



**The
Pandemic
Fund**
FOR A RESILIENT WORLD



The Pandemic Fund

Strategic Plan (2024-2029)

Adopted by the Governing Board on May 21, 2024

Executive Summary

The COVID-19 pandemic spread rapidly and resulted in up to 30 million excess deaths¹ and \$24 trillion in economic damage² globally. It revealed critical gaps in funding and capacity for pandemic prevention, preparedness, and response (PPR) around the world and showed that a disease threat in any country is a threat to every country. The acceleration of global trends that increase the risk of pandemics, such as climate change, population growth, widespread mobility, and antimicrobial resistance (AMR) further underscores the urgent need to strengthen global health security through a One Health approach, taking into account the interconnection between people, animals, and the environment. With this backdrop, the international community came together in September 2022 to establish the Pandemic Fund, a Financial Intermediary Fund (FIF) at the World Bank, to invest in building critical pandemic PPR capacities under the International Health Regulations (2005) and other internationally endorsed legal frameworks at the country, regional, and global levels, with a focus on low- and middle-income countries. **The objective of the Pandemic Fund is to improve the world's collective ability to prevent, detect, and respond to disease threats to stop them from becoming deadly and costly pandemics.** Indeed, the large number of applications received in the First Call for Proposals (FCP) confirmed the high demand for pandemic PPR financing through the Pandemic Fund.

Unique value proposition: The Pandemic Fund is the only multilateral, pooled financing mechanism dedicated to investing in pandemic PPR capacities, driving a One Health and whole-of-government approach, and engaging other pandemic PPR actors and funders, low- and middle-income countries, the private sector, and civil society. Using its funding as a main lever, the Pandemic Fund will bring additionality to the broader pandemic PPR ecosystem over the next five years by:

- **Filling capacity gaps** by targeting discrete areas within pandemic PPR that would benefit from additional funding and coordination (e.g., One Health components of pandemic PPR), strengthening institutional enablers for those areas, and embedding a focus on equity and inclusion, and community and civil society engagement;
- **Fostering coordination** across the range of pandemic PPR actors, across sectors within countries (e.g., health, finance, environment, animal health), and across countries and regions, with the goals of sharing learnings, driving coherence of pandemic PPR funding streams, and ensuring multisectoral collaboration for a whole-of-government, One Health approach;
- **Mobilizing additive investment**, including domestic and international financing, by encouraging country planning and providing on-budget, catalytic resources aligned with country needs and planning processes and thus facilitating country ownership, absorption of investment, and long-term sustainability of resources;
- **Demonstrating flexibility and responsiveness** to evolving contexts and priorities within the pandemic PPR landscape to ensure strategic initiatives remain relevant and effective.

Five-year impact ambition: In the medium term, the Pandemic Fund will focus its resources on strengthening pandemic prevention and preparedness and building capacity for response. Its five-year ambition is that **recipient countries and regional/global networks are better prepared to prevent, detect, contain, and rapidly respond to pandemics.** Progress toward this goal will be tracked and reported on a regular basis through specific, quantifiable indicators tied to recipients' coordination with partners and capacity to prevent, detect, and respond to a pandemic, to be included in a separate Monitoring and Evaluation Plan.

¹ Based on estimate of excess mortality from The Economist, January 2024.

² Based on estimate of global debt by the Institute of International Finance, February 2021.

Focus areas: Over the next five years, the Fund will invest in strengthening pandemic PPR-specific capacities across three **programmatic priorities** – surveillance, laboratory systems, and workforce – supported by two **cross-cutting enablers**, National Public Health Institutes (or relevant public institutions)³ and regional/global networks, organizations, or hubs aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action. To ensure these investments are truly inclusive, the Fund will integrate four **underlying themes** across all its work: One Health, community engagement, gender equality, and health equity.

Resource allocation: In the medium term, the Pandemic Fund will focus deployment of its modest resources to drive meaningful impact as it operates against a substantial annual financing gap for pandemic PPR.⁴ The Fund also recognizes the diverse needs of countries and regions, and the importance of ensuring greater predictability and flexibility in funding to reduce burden and foster coordination. As such, the Pandemic Fund will employ a tailored approach to resource allocation over the next five years, offering distinct modalities for:

- **Countries with the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context** to ensure targeted support where it is most necessary. The Fund will dedicate the majority of its resources to this allocation.
- **All International Development Association (IDA) or International Bank for Reconstruction and Development (IBRD) eligible countries** to encourage capacity building in pandemic PPR broadly, while maximizing additional funding that can be leveraged with co-financing and co-investment.⁵
- **Regional and sub-regional entities** (and global entities, as resources allow) to promote collaborative efforts across borders with the potential for wide-reaching benefits.

Cooperation, coordination, collaboration: The Pandemic Fund aspires to be a catalyst for enhanced cooperation and coordination within the pandemic PPR landscape, in line with the One Health approach. By leveraging the expertise of diverse Implementing Entities and other pandemic PPR actors, centering countries in its operational approach (e.g., rolling deadline for proposal submission) and fostering collaboration through governance mechanisms (e.g., regular meeting cadence to convene diverse stakeholders), the Fund seeks to harmonize efforts, drive synergies, and facilitate the sharing of evidence and best practices among pandemic PPR actors in support of country priorities.

Good governance and stakeholder engagement: The Pandemic Fund is committed to inclusive governance processes that ensure stronger co-investor and civil society participation and co-ownership, and maximize transparency and accountability. Efforts to strengthen good governance include enabling co-investor constituencies to self-organize, ensuring civil society involvement throughout project lifecycles, and publishing critical documents in real time to improve transparency.

Through this five-year Strategic Plan, the Pandemic Fund sets forth a comprehensive path toward a world better equipped to manage the threats posed by pandemics. By leveraging its unique position, prioritizing its resources, and fostering an environment of collaboration and inclusivity, the Fund aims to address the complex nature of pandemic PPR and safeguard global health security for all.

³ Including public health, veterinary, agriculture, wildlife, and environmental health institutions.

⁴ USD \$10.5 billion pandemic PPR financing called for by the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP) in "[A Global Deal for our Pandemic Age](#)." See Appendix B for details.

⁵ Co-financing is funding from implementing organizations, philanthropies, private sector, and/or other sources, while co-investment is funding from recipient countries.

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1. Principles

1.1. Introduction and background on the Pandemic Fund

The devastating human, economic, and social toll of the COVID-19 pandemic – with 7 million reported deaths,⁶ approximately 28.5 million excess deaths,⁷ far-reaching secondary health effects, and an estimated cumulative global cost of over USD \$24 trillion⁸ – serves as a stark reminder of the urgent need for a coordinated global approach to address pandemics. This crisis has also underscored the significant gaps in funding, coordination, and capacity for pandemic prevention, preparedness, and response (PPR), particularly in low- and middle-income countries. Before the COVID-19 pandemic, the absence of a single coordinated financing mechanism dedicated to pandemic PPR meant that spending on other immediate needs often took priority, leaving countries with limited ability to prevent, detect, or respond to disease outbreaks. Indeed, many of the public health response centers established with increased funding during the early phase of the pandemic have since been dismantled as new pressing challenges have emerged.

Several global trends such as climate change, population growth, widespread mobility, industrial farming, environmental degradation and biodiversity loss, and antimicrobial resistance (AMR) increase the likelihood of outbreaks and exacerbate the impact of epidemics on underserved settings and populations. The acceleration of these trends highlights the need to support pandemic PPR as a global public good and to strengthen pandemic PPR capacity of all countries through a One Health approach, accounting for the interconnection between people, animals, and the environment.

Indeed, the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP) published [a report](#) in June 2021 calling for an additional USD \$10.5 billion annually in international financing for pandemic PPR. Following this and subsequent analyses, and thanks to consensus fostered by the G20 Joint Finance-Health Task Force, the international community came together in support of a new mechanism dedicated to pandemic PPR financing. In September 2022, the Pandemic Fund was formally established as a dedicated, multilateral Financial Intermediary Fund (FIF) at the World Bank, designed by contributor and potential recipient countries and with the World Health Organization (WHO) as technical lead, to support critical investments in pandemic PPR capacity at the country, regional, and global levels, with a focus on low- and middle-income countries.

1.2. Vision, mission, scope, and impact ambition

The Pandemic Fund was launched with the recognition that investing in pandemic PPR capacity has a positive return on investment (ROI),⁹ with broader co-benefits of strengthening overall health systems and protecting populations from other health threats, such as endemic diseases or those posed by the growing challenges of climate change and AMR. Its creation was also driven by the reality that a threat in any country is a threat in every country, and that all countries, especially the most underserved, must strengthen their pandemic PPR capacities to safeguard all people against pandemics.

⁶ Based on estimate of excess mortality from The Economist, January 2024.

⁷ Based on cumulative total COVID-19 deaths reported to WHO, as of April 2024.

⁸ Based on estimate of global debt by the Institute of International Finance, February 2021.

⁹ Rebecca Masters et al. "[Return on investment of public health interventions: a systematic review](#)," BMJ Journal of Epidemiology & Community Health, March 2017.

The **vision** of the Pandemic Fund is a world in which all people are protected from the risk of pandemics and other health threats by strong, resilient health systems that can prevent, detect, and rapidly respond to infectious disease outbreaks. The Fund’s founding [Board paper](#) describes a future in which global health security and pandemic PPR are fortified through sustained, coordinated, inclusive, and adequately financed efforts.

The **mission** of the Pandemic Fund, as articulated in its [Governance Framework](#), is to provide a dedicated stream of additional, long-term funding for critical pandemic PPR functions in International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries, through investments and technical support at the country, regional, and global levels. It is not intended to replace domestic investment in pandemic PPR but instead to bring additionality to financial resources for pandemic PPR, to incentivize countries and other funders to invest more in pandemic PPR, and to promote a more coordinated and coherent approach to pandemic PPR strengthening.

The **scope** of the Fund is to reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR 2005), World Organization for Animal Health (WOAH) International Standards, and other internationally endorsed legal frameworks, consistent with a One Health approach. As described in its [Operations Manual](#), the Fund is designed to allocate additional financing where investments are most urgently needed to bolster pandemic PPR for COVID-19 and future pandemics, plugging key capacity gaps at all levels, including by strengthening country-level pandemic PPR capacity in the core domains of the IHR (2005) and other frameworks, building regional and global capacity, and supporting technical assistance, analytics, learning, and convening.

