vaccines, and medicines prevented efficient and effective delivery of these commodities to vulnerable countries and communities, worsening global inequities.

🌟 Global entities, including the World Health Organization and the G20 ACT-A (Access to COVID-19 Tools Accelerator) Initiative, persistently failed to include expertise from low- and middle-income countries in their strategies, undermining the COVID-19 response. There is little evidence that proposed mechanisms like the World Bank-hosted Pandemic Preparedness and Response Financial Intermediary Fund are learning from these lessons.

Recommendations

🌟 Fair remuneration for all healthcare workers, including community health workers, must be a top priority for governments, funders, and other stakeholders investing in future pandemic preparedness and response.

🌟 Community advocacy based on monitoring and evidence-gathering at the local level is crucial for identifying gaps, mobilizing solutions, and ensuring accountability for a wider audience. Community-led monitoring must be resourced and recognized as a core component of pandemic preparedness and response.

🌟 Expertise and insights from low- and middle-income countries must be integrated into governance and daily work of any and all international and regional pandemic response mechanisms.
CONCLUSION

Many entities are suggesting that the COVID-19 pandemic is “over” and the crisis has passed. As this report was being finalized, mpox (formerly called monkeypox) had emerged as a new global outbreak, and high-income countries were, once again, failing to ensure equitable, effective responses at home or abroad. Some of these same nations, notably the United States, were also pursuing a “pandemic preparedness” agenda aimed at marshalling resources to respond to future outbreaks.

Unless stakeholders take stock of the actions, outcomes, and consequences of government action and inaction in the first two years of the COVID-19 pandemic, their attempts to “pandemic-proof” the future are almost certain to fail. Civil society groups that mobilized to focus on COVID-19 as part of the crisis response must begin to share experiences, tactics, and insights to build impact and power for ongoing and future monitoring and accountability.

This report is designed to support the introspection and analysis that is needed for more effective government and civil society responses. It is designed to spark questions and ideas about avenues for further investigation by civil society, identify effective tactics, point to gaps and challenges that must be addressed in the context of the ongoing response to COVID-19, and point to emergent outbreaks, like mpox, and those of the future, which have yet to be identified.

Civil society-authored, country-focused analyses of funding allocations, policy decisions, state-sponsored public health (and misinformation) campaigns, and exercise of intellectual property rights to ensure affordable access during COVID-19 are crucial. By documenting government actions and activist interventions, we can begin to define the needs, tactics, and strategies for ongoing pandemic- and outbreak-focused activism that leads to greater government accountability, more efficient and effective use of resources, and a greater investment in programs that address the conditions that allow outbreaks to become epidemics and persistent pandemics.
ENDNOTES


To download this report from the ITPC website, click here.

The “Missing the Target” report series is part of Watch What Matters, a community-led monitoring and research initiative to gather data on access to, and quality of, HIV treatment globally. To learn more, visit WatchWhatMatters.org.