



**The  
Pandemic  
Fund**  
FOR A RESILIENT WORLD

# Building a Pandemic- Resilient World

The Pandemic Fund  
Inaugural Progress  
Report 2023-2024



---

# Building a Pandemic-Resilient World

- The Pandemic Fund  
Inaugural Progress  
Report 2023–2024
-



# Contents

---

Abbreviations .....	v
A Message from the Pandemic Fund Co-Chairs .....	vii
Foreword by the Executive Head of the Pandemic Fund .....	viii
Overview .....	ix
● 1. Topline Results as of October 2024 .....	1
● 2. Building a New Platform for Global Cooperation and Accountability.....	5
● 3. Portfolio Progress and Results.....	9
● 4. Issues and Challenges .....	21
● 5. Moving Forward .....	23
Annex 1: Summary of Projects Financed At-a-Glance, by Funding Round.....	25
Annex 2: Process Improvements for the Second Round of Proposals Based on Stocktaking Review .....	31
Annex 3: Overview of First Round Project Portfolio Progress by Results Areas .....	33
Results Area 1: Improved Capacity for Detection, Notification, and Response to Pandemics .....	33
Results Area 2: Improved Coordination Nationally (across Sectors within Countries) and among Countries Regionally and Globally .....	34
Results Area 3: Catalyzed and Incentivized Additional Investments in Pandemic PPR.....	36
Results Area 4: Improved Efficiency in the Use of Pandemic Fund Resources .....	36
Annex 4: Support to Cross-Cutting Themes and Enablers to Build Country and Regional Capacity.....	39
Theme 1: Community Engagement.....	39
Theme 2: Gender Equality .....	40
Theme 3: Health Equity.....	40

---

Theme 4: One Health Approach .....	41
Cross-Cutting Enabler: National Public Health Institutes .....	41
Cross-Cutting Enabler: Regional/global Networks, Organizations, and Hubs .....	42
<b>Annex 5: Number and Percent of Countries at Each Level of 2023 SPAR for Indicators in the Pandemic Fund Results Framework.....</b>	<b>43</b>
<b>Annex 6: SPAR Indicators Targeted, of 16 Total Single Country Projects .....</b>	<b>45</b>
<b>Annex 7: Total Funds Transferred from Trustee to Implementing Entities and Spent During July 1, 2023–June 30, 2024 .....</b>	<b>47</b>
<b>Annex 8: Financials .....</b>	<b>49</b>



# Abbreviations

---

<b>AAR</b>	After-Action Reviews	<b>IHR</b>	International Health Regulations
<b>ADB</b>	Asian Development Bank	<b>IT</b>	Information and Technology
<b>AIIB</b>	Asian Infrastructure Investment Bank	<b>JEE</b>	Joint External Evaluation
<b>AMR</b>	Antimicrobial Resistance	<b>LMICs</b>	Lower Middle-Income Countries
<b>CAHWs</b>	Community Animal Health Workers	<b>MDBs</b>	Multilateral Development Banks
<b>CARPHA</b>	Caribbean Public Health Agency	<b>M&amp;E</b>	Monitoring and Evaluation
<b>CDC</b>	Centers for Disease Control and Prevention	<b>PAHO</b>	Pan American Health Organization
<b>CfP</b>	Call for Proposals	<b>PPR</b>	Prevention, Preparedness, and Response
<b>COI</b>	Conflict of Interest	<b>PSEAH</b>	Prevention of Sexual Exploitation, Abuse, and Harassment
<b>COVID-19</b>	Coronavirus Disease 2019	<b>RCCE</b>	Risk Communication and Community Engagement
<b>CSOs</b>	Civil Society Organizations	<b>SimEx</b>	Simulation Exercise
<b>EARs</b>	Early Action Reviews	<b>SPAR</b>	States Parties Self-Assessment Annual Report
<b>EOCs</b>	Emergency Operations Centers	<b>TAP</b>	Technical Advisory Panel
<b>EOI</b>	Expression of Interest	<b>UN</b>	United Nations
<b>FAO</b>	Food and Agriculture Organization	<b>UNEP</b>	United Nations Environment Programme
<b>FETP</b>	Field Epidemiology Training Program	<b>UNICEF</b>	United Nations Children’s Fund
<b>FIF</b>	Financial Intermediary Fund	<b>WBG</b>	World Bank Group
<b>FPA</b>	Financial Procedures Agreements	<b>WHO</b>	World Health Organization
<b>GHIs</b>	Global Health Initiatives	<b>WOAH</b>	World Organization for Animal Health
<b>G20</b>	Group of Twenty		
<b>IaDB</b>	Inter-American Development Bank		
<b>IAR</b>	Intra-Action Reviews		
<b>IEs</b>	Implementing Entities		





# A Message from the Pandemic Fund Co-Chairs

---

More than 7 million lives were needlessly lost because of the slow global response to COVID-19, and the pandemic wiped out nearly a decade of global progress in improving life expectancy. The pandemic also cost tens of trillions of dollars in economic losses and has led to what the World Bank Group calls “an historic reversal” in economic growth for half of the world’s most vulnerable countries. Countries at all income levels are still contending with the aftershocks of the pandemic.

As the former finance minister for Indonesia and the current health minister for Rwanda, we come from very different countries and perspectives, but as co-chairs we are united against the common threat of pandemics. Climate change, migration, urbanization, and a rise in drug-resistant infections are dramatically increasing the odds of dangerous outbreaks. The rapid spread of mpox and bird flu, the recent Marburg virus outbreak, and a new “Disease X” emerging in a remote area of Africa are only the latest warnings that world leaders must take urgent steps today to bolster our collective defenses by investing in pandemic preparedness.

The Pandemic Fund is designed to take this global challenge head on. The Fund is mobilizing financing to help low- and middle-income countries strengthen critical frontline capacities such as infectious disease surveillance and early detection, laboratories for rapid testing, and health emergency workforce that are essential to stop

outbreaks from spreading. Investing in preparedness and more resilient health systems will save lives and trillions in pandemic-related costs later.

The Pandemic Fund is also a testament to power of multilateralism. As a catalytic financing mechanism, the Pandemic Fund is not only making direct new grant investments, but it is also crowding in and leveraging additional resources from multilateral development banks, bilateral and global agencies, foundations, the private sector, and most importantly, from vulnerable countries themselves. Just as critical, the Fund has created a vital platform to drive much-needed global solidarity and collaboration against a shared threat to humanity.

Just two years ago, G20 leaders agreed that the world must do something to heed the lessons of COVID-19, and the Pandemic Fund was born. It has been remarkable to see what the Fund has already accomplished in such a short period of time. Nearly half of its first US\$2 billion in pledges have been awarded through two global funding rounds, and many projects are already helping communities and countries become safer. Yet too many critical gaps remain unfunded, and time is not on our side. As we saw with COVID-19, an outbreak can happen anywhere, at any time—and can quickly put everyone, everywhere at risk. Now is the time to stay vigilant and double down on investing in preparedness through the Pandemic Fund—and prevent another deadly and costly pandemic.

Chatib Basri  
Co-Chair, The Pandemic Fund

Sabin Nsanzimana  
Co-Chair, The Pandemic Fund

# Foreword by the Executive Head of the Pandemic Fund

I am proud to present the Pandemic Fund's inaugural progress report. In November 2022, G20 leaders launched the Pandemic Fund with the mission to ensure that low- and middle-income countries have the capacity to detect, prevent, and rapidly respond to pandemics. We have since moved expeditiously to complete the first two funding rounds and award grants totaling US\$885 million to benefit 75 countries across six geographies and mobilize an additional US\$6 billion in international co-financing and country co-investments—demonstrating the Fund's promise as a force multiplier for a safer world.

As this report highlights, the first round of Pandemic Fund grants are already delivering results. They are galvanizing partner coordination and collaboration around multisectoral, One Health approaches to strengthen pandemic prevention, preparedness and response (PPR) through investments in surveillance, laboratory systems, and a fit-for-purpose health workforce. For example, in Bhutan, Pandemic Fund-supported investments are upgrading veterinary and human laboratories and building capacity through training lab technicians, field epidemiologists, and farmers in biosafety and biosecurity practices. In Ethiopia, investments include building an electronic alert system, upgrading and connecting veterinary and human laboratory networks, and shoring up the health workforce and supply chains to provide surge capacity. In the Caribbean, the Pandemic Fund project is supporting the Caribbean Public Health Agency to foster collaboration among countries across the region to share information and ensure that their vital tourism sectors are ready for future public health emergencies, including the increasing onslaught of superstorms fueled by climate change.

While working to safeguard the future, the Pandemic Fund has also taken steps to respond to current outbreaks, such as mpox. In September 2024, the Pandemic Fund fast-tracked funding to 10 coun-

tries in Africa to bolster their mpox response. Our medium-term strategic plan lays out a comprehensive path toward a world better equipped to manage pandemic threats. We have also prioritized real-time learning and adaptation to refine and strengthen the Fund's governance and operational structures, systems, and procedures as part of our commitment to drive collaboration, excellence, and accountability.

This early progress has been made possible thanks to the commitment, dedication, and support of the Pandemic Fund's Governing Board, comprising representatives of contributor and co-investor countries, foundations, and civil society around the world; members of the Technical Advisory Panel (TAP), who have lent their time and expertise to review hundreds of proposals; Implementing Entities, who have collaborated with countries and with one another to ensure that Pandemic Fund grants are targeting the most urgent needs; country and regional partner agencies where the Pandemic Fund has invested; and many other stakeholders who have helped inform our strategy and support our efforts. Through this collective action approach, the Pandemic Fund is contributing to greater coherence in global health financing and in pandemic PPR.

Low- and middle-income countries are demonstrating that they understand the health, economic, and social risks of another pandemic and do not want to be caught unprepared again. Demand for Pandemic Fund grants has been very high: the first two calls for proposals have generated US\$7 billion in funding requests, far exceeding available resources to date. With increased and sustained support from the international community, the Pandemic Fund will continue to grow and evolve towards delivering on its promise of a better prepared and pandemic-resilient world.

Priya Basu, Executive Head, The Pandemic Fund  
December 2024

# Overview

---

The devastating human, economic, and social costs of the Coronavirus Disease 2019 (COVID-19) pandemic exposed the urgent need for coordinated and concerted global action to prevent future pandemics. As the first-of-its-kind multilateral financing platform dedicated exclusively to mobilizing new investments to strengthen the capacity of low- and middle-income countries for pandemic prevention, preparedness, and response (PPR), the Pandemic Fund’s mission is to ensure that all countries are better prepared and equipped to prevent, detect, and respond swiftly to emerging infectious disease threats.