The Pandemic Fund’s **impact ambition** over its lifespan, as detailed in its [Results Framework](#) and Theory of Change, is to achieve a world with **reduced health, social, and economic impact of pandemics**. The Fund aims to help fill the gap in international funding for pandemic PPR in low- and middle-income countries and to protect communities around the world from future pandemics and other health threats. As the first and only multilateral, pooled financing mechanism dedicated specifically to mobilizing funds for pandemic PPR, it has an important opportunity and monumental task ahead of it.

1.3. First-year retrospective

The Pandemic Fund realized significant achievements throughout its first year. Following its establishment, its governing bodies and administrative frameworks were quickly operationalized, including a Governing Board with equal balance of sovereign “contributors” (donors) and sovereign “co-investors” (countries that can receive funding) and representation of non-sovereign contributors (philanthropies/foundations) and civil society organizations. The Fund named a diverse mix of Implementing Entities (IEs), each with its own comparative advantage (described in Section 4.1). It mobilized \$1.9 billion in pledged funds in its first year and encountered high demand, receiving 170 applications and ultimately approving \$338 million in grants for 19 projects in its First Call for Proposals (FCP). It catalyzed an additional \$2 billion in co-financing (funding from Implementing Entities, philanthropies, private sector, and/or other sources) and co-investment (funding from recipient country governments),¹⁰ helping to ensure the sustainability of its investments.

An independent Stocktaking Review conducted in October 2023 identified lessons learned and opportunities to bolster the Fund’s strategic and operational effectiveness, including suggestions to clarify

¹⁰ Co-investment also includes non-monetary policy commitments from recipient countries.

how the Fund will ensure its sustainability and additionality, refine its approach to prioritization, and optimize its collaboration with partners. With these goals in mind, the Governing Board embarked on a process to develop a Strategic Plan that sets forth a clear and focused set of priorities over the next five years and describes how it will allocate resources against these priorities to achieve impact. Details on the Stocktaking Review are in Appendix A, and the process for developing the Strategic Plan is noted below.

This Strategic Plan was developed in December 2023 – May 2024 through a highly consultative process overseen by the Strategy Committee of the Governing Board, with input collected from a broad-based group of stakeholders, and with multiple options for virtual consultations to maximize participation. Over 400 stakeholders provided initial input, including Governing Board members and their constituencies, co-investor countries, Technical Advisory Panel (TAP) members, Implementing Entities, non-governmental organizations (NGOs), community and civil society representatives, academia, research and training institutions, multisectoral stakeholders (ministries of health, livestock, agriculture, finance, and others), and the private sector.

Additionally, a draft version of the Strategic Plan was posted online for public consultation for a two-week period in April 2024, receiving over 200 comments. This Strategic Plan is one component of a longer-term, multi-pronged strategy, as described in the “Path forward” section of this document.

1.4. Unique value proposition

The pandemic PPR funding landscape has evolved significantly since the acute phase of the COVID-19 pandemic. The influx of new actors has led to an increasingly fragmented landscape, while the diversion of attention away from pandemic PPR due to conflict and humanitarian crises in many parts of the world has intensified competition in a tightening fiscal space.

An analysis of the pandemic PPR funding landscape, described in detail in Appendix B, identified critical funding and capacity gaps in certain areas of pandemic PPR, namely surveillance and laboratory systems, health workforce, and One Health and AMR. Several global health actors, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund), Gavi, the Vaccine Alliance (Gavi), the World Bank, and others are already making significant investments in pandemic PPR, working to address infectious diseases by means of broader health system strengthening. There is thus an opportunity for the Pandemic Fund to identify the discrete areas that are most critical for addressing outbreak or pandemic-prone diseases, where it can complement these existing efforts as it aims to strengthen country capacity and catalyze additional resources for pandemic PPR.

Recent activities in the broader global health architecture,¹¹ including global efforts such as the ongoing Intergovernmental Negotiating Body (INB) discussions on a convention, agreement, or other international instrument on pandemic PPR (“WHO Pandemic Agreement”), and the Working Group on Amendments to the IHR, as well as multi-stakeholder efforts such as the Future of Global Health Initiatives and the [Lusaka Agenda](#), are further driving changes in the landscape. These initiatives, as well as potential future developments, underscore the growing need for improved collaboration and coordination among global health organizations in support of country priorities, the importance of aligning with country budgeting and planning processes and encouraging domestic financing for health, and the growing interest in promoting equity and driving collaboration across human, animal, and environmental health sectors in

¹¹ Activities captured as of April 2024.

line with the One Health approach. By working with a wide range of Implementing Entities – accredited organizations through which the Pandemic Fund administers funds and implements projects, as detailed in Section 4.1 – the Fund is in a unique position to help improve coordination toward the achievement of these goals.

As the first and only multilateral, pooled financing mechanism dedicated to catalyzing new investment and bringing together multiple funding streams to provide a predictable and sustainable source of funding for pandemic PPR, the Pandemic Fund is well-positioned to facilitate collaboration and coordination amongst relevant actors and stakeholders. The Fund will leverage its differentiated role in the broader pandemic PPR ecosystem, serving not as an implementer itself but as a coordinator of diverse investments delivered by Implementing Entities and other actors, as it builds the evidence base and influence to shape global conversations and advocate for increased funding for sustainable and equitable pandemic PPR. It will seek to engage new partners in pandemic PPR, including co-investors, civil society, private sector, and sectors beyond human health for a One Health, whole-of-government approach, to improve pandemic PPR capacity worldwide.

Using its funding as a main lever, the Pandemic Fund will bring additionality to the broader pandemic PPR ecosystem over the next five years by:



Filling capacity gaps by targeting discrete areas within pandemic PPR that would benefit from additional funding and coordination (e.g., One Health components of surveillance, laboratory systems, and workforce), strengthening institutional enablers for those areas, and embedding a focus on equity and inclusion, and community and civil society engagement



Fostering coordination across the range of pandemic PPR actors, across sectors within countries (e.g., health, finance, environment, animal health), and across countries and regions, with the goals of sharing learnings, driving coherence of PPR funding streams, and ensuring multisectoral collaboration for a whole-of-government, One Health approach



Mobilizing additive investment, including domestic and international financing, by encouraging country planning and providing on-budget, catalytic resources aligned with country needs and planning processes and thus facilitating country ownership, absorption of investment, and long-term sustainability of resources



Demonstrating flexibility and responsiveness to evolving contexts and priorities within the pandemic PPR landscape to ensure strategic initiatives remain relevant and effective

Figure 1: Pandemic Fund's unique value proposition in the pandemic PPR landscape

Throughout the period of this Strategic Plan (2024-2029), the Pandemic Fund will focus its resources on strengthening pandemic prevention and preparedness and building capacity for response during periods without acute global pandemics. At this time, it will not serve as a mechanism to provide Day Zero surge financing or longer-term response financing for direct public health emergency response. It will remain open, however, to consider pivoting its role to provide response financing if needed based on changes in

the broader pandemic PPR ecosystem and if determined by the Governing Board, ensuring complementarity with other response financing mechanisms. The Fund recognizes that investing in pandemic PPR capacities during periods without acute global pandemics is more cost effective than funding direct emergency response, and that protecting these investments – even in the midst of a pandemic – is critical for breaking out of the cycle of panic and neglect.

1.5. Five-year impact ambition

Over the next five years, the Pandemic Fund’s ambition is that **recipient countries and regional/global networks are better prepared to prevent, detect, contain, and rapidly respond to pandemics**. This overarching five-year ambition can be further broken down into a set of outcomes anchored in the long-term outcomes from the Fund’s [Results Framework](#) and Theory of Change,¹² as follows:

5-year ambition	Recipient countries and regional/global networks better prepared to prevent, detect, contain, and rapidly respond to pandemics				
High-level impact	Number of recipient countries and regional/global networks with improved pandemic prevention, preparedness, and response capacity Number of people protected through improved pandemic prevention, preparedness, and response capacity				
Long-term outcomes from Theory of Change	Outcome 1 Countries have a functioning early warning & holistic disease surveillance system	Outcome 2 Countries are prepared to respond to health emergencies	Outcome 3 Increased cooperation among countries and regions for preparedness & response efforts	Outcome 4 Sustained and/or increased investments in domestic and external PPR funding	Outcome 5 Effective stewardship of pandemic preparedness funds
5-year outcomes	Increased ability of recipient countries to prevent and detect infectious disease outbreaks through strong surveillance, laboratory systems, and workforce	Increased ability of recipient countries to prepare for and respond to infectious disease outbreaks through strong multisectoral workforce and emergency response capacity	Increased engagement of communities, sectors (e.g., public health, animal health, agriculture, finance) and pandemic PPR actors within and between countries and regions	Increased availability of sustainable, predictable financing for Pandemic Fund projects from domestic and international, including non-ODA, funding streams	Promotion of transparency, accountability, and fiscal responsibility in all Pandemic Fund activities
Advancement of One Health, community engagement, gender equality, and health equity in pandemic PPR efforts					

Figure 2: Five-year impact ambition and outcomes

While these statements represent the Fund’s high-level ambition, the Governing Board will develop, in collaboration with external stakeholders and experts, a separate Monitoring and Evaluation Plan and clear, quantifiable indicators and targets against which it will track its outcomes and overall impact. These targets will build on the indicators listed in the Results Framework¹³ and will aim to represent the breadth and depth of recipients’ cooperation with partners and capacity to prevent, detect, and respond to outbreaks with pandemic potential. The Fund will regularly report on its progress toward these targets.

¹² To remain adaptable in the case of any potential future revisions to Results Framework.

¹³ To remain adaptable in the case of any potential future revisions to Results Framework.

2. Focus areas

2.1. Approach and framework

To maximize its impact and contribution to the broader pandemic PPR landscape, the Pandemic Fund will narrow its focus on the discrete areas within pandemic PPR for which it can make the most meaningful impact in the next five years given its position in the landscape, its unique value proposition, and its likely funding availability.

To that end, in the medium term, the Fund will invest in pandemic PPR-specific capacities across three **programmatic priorities**: surveillance, laboratory systems, and workforce. Based on the recognition that reliable public institutions are needed to ensure long-term sustainability and country ownership of these investments, the Pandemic Fund will support building and strengthening these capacities within two **cross-cutting enablers**: National Public Health Institutes (NPHIs), or relevant public institutions,¹⁴ and regional/global networks, organizations, or hubs. With the goal of supporting inclusive and sustainable pandemic PPR, and serving the diverse needs of all populations, the Fund has adopted four **underlying themes** to serve as a lens across all investments: One Health, community engagement, gender equality, and health equity. The relationship between these concepts is shown in Figure 3, and further rationale for their selection can be found in Appendix B.

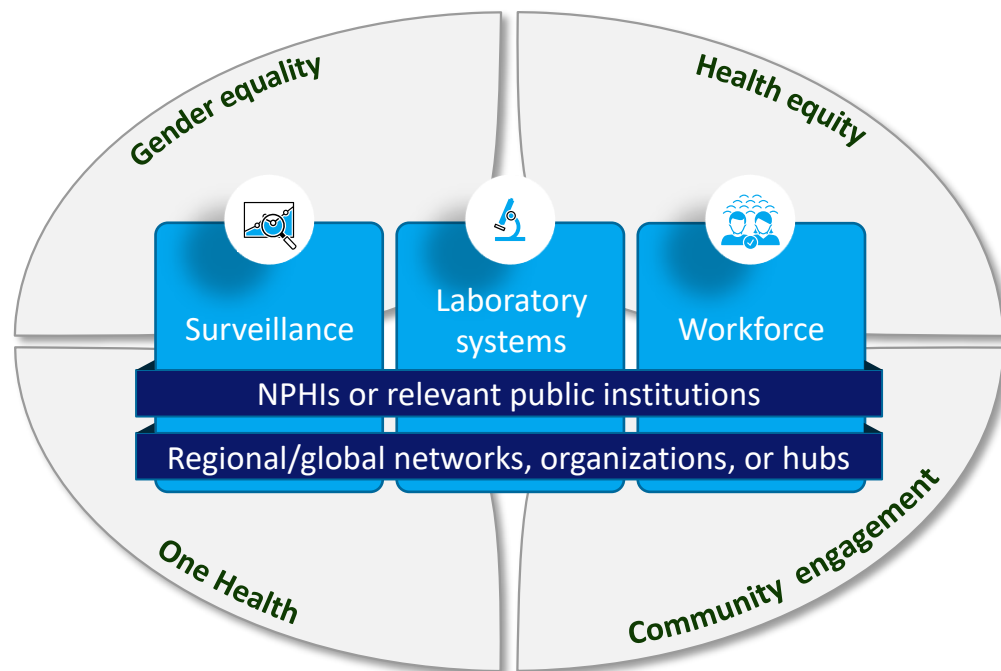


Figure 3: Relationship between programmatic priorities, cross-cutting enablers, and underlying themes

¹⁴ Including public health, veterinary, agriculture, wildlife, and environmental health institutions.

Extensive landscaping and stakeholder consultations have suggested that investing in these three programmatic priorities, cross-cutting enablers, and underlying themes across the country, regional, and global levels will enable the Pandemic Fund to realize its unique value proposition and achieve its five-year impact ambition, while having broader benefits for overall health system strengthening. Detail on how the Pandemic Fund will allocate resources to deliver on its commitment to these areas is described in Section 3.3.

2.2. Details on programmatic priorities

The selection of the three programmatic priorities – surveillance, laboratory systems, and health workforce – was driven by recognition of their essential role in building an effective, inclusive, and sustainable pandemic PPR system, with co-benefits for broader health system strengthening and high potential for impact in the medium term; by the significant funding and capacity gaps in these areas; by the high level of demand for these topics in the First Call for Proposals; and by strong support expressed in stakeholder consultations.

A deeper review of the current pandemic PPR landscape and funding gaps, detailed in Appendix B, revealed continued funding and capacity gaps in surveillance, laboratory systems, and workforce at the country, regional, and global levels. Surveillance was identified as the area of pandemic PPR with the largest funding and capacity gap by the G20 HLIP and subsequent landscaping analyses, and laboratory and workforce were also found to have critical gaps, described further in Appendix B. Given that major global health actors, including the Global Fund, Gavi, WHO, the World Bank, Multilateral and Regional Development Banks, and bilateral entities such as the President’s Emergency Plan for AIDS Relief (PEPFAR) are currently investing in these areas, the Pandemic Fund will aim to direct its resources to complement ongoing initiatives and to bolster specific capacities. This means focusing its resources on the particular elements of surveillance, laboratory systems, and workforce most critical to prevent, detect, contain, and respond to a fast-moving outbreak of an infectious disease with pandemic potential. Investing in these specific capacities will have secondary benefits of strengthening broader health systems, building community trust, and improving countries’ ability to address other infectious disease risks affecting their populations today.

While specific activities supported by the Pandemic Fund will be driven by demand from applicants, they may include, for example, the One Health elements of surveillance, laboratories, and workforce for pandemic PPR – including provision of equipment and infrastructure for the detection of zoonotic spillover and antimicrobial-resistant pathogens with pandemic potential; development of interoperable tools for data reporting and sharing from communities and local health authorities (including at Points of Entry) to national, sub-regional, regional, and global hubs; and recruitment and training of a cadre of workers with expertise in, among other areas, field epidemiology, data analysis, community engagement, as well as animal and environmental health. Where appropriate, support will look to leverage existing networks and delivery platforms to carry out relevant pandemic PPR activities, especially in rural and hard-to-reach areas, to enhance global health security. An illustrative (non-exhaustive) list of potential activities can be found in Appendix C.

2.3. Details on cross-cutting enablers

One of the key roles of the Pandemic Fund is to invest in institutional capacity for outbreak prevention, detection, and response and thus ensure sustainability and local ownership of pandemic PPR investments.

Given the recognition that surveillance, laboratory, and workforce programs should be embedded into coordinated systems and institutions in order to be truly resilient and sustainable, the Pandemic Fund will work to strengthen two cross-cutting enablers to serve as sustainable homes: NPHIs or relevant public institutions,¹⁵ and regional/global networks, organizations, and hubs.

Where needed, the Pandemic Fund will invest in the strengthening of NPHIs or relevant public institutions and regional/global networks in the areas of surveillance, laboratory systems, and workforce for pandemic PPR, and may support the establishment of NPHIs specifically in support of these priorities in countries that do not have them. Given that not all countries operate through NPHIs, the Fund will tailor its support to the public institution(s) that serve similar functions in each country – such as the Ministry of Health, animal or environmental health agencies, localized and/or decentralized entities, or intergovernmental task forces – and will promote institutional reforms where needed to improve the delivery of the pandemic PPR-relevant core functions of NPHIs. Additional detail on NPHIs and relevant institutions and their core functions can be found below.

National Public Health Institutes (or relevant public institutions)¹⁵ serve as the centralized arm of the health system, overseeing disease prevention, detection, and response activities across sectors at the national level through their core functions of surveillance, laboratories, public health workforce, Emergency Operations Centers (EOCs), and data systems. Well-functioning NPHIs or relevant institutions, often working closely with local health entities, community-based organizations, and academic institutions, are vital for building integrated, responsive, and equitable multisectoral pandemic PPR programs and maximizing the collective impact of pandemic PPR investments. Efficient and effective EOCs are critical for integrating and analyzing surveillance data, organizing and managing a rapid response.

To ensure comprehensive and multisectoral pandemic PPR, all new NPHIs, EOCs, or relevant institutions supported by the Pandemic Fund will be established following a One Health approach, with animal and environmental health representatives included as equal partners in governance and operational structures. They will also be designed with a gender-responsive approach to governance and programming, with a measurable commitment to advancing gender equality, including through gender parity in leadership and equal pay for female employees. Once established, new NPHIs and EOCs will require safeguards to ensure their independence and autonomy and will require sufficient commitment to domestic resourcing over the long term to ensure their sustainability, taking both function and design into account. Examples of ways the Pandemic Fund can strengthen NPHIs or relevant institutions in support of the programmatic priorities are listed in Appendix C.

Regional/global networks, organizations, and hubs facilitate collaboration, knowledge exchange, resource pooling, and collective action for pandemic PPR across countries. Given that pandemics are transnational threats and require monitoring of diseases across borders, regional/global networks play a critical role in stopping epidemics before they become pandemics. Regional/global entities also, if given the mandate, may have the unique ability to convene countries at the Head of State level and to bring together sectors beyond human health. Examples of ways the Pandemic Fund can support regional/global networks or organizations can be found in Appendix C.

¹⁵ Including public health, veterinary, agriculture, wildlife, and environmental health institutions.

2.4. Details on underlying themes

Disease outbreaks start in communities, often among underserved and marginalized populations or in fragile and conflict-affected situations, where conditions allow pathogens to thrive. In these environments, where access to the health system is typically limited, the likelihood of an outbreak escalating into an epidemic or even a pandemic is significantly increased. Factors such as poverty, food insecurity, and vulnerability to climate change exacerbate the risk of transmission, especially when migration or regular human-animal contact amplify the chances of pathogen spillover and propagation. Evidence also shows that the negative effects of pandemics are felt most strongly by women, due in part to the disruption of essential services that are so critical for their health and well-being.¹⁶ Often, it is these marginalized and at-risk communities that lack robust infrastructure and technical capabilities in the areas of surveillance, laboratory systems, and workforce, leaving them disproportionately vulnerable to the catastrophic consequences of pandemics.

To mitigate the impacts of pandemics and safeguard these marginalized communities, the Pandemic Fund will maintain an emphasis on four themes underlying its work: One Health, community engagement, gender equality, and health equity.

- **The One Health approach** will be a core focus across all Pandemic Fund projects given the interconnectedness of human, animal, and environmental health and the need for a holistic, multisectoral approach to promote antimicrobial stewardship, reduce the risk of zoonotic disease spillover with pandemic potential, and adapt and mitigate the effects of climate change.
- **Community engagement** is fundamental for effective pandemic PPR, given the localized nature of disease outbreaks and the critical need to build trust, raise awareness, combat disinformation, and empower communities and community health workers in pandemic PPR efforts, from the reduction of risk-driving practices to outbreak reporting and the adoption of public health measures. Where relevant, the Pandemic Fund will ensure that funded projects incorporate a detailed and measurable plan for deep and sustained community engagement.
- **Gender equality** is crucial for effective pandemic PPR, from governance and decision-making to project implementation and reporting (including gender impact analyses), given the disproportionate effects of pandemics on women, the unique needs and barriers they face, and the critical role they play as frontline health workers in pandemic PPR. The Fund will aim to ensure that funded projects have a gender-responsive approach to governance and programming, with input from gender experts and clear gender equality targets – such as ensuring gender parity in leadership and ending unpaid work for women.
- **Health equity**, including ensuring timely, equitable, and affordable access to pandemic PPR solutions, safeguarding human rights, and addressing disparities in health outcomes for vulnerable and marginalized populations, is a cornerstone of effective and inclusive pandemic PPR. The Fund will channel its resources to projects that support interventions for and by vulnerable and at-risk groups – such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations – with the goal of promoting equity, human rights, community protection, and resilience.