The Pandemic Fund represents one of the most significant global health and finance reforms to emerge from the COVID-19 crisis and a commitment to collective action to address one of the greatest existential threats to humanity. With the vision and leadership of Italy and Indonesia under their respective G20 Presidencies, championship from the United States, and broad support from other G20 members and beyond, founding donors, the World Health Organization (WHO), other international partners, and civil society organizations (CSOs), the World Bank Group (WBG) Board of Directors approved the establishment of the Pandemic Fund on June 30, 2022. The Pandemic Fund was launched on November 13, 2022, at the G20 Leaders’ Summit in Bali, Indonesia.

## ● Who We Are

The Pandemic Fund’s overarching objective is to provide a dedicated stream of additional, long-term funding to bolster critical pandemic PPR functions in World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries. It is a multi-stakeholder partnership comprised of contributor (donor) governments, co-investor countries, foundations, and CSOs, hosted by the WBG and with WHO as the technical lead.

As a Financial Intermediary Fund (FIF), the Pandemic Fund is governed by an inclusive Governing Board with 21 voting members. The Governing Board reflects an equal balance of sovereign “contributors” (donors) and sovereign “co-investors” (countries eligible to receive funding) and includes one voting seat for non-sovereign contributors (e.g. foundations) and two voting seats for CSOs.

The Pandemic Fund’s governance and administrative structure and arrangements are detailed in its Governance Framework, which was approved at the time of the Pandemic Fund’s establishment in September 2022. Operating arrangements are described in the Operations Manual.

Diverse stakeholders including donors, beneficiary country governments and regional entities,

multilateral institutions, CSOs, private sector, foundations, and others have contributed to the Pandemic Fund's design and evolution to ensure it reflects a commitment to inclusivity and equity and operates with the highest standards of transparency and accountability. More information is available on the Pandemic Fund [website](#).

## ● Our Approach

The Pandemic Fund's work is driven by the medium-term [Strategic Plan \(2024–2029\)](#) adopted by the Governing Board in May 2024. The Plan focuses on capacity building in low- and middle-income countries across *three programmatic priorities—surveillance, laboratory systems, and health workforce*. The Plan also commits the Pandemic Fund to support investments in *two cross-cutting enablers* for pandemic PPR: **National Public Health Institutes** (or relevant public institutions) and **regional/global networks**, organizations, or hubs. In addition, the Plan prioritizes four *cross-cutting themes* for the Fund to address and integrate across its investments: **community engagement, gender equality, health equity, and One Health**.

The Pandemic Fund mobilizes additional financing to address key capacity gaps targeted at:

- **Strengthening country-level pandemic PPR capacity** to enable implementation and adherence to the recently amended International Health Regulations (IHRs) as well as the World Organization for Animal Health (WOAH) International Standards, including improvements in infectious disease surveillance; laboratory systems; emergency communication, coordination and management; critical health workforce and surge capacities; and community engagement.
- **Building regional and global capacity,**

including by supporting regional and global institutions; strengthening cross-border surveillance, information sharing, and reporting; shared public health assets; regulatory harmonization; public health workforce; and capacity for coordinated development, procurement, distribution, and deployment of countermeasures and essential medical supplies.

- **Supporting technical assistance, analytics, and convenings** to facilitate peer-to-peer country learning, innovation, and systematic monitoring of pandemic PPR capacities and related expenditures.

**Pandemic Fund grants are channeled to projects through accredited Implementing Entities (IEs)**, including Multilateral Development Banks (MDBs), United Nations (UN) agencies, and Global Health Initiatives (GHIs), which assist beneficiaries<sup>1</sup> (countries and regional entities) in preparing and implementing their Pandemic Fund projects. In addition to its direct grant allocations, the Pandemic Fund is purposefully designed to **catalyze additional global and domestic financing** through co-financing from international entities and co-investments from benefiting countries and entities. This leverage effect and emphasis on coordination across sectors, countries, and institutions mobilizes additional resources and promotes greater effectiveness and sustainability.

## ● About this Report

This inaugural progress report covers the activities and accomplishments of the Pandemic Fund from its inception through October 31, 2024. This

<sup>1</sup> "Beneficiary" means any eligible country or entity serving one or more eligible countries that benefits from the Pandemic Fund through FIF-funded projects or activities undertaken by an Implementing Entity to advance the FIF's objectives.



includes the establishment and initial operationalization of the Pandemic Fund and the completion of the First and Second Calls for Proposals. At the portfolio level, this report reflects progress on grants awarded in July 2023 under the First Call for Proposals and is based on the first set of progress reports provided by beneficiaries and IEs for the first full fiscal year of Pandemic Fund operations (July 1, 2023–June 30, 2024). Transfer of funds to IEs for first round country grantees took place in early 2024, and most first round projects were launched between February and July 2024. Two projects (Cabo Verde, and India) commenced activities in the second half of 2024 while Suriname will have an official launch event in January 2025. Given this limited timeframe, project achievements covered in this inaugural report capture mostly the early phases of coordination, planning, and procurement, with some early implementa-

tion achievements. Project information is updated through October 2024 where data is available. The aggregated data also include projects approved for financing in September and October 2024 under the Second Call for Proposals.

**Section 1** of this report provides topline results. **Section 2** covers achievements in the establishment of the Pandemic Fund, including its governance, strategy, and systems. **Section 3** covers early progress in the first-round projects, submitted under the First Call for Proposals, for which grants were awarded in July 2023. Progress is assessed against the Pandemic Fund’s overall ambition and priorities, as well as the targets articulated in the **Results Framework**. **Section 4** summarizes issues and challenges. **Section 5** presents the conclusions and next steps. **Annexes** provide additional data and detail, including the financial status of the Pandemic Fund.



# Topline Results as of October 2024



## ● Highlights

- **Under its first two funding rounds, approved in July 2023 and in September-October 2024,<sup>2</sup> the Pandemic Fund awarded grants totaling US\$885 million benefiting 75 countries through 47 projects across six geographical regions.**
- **Demonstrating the Pandemic Fund’s agility and speed to respond to unfolding crises, in September 2024, US\$129 million was allocated on a fast-track basis for 10 mpox-affected countries: Burundi, Democratic Republic of Congo (DRC), Djibouti, Ethiopia, Kenya, Rwanda, Uganda, Somalia, South Sudan, and Sudan.**
- **Through co-financing and co-investment, the Pandemic Fund has mobilized an additional US\$6 billion in resources for pandemic PPR across its two funding rounds.<sup>3</sup>**
- **On average, 43 percent of Pandemic Fund resources have been allocated for countries in sub-Saharan Africa, the region with the highest demand for Pandemic Fund grants. In the second round alone, more than 50 percent of the funds awarded went to sub-Saharan Africa.**

## ● Multiplier Effect

The Pandemic Fund is delivering on its promise to catalyze significant additional resources for pandemic PPR beyond its direct grant financing.

Pandemic Fund grants have unlocked co-financing from IEs and other international sources, as well as co-investments from beneficiaries, both in cash and in-kind. More than 40 percent of first-round project proposals stated an intent to mobilize innovative financing or other resources beyond official development assistance. Every project funded includes financial and policy commitments from beneficiaries for sustained impact. Highlights include:

- **The first round of Pandemic Fund grants awarded in July 2023 to projects submitted under the First Call for Proposals totaled US\$338 million, catalyzing an estimated US\$2.16 billion in additional resources.** Every dollar awarded in this first round **leveraged an additional US\$6.4 in co-financing and co-investments.** Higher-income countries and multi-country projects had an even higher combined leverage ratio of 1 to 8.7.
- **The second round of Pandemic Fund grants totaling US\$547 million awarded in September-October 2024 to projects submitted under the**

<sup>2</sup> A part of the second funding round was fast-tracked in the face of the mpox emergency and was approved by the Governing Board in September 2024. The remaining funding under the second round was approved in October 2024.

<sup>3</sup> Co-financing is defined as additional financing mobilized from international sources, including but not limited to financing from participating Implementing Entities, for Pandemic Fund supported projects while co-investment is defined as additional financing mobilized from and by beneficiaries for Pandemic Fund supported projects.

## Box 1. Types of Pandemic Fund Projects

- **Single country project:** A proposal submitted by one eligible country along with one or more approved Implementing Entities, where activities will occur in and benefit those at the national or sub-national level.
- **Multi-country project:** A proposal submitted by two or more eligible countries along with one or more approved Implementing Entities, where the proposed activities will occur in and benefit those at the national or sub-national level of each applicant country.
- **Regional Entity project:** A proposal submitted by a Regional Entity (or body/platform) along with one or more approved Implementing Entities, where activities will occur in and benefit those at the regional or sub-regional level.

**Second Call for Proposals catalyzed an estimated US\$3.97 billion in additional resources, resulting in a leverage ratio of 1 to 7.3.**

### ● Responding to Strong Country Demand

**Demand from resource-constrained settings for Pandemic Fund grants has been extremely high.** *The First Call for Proposals*, which closed in May 2023, received 179 applications for US\$2.6 billion in requests from 133 countries (an oversubscription that was 8 times the available resource envelope). In July 2023, the Pandemic Fund awarded US\$338 million to finance 19 projects cov-

ering 37 countries; these included single country, multi-country, and regional entity projects (see **Box 1**).

*The Second Call for Proposals*, which closed in May 2024, received 146 applications for US\$4.6 billion in requests from 140 countries (an oversubscription that was 8.3 times the available resource envelope). In September and October 2024, the Pandemic Fund awarded a total of US\$547 million to finance 28 projects covering 50 countries (including the fast-tracked approval of US\$129 billion for 10 mpox-affected countries).