Each of these themes is critical for successful pandemic PPR, and ensuring they are meaningfully integrated into funded projects is a strategic imperative for the Pandemic Fund as it aims to increase the inclusivity, effectiveness, and sustainability of its investments. Additional detail on how these themes will be operationalized through proposal evaluation and resource allocation can be found in Section 3.3.

¹⁶ Wenham, Claire et al. "[Women are most affected by pandemics – lessons from past outbreaks.](#)" Nature, July 2020.

3. Resource allocation

3.1. Prioritized geographic scopes for resource allocation

The financing need for long-term investment in pandemic PPR at country, regional, and global levels is substantial, as outlined in Section 1.1. The Governing Board is finalizing a separate but parallel Investment Case and Resource Mobilization Strategy that articulate the Pandemic Fund’s fundraising ambitions for mobilizing additive and synergistic resources, grounded on its unique value proposition and significant successes to date. Simultaneously, the Fund recognizes that resources available in the medium term are likely to be insufficient relative to the level of need. As such, the Fund will prioritize its resources over the next five years where they have the highest potential to drive meaningful, sustained impact, maintaining technical evaluation of projects as a critical element of its decisions. **The Fund will allocate the majority of its resources to countries that have the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context.** The Fund will allocate the remaining resources to IDA/IBRD-eligible countries and regional and sub-regional entities.

Resource allocation will hinge on fundraising outcomes. If significantly more resources are available than anticipated, the Fund will open the possibility of targeted global investments, assuming clear demand and articulation of anticipated impact. If fewer resources are available, focus will remain on countries with the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context, while allocation to all other countries and regional and sub-regional entities will be reduced. The Fund’s programmatic prioritization as outlined in Section 2 will be maintained, but the Governing Board may consider a change in scope if significantly more resources are available than expected; such assessment will be incorporated into the regular review process of the Strategic Plan as outlined in Section 7.

While multiple classifications exist to capture countries with the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context, there is no single fit-for-purpose index that incorporates all three aspects of the Pandemic Fund’s focus. For example, gaps in pandemic PPR capacity might be correlated with country income level, or a contextual characteristic such as the Fragile and Conflict-Affected Situations classification from the World Bank; high pandemic risk can be measured, with imperfect accuracy, by the Global Health Security Index or the Epidemic Risk of the INFORM Index. As such, the Fund will identify metrics to develop a custom index and scoring methodology. To the extent possible, the Fund will leverage evidence-based baseline assessments conducted by other stakeholders in informing this index. The following quantitative and qualitative metrics illustrate different types of data that can be considered, recognizing that not all countries track or report this data:¹⁷

- **Quantitative metrics:** Country income level, IHR Preparedness Index, Epidemic Risk of the INFORM index, frequency of interactions with animal reservoirs, surveillance data reported to WOA and WHO, infectious disease burden, population density (human and animal), population size (human and animal), risk of natural disasters¹⁸, vulnerability to climate change, and Joint External Evaluation (JEE), IHR States Parties Self-Assessment Annual Report (SPAR), and Performance of Veterinary Services (PVS) scores (or comparable metrics)

¹⁷ Proposed metrics are preliminary and illustrative, to be refined with additional input from TAP.

¹⁸ There is a higher risk of infectious disease outbreak following natural disasters given insufficient access to water, sanitation, and hygiene (WASH) and safe living conditions.

- **Qualitative metrics:** Strength and capacity of national public health infrastructure, quality of past response to outbreaks

The Fund will work with the TAP and incorporate expert input as it refines the proposed metrics and develops an index to identify these countries.

3.2. Key requirements for resource allocation

The Pandemic Fund’s founding documents, unique value proposition, and stakeholder input collectively inform what the Fund needs to achieve through resource allocation. The Fund will:

- **Remain open to all IDA/IBRD-eligible countries.** The Fund’s founding documents articulate the scope and purpose of the Pandemic Fund as a global financing mechanism.
- **Focus deployment of modest resources in the medium term to drive meaningful impact.** The Fund needs to demonstrate clear impact with modest resources to ensure its continued momentum in the global health architecture. Over the next five years, the Fund will prioritize its resources on the three geographic scopes as outlined in Sections 3.1 and 3.3.
- **Create greater predictability of funding and help manage expectations for countries.** While oversubscription of prior Calls for Proposals was indicative of demand for pandemic PPR financing, it also led to numerous unfunded proposals that required significant time and resources to develop. Going forward, the Fund will provide greater predictability of the size and timing of funding to applicants such that their efforts are appropriately invested.
- **Introduce more flexibility in the application process and requirements for low-resource countries.** Due to their reduced capacity to develop proposals and competing demands on resources, these countries will benefit from targeted support from the Fund in the form of additional flexibility in modalities (e.g., rolling deadline for proposal submission) and lower co-investment requirement. This will reduce competition and enable IEs and other stakeholders to provide additional technical assistance to these countries, putting them on level footing with other countries.
- **Increase coordination with other pandemic PPR funders.** The Pandemic Fund will move away from ad hoc Calls for Proposals towards a more predictable funding allocation in terms of both timing and scope, taking into account the multitude of other funding streams and processes in which countries may wish to partake. The Fund will align its administrative requirements with those of other major funders, such that countries are not burdened with fragmented and duplicative efforts, as outlined in Section 4.3.
- **Simplify processes to minimize burden for all stakeholders, including countries, IEs, and the Pandemic Fund.** As the Fund considers differentiating allocation modalities by applicant type, it will weigh tradeoffs of additional complexity and capacity needs that such an approach may demand from the Pandemic Fund stakeholders. The Fund will aim to strike an appropriate balance between maintaining flexibility and simplifying processes.
- **Remain flexible in the event of a future pandemic or new developments in the global health architecture.** The Fund will monitor developments in the global health and pandemic PPR landscape to assess the need for changes in allocation modalities or scope, particularly regarding its role in response financing.

3.3. Allocation modalities

In accordance with the key requirements above, the Pandemic Fund will offer three distinct allocation modalities in the medium term, independent of resource availability. However, the amounts channeled through each modality will change according to resource availability, as articulated in Section 3.1.

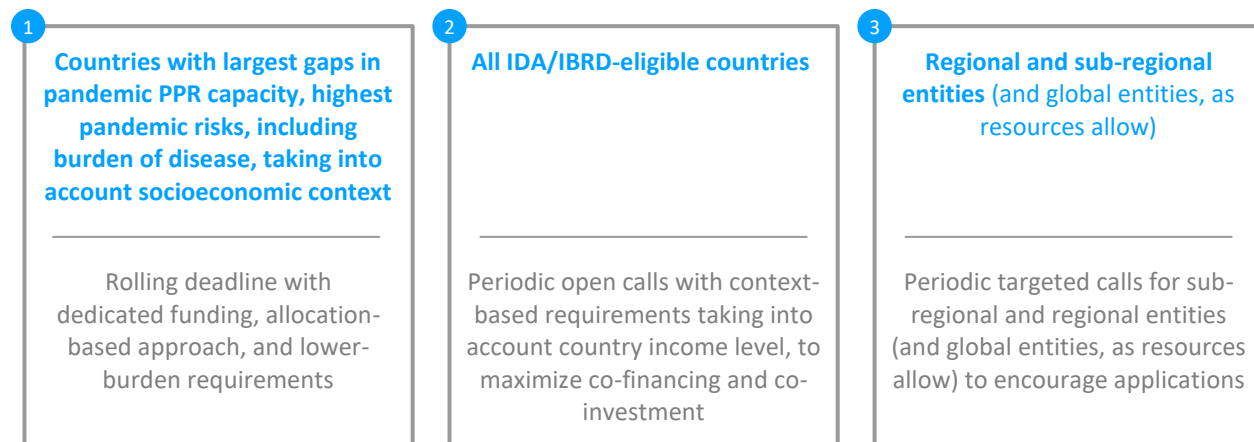


Figure 4: Description of the three allocation modalities that will be offered in the medium term

The first allocation modality is for **countries with the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context**. Having a dedicated modality for these countries allows for more targeted support and assessment of their proposals, including by reducing application burden and competition for funding. It aims to provide greater predictability in the size and timing of funding, and flexibility in proposal development to enable countries to coordinate with in-country processes and funding cycles of other PPR actors. As such, it will have a rolling deadline to respond to country requests as needed, an allocation-based approach, and lower-burden requirements such as reduced requirement for co-investment.

The second allocation modality is open to **all countries that are IDA/IBRD-eligible**. Countries that are eligible for the first modality will also be eligible to apply through this modality. As periodic open calls, this modality will maximize inclusiveness and focus on catalyzing co-investment and co-financing; frequency of calls and the number of application windows will take into account various timing of country budgeting and other pandemic PPR funding cycles. This modality will have a context-based co-investment requirement, taking into account country income level, among other factors.

For both country-level allocation modalities, specific activities within programmatic priorities will be adapted to individual country context and needs as articulated by the countries themselves. Where applicable, proposals for funding will detail how countries will leverage NPHIs (or relevant public institutions) to build pandemic PPR capacity. Where NPHIs or relevant public institutions do not exist or are not yet functional, proposals may request funding for the strengthening of such institutions, as related to pandemic PPR functions.

The third allocation modality is for **regional and sub-regional entities** (and global entities, as resources allow).¹⁹ Separating regional and sub-regional proposals from single country proposals through periodic,

¹⁹ Sub-regional proposals include multi-country proposals.

targeted calls allows the Pandemic Fund to make appropriate comparisons and the Fund to institute larger grant cap(s) as needed, critical for incentivizing proposals of broader geographic scope. At regional and sub-regional levels, the Fund will focus on building capacity and strengthening coordination of surveillance and laboratory networks. Where applicable, proposals for funding will detail how regional and/or multi-country networks, organizations, or hubs will be leveraged to support the three programmatic priorities.

Across all three modalities, the Fund will evaluate proposals on the extent and quality to which they will advance the underlying themes of One Health, community engagement, gender equality, and health equity. Commitment to addressing the underlying themes in project design and follow-through on tracking and reporting during project implementation will both be assessed. The allocation modalities and evaluation approach described in this section will undergo further refinement during the design of future funding rounds.

4. Cooperation, coordination, collaboration

4.1. Role and comparative advantages of Implementing Entities

Implementing Entities (IEs) are the organizations that support the implementation, administration, and oversight of projects and programs financed by the Pandemic Fund. The [Accreditation Framework for Implementing Entities](#) describes IEs' responsibilities in detail, as well as the criteria and process for organizations to qualify as IEs, which include offering unique expertise, resources, or coverage to boost the Pandemic Fund's efforts in strengthening pandemic PPR.^{20, 21}

As of April 2024, the Pandemic Fund collaborates with 13 IEs in three categories: **Multilateral Development Banks (MDBs)**, **Global Health Initiatives (GHIs)**, and **United Nations Organizations and Agencies (UNOs)**. Each category offers different comparative advantages. MDBs excel in providing on-budget financing to governments and supporting their financial sustainability. GHIs have deep experience serving hard-to-reach and vulnerable populations through their extensive network of local partners, integrating disease prevention into broader country-level programs, and making complementary investments. UNOs offer deep technical knowledge, normative guidance, and capacity building expertise in challenging environments and for vulnerable populations. These strengths, embedded in their infrastructure, institutional knowledge, and processes, advance the Pandemic Fund's unique value proposition as detailed in Section 1.4. Harnessing the breadth and depth of IEs' expertise by encouraging participation of diverse IEs remains at the forefront of the Pandemic Fund's strategy.

Considering the composition of current IEs, **potential opportunity areas for adding new IEs** to enhance collective knowledge and skills and better deliver on the Fund's goals include: engaging regional entities, particularly from historically underrepresented regions, that have deeper local knowledge and

²⁰ Pandemic Fund Accreditation Framework for Implementing Entities, Pandemic Fund, 2023.

²¹ Responsibilities of IEs include providing implementation support to beneficiaries as needed, administering Pandemic Fund resources, engaging with beneficiaries to identify projects and activities that could benefit from targeted support, submitting detailed financial and progress reports to the Governing Board, and cooperating on reviews and evaluations of the Pandemic Fund. To qualify as IEs, organizations will be assessed on their capacity and experience to: a) bring expertise, experience and/or geographical access which complements the current capability of the Pandemic Fund; b) Incentivize additionality in financial resources for pandemic PPR including through the mobilization of non-ODA resources; c) Incentivize countries to invest more in pandemic PPR; d) Bring together key institutions engaged in pandemic PPR and health system financing to promote a more coordinated and coherent approach to pandemic PPR; e) Effectively coordinate and collaborate with all partners, including other IEs.

relationships with communities, civil society, and governments, as well as potentially more efficient cost structures; attracting additional IEs with environmental and animal health expertise to increase operationalization of the One Health approach; mobilizing political will through regional and sub-regional entities that have such mandates or political affiliations. These opportunity areas build on the criteria to qualify as IEs as outlined in the Accreditation Framework and will support the Pandemic Fund in driving greater impact.

The Pandemic Fund will foster coordination and collaboration with and among IEs, countries and regions, and other stakeholders, using approaches outlined in Section 4.2. It will continuously assess the performance and capacity of IEs throughout the project lifecycle to refine its IE engagement approach.

4.2. Description of synergies with pandemic PPR funders

The Pandemic Fund aims to complement existing systems, processes, and funding streams to avoid competition, fragmentation, and duplication of efforts, and to maximize the benefit of synergies in the pandemic PPR ecosystem. Many entities, including IEs already working with the Pandemic Fund, are leading important and impactful funding efforts to prevent the next pandemic. Illustrative, non-exhaustive examples include the Global Fund, Gavi, the Global Financing Facility (GFF), Coalition for Epidemic Preparedness Innovation (CEPI), and WHO, listed below. Alongside these multilateral funding mechanisms, Regional and Multilateral Development Banks, bilateral aid agencies, regional entities, and countries are leading critical pandemic PPR investments. These entities all drive pandemic PPR efforts in the Pandemic Fund's programmatic priority areas, either through direct funding or technical assistance.

Illustrative (and non-exhaustive) examples of potential synergies and complementarities with multilateral funding mechanisms include, but are not limited to:

- **The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund):** Invests in integrated disease surveillance programs and resilient and sustainable systems for health (RSSH) as a foundational strategy in its mission to end AIDS, tuberculosis, and malaria epidemics. The Pandemic Fund can leverage and complement this infrastructure with investments in animal and environmental health capacities for a One Health approach. The Pandemic Fund can also benefit from the Global Fund's strong relationships with national health systems and other country-based organizations to ensure country-led programming of its investments.
- **Gavi, the Vaccine Alliance (Gavi):** Helps vaccinate children against deadly diseases, focusing on zero-dose communities and other hard-to-reach populations. The Pandemic Fund can leverage Gavi's network of in-country partners and accumulated technical expertise to strengthen its support for vulnerable and marginalized communities. Gavi's innovative financing models (e.g., public-private partnerships) can serve as models as the Pandemic Fund continuously seeks ways to catalyze additional resources for its project beneficiaries.
- **The Global Financing Facility (GFF):** Advances the health and rights of women, children, and adolescents as a country-led partnership hosted at the World Bank by aligning domestic and donor funding through prioritized national plans coordinated by multi-stakeholder country platforms. GFF also provides flexible and catalytic grants that leverage IDA and IBRD resources for country-identified priorities to strengthen national systems to improve reproductive, maternal, neonatal, child, and adolescent health and nutrition. The Pandemic Fund can leverage GFF's focus on country planning and systems, its diverse partnership base, and experience in mobilizing World Bank co-financing to boost its catalytic financing efforts, particularly as related to gender equality and women's empowerment.

- **Coalition for Epidemic Preparedness Innovation (CEPI):** Accelerates the development of vaccines and other biologic countermeasures against epidemic and pandemic threats so they can be accessible to all people in need. CEPI’s work is closely linked to the Fund’s mission of strengthening pandemic PPR and can leverage the Fund’s investments in health workforce for vaccine delivery. The Fund can also tap into CEPI’s wide network of partners, including governments, donors, pharmaceutical companies, academics, civil society, and health organizations, to boost its catalytic financing efforts.
- **International Development Association (IDA)/International Bank for Reconstruction and Development (IBRD):** Provides grants and concessional loans to countries to increase access to equitable, inclusive, and quality health services. A World Bank Group Global Challenge Program on Health Emergency Prevention, Preparedness and Response (HEPPR) that is currently being designed is expected to further enhance the Institution’s ability to provide IDA and IBRD financing to support countries to scale up capacities for pandemic PPR. The Pandemic Fund can leverage this financing along with the World Bank’s expertise and existing networks to augment pandemic PPR support to both low- and middle-income countries. Discussions with the World Bank confirm that grant financing from the Pandemic Fund will be critical for enabling countries to draw on their limited IDA and IBRD resource envelopes to invest in this agenda.
- **WHO Contingency Fund for Emergencies (CFE):** Pools contributions from WHO Member States and other donors to provide WHO with resources to respond to disease outbreaks and health emergencies. Given that the activities funded by the CFE may leverage the infrastructure and capacities across surveillance, laboratory systems, and workforce that the Pandemic Fund will help strengthen during periods without acute global pandemics, it will be critical for the Pandemic Fund and the CFE to coordinate to minimize duplication or redundancy.

In addition to multilateral funding mechanisms, **co-investor countries** will be central to the Pandemic Fund’s coordination efforts from the outset. While countries vary widely in pandemic PPR financing structures and initiatives, the Pandemic Fund will collaborate closely with relevant, intersectoral country-level organizations (e.g., NPHIs or relevant public institutions, ministries of health, finance, agriculture, and environment) to ensure its investments are synergistic with domestic efforts, support key decision-making entities in-country, and align with domestic budget cycles and processes. In addition, the Fund will incentivize a multisectoral, whole-of-government approach in co-investor countries in accordance with the principles of One Health. The Pandemic Fund will also engage closely with **regional entities**, including as potential grant recipients or IEs, as they bring local relationships and contextual knowledge to enhance the effectiveness of pandemic PPR investments. Regional entities provide funding, technical expertise, and political influence in supporting pandemic PPR initiatives in country and across borders.

The Fund will also aim to strengthen its collaboration with **bilateral donor agencies**. Certain bilateral donors provide over \$1 billion in annual funding for pandemic PPR activities, and larger amounts for public health infrastructure for individual disease control programs. As such, the Fund will actively engage these partners to leverage their reach and expertise and complement their efforts. The **private sector**, including the pharmaceutical industry, will be another key partner for the Pandemic Fund to increase the impact of its investments, both in terms of unlocking catalytic financing and leveraging their best practices and technical expertise to address inefficiencies (e.g., poor data quality and fragmentation in existing disease surveillance programs). The Fund will consider employing innovative project structures and financing partnerships to enhance collaboration with the private sector, ensuring full transparency of all private sector engagement to avoid potential conflicts of interest.