**Annex 1** provides a more detailed view of the projects awarded in both rounds by region. **Table 1** provides a summary of the applications

**Table 1. Pandemic Fund by the Numbers**

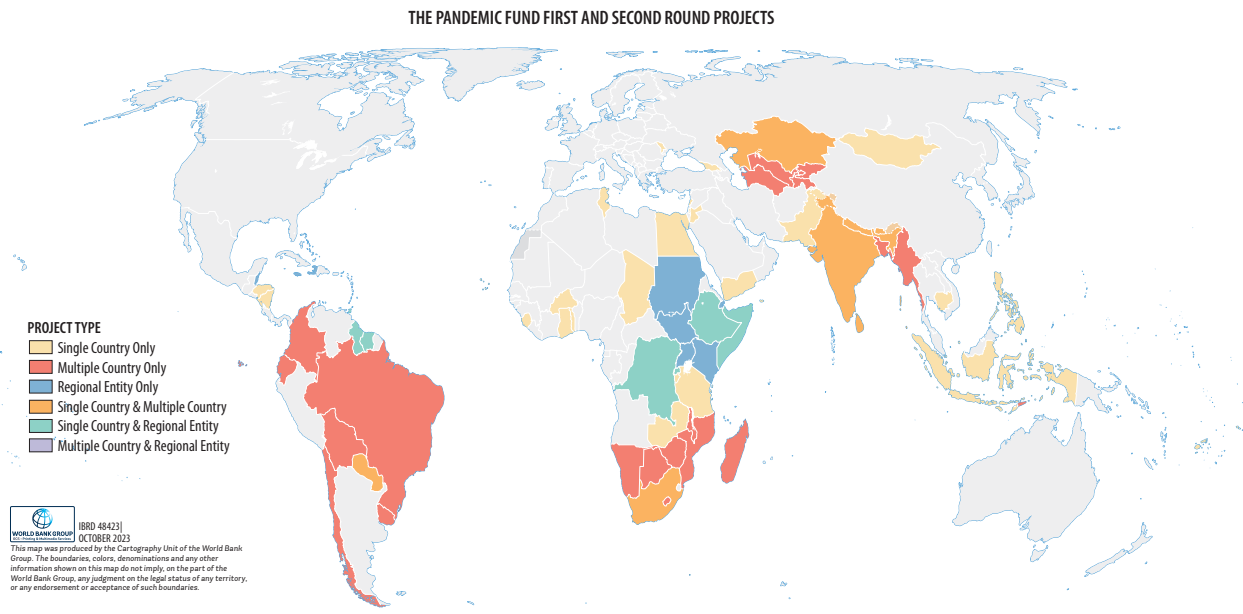
	Applications received	Applicant countries covered	Funding requested	Approved proposals	Number of countries covered	Approved funding	Catalytic Funding (cofinancing + co-investments)	Leverage ratio
First round	179	133	US\$2.56B	19	37	US\$338M	US\$2.16B	6.4
Second round	146	140	US\$4.59B	28	50	US\$547M	US\$3.97B	7.3

Note: 50 countries in the second round includes 10 countries that received fast-tracked awards for the mpox response.



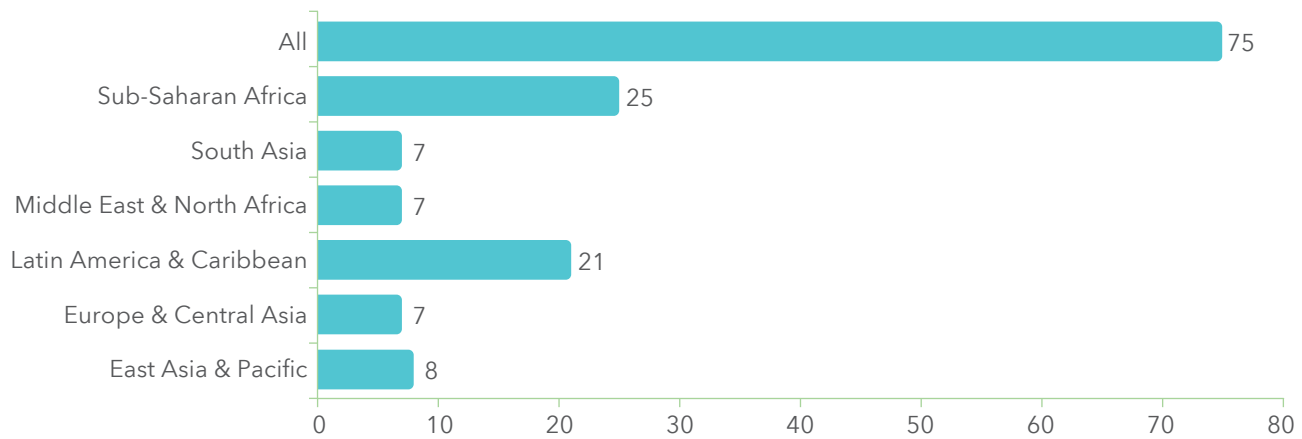


**Figure 1. The Pandemic Fund's Global Reach**



**Figure 2. Funded Projects by Region**

47 projects covering 75 countries across all six World Bank regions



and projects awarded across the two rounds. **Figures 1** and **2** provide an overview of the geo-

graphic coverage for both first and second round projects.



# Building a New Platform for Global Cooperation and Accountability



## ● Pandemic Fund Start-Up Phase Activities and Accomplishments

The Pandemic Fund moved rapidly in its first two years to establish and strengthen its governance and operational structures, systems, and procedures to implement its funding model and drive collaboration, excellence, and accountability. Real-time learning and adaptation remain hallmarks of the Pandemic Fund's approach. The Pandemic Fund achieved the following significant milestones as of October 31, 2024, laying the groundwork for future growth, greater efficiency, and increased impact:

- **Established a diverse and inclusive [Governing Board](#)** and developed a robust [Governance Framework](#) and [Operations Manual](#) to guide the Pandemic Fund's structure, policies and procedures, operating arrangements, and funding decisions.
- **Set up the [Pandemic Fund Secretariat](#)** and launched a [website](#).
- **Developed a [Results Framework](#) and a [Conflicts of Interest Framework](#)** to drive transparency and accountability.
- **Assembled a highly qualified group of global experts to establish the [TAP](#)**, which reviewed and evaluated proposals submitted under the first two funding rounds and advised the Governing Board on funding allocations.
- **Mobilized seed funding of US\$2 billion from [27 sovereign and philanthropic contributors](#)** in year 1.
- **Entered into [Financial Procedures Agreements](#)** with the initial set of IEs and established an [Accreditation Panel](#) and [Accreditation Framework](#) to evaluate the participation of additional IEs.
- **Completed the first two global [Calls for Proposals](#)**, awarding a total of US\$885 million in grants to 75 countries, and transferred funds to IEs.
- **Completed an independent [Stocktaking Review](#)** of the first year of operations and applied the recommendations to improve the application and review processes for the Second Call for Proposals.
- **Conducted global stakeholder consultations and developed the Pandemic Fund's first medium-term [Strategic Plan](#)**, which was adopted by the Governing Board and launched at the World Health Assembly in May 2024.
- **Developed the Pandemic Fund's first [Investment Case](#) and launched a pledging round** in July 2024 seeking another US\$2 billion in new funding commitments for 2025-2027.
- **Announced [US\\$982 million](#)<sup>4</sup> in new pledges and an additional US\$1.8 billion in co-financing** from international partners as of

<sup>4</sup> Additional pledges have subsequently been announced, bringing the total amount of new pledges to over US\$1 billion as of December 2024.

**Figure 3. Key Milestones 2022-2024**



October 2024, the first three months of the resource mobilization campaign.

### ● Partnering with Implementing Entities (IEs)

Harnessing the capacity and expertise of existing global and regional institutions is a key component of the Pandemic Fund’s value proposition and strategy. As the Pandemic Fund’s delivery mechanism,

IEs support the implementation of Pandemic Fund-financed projects and activities. By leveraging the infrastructure, institutional knowledge, expertise, and processes of these existing entities, the Pandemic Fund is contributing to greater coherence in global health and pandemic PPR and is maximizing efficiency.

As of October 2024, the Pandemic Fund had accredited IEs in three categories: Multilateral Development Banks (MDBs), Global Health Initiatives (GHIs), and United Nations Organizations and



**Agencies.** 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. United Nations Organizations and Agencies (including e.g. WHO, UNICEF, and FAO) offer deep technical knowledge, normative guidance, and capacity building expertise in challenging environments and for vulnerable populations. Other qualified organizations may apply to serve as IEs through the Pandemic Fund's Accreditation Framework.

**The Pandemic Fund's requirement of a single proposal per country has fostered coordination and collaboration among IEs, and the Secretariat has worked with IEs to develop processes and tools to facilitate these partnerships.** IEs reported improvements in collaboration between the First and Second Calls for Proposals. Examples of efforts to promote IE coordination and collaboration include:

- **IEs established periodic coordination calls** for Pandemic Fund proposal development and implementation and explored creation of a Community of Practice.
- **IEs established joint tools to coordinate and support countries with proposals**, such as joint trackers for proposals under development, joint proposal review processes, and joint convening of a technical webinar series for countries to strengthen their project proposals.
- **The Secretariat responded to IEs' needs by developing and sharing guidance tools** (e.g. Monitoring and Evaluation (M&E) guidelines, templates, and change policies) and integrating their feedback.

- **IEs provided valuable feedback to improve the Call for Proposals process**, such as providing all guidance documents and proposal templates as soon as the call is announced; offering guidance on co-financing and co-investments; adapting templates for regional projects; sharing examples from strong proposals; providing guidance on technically sound proposals even if they were not funded; and proposing options to demonstrate government ownership.
- **IEs provided valuable feedback to improve the Pandemic Fund's annual portfolio reporting process**, to reflect how IEs support project teams at the country, regional, and global levels, and to strengthen reporting on co-financing and country co-investments.

## ● Strengthening Monitoring and Evaluation for Results

**The Secretariat made significant strides to establish robust monitoring, evaluation, and reporting systems to measure progress and drive accountability for results.** Strong monitoring, evaluation, and ongoing learning are a priority for the Pandemic Fund, to enable data-driven decision-making, with the aim to maximize impact in preventing and responding to pandemics. The Pandemic Fund's **Results Framework** targets results in four main areas:

- **Improved capacity** for detection, notification, and response to pandemics
- **Improved coordination** nationally (across sectors within countries) and among countries (regionally and globally)
- **Incentivized additional investments** in pandemic PPR
- **Improved efficiency** in the use of Pandemic Fund resources.

## Box 2. Improvements to Pandemic Fund M&E Processes

- Revised the Pandemic Fund Results Framework based on first round project progress reports and feedback from consultations on the Strategic Plan conducted from March to May 2024.
- Developed M&E guidelines with inputs from IEs to guide first round projects. Guidelines cover how to monitor progress at the activity, output, and outcome level aligned with the Pandemic Fund Results Framework and how to leverage existing monitoring systems wherever possible.
- Launched a tool for countries to organize short-term outcomes/outputs and activities aligned with the Pandemic Fund Results Framework for the Second Call for Proposals.
- Enhanced the application portal for the Second Call for Proposals to facilitate a two-way communication for clarifications and feedback in a streamlined manner.
- Developed an online grantee portal and reporting templates for projects to submit their first progress reports to the Secretariat. This will be fully digitalized with a visualization dashboard for the second year of annual reporting.
- Held information sessions to guide projects on the first year of reporting.