4.3. Goals for cooperation, coordination, and collaboration

As the Pandemic Fund is ultimately a financing mechanism, it can foster cooperation, coordination, and collaboration through its governance mechanisms and processes, and by ensuring funded projects are well-coordinated with other funders and stakeholders. The Pandemic Fund's goals for fostering cooperation, coordination, and collaboration are as follows:

- **Putting countries at the center while driving coherence in funding streams and processes:** As there are a multitude of funding streams directed to countries, the Pandemic Fund can drive coherence in several different ways. The first is tied to its operational approach, including through flexible allocation modalities (e.g., rolling deadlines) that support countries in leveraging other sources of pandemic PPR financing, and administrative requirements that are aligned with those of other pandemic PPR funders. The second is through its governance structures and processes. For example, the Fund can bring IEs together to share visibility into the proposal pipeline, which will better align applicants and IEs according to project needs. The Fund can also help connect countries that have similar proposals, enabling them to pursue multi-country or sub-regional collaboration for synergistic effect.
- **Delivering unique value by funding complementary gaps in the pandemic PPR landscape and advancing ecosystem knowledge:** The Fund will continue to work closely with other pandemic PPR actors to maintain comprehensive knowledge of where other funders are investing, and where there are opportunity areas to provide additional support and complementary funding. It will also proactively inform parallel efforts by other organizations for the benefit of the broader pandemic PPR ecosystem, such as the mapping of surge financing resources and funding gaps by the G20 Joint Health-Finance Task Force. Delivering unique value in the pandemic PPR landscape includes building on investments by other global health actors to integrate pandemic PPR capacities and expertise into broader health system strengthening efforts, and expanding pandemic PPR beyond the human health sector for a multisectoral, One Health approach.
- **Leveraging existing mechanisms and networks to accelerate timeline to impact and share best practices:** The Pandemic Fund recognizes that other organizations relevant to pandemic PPR have long-standing structures that effectively bring together diverse partners to advance collective goals across sectors, particularly at the country level. A salient example is the Global Fund's Country Coordinating Mechanism, which comprises committees representing diverse sectors at country level to oversee grant implementation and ensure consistency with national health and development programs. In addition, these organizations may offer expertise in one or more of the Fund's underlying themes, enabling the Fund to integrate relevant approaches (e.g., gender-responsive, tailored to marginalized populations) in its operations and governance. Strengthening collaboration with existing initiatives can accelerate the timeline to impact and drive improved outcomes, while also helping to propagate best practices across relevant stakeholders.
- **Advancing innovation and advocacy efforts through sharing of learnings and evidence:** In partnering with the Pandemic Fund, co-investors, IEs, and other diverse stakeholders (e.g., academic institutions, civil society, private sector) will benefit from regular convenings to exchange best practices, project learnings, and latest knowledge and evidence on how to maximize impact from pandemic PPR investments. Such multidisciplinary exchange can also boost partners' advocacy efforts for sustainable pandemic PPR financing, in line with the unique value proposition of the Fund of mobilizing additive investment. The Fund has already begun to provide opportunities for the exchange of information and knowledge.
- **Remaining agile and collaborative with parallel initiatives:** As the Pandemic Fund operates in a continuously evolving global health architecture, including global regulations and agreements, it will stay adaptive to the latest developments in the pandemic PPR landscape.

5. Catalyzing additional funding for pandemic PPR

5.1. Context and overview

The Pandemic Fund’s resource mobilization effort will employ a two-tracked approach: focusing on pledging in the near term to continue its impactful investments, and exploring innovative financing solutions in the medium term to mobilize non-ODA funding sources. Both rely on strong advocacy efforts to rekindle interest in the urgency and long-term payoffs of investing in pandemic PPR, given its status as a global public good. Resource mobilization, or fundraising for and by the Pandemic Fund, will be the focus of the separate Resource Mobilization Strategy.

This section of the Strategic Plan focuses on how the Pandemic Fund will deploy its grant financing to mobilize additional funding for project beneficiaries through co-investment and co-financing. Funding mobilized will be **synergistic** with existing pandemic PPR financing architecture; to avoid duplicative efforts and transaction costs for countries, the Pandemic Fund will complement and enhance existing country-level, regional, and global funding sources supporting pandemic PPR and health system strengthening. They will also be **additive**, meaning net new resources, or resources that are contingent on the Pandemic Fund’s investments, will be unlocked. The Fund will ensure that neither domestic nor international dollars are diverted from other important initiatives that bolster health and development, including essential social services provided at country level, and aim to grow the overall financing envelope for pandemic PPR.

5.2. Strategic vision for catalyzing additional funding

The Pandemic Fund’s strategic vision for catalyzing additional funding for beneficiaries is grounded in lessons learned from the COVID-19 pandemic, the Fund’s first year of operation, other global health funders and FIFs, as well as forward-looking ambitions.

To maximize the pool of available resources and ensure effective operationalization, the Fund envisions:

- **Clarity and consistency in definition of co-financing and co-investment.** Applicants, IEs, other co-financers, and stakeholders all require a common understanding of the Pandemic Fund’s definition of catalytic funding. The Fund will develop and communicate clear and detailed definitions and guidance, focusing on true additionality to prevent cannibalization of resources from other critical initiatives as outlined in Section 5.1. Updated guidance will allow applicants and co-financers to commit appropriate investments and help report a more accurate leverage ratio for the Fund. A TAP working group has been set up for this purpose.²² In the immediate future, this working group will standardize the assessment and evaluation procedures for co-financing and co-investment under the second Call for Proposals. Furthermore, it will refine the leverage ratio, which will be integrated into the Pandemic Fund’s reporting framework starting from the second Call. Over the longer term, the working group is expected to formulate comprehensive guidance that can be used in the context of future funding rounds, which will be developed with a broader set of inputs.
- **Alignment with established country processes to ensure sustainable co-investment.** Given that countries face many pressures on their budget and are susceptible to unpredictable macroeconomic factors, the Pandemic Fund will support countries in mobilizing sustainable co-investment in pandemic PPR. The Fund will provide rolling submission deadlines that allow countries to align their

²² This is an ongoing effort as of April 2024.

proposals with national budgeting cycles, and set co-investment requirements varying by country income level and situational context. The Fund will encourage countries to ground their financial commitments in national long-term pandemic PPR investment plans, and support the development of such plans where they do not exist.

- **Promoting synergistic and additive investments in the pandemic PPR ecosystem.** The Fund aims to incentivize synergistic and additive investments across all pandemic PPR actors. Key ways that this can be operationalized are through allocation modalities that incentivize participation of IEs that have deep experience mobilizing co-investment and co-financing. The Fund can also leverage the learning and enabling environment detailed in Section 4.3 to ensure IEs and other co-financers can coordinate in making investments.
- **Enabling applicants to attract catalytic funding from diverse sources.** The Pandemic Fund aims to support applicants in securing financing from non-ODA funding streams, such as philanthropies and the private sector, as well as complementary sectors (e.g., climate and pandemic preparedness nexus, animal health and agriculture). The Fund can also support applicants in their pursuit of innovative financing for projects, such as guarantees and tax schemes, by leveraging the expertise and lessons learned from prior projects and experienced partners. These strategies will complement the Fund's value proposition in positioning pandemic PPR as a multisectoral aim and global public good.
- **Ensuring the Fund's external ambitions and internal capacities are aligned.** The Fund will ensure internal capacity and capabilities such that co-investment and co-financing can be rigorously tracked, reported, and evaluated. This includes strengthening the Fund's capacity to assess the catalytic and additive nature of financial commitments to ensure compliance.

6. Good governance and stakeholder engagement

6.1. Governance processes

The Pandemic Fund is built on the recognition that the active participation of a diverse range of stakeholders is paramount to its success. In its establishment, the Pandemic Fund made a strong effort to design an inclusive governance structure, with equal representation of sovereign contributors and co-investors on the Governing Board, two voting seats for civil society, and one voting seat for non-sovereign contributors. With this structure, the Fund aims to harness the collective wisdom and resources of the global community, acknowledging that the challenges of pandemic PPR are not confined by national borders but are a matter of global public good. This inclusive governance intends to ensure that the Fund's efforts are globally coordinated, locally relevant, and capable of addressing the multifaceted nature of pandemic threats, positioning the Fund as a pivotal player in the global health ecosystem.

While these efforts have been appreciated, the Fund acknowledges general challenges in the active engagement of certain groups of stakeholders. Co-investors feel under-equipped to meaningfully contribute to Board discussions and represent the interests of their constituencies, while civil society organizations and communities lack formal mechanisms for engaging with the Fund beyond their Governing Board representatives. The Fund also recognizes the importance of gathering and incorporating diverse perspectives from stakeholders and experts outside of the Governing Board in strategic decisions.

To address these concerns, the Fund is committed to improving its governance processes to promote greater inclusivity and representation of diverse voices and to build mechanisms to facilitate systematic, inclusive, and timely consultation and engagement for all Board constituencies. Equal opportunity of participation is critical for equity and inclusion, and steps will be taken to ensure all Board members and

all countries within their constituencies feel represented and heard, and that stakeholders outside of the Board are consulted regularly. The Fund will consider approaches such as placing limits on the amount of time allotted for interventions in meetings, promoting a gender parity policy for Pandemic Fund governing and administrative bodies, creating opportunities for stakeholders outside of the Board to provide input in support of key strategic decisions, and instituting processes to strengthen engagement with co-investors and civil society organizations (described in detail in Sections 6.2 and 6.3 below). The Fund will leverage learnings from existing organizations and networks (e.g., the Inclusive Global Health Institutions Project) for further advice and recommendations in these areas.

6.2. Co-investor engagement

As stewards, beneficiaries, and financial contributors of Pandemic Fund initiatives, co-investors play a critical role in ensuring country co-ownership and co-creation of projects and supporting the sustainability of investments. The Pandemic Fund is committed to improving its processes to bolster co-investor participation and representation as key partners and decision-makers and to strengthen leadership roles for low- and middle-income countries in the Pandemic Fund.

As one way of doing this, the Fund will support co-investor constituencies to self-organize, enabling them to decide who will represent them on the Governing Board and how they meet and share ideas, while ensuring all sub-regions are represented. To empower co-investor Board representatives, the Fund will more clearly articulate their roles and responsibilities, enhance transparency over who is included in their constituencies, and provide tangible support for bi-directional communication between them and their constituencies (e.g., by convening town halls). Additionally, the Pandemic Fund will aim to create a more inclusive atmosphere within Board and Committee meetings by lessening barriers to co-investor participation (e.g., by providing translation services, accommodating diverse time zones, facilitating additional preparation in advance of Board meetings, or allocating specific time for co-investor comment).

Given the importance of supporting country ownership and advancing country priorities in its programming, the Fund will employ a tailored approach to resource allocation (see Section 3.3). This includes adapting requirements for co-investment for low-resource contexts and adjusting the operationalization of the programmatic priorities, cross-cutting enablers, and underlying themes in a way that is inclusive of country contexts (e.g., filling country-specific gaps and recognizing other entities that serve similar functions to NPHIs). Where possible, the Fund will also help to foster collaboration between co-investors and other stakeholders across the pandemic PPR funding ecosystem.