**To operationalize the Results Framework, the Secretariat developed M&E tools and processes in consultation with IEs and beneficiaries.** The initial Results Framework primarily included outcome and impact indicators, where changes may not be visible within an annual or even multi-year period. IEs and project teams noted the challenges of demonstrating outcome-level progress in the context of an annual reporting timeframe. In response, the Secretariat refined the approach to include monitoring of project-specific outputs that align with the desired outcomes in the Results Framework, enabling more timely insights into implementation progress (see **Box 2**).

**The Pandemic Fund continues to take proactive steps to improve efficiency in the use of Pandemic Fund resources, informed by reviews and continuous enhancements in project reporting, monitoring, and evaluation.** The Pandemic Fund commissioned an external third party to conduct

a **Stocktaking Review** of its first year of operations. The Stocktaking Review involved extensive consultations with stakeholders. Its findings informed improvements for the Second Call for Proposals (see **Annex 2**). Based on lessons learned from the first year of progress reports from countries and IEs, and in line with the Strategic Plan, the Secretariat is working with IEs, the TAP and a Working Group (U.S. Centers for Disease Control and Prevention (US CDC), United States Agency for International Development (USAID) and WHO), with inputs from the Governing Board and the TAP, to revise the Results Framework to better capture desired outcomes and clarify key indicator definitions. The updated Results Framework is expected to be approved and operationalized in early 2025, with corresponding adjustments made to M&E and reporting tools. Through ongoing consultations with beneficiaries and IEs, the Secretariat will continue to refine M&E and reporting as the Pandemic Fund's portfolio continues to grow and mature.

# Portfolio Progress and Results



## ● Overview of First Round Project Portfolio Status

All projects financed through the First Call for Proposals have been initiated and are in various stages of implementation. As of the portfolio reporting deadline of June 30, 2024, work had commenced for 16<sup>5</sup> of the 19 first-round projects; the remaining three (single-country projects for Cabo Verde, India, and Suriname) experienced some delays in start-up, owing to country-specific reasons that have been subsequently addressed.<sup>6</sup> As of December 2024, all projects financed under the First Call for Proposals had initiated start-up activities including the establishment of project coordination mechanisms, engagement of national stakeholders, and development of M&E plans. These activities have laid the groundwork for effective project implementation.

## ● Expected Outcomes from Projects Financed through the First Call for Proposals

A review of early progress in first-round projects during the first 4-6 months of implementation shows that projects are on track to reach the ambitious targets in the Results Framework,<sup>7</sup> realizing the Pandemic Fund's transformative potential for global and system-wide preparedness and catalytic financing.<sup>8</sup> Through the 19 first-round projects covering 37 countries, the Pandemic Fund is supporting:

- 25 countries with strengthened surveillance systems, integrating a One Health approach
- 21+ countries with anti-microbial resistance (AMR) surveillance capabilities strengthened
- 29+ countries with strengthened laboratory infrastructure
- 22+ countries with expanded/upskilled multi-disciplinary workforce
- 28 countries with improved cross sectoral collaboration among 3 or more ministries
- 18 projects to strengthen cross-border surveillance
- 23 countries with improved laboratory regulatory standards and/or guidelines
- 21 countries with enhanced capacity of local/community level workforce.

### Beneficiaries have customized their management approaches to Pandemic Fund projects

<sup>5</sup> These include: Bhutan, Burkina Faso, Cambodia, Ethiopia, Kazakhstan, Moldova, Mongolia, Nepal, Paraguay, Togo, West Bank, Yemen, Zambia, Regional project in the Caribbean (CARPHA), Multi-country LAC, and Multi-country Europe and Central Asia.

<sup>6</sup> The **Cabo Verde** project was declared effective on July 31, 2024 following World Bank Board approval of the co-financing. In **India**, delays were driven mainly by procurement-related challenges that required a post-approval restructuring to allow the transfer of funds from one IE to another. In **Suriname**, delays were due to the extensive protracted discussions between Pan American Health Organization (PAHO) and the Ministry of Health along with key stakeholders such as Ministry of Agriculture and the Ministry of Public Works, in finalizing and approving a comprehensive work plan and budget, monitoring and evaluation plan, and other key documents to start implementation.

<sup>7</sup> It may be noted that the Results Framework, which is viewed as a "living" document, is currently being updated and is expected to be finalized by March 2025 with an enhanced set of indicators.

<sup>8</sup> All impact and catalytic financing data assume that IEs and countries will follow through as articulated in their grant proposals.

**depending on their unique circumstances.** Most projects involve multi-tiered project implementation, with clearly defined roles and responsibilities for the relevant IEs. Other common threads include an emphasis on collaboration and on robust M&E mechanisms to ensure effective implementation and achievement of project objectives. Beneficiary countries and regional entities have established steering committees, technical working groups, and project management units to promote collaboration and communications among stakeholders. Despite the early stages of implementation, M&E plans were in place for most projects as of June 30, 2024.

**An analysis of the proposals funded through the First Call for Proposals and initial progress reports highlight the Pandemic Fund's emerging contributions to the following:**

### ***Synergistic Investments Across Programmatic Priorities***

- **Nearly 95 percent of the funding awarded to projects address all three Pandemic Fund priorities of disease surveillance, laboratories, and health workforce.** The 19 projects funded through the First Call for Proposals will enable **25** countries to strengthen their surveillance systems, nearly **30** countries to expand their laboratory infrastructure, and more than **20** countries to strengthen their pandemic PPR workforce capacity.
- **Nearly 60 percent of projects aim to drive pandemic PPR benefits beyond country borders** through regional, multi-country, and single-country projects.
- **More than 90 percent of the funding awarded to projects are supported by two or more IEs.** This is fostering a new level and standard of coordination and collaboration in the global health and finance architecture, reducing fragmentation and duplication, and ensuring that

Pandemic Fund grants are targeting the most critical financing and capacity gaps.

### ***Multisectoral Efforts to Promote a One Health Approach***

- **All projects employ an intersectoral approach and 95 percent involve at least one government ministry beyond ministries of health and finance** (mainly Agriculture, Livestock, and Environment).
- **70 percent of projects report commencing activities related to operationalizing One Health**, for example, by launching or bolstering National One Health coordination bodies and integrating human and animal health systems.

### ***Promoting Gender Equality and Engaging Civil Society and Communities***

- **All proposals considered gender in their proposal development and about 75 percent considered gender in project implementation**, most commonly by using gender-disaggregated data. Among the marginalized groups considered in projects, women were mentioned most frequently in proposals and plans.
- **About 85 percent of projects seek to engage civil society in implementation, and 70 percent highlight meaningful community engagement** through building workforce capacity at community and local levels.

### ***Establishing Mechanisms to Promote Inter-Agency Cooperation and Project Effectiveness***

- **95 percent of projects have established project coordination mechanisms** such as steering committees, technical working groups and/or project implementing units. Memoranda of understanding, mandates, and roles have been established, and coordination meetings have been conducted with national stakeholders.





- **Several projects have begun to develop policies or guidelines to strengthen plans to support pandemic PPR efforts requiring inter-agency cooperation**, such as AMR action plans, guidelines for community-based surveillance, and national strategies for genomic surveillance of pathogens with epidemic potential.

## ● Early Project Achievements by Targeted Results Areas

- **Projects financed through the First Call for Proposals are demonstrating the Pandemic Fund's value-add to pandemic PPR and the global health architecture against the Results Framework.**<sup>9</sup> These projects are filling critical pandemic PPR capacity gaps in surveillance, laboratories, and health workforce, thereby improving capacity for detection, notification, and response to pandemics (Results Area 1); improving coordination nationally (across sectors within countries) and among countries regionally and globally (Results Area 2); and incentivizing additional investments in pandemic PPR, both from international and domestic sources (Results Area 3). Efforts undertaken to improve efficiency in the use of Pandemic Fund resources (Results Area 4) are highlighted in the previous section and further elaborated below, and are part of ongoing oversight, monitoring, evaluation, and learning activities.

### **Results Area 1: Improved Capacity for Detection, Notification, and Response to Pandemics**

**Several first round Pandemic Fund projects have delivered early results, notably in health workforce development and training.** As of June 30, 2024, approximately **3,500 people across eight projects had received training**, including laboratory staff,

field epidemiologists, community health workers, animal health professionals, and farmers. Foundational steps were also taken to strengthen infectious disease surveillance and detection capabilities, and pandemic PPR planning. Examples include:

- In **Bhutan**, the Pandemic Fund is upgrading veterinary and human laboratories, training laboratory technicians, and supporting basic and intermediate field epidemiology training programs and farm biosecurity training to farmers. Early achievements include rolling out a field epidemiology training program and completing a One Health Zoonotic Disease Prioritization and Joint Risk Assessment.
- In **Ethiopia**, the Pandemic Fund is supporting the establishment of 3 full-response molecular labs, 15 sentinel sites for surveillance of AMR, and strengthening referral capacities of 218 veterinary laboratories, among other capacity building efforts. As a key first step, Ethiopia completed a National Action Plan for Health Security for 2024-2028 along with a costed first-year operational plan.
- In **Nepal**, the Pandemic Fund is supporting 6 metropolitan and 11 sub-metropolitan cities to develop water quality monitoring and surveillance systems as part of enhanced environmental surveillance. Nepal delivered training to animal health officials on a web-based National Animal Health Information System. Nepal also became the third country to endorse the National Essential In-vitro Diagnostic List, based on the WHO Model Essential Diagnostic List, to help improve diagnostics for health emergencies. This list specifies diagnostic tests recommended across

<sup>9</sup> This section reports on progress achieved by the 19 projects awarded during the first funding round and is based on annual reports submitted by the IEs for the period ending June 30, 2024. Additional portfolio information through October 31, 2024 is included where available.

health system levels, including facilities with no laboratories, and its adoption will help Nepal to improve diagnosis, including for health emergencies.