6.3. Community and civil society engagement

Community engagement is a key underlying theme and strategic priority for the Pandemic Fund as it strives to support an equitable and inclusive approach to pandemic PPR funding that reflects the diverse needs of all populations, especially the most vulnerable and marginalized. Civil society organizations play a foundational role in supporting project success and sustainability, acting as a platform for community engagement and advocating for community needs throughout the project lifecycle, building and leveraging longstanding trust with communities, reaching vulnerable and marginalized populations (e.g., women, migrants, those living in fragile and conflict-affected situations), contributing technical expertise (e.g., in gender and human rights), and evaluating project performance and outcomes. Civil society input is particularly critical for ensuring that investments in surveillance, laboratory systems, and workforce are gender-responsive and adaptive to community needs and capabilities. The Pandemic Fund is dedicated to

strengthening civil society engagement by enabling representatives to more effectively advocate for their constituencies and by ensuring civil society is actively involved at every level of project decision-making.

Recognizing the importance of civil society involvement in Pandemic Fund governance, the Fund will ensure that civil society constituency input can be collected and voiced by Board representatives in a systematic, inclusive, and timely manner. To this end, the Fund will facilitate technical and financial assistance to enable the active engagement of civil society representatives with the Pandemic Fund (e.g., designating a point of contact for civil society within the Secretariat), creating formal processes for supporting communication between representatives and their constituencies (e.g., developing educational materials or hosting civil society constituency meetings in advance of Board meetings).

To ensure civil society can provide input on projects from early stages of development, the Fund will explore ways to provide clarity on the role of civil society organizations and ensure their involvement throughout the project lifecycle – from initial design to implementation and evaluation – including in countries that lack organized civil society groups. The Fund will also encourage civil society engagement by its partners, such as IEs and country and regional entities responsible for project development, implementation, and monitoring. Moreover, the Fund recognizes the need for a dedicated mechanism that facilitates meaningful civil society engagement on projects, building on lessons learned from other global financing mechanisms (e.g., the Global Fund’s Country Coordinating Mechanism), and will take the necessary steps to support its establishment. It will also provide sufficient time in proposal development to allow for the matching of technical expertise and on-the-ground knowledge of civil society to support project needs, lead advocacy efforts, and assist in project evaluation as well as to support the inclusion and empowerment of vulnerable populations.

6.4. Transparency and accountability

The Pandemic Fund recognizes the importance of transparency and accountability and took steps to integrate these values into its established governance protocols, committing to publish all foundational documents, Board meeting minutes, data on financial pledges and contributions, and other materials online. These principles, along with a summary of the roles and responsibilities of all governance and administrative bodies (e.g., Governing Board, TAP, Secretariat, Trustee), are described in the Pandemic Fund’s [Governance Framework](#).

To further reduce potential for mismanagement of funds or conflicts of interest, the Fund is committed to strengthening its procedures to improve accountability, transparency, fiscal responsibility, and independent monitoring and reporting of all investments. Potential examples of this include proactively publishing additional documents online in real time, including approved proposals, technical reviews, outcome monitoring and reporting, and financial disbursements; developing a detailed Monitoring and Evaluation Plan with clear list of indicators and metrics to track implementation and impact across all of the Pandemic Fund’s work, requiring disclosure of engagement with private sector to reduce potential conflicts of interest; auditing and assessing the Fund’s progress against the Monitoring and Evaluation plan; publishing a grant tracking dashboard online for public review; continuing to provide feedback to applicants who submit unfunded proposals; and leveraging the support of civil society to gather input and monitor outcomes at the country level. The Governing Board will also discuss its approach to risk management and establish protocols for responding to any potential future breach of commitments during project implementation.

7. Path forward

The Strategic Plan is intended to be a living document with possibility of revisions or amendments in case of major shifts in context or needs within the broader pandemic PPR landscape. The Pandemic Fund Governing Board reiterates its support to reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (2005), and any amendments/enhancements thereof, as well as the WHO Pandemic Agreement currently being negotiated.²³ The Governing Board will regularly assess and review the Fund's impact, its level of available resources, and the evolving needs of the broader landscape – in consultation with external stakeholders and experts – to determine whether a refresh of the Strategic Plan is necessary to ensure continued relevance.

In addition, the Governing Board will institute longer-term guidelines that define circumstances (e.g., “trigger points”) under which the Pandemic Fund will be open to considering a strategy refresh in the future, in alignment with the Fund's commitment to transparency. This could include broader changes in the pandemic PPR landscape or a global or country-specific crisis (e.g., Public Health Emergency of International Concern, humanitarian crisis, or climate emergency).

The Governing Board will be responsible for guiding the operationalization of the Strategic Plan, which includes clear next steps such as refining the index to identify the subset of countries with the largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context, and designing the allocation modalities. This operationalization will require full partnership with stakeholders, including the Governing Board, the Secretariat, IEs, and the TAP. The Board will oversee complementary efforts, including an Investment Case and Resource Mobilization Strategy to support fundraising for and by the Pandemic Fund, a Monitoring and Evaluation Plan anchored in the Results Framework to support monitoring of outcomes and impact against the five-year impact ambition, and a Communications Plan to provide a roadmap for the communication and dissemination of the Strategic Plan.

8. Conclusion

Facing escalating threats like climate change, conflicts, and AMR, the urgency to bolster capacities for pandemic PPR intensifies. The Pandemic Fund's Strategic Plan (2024-2029) sets a clear path for enhancing foundational pandemic PPR capacities in surveillance, laboratory systems, and workforce, including in NPHIs or relevant public institutions and in regional/global networks, organizations, or hubs, underpinned by the principles of One Health, community engagement, gender equality, and health equity. The Plan prioritizes sustainable capacity building at country and regional levels, focusing on countries with largest gaps in pandemic PPR capacity, highest pandemic risks, including burden of disease, and taking into account socioeconomic context. By fostering collaboration across the diverse landscape of pandemic PPR funders and stakeholders, the Fund aims to create new synergies that leverage existing infrastructure, capacities, expertise, and networks, and ultimately to strengthen global health security as a global public good.

As the Pandemic Fund looks ahead to the next five years, the Strategic Plan reaffirms the Fund's commitment to playing a unique role in the pandemic PPR landscape while supporting coordination across actors around countries' priorities, and empowering countries, regions, and the world to be better prepared to prevent, detect, contain, and rapidly respond to emerging threats.

²³ Activities captured as of April 2024.

Appendix

Appendix A: First-year retrospective (September 2022 - September 2023)

The Pandemic Fund realized significant achievements throughout its first year. Following its formal establishment, its governing bodies and administrative frameworks were quickly established and operationalized. The Governing Board has a diverse makeup, with equal representation of contributors and co-investors, equal representation of global north and global south, and participation of philanthropies and civil society. There is a broad mix of eligible IEs, including MDBs, UN agencies, and GHIs; this diversity is pivotal in enabling the Fund to execute projects and capitalize on the comparative advantages of each respective IE, as detailed in Section 4.1.

The Fund built on political alignment and momentum from the G20 to mobilize US \$1.9 billion in pledged funds from 27 sovereign and three philanthropic contributors (as of March 2024). Its First Call for Proposals (FCP) was oversubscribed, receiving 179 applications for over \$2.5 billion in requests from 133 countries, representing eight times the total resource envelope set for the FCP and highlighting the acute need and interest for funding in the three focus areas: Disease surveillance and early warning, Laboratory systems, and Human resources/public health workforce. The FCP encouraged co-financing (funding from IEs, philanthropies, and/or other sources) and co-investment (funding from recipient countries) alongside \$338 million in grants to 19 applicants, catalyzing an additional \$2 billion and leveraging a 6:1 ratio to develop sustainable and integrated funding.

An independent Stocktaking Review on the first year of the Pandemic Fund, developed in September and October 2023, identified opportunities to implement lessons learned to bolster the strategic and operational effectiveness of the next call for proposals and maintain the sustainability of the process and interest from applicants. It also identified opportunities to continue to strengthen the governance and administrative structures and procedures of the Fund, including by supporting engagement and active participation of co-investors and civil society. Alongside these opportunities, a set of strategic questions were raised to define the Pandemic Fund's priorities and its impact on future calls, resource mobilization, and partnerships over the next five years. These strategic questions include how the Fund can fully realize its value potential in pandemic PPR architecture to ensure sustainability and additionality of the Fund, how the Fund can refine its approach to prioritization and provide visibility into its future priorities to help countries make better informed decisions for future calls, how the Fund can further enhance its catalytic nature, how the Fund can more robustly integrate with country planning and other funding processes, and how the Fund can optimize its collaboration with partners.

Appendix B: Overview of pandemic PPR funding landscape

The post-COVID-19 pandemic PPR funding landscape was first described in detail in the June 2021 report of the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, "[A Global Deal for our Pandemic Age](#)," which identified an overall annual additional public funding need of \$34 billion for pandemic prevention and preparedness for five years and called for an additional \$15 billion per year in international financing, with the remainder coming from national budgets. The WHO and World Bank paper, "[Analysis of Pandemic Preparedness and Response \(PPR\) architecture, financing needs, gaps and mechanisms](#)," published in March 2022 for the G20 Joint Finance-Health Task Force, provided an update to this analysis, estimating an annual pandemic PPR funding need of \$31.1 billion and a gap in international financing of \$10.5 billion per year. Of the \$31.1 billion total need, this includes an estimated \$13.3 billion for surveillance and early warning, \$6.1 billion for health

interventions and resilient health systems, \$5.5 billion for public health and social measures and engaged communities, \$3.7 billion for research and access to countermeasures, and \$2.5 billion for pandemic PPR strategy and coordination. The WHO/World Bank paper further disaggregated pandemic PPR funding needs and gaps across country and regional/global levels, estimating a total need of \$26.4 billion and international funding gap of \$9.3 billion for country-level pandemic PPR efforts, and a total need of \$4.7 billion and gap of \$3.5 billion for regional/global pandemic PPR efforts.

The analysis conducted in February 2024 for the purpose of this Strategic Plan built on these prior reports to provide an updated view of overall international funding available across pandemic PPR topic areas. This included an assessment of pandemic PPR spending by the largest pandemic PPR funders – including the World Bank, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Gavi, the Vaccine Alliance (Gavi), the Bill & Melinda Gates Foundation (BMGF), the U.S. Agency for International Development (USAID), the European Union (EU), the Global Financing Facility (GFF), UNICEF, the Food and Agriculture Organization (FAO), and the Coalition for Epidemic Preparedness Innovations (CEPI) – through a bottoms-up review of grant data and impact reports, and input received from stakeholders. This analysis aimed to identify directional estimates of current pandemic PPR funding and capacity gaps and may not be fully exhaustive of all relevant investments.