- **India** completed a comprehensive national needs assessment for laboratories and training on epidemiology and a national stakeholder mapping exercise to identify the organizations to house the National Coordination Center and Regional Training Centers for In-Service Applied Veterinary Epidemiology Training.
- In **Paraguay**, the Pandemic Fund grant is supporting building the infrastructure and equipment to bolster border health surveillance, and an IHR competency training program was completed as an early key step.
- **Togo** established Infection Prevention and Control Committees in regional hospitals and completed a National Action Plan for implementing an integrated approach to disease surveillance and for AMR.

### ***Results Area 2: Improving Coordination Nationally (across Sectors within Countries) and among Countries Regionally and Globally***

**All projects financed through the Pandemic Fund's First Call for Proposals are advancing multi-sectoral approaches and collaboration, both within and across borders.** A top priority for the Pandemic Fund is to improve coordination and collaboration among sectors and partners within and across countries and among global, regional, and national entities to bolster pandemic PPR and health system resiliency. Through mechanisms such as interministerial committees, joint planning and accountability, and joint trainings and risk assessments, Pandemic Fund projects are driving whole-of-government, whole-of-society and cross-border preparedness. The main areas of collaboration have included

strengthening national and cross-border surveillance and early warning systems, building laboratory capacity, and training to develop a health workforce that covers human and animal health. Several projects also highlighted efforts to enhance regional AMR plans, biosecurity and biosafety measures to align with regional and/or global standards, and improve rapid response and communication related to emerging health threats. In Latin America and the Caribbean, for example, the Pandemic Fund is supporting two regional projects that are driving collaboration across countries, sectors, and ministries to strengthen the preparedness and response capacities and tools for governments, private sector and CSOs, and the affected communities (see **Box 3**).

### ***Results Area 3: Incentivizing Additional Investments in Pandemic PPR***

**The Pandemic Fund is already demonstrating its strong leverage potential and ability to crowd in additional domestic and international financing.**

The first round of Pandemic Fund grants totaling US\$338 million mobilized US\$2.16 billion in additional resources, for a leverage ratio of additional US\$6.4 in co-financing and co-investments. A notable example is the Pandemic Fund project in India, which has leveraged approximately 10 times the grant award in international co-financing (from the Asian Development Bank (ADB), Food and Agriculture Organization (FAO), and the WBG) and triple the grant amount in government co-investments. The second round of Pandemic Fund grants of US\$547 million awarded in October 2024 catalyzed an estimated US\$3.97 billion in additional resources, for a leverage ratio of 1 to 7.3.

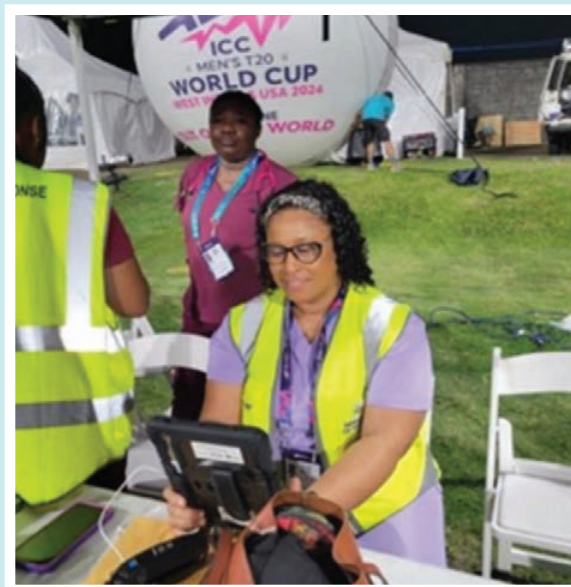
The total amount leveraged through the two rounds of grant funding awarded is US\$6.14 billion, resulting in an average leverage ratio of 1 to 7 for the two rounds combined. While the level of co-fi-



## Box 3. Improving Regional Surveillance and Collaboration for Rapid Response in Latin America and the Caribbean

### Strengthening Regional Pandemic PPR Defenses in the Caribbean

The US\$16 million **Reducing the Public Health Impact of Pandemics in the Caribbean through Strengthened Integrated Early Warning Surveillance, Laboratory Systems, and Workforce Development** project is supporting collaboration among 16 countries and the Caribbean Public Health Agency (CARPHA). CARPHA is strengthening multisectoral efforts for pandemic PPR ranging from visitor-based surveillance, vector-borne disease surveillance, and integrated antimicrobial resistance surveillance to climate-integrated early warning systems, and use of the event-based mass gathering surveillance system across the Caribbean. CARPHA is engaging the tourism, meteorology, hydrology, animal health, as well as port authorities and border security officials, to share information and drive coordinated responses to emerging health threats.



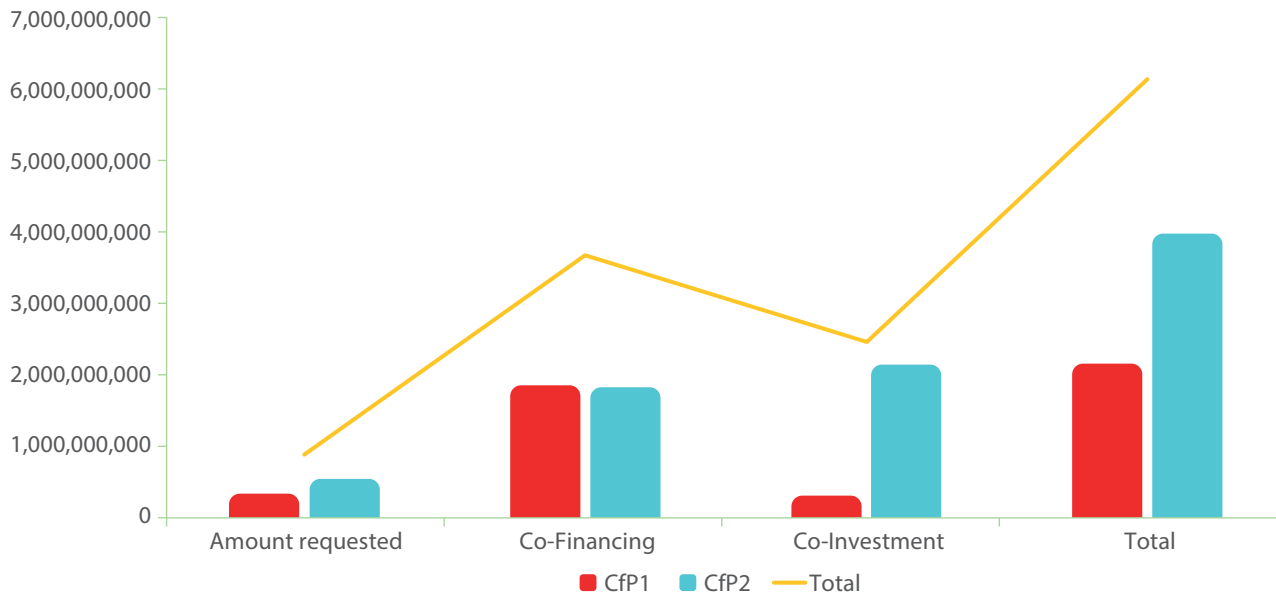
### Enhancing Regional Genomic Surveillance and Building Community Pandemic PPR Capacity in the Amazon

The US\$16.9 million “PROTECT – Pandemic Response Optimization Through Engaged Communities and Territories” project in seven Amazon Basin countries will collaborate with Latin America’s established PAHO Genomic Surveillance Regional Networks (PAHOGen), which fosters collaboration among 26 countries in sharing laboratory and genomic data. The PROTECT project aims to transform health equity for underserved populations along the Amazon River and its tributaries by identifying and addressing emerging health threats through community-based surveillance for emerging infectious diseases and increasing access to primary health care services for more than 350 Indigenous ethnic groups and riverine populations. The project is standardizing surveillance protocols and methodologies and strengthening local capacity on bioinformatics and genomic sequencing to enable more consistent and reliable data collection and analysis and facilitate data integration with global surveillance systems. The project will also support development of regional guidelines and tools for community-based surveillance and provide a framework for ongoing governance, strategic and operational planning, and stakeholder engagement.

nancing by international partners stayed roughly the same between the two rounds, **Figure 4** shows that proportion of domestic co-investment was

appreciably higher in the second round, pointing toward strong ownership by beneficiaries and the potential for sustainability.

**Figure 4. Summary of Additional Resources Mobilized in US\$**



**Results Area 4: Improved Efficiency in the Use of Pandemic Fund Resources**

The Pandemic Fund is committed to ensuring the efficient and effective use of its resources to achieve equitable results and impact. Results under this category are tracked using several indicators. It is important to note that it took approximately six months from the Governing Board’s approval of 19 projects in July 2023 until the first transfer request was made by IEs to the Trustee on January 31, 2024. This is because at the time these projects were approved by the Pandemic Fund’s Governing Board, IEs were given six months to get the necessary approvals from their respective governing authorities. With all first-round projects under implementation, the Secretariat continues to work with IEs and project teams to improve efficiency in the use of Pandemic Fund resources.

The Pandemic Fund has prioritized the timely transfers of grants to IEs working closely with the Trustee, once the IEs make their requests. Of the 8 transfers made during the reporting period end-

ing June 30, 2024, five were made in one to four days while three were made in six to ten days. As of June 30, 2024, 6 IEs reported that, of the US\$338 million approved by the Board for the 19 first-round projects, US\$123 million (36%) had been transferred from the Trustee to IEs. The funds are transferred over a period until project closing. Of the total funds transferred, IEs reported that US\$14.55 million (11.85%) was spent on project implementation activities, US\$3,951,583 (3.22%) on administrative costs, and US\$126,552 (0.10%) on M&E costs with US\$104,197,061 (84.83%) remaining to be spent.

In line with the Pandemic Fund’s commitment to efficiency, the operating costs of the Trustee and Secretariat for fiscal year 2024 were extremely modest. The combined administrative costs of the Trustee and Secretariat amounted to US\$7.5 million for the year ending June 30, 2024, which represents 0.45% of cumulative contributions or 0.6% of total funds held in trust as of that date.

**Annex 3** provides additional details on progress in each of the four results areas.

## ● Project Achievements by Cross-Cutting Themes

An analysis of the first round showed significant emphasis on promoting the four priority, cross-cutting themes and pandemic PPR enablers that are highlighted in the Pandemic Fund medium-term Strategic Plan: community engagement, gender equity, health equity, and One Health.

### *Promoting Community Engagement*

**Community engagement is fundamental to effective pandemic PPR, given the localized nature of**

**disease outbreaks.** Many countries face urgent needs to build trust, raise awareness, combat disinformation, and empower communities and community health and/or animal health workers to help reduce risk-driving behaviors and practices to outbreak reporting and adoption of public health measures. Pandemic Fund projects are supporting local capacity building, community-based surveillance, and risk communication and community engagement (RCCE). **Box 4** provides an example of community engagement in Togo supported by the Pandemic Fund.

## Box 4. Engaging Communities in Togo Based on Lessons from COVID-19

With its long borders and high population mobility, **Togo** is at high risk for epidemics/epizootics, including cholera, meningitis, avian influenza, Lassa fever, Ebola, Marburg, and mpox. Supported by a US\$14 million Pandemic Fund grant, the **Togo Health Emergencies Preparedness and Response Strengthening Project** brings together the government, FAO, UNICEF, and WHO to address PPR gaps in the country.

Health authorities in Togo quickly accessed project resources for community training and engagement by aligning project activities with the country's National Risk Communication and Community Engagement Strategy. As of June 30, 2024, the project had already funded training for 30 volunteers, mainly community civil protection workers, in Tone prefecture, northern Togo, and equipped them with raincoats, boots, and torches for emergency response. It will also support training for community animal health workers in preparation for, early detection of, and responses to zoonotic outbreaks. In Togo's Kara and Savanes regions, community health workers already use a mobile app during home visits to monitor child and maternal health, which feeds into community discussions led by traditional leaders. Using these and other community-based interventions, the project aims to improve surveillance, response, and participation at the grassroots level.



## Advancing Gender Equity

**Pandemics have a disproportionate effect on women, given the specific needs and barriers they face to access health care in many settings as well as their critical role as frontline health workers.** The Pandemic Fund views gender equality as a crucial aspect of project governance, decision-making, implementation, and reporting. Projects are expected to employ a gender-responsive approach to governance and programming, use gender impact analyses in their reporting, and, where relevant, adopt clear gender equality targets such as ensuring gender parity in leadership and ending unpaid work for women.

Most of the Pandemic Fund beneficiaries are engaged in designing interventions tailored to the needs and roles of women in health, agriculture, and community settings. These include scaling up use of gender-disaggregated data for disease surveillance and capacity building. Several countries are also working to strengthen gender representation in project implementation, e.g. through gender-sensitive hiring processes, safeguarding policies, training on the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH), and support from IEs to mainstream gender, equity, and human rights into country systems.

With support from the Pandemic Fund, **Cambodia** has developed a gender equality and social inclusion action plan based on focus group discussions with women and marginalized groups. The action plan sets targets to: (a) improve participation by women and disadvantaged persons along the livestock value chain; (b) increase training and employment for these groups in technical roles such as village animal health workers; (c) improve working conditions for women in laboratories; and (d) improve promotion of women in management and leadership roles in statutory veterinary bodies and veterinary associations. Another example is

**Yemen**, where the Pandemic Fund-supported project includes a strong focus on gender equality and the engagement of women in strengthening pandemic PPR (see **Box 5**).

## Operationalizing One Health

**Through One Health approaches, the Pandemic Fund is helping countries bolster their defenses against the growing threats of zoonotic diseases fueled by climate change, as well as to strengthen capacity for AMR surveillance and testing.** One Health—defined by the **Quadripartite Organizations (FAO, UNEP, WHO and WOA)** define One Health as *an integrated, unifying approach that aims to sustainably balance and optimize the health of humans, animals, plants and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development*—is featured in almost all Pandemic Fund projects financed to date. More than 95 percent of projects address AMR in humans and livestock, most commonly through surveillance and laboratory systems strengthening. The projects in Ethiopia and India as cited earlier, as well as the project in Bhutan (see **Box 6**), all have significant One Health components. Other examples include:

- In **Yemen**, the Pandemic Fund is supporting training of 200 animal health personnel and 120 community-based animal health workers, as well as supporting community health



## Box 5. Understanding Gender Roles and Supporting Women in Yemen's Livestock Sector and Beyond

Yemen is one of the world's most fragile countries, with only about half its health facilities fully functional. Many vulnerable households depend on livestock, but lack of veterinary capacity exposes the country to the risk of food-borne and zoonotic diseases and antimicrobial resistance (AMR).

The US\$26 million Pandemic Fund project in Yemen was launched in April 2024 and involves the agriculture and public health and population ministries as well as FAO, UNICEF, and WHO. Women are already the primary caretakers of livestock owned by households in Yemen, and the project aims to increase the number of female service providers in the sector. FAO is also supporting the recruitment of women who manage livestock for capacity-building programs designed to help them benefit from health interventions and empower them to contribute to pandemic preparedness and prevention efforts. This work is complemented by community consultation supported by WHO to understand the impact of outbreaks on women as well as on underserved and unserved groups in Yemen.



## Box 6. Prioritizing Zoonotic Diseases in Field Epidemiology Training in Bhutan

Bhutan's growing demand for livestock products has led to greater movement of animals and animal products within and across its borders. This traffic, combined with Bhutan's rich biodiversity, risks the spillover of novel pathogens from the wild, including anthrax, rabies, and avian influenza.

The country's efforts to strengthen pandemic PPR, supported by US\$4.95 million from the Pandemic Fund, will include prioritization and risk assessment across government of diseases that can spread from animals to people. As a start, the Bhutan One Health Secretariat staged a workshop that brought together departments of health, agriculture and livestock, environment, and wildlife to jointly identify the top 10 priority zoonotic diseases in the country, supported by Implementing Entities FAO and WHO. In another coordinated effort, nine officials from the Ministry of Health, Food and Drug Authority, animal health sector, and Bhutan's medical university have completed a joint field epidemiology training program (FETP) that will enable them to train other trainers. An additional mentorship program will introduce basic FETP training nationwide, developing modules in collaboration with universities.



workers. As a key early achievement, Yemen completed an early action review of a 2024 cholera outbreak to assess its ability to optimize early detection, timely notification, and swift response actions during a public health emergency. The government employed the **7-1-7 approach** (7 days for country-level early detection, 1 day for notification to international authorities, and 7 days for initiating a response to infectious disease outbreaks), and showed strong results of 3-1-10 days for detection, notification, and response.

- **Mongolia** approved a new public health services law to establish a Pandemic Intelligence Hub as the country's Center for Disease Control and established a National Council on Public Health to strengthen One Health governance. Early results also included training staff in both

the human and animal health sectors on the use of geographic information systems for disease surveillance and on laboratory accreditation.

### **Prioritizing Health Equity**

**Health equity is a cornerstone of effective, inclusive, and sustainable pandemic PPR.** As the COVID-19 pandemic demonstrated, the most marginalized and vulnerable populations are at heightened risk when outbreaks occur, and pathogens are more likely to spread in communities lacking access to timely, equitable, and affordable care, supplies, and countermeasures. Across its projects, the Pandemic Fund is financing interventions that prioritize access and support for vulnerable groups such as minorities, marginalized populations, persons with disabilities, migrants, and those living in fragile and conflict-affected sit-

## **Box 7. Expanding Health Services for Underserved and Indigenous Amazon Communities**

The US\$16.9 million PROTECT project in seven Amazon basin countries aims to transform health equity for underserved populations along the Amazon River and its tributaries. Across Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, and Uruguay, the project will work to identify and address health threats, increase access to health services, and empower individuals to exercise their right to health.

The region houses over 350 Indigenous ethnic groups and riverine populations (ribeirinhos) who suffer restricted access to essential health services. As Implementing Entities, the World Bank and WHO plan to expand primary health access by introducing inclusive, community-based surveillance for emerging infectious diseases involving primary health care providers. Establishing laboratory diagnostics in border and remote areas will also make health services more accessible. In addition, the PROTECT project will gather more evidence on public health threats faced by underserved populations, enabling targeted solutions to address gaps in public health services.







uations, with the goal of promoting health equity, human rights, and community protection and resilience. An example is the project covering seven countries in the Amazon Basin (see **Box 7**).

Further information on thematic and cross-cutting activities and early results is available in **Annex 4**.

**Annexes 5 and 6** provide baseline data on country progress against the **IHR States' Parties Self-Assessment Annual Report (SPAR)** indicators, which are used by WHO member states to report annually to the World Health Assembly on their IHR compliance.





# Issues and Challenges

## ● Results Measurement

Considering most first round Pandemic Fund projects were in implementation for less than 6 months during this initial reporting period, measuring progress was challenging. Progress was made to develop operational definitions and baseline and target values for each of the indicators, and start-up activities emphasized strong M&E. Some early project outputs were achieved during this period.

## ● Inter-Agency Coordination

Experience from the Pandemic Fund's First Call for Proposals and early project implementation surfaced some challenges linked to capacity and complexity constraints. Coordination across agencies, though valued, was also seen as time-consuming. Early implementation revealed challenges linked to coordination across partners, countries, and sectors. These challenges are related both to IEs' own constraints as well as country-specific issues.

- IEs reported spending considerable time and resources managing collaboration with one another and with other project stakeholders, while also fulfilling their respective institutional requirements and mandates. There were some challenges with synchronizing operational timelines and processes of IEs within

a specific project, including alignment with other investments vital to achieving Pandemic Fund project outcomes.

- **Beneficiaries reported various challenges related to changes in government, slow government protocols for review and approval, human resources, and constraints to inter-sectoral and intercountry coordination.** These constraints were particularly notable where existing coordination frameworks were limited or nonexistent. Governments also faced some delays due to management gaps, weak financial systems, and regulatory approvals. Specific challenges reported included: **administrative challenges** such as limited Ministry of Health capacity and/or slow government protocols and administrative burdens (Nepal, Paraguay, Suriname, Togo); **governance challenges** due to elections and changes in governments and/or political priorities (India, Mongolia); **human resource constraints** such as unresponsive focal points, limited talent, or unexpected deaths of focal points (Paraguay, Suriname, and Caribbean); **coordination constraints** across multiple stakeholders, as well as different financial disbursement processes for various entities (Ethiopia); **security challenges** (Yemen and West Bank and Gaza); and **procurement or supply chain constraints** (Caribbean, West Bank and Gaza).