Within this evolving landscape, a group of major pandemic PPR funders emerged, each dedicating approximately \$1 billion or more per year to PPR activities – including the World Bank, Global Fund, PEPFAR, Gavi, BMGF, and USAID. The Global Fund, for example, invested over \$1.8 billion in surveillance, laboratory, and human resources for health over the 2024-2026 period across its Grant Cycle 7 (GC7) and COVID-19 Response Mechanism (C19RM). Across all, these funders are primarily focused on strengthening country and regional pandemic PPR capacity, with a variety in the type and cadence of funding provided – including a mix of grants and loans, off- and on-budget investments, short- and long-term projects, and variable application and disbursement schedules.

This recent analysis found that some pandemic PPR funding gaps – including for rapid response and manufacturing, procurement, and supply chain – have begun to shrink with the launch of new global initiatives. For rapid response, these include Gavi’s Day Zero Financing Facility, the African Union’s African Risk Capacity, and others. For manufacturing, procurement, and supply chain, these include Gavi’s African Vaccine Manufacturing Accelerator, the International Finance Corporation’s Global Health Platform, the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines, and Health Technologies in Africa (MAV+), and the African Medicines Agency, though these initiatives have yet to be fully funded.²⁴

Despite recent investments, considerable funding and capacity gaps remain in areas such as surveillance and laboratory systems, with an estimated USD \$7-8 billion annual gap (based on an estimated need of \$9-10 billion) across both domestic and international financing; country preparedness and capacity building (which includes workforce), with an estimated \$3-4 billion annual gap (of an estimated \$5-6 billion needed); and zoonosis, including One Health and AMR, with an estimated \$2-3 billion annual gap (of an estimated \$3-4 billion needed). Additionally, there is limited coordinated funding for strengthening

²⁴ Gavi’s Day Zero Financing Facility will have surge capacity of up to \$2.5 billion in the next pandemic, including \$500 million in immediately available funds; Gavi’s African Vaccine Manufacturing Accelerator (AVMA) will be launched in June 2024 as an up to \$1 billion 10-year instrument; the Global Health Platform aims to provide up to \$4 billion in financing; the MAV+ program has a total planned allocation of €1.3 billion; the African Medicines Agency is a new specialized agency of the African Union focused on regulatory policy, with ~\$100M mobilized for its first five years.

IHR core capacities specifically at Points of Entry; consequently, this area of work is often under-resourced with limited prioritization at country level.

While these analyses focused largely on international spending for pandemic PPR, it is critical to acknowledge the broader health financing landscape and the fact that low- and middle-income countries are experiencing high debt distress, ultimately contracting their fiscal space and domestic investments in health and pandemic PPR.

Appendix C: Detail on programmatic priorities and cross-cutting enablers

A deeper dive into the Pandemic Fund’s programmatic priorities revealed critical investments led by other organizations, with potential opportunity for the Fund to leverage and complement. In the area of **surveillance**, major players such as the Global Fund and PEPFAR are investing in both disease-specific and integrated surveillance systems, while other actors such as the World Bank, USAID, and FAO are leading programs for zoonotic surveillance. In **laboratory systems**, organizations like the Global Fund and PEPFAR invest in integration and coordination of laboratory capacity and supplies, while the World Bank and USAID are leading efforts to support laboratory network strengthening, including the integration of these programs within broader regional networks. Private sector and philanthropy are investing in efforts to advance next-gen surveillance and laboratory methods, such as genomic sequencing. In **workforce**, there are major programs (including those led by the U.S. Centers for Disease Control and Prevention, African Union and Africa Centres for Disease Control and Prevention, the Global Fund) to provide training for general public health as well as pandemic PPR-specific skills (e.g., in field epidemiology), though there is limited funding for multisectoral workforce strategies with a focus on One Health and community engagement. Across each of these areas, academic institutions and research organizations are working to gather data and build the evidence base around effective pandemic PPR policies and interventions.

Given this landscape, and based on stakeholder consultations, a selection of potential opportunities for the Pandemic Fund to complement existing efforts have emerged. While specific investments will be driven by demand, a non-exhaustive list of potential activities the Pandemic Fund may support includes:

- **Surveillance**
 - Capacity for the monitoring of emerging infectious diseases (EIDs) with pandemic potential, including at Points of Entry and adjacent border communities, through integrated, One Health surveillance networks;
 - Community engagement including targeting of high-risk, underserved, and hard-to-reach populations to improve community-based, gender-responsive surveillance;
 - Development and enforcement of normative guidance on cross-border epidemiological data collection, sharing, and risk assessments, including sample collection and transport and the integration of mobility information into surveillance systems;
 - Coordination across sectors (e.g., environment, animal health, agriculture) to strengthen capacity to monitor and mitigate antimicrobial misuse, detect antimicrobial-resistant pathogens and zoonotic spillover;
 - Monitoring of pathogen spillover and AMR within risk-driving practices and at human-animal interfaces (e.g., illicit wildlife trade, live animal markets, industrial livestock farming, extractive industry practices, deforestation);
 - Development of digital infrastructure for data management and sharing between community, health facility, sub-national, national, regional, and global levels;

- Adoption of innovative surveillance methods for EID detection, contact tracing, and real-time tracking, with dashboards and regular reporting to the public;
- Development and implementation of evidence-based protocol on how to incorporate surveillance data into outbreak response planning.
- **Laboratory systems**
 - Provision and maintenance of laboratory infrastructure relevant to pandemic PPR (e.g., equipment and reagents for genetic sequencing, assay development verification);
 - Establishment of digital infrastructure within EID testing and diagnostic laboratories to enable real-time specimen analysis and linkage with digital surveillance systems;
 - Interoperable tools and infrastructure to enable coordination and sharing of data from local laboratories to national, sub-regional, regional, and global laboratory hubs;
 - Establishment of a network of community-based laboratories, particularly in rural and underserved areas and in border communities, to ensure equitable access to diagnostic services and to report results up to a national or regional public health laboratory;
 - Development and enforcement of norms and standards for laboratory best practices, including for biosafety, waste management, and others related to pandemic PPR.
- **Workforce**
 - Recruitment and training to build surveillance workforce for pandemic PPR (e.g., field epidemiologists, data analysts, public health informatics specialists, community engagement managers, contract tracers) with a One Health approach;
 - Recruitment and training to build laboratory workforce for pandemic PPR (e.g., technicians, pathologists, data managers, logisticians) with a One Health approach;
 - Training and education of community-facing health and non-health workforce (e.g., community human, animal, and environmental health workers, NGOs working in other health areas, religious leaders, journalists, teachers) in pandemic PPR to build trust and deliver public health messaging to engage communities in outbreak reporting and response, combat disinformation, propagate transmission-based precautions, link potential cases to laboratory testing, promote antimicrobial stewardship, and reduce practices that may increase the risk of zoonotic spillover;
 - Training and education of non-human health experts (e.g., community animal health workers, veterinarians, environmental health officers, slaughterhouse workers, live animal market sellers, forestry officers, etc.) in best practices in antimicrobial use and outbreak detection and reporting to reduce risk of spillover, zoonotic disease, and AMR;
 - Capacity building of health, border, and other frontline workers (e.g., immigration, customs and revenue, and other law enforcement personnel) at Points of Entry, in border areas, and along the mobility continuum on pandemic PPR topics;
 - Planning and recruitment of surge workforce, including professional community health workers and receiving or referral health facilities, that can be deployed in the case of an outbreak or health emergency to support response and to ensure the continuity of essential health services;
 - Programs that leverage existing expertise, institutions, and tools to respond to evolving pandemic PPR training needs and create long-term career tracks for experts;
 - A commitment to gender responsiveness and gender equality to be applied to all of the above, including but not limited to fairly paying, upskilling, and investing in career progression of women in the workforce as relevant to pandemic PPR (e.g., community health workers).

Given the need for these activities to be embedded into reliable, well-functioning public institutions to be fully country-owned and sustainable, the Pandemic Fund will invest in building and strengthening such institutions – National Public Health Institutes (NPHIs) or relevant public institutions and regional/global networks, organizations, or hubs. The Fund will support capacity building for the three programmatic

priorities within these entities where they already exist, or will work with partners to establish new entities in countries that do not have them and invest in pandemic PPR capacities within them.

Examples of ways the Pandemic Fund will support **NPHIs or relevant public institutions**²⁵ include:

- Supporting efforts to integrate independent PPR-related surveillance, lab, and workforce programs into public entities to ensure long-term continuity and alignment with country needs;
- Funding public institutions to develop key operational guidelines (and related capacities) relevant to pandemic PPR such as emergency response protocol, One Health strategy, and gender policy;
- Providing funds to build digital infrastructure within public institutions to enable them to conduct simulation exercises and real-time outbreak data collection and analysis;
- Supporting public institutions to coordinate across animal and environmental health sectors to build country capacity to monitor human-animal interfaces and antimicrobial use, and detect zoonotic spillover and antimicrobial-resistant pathogens;
- Supporting public institutions to collaborate with other partners including academic and research organizations, community-based organizations, and the private sector to leverage their comparative advantages and technical expertise in pandemic PPR;
- Providing funds for public institutions to launch programs that hire and train workforce for pandemic PPR (e.g., field epidemiologists, contact tracers, laboratory technicians, animal and environmental health experts);
- Complementing efforts by other funders to establish new NPHIs, EOCs, or similar entities where they do not already exist by investing in pandemic PPR-specific surveillance, laboratory, and workforce capacity within or connected to them.

Examples of ways the Pandemic Fund can support **regional/global networks, organizations, or hubs** include:

- Funding capacity building and coordination of regional reference laboratory networks (e.g., through physical infrastructure and equipment, workforce training) to become regional centers of excellence and strengthen national public health laboratory capacity;
- Supporting regional entities to develop and harmonize norms and standards for surveillance protocols, multisectoral workforce strategy, community engagement for outbreak reporting, or reduction of practices that increase risk for zoonotic spillover (e.g., illicit wildlife trade, industrial livestock farming);
- Funding cross-border surveillance, Point of Entry capabilities, and coordination of border communities to reduce risk of cross-border disease transmission;
- Supporting enhanced cooperation and real-time information/data sharing to improve sub-regional, regional, and global surveillance and laboratory networks.

²⁵ Including public health, veterinary, agriculture, wildlife, and environmental health institutions.