---

## ● Data Quality

**The quality of data from first round projects varied widely.** All projects financed in the first round were requested to submit Year 1 progress reports by July 31, 2024, using an online portal for narrative reporting and an Excel template for reporting against the Results Framework Indicators. The Secretariat organized two calls with IEs and project teams to discuss the reporting requirements and offered guidance and support through open office hours. The Secretariat reviewed the progress reports for completeness and requested changes or additions as needed. By the end of August 2024, all but three projects had submitted their updated responses. Three projects—Cabo Verde, India, and Suriname—had not yet started imple-

mentation, so limited information was provided on plans for project implementation or other areas not related to results or achievements. With minimal time for implementation in this first reporting year, projects were not required to report on their project level results frameworks on achievement of activities and outputs (e.g. number of people trained, number of laboratories equipped). Rather, they were asked to provide narratives on project achievements, leading to wide variability in responses and possible data gaps. Some projects provided detailed data and narrative analysis, while others provided much more limited information. The Secretariat has collated the learnings from this inaugural reporting exercise which will be used to improve reporting quality and standardization in future years.



# Moving Forward

---

**Experts predict that there is more than a 50 percent chance that another COVID-like pandemic will hit the world within the next 20-25 years, and it could happen at any time.** Armed with knowledge of this looming threat—and with the massive economic, health, and development impacts of COVID-19 still being widely felt in low- and middle-income countries—the Pandemic Fund moved with urgency and purpose in its initial phases to establish a new platform for global collaboration and mobilize significant additional resources for pandemic PPR.

**As of October 2024, the Pandemic Fund had successfully completed its first two funding rounds, awarding US\$885 million in new grants and mobilizing an additional US\$6 billion in co-financing and co-investments.** Core structures, processes, and systems were quickly established to get the Pandemic Fund up and running, with a commitment to speed, transparency, and ongoing learning and adaptation. The Pandemic Fund model drove consensus building and galvanized new levels of collaboration among countries at all income levels, global and regional institutions, and diverse stakeholders. At the same time, early proj-

ect results were limited and varied due to short time horizons for progress reporting as well as country and IE constraints. CSO and community engagement in proposal and policy development and co-investor country engagement in Board meetings were also sub-optimal due to resource, time, and capacity constraints. The Governing Board has acknowledged these limitations and has committed to take proactive steps to address them going forward as the Pandemic Fund evolves.

**While much more remains to be done, and more resources are required, the Pandemic Fund is off to a strong start.** The accomplishments and lessons learned from the first two funding rounds will be applied to improve the Third Call for Proposals in 2025. The successful conclusion of the ongoing resource mobilization campaign will be critical to the Pandemic Fund's future impact and ability to respond to high country demand for pandemic PPR financing. With increased and sustained support from the international community, the Pandemic Fund will continue to grow and evolve toward realizing its promise of a better prepared and more pandemic-resilient world.



# Annex 1: Summary of Projects Financed At-a-Glance, by Funding Round

---

PROJECT NAME	TYPE	COUNTRY	WB REGION	IMPLEMENTING ENTITY(IES)	GRANT AWARD	COFINANCING TOTAL	COINVESTMENT TOTAL
<b>FIRST ROUND OF FUNDED PROJECTS AT-A-GLANCE, BY REGION (AWARDED JULY 2023) (IN USD MILLION)</b>							
Strengthening Pandemic Prevention, Preparedness, and Response through the One Health Approach	Single	Bhutan	SA	WHO, FAO	4,950,676	12,912,908	24,153,745
Strengthening Disease Surveillance Systems, Laboratory Capacity, and Staff Skills in Public Health Emergency Preparedness and Coordination	Single	Burkina Faso	SSA	WHO, UNICEF, FAO	19,349,000	18,430,844	10,025,206
Strengthening National Health Security through the One Health Approach	Single	Cabo Verde	SSA	WB	4,490,960	2,439,529	13,463,612
Cambodia Pandemic Prevention, Preparedness, and Response	Single	Cambodia	EAP	WB, FAO, AIIB	19,470,124	395,207,000	3,249,347
Ethio-Pandemic Multi-Sectoral Prevention, Preparedness, and Response	Single	Ethiopia	SSA	WHO, UNICEF, FAO	50,000,000	61,400,000	1,600,000
Animal Health Security Strengthening for Pandemic Preparedness and Response	Single	India	SA	ADB, FAO, WB	25,000,000	259,100,000	82,000,000
Strengthening the National Capacity for Pandemic Preparedness and Response to Infectious Disease Outbreaks	Single	Kazakhstan	ECA	WHO	19,202,194	5,060,000	34,013,007
Improving Pandemic Preparedness and Response by Strengthening Human Resources, Enhancing Surveillance, and Advancing Lab Systems	Single	Moldova	ECA	WHO, WB	9,999,764	41,882,000	1,317,097
Strengthening Pandemic Prevention, Preparedness, and Response through One Health	Single	Mongolia	EAP	WHO, UNICEF	15,455,262	12,352,000	56,291,133
Strengthening Pandemic Preparedness for Early Detection	Single	Nepal	SA	WHO, UNICEF, FAO	18,843,920	3,910,678	2,396,702

(continued on next page)



(continued)

PROJECT NAME	TYPE	COUNTRY	WB REGION	IMPLEMENTING ENTITY(IES)	GRANT AWARD	COFINANCING TOTAL	COINVESTMENT TOTAL
Strengthening Pandemic Prevention, Preparedness, and Response	Single	Paraguay	LAC	WHO, UNICEF, FAO, IDB	10,585,000	10,364,943	10,110,138
Public Health Emergency Response Effort	Single	Suriname	LAC	WHO	2,222,000	3,258,000	120,000
Health Emergencies Preparedness and Response Strengthening	Single	Togo	SSA	WHO, UNICEF, FAO	13,866,125	2,901,054	2,181,229
Strengthening Pandemic Prevention, Preparedness, and Response	Single	West Bank & Gaza	MENA	WHO, UNICEF, FAO, WB	20,000,000	11,958,282	25,085,000
Pandemic Preparedness and Response Project	Single	Yemen	MENA	WHO, UNICEF, FAO	26,020,000	81,555,648	5,507,140
Multisectoral Pandemic Preparedness and Response Project	Single	Zambia	SSA	WHO, FAO	18,874,603	13,000,000	1,500,000
Reducing the Public Health Impact of Pandemics through Strengthened Integrated Early Warning Surveillance, Laboratory Systems, and Workforce Development	Regional	See (1)	LAC	IDB	16,036,961	139,580	8,506,028
Pandemic Response Optimization Through Engaged Communities and Territories	Multi	See (2)	LAC	WHO, WB	16,864,280	354,148,056	200,000
Pandemic Preparedness and Response through a One Health Approach	Multi	See (3)	ECA	WHO, FAO, WB	27,160,421	560,671,510	30,288,948
<b>SECOND ROUND OF FUNDED PROJECTS AT-A-GLANCE, BY REGION (AWARDED OCTOBER 2024)</b>							
Pandemic Preparedness and Response through Operationalizing One Health Approach in Pakistan	Single	Pakistan	SA	WHO, FAO, ADB	18,675,610	4,143,000	49,661,430
PREP-JO: Pandemic Readiness Enhancement Program for Jordan	Single	Jordan	MENA	WHO, UNICEF, FAO	4,024,530	2,330,055	10,557,630
Nicaragua united in One Health to address future pandemics.	Single	Nicaragua	LAC	WHO, UNICEF, FAO	17,082,863	2,908,050	39,057,439

(continued on next page)

(continued)

PROJECT NAME	TYPE	COUNTRY	WB REGION	IMPLEMENTING ENTITY(IES)	GRANT AWARD	COFINANCING TOTAL	COINVESTMENT TOTAL
Strengthening Collaborative and Integrated Disease Surveillance and Response for Enhanced Epidemic and Pandemic Prevention, Detection and Response in Tanzania	Single	Tanzania	SSA	WHO, UNICEF, FAO	24,998,558	6,689,631	6,990,151
Lebanon's Pandemic Fund Proposal: Using the One Health Approach to Drive Resilience and Recovery	Single	Lebanon	MENA	WHO, UNIEF, FAO, WB	11,440,000	17,804,000	5,302,600
Support Tunisia in Implementing Pandemic PPR in a One Health Approach	Single	Tunisia	MENA	WHO, WB, FAO	25,000,000	29,336,896	870,872,798
Strengthening Prevention, Preparedness and Response to Emerging Health Threats in the Eastern Caribbean	Multi	See (4)	LAC	WHO, WB, FAO	24,383,476	7,810,000	21,819,500
Project to strengthen the fight against pandemics in Chad	Single	Chad	SSA	WHO, UNICEF, FAO	24,518,527	15,696,162	14,536,051
TT ONE LAB+: Strengthening Laboratory Capacity for One Health Surveillance in support of pandemic preparedness, prevention and response in Trinidad and Tobago	Single	Trinidad and Tobago	LAC	WHO	\$ 10,000,000	\$ 2,050,000	3,435,000
Enhancing collaborative surveillance and diagnostic readiness for pandemic preparedness and response in South-East Asia Region.	Multi	See (5)	SA	WHO, WB, UNICEF, FAO	\$ 15,484,719	\$ 504,865,750	367,011,500
One Health Pandemic Preparedness and Response in Samoa (OH-PPR Samoa)	Single	Samoa	EAP	WHO, WB, FAO	\$ 4,760,562	\$ 5,522,943	320,000
Egypt's Resilience to Pandemics	Single	Egypt, Arab Rep.	MENA	WHO, UNICEF, FAO	\$ 23,054,221	\$ 10,126,600	9,913,000
Strengthening Systems for Pandemic Preparedness and Response in Ghana	Single	Ghana	SSA	WHO, FAO	\$ 16,297,032	\$ 2,587,000	5,263,200

(continued on next page)

(continued)

PROJECT NAME	TYPE	COUNTRY	WB REGION	IMPLEMENTING ENTITY(IES)	GRANT AWARD	COFINANCING TOTAL	COINVESTMENT TOTAL
Enhancing early warning systems by using genomic surveillance and One Health approach in Georgia	Single	Georgia	ECA	WHO, WB	\$ 6,560,177	\$ 2,432,137	4,615,000
Resilient Philippines	Single	Philippines	EAP	WB, FAO	\$ 24,932,926	\$ 889,178,575	111,759,136
Enhancing capacity for pandemic prevention, preparedness, detection, and response in Sierra Leone.	Single	Sierra Leone	SSA	WHO, WB, UNICEF, FAO	\$ 20,064,381	\$ 33,443,373	17,109,668
Honduras prepared and alert to potential pandemic events with One Health approach	Single	Honduras	LAC	WHO, UNICEF	\$ 17,073,501	\$ 3,682,486	15,348,477
One Vision, One Shield: Sri Lanka's Integrated One Health Pandemic Preparedness & Response	Single	Sri Lanka	SA	WHO, WB, UNICEF, FAO, ADB	\$ 18,376,348	\$ 197,105,000	7,696,320
Strengthening One Health Disease Surveillance and Response in Southern Africa - A Strategy Against Climate-Driven Disease Outbreaks.	Multi	See (6)	SSA	WHO	\$ 35,806,808	\$ 12,324,137	31,727,000
Building a Resilient Future: Strengthening Pandemic Prevention Preparedness and Response through One Health Approach	Single	South Africa	SSA	WHO, UNICEF, FAO	\$ 24,944,944	\$ 12,437,977	27,000,000
Fiji Health Emergency Inclusive Readiness (FHEIR) Project	Single	Fiji	EAP	WHO, WB	\$ 10,092,688	\$ 2,119,760	5,549,184
Guyana's Pandemic Preparedness, Prevention and Response (PPPR) Project 2024	Single	Guyana	LAC	WB	\$ 15,600,000	\$ 7,600,000	88,926,585
Collaborative Approach for Resilient Surveillance and Pandemic Preparedness in Indonesia (CARE-I)	Single	Indonesia	EAP	WHO, WB, FAO	\$ 24,946,200	\$ 21,624,668	227,521,269

(continued on next page)

(continued)

PROJECT NAME	TYPE	COUNTRY	WB REGION	IMPLEMENTING ENTITY(IES)	GRANT AWARD	COFINANCING TOTAL	COINVESTMENT TOTAL
<b>MPOX GRANT AWARDS, SEPTEMBER 2024</b>							
Strengthening Pandemic Prevention & Response Through One Health Approach in Rwanda	Single	Rwanda	SSA	WHO, UNICEF, FAO, AIB	\$ 24,963,101	\$ 5,826,220	154,000,000
Strengthening One health Preparedness and Response capabilities Against Pandemics in five provinces of Democratic Republic of Congo (SOPRAP)	Single	Congo, Dem. Rep.	SSA	WHO, UNICEF, FAO	\$ 24,999,919	\$ 1,602,401	5,605,322
Enhancing National Capacities for Prevention, Preparedness and Response to Health Emergencies through One Health Approach in Burundi.	Single	Burundi	SSA	WHO, UNICEF, FAO	\$ 22,439,316	\$ 10,212,920	4,306,417
Strengthening One Health-based PPR in the Greater Virunga Landscape	Regional	See (7)	SSA	WHO, UNICEF, FAO	\$ 24,552,027	\$ 15,562,879	35,723,322
Preparedness for Pandemic Response (PREPARE)	Regional	See (8)	MENA, SSA	WHO	\$ 31,934,205	\$ 4,229,660	4,300,000

(1) Antigua and Barbuda, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago  
 (2) Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Uruguay  
 (3) Kazakhstan, Kyrgyzstan Republic, Tajikistan, Turkmenistan, Uzbekistan  
 (4) Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines  
 (5) Bangladesh, Bhutan, India, Sri Lanka, Maldives, Myanmar, Nepal, Timor-Leste  
 (6) Botswana, Lesotho, Madagascar, Mozambique, Malawi, Namibia, South Africa, Zimbabwe  
 (7) Congo, Dem. Rep., Rwanda, Uganda  
 (8) Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Uganda

# Annex 2:

## Process Improvements for the Second Round of Proposals Based on Stocktaking Review

The Pandemic Fund commissioned an external third party to undertake an independent stocktaking review of its first year of operations, which included a review of the processes employed in the First Call for Proposals (CfP). Based on feedback from successful and unsuccessful applicants, Implementing Entities (IEs) and the Technical Advisory Panel (TAP), the October 2023 Stocktaking Review report made several recommendations

that informed improvements in the application and review process for the second CfP.

These changes help to facilitate comparison and data aggregation across projects and to ensure alignment between the proposal stage and reporting stage, which in turn facilitates automation of data collection, analysis, and aggregation. Some of the improvements are shown in the table below.

Quick wins identified by the Independent Stocktaking Review	Improvements made by the Secretariat
Clarify role and expectations of an IE in Financial Intermediary Funds	<ul style="list-style-type: none"> <li>Updated the definition of an IE in line with the Governance Framework and Operations Manual in the 2nd CfP Guidance Note</li> <li>Noted in the application form that IEs should provide support on proposal development and translation when requested</li> </ul>
Provide financial guidelines on minimum and maximum grant amounts and set guardrails on portion of funding used for grant administration	<ul style="list-style-type: none"> <li>2nd CfP included the maximum grant amount for single country (US\$25 million), and grant amount for multi-country and regional entity projects (US\$40 million)</li> <li>Clarified the definition of an IE administrative fee in the 2nd CfP Guidance Note and set a maximum cap of 7% (or up to 10% in special contexts)</li> </ul>
Establish process to limit double funding risk/duplication of proposed work	<ul style="list-style-type: none"> <li>Limited applications to one per country for single country proposals in the 2nd CfP</li> <li>No limits set for the number of multi-country applications a country can join</li> <li>Secretariat noted countries with multiple applications in the portal before sending to the TAP for review</li> </ul>
Rethink expression of interest (EOI) process and purpose	<ul style="list-style-type: none"> <li>Dropped EOI from the 2nd CfP process</li> </ul>
Consider adjusting application timeline to provide more time	<ul style="list-style-type: none"> <li>Extended the application timeline for the 2nd CfP; Guidance Note announced in December 2023, portal opened on March 5, 2024, with a deadline to submit by May 17, 2024</li> </ul>

*(continued on next page)*

(continued)

<b>Quick wins identified by the Independent Stocktaking Review</b>	<b>Improvements made by the Secretariat</b>
<b>Allow longer review period</b>	<ul style="list-style-type: none"><li>• Significantly increased the review period for both the TAP and the Governing Board</li></ul>
<b>Enable additional clarifications and corrections</b>	<ul style="list-style-type: none"><li>• Incorporated features for requesting clarifications and corrections from applicants into the application portal for the 2nd CfP</li></ul>
<b>Provide feedback in a more expeditious manner and make detailed information available online about proposals</b>	<ul style="list-style-type: none"><li>• Incorporated features for requesting feedback from the TAP reviewers into the application portal for the 2nd CfP enabling the Secretariat to send consolidated and anonymous feedback to applicants</li></ul>
<b>Quickly clarify path forward for recommended but unfunded proposals</b>	<ul style="list-style-type: none"><li>• Shared feedback with all applicants of the 1st CfP and encouraged them to re-submit proposals, taking into account the feedback as well as the updated Guidance Note for the 2nd CfP</li></ul>
<b>Implement funding monitoring and evaluation</b>	<ul style="list-style-type: none"><li>• Requested IEs to share their reporting templates and metrics, and considered these in developing the M&amp;E guidelines</li><li>• Developed an online grantee portal for country project teams to submit first year progress report. The online portal will be further improved for the second year of reporting.</li></ul>

# Annex 3:

## Overview of First Round Project Portfolio Progress by Results Areas

---

The Pandemic Fund monitors the effect of its grants through annual reporting by country project teams, assisted by IEs, against the four Results Areas in the [Pandemic Fund Results Framework](#):

1. **Improved capacity for detection, notification, and response to pandemics**
2. **Improved coordination nationally (across sectors within countries) and among countries regionally and globally**
3. **Incentivized additional investments in pandemic PPR**
4. **Improved efficiency in the use of Pandemic Fund resources.**

As noted above, implementation for most first round projects only commenced in Q1 and Q2 of 2024. As of June 30, 2024, several projects were still in the initiation phase. Projects are expected to show concrete results after a full year of implementation (July 2025). A summary of performance as of June 30, 2024, across the Results Areas is provided below, along with examples of early project highlights.

### ***Results Area 1: Improved Capacity for Detection, Notification, and Response to Pandemics***

Improving countries' capacity to detect, notify, and respond to pandemics is central to the Pandemic

Fund's approach. For this first reporting year, the Secretariat employed the World Health Organization (WHO)'s States Parties Self-Assessment Annual Report (SPAR) and Joint External Evaluation (JEE) scores to determine country-level pandemic PPR capacity. The JEE, which entails external assessment (benefiting from peer-to-peer learning and exchange of best practices), is more objective than SPAR, which is a self-assessment tool. However, of the 37 benefiting countries, 26 (70%) had reported no JEE scores in the online [e-JEE Platform](#), while 11 (30%) had undertaken a JEE during 2016-2023. The Secretariat will encourage project teams to undertake a JEE at both project initiation and project completion to contribute to more robust project evaluation. Among the first round of funded projects, Cambodia, Mongolia, and Togo have recently conducted a JEE and others will do so during the implementation period. Country project teams used different years in reporting their JEE baselines and latest results, which complicates any analysis. Since all countries submitted their 2023 calendar year SPAR scores to WHO in April 2024, the Secretariat used these SPAR scores as the baseline values for all 37 benefiting countries (see also Appendix 2). The Fund will report analysis of changes in PPR capacities from these baseline SPAR scores in subsequent years. New JEE scores that become available during future annual reporting periods will also be reported.

The First Call for Proposals focused on pandemic PPR-specific capacities across three programmatic priorities: surveillance, laboratory systems, and workforce. Of the 16 single country projects, 12 (75%) included activities focused on surveillance, 12 (75%) included activities focused on laboratory systems, while 11 (69%) included activities focused on workforce improvements.

Among single country projects, the SPAR scoring areas most targeted for improvement by countries included those related to human resources (C6.1) and core capacities at points of entry (C.11.1). The other areas for improvement are SPAR indicators focused on laboratory specimen referral and transportation (C4.1.), laboratory biosafety and biosecurity (C4.2), early warning and surveillance functions (C5.1), and policy, legal, and normative instruments (C1.1).

Fewer projects (only five) focused on improving the Performance of Veterinary Services indicators, for veterinary laboratory diagnostics, quarantine and border security, and AMR and antimicrobial use.

How quickly countries can detect and contain infectious disease threats is critical to the effec-

tiveness of pandemic PPR. The relevant indicator is: “Number of simulation exercises (SimEx), Early Action Reviews (EAR), Intra-action Reviews (IAR), and After-Action Reviews (AAR) performed utilizing the 7-1-7 approach that identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response. Of the 37 benefiting countries, eight (22%) reported one or more completed IARs, AARs, EARs, SimEx or other assessments. Five assessments conducted by three countries used the 7-1-7 approach, which allowed countries to identify strengthened capacities, gaps, and bottlenecks in their pandemic PPR approach (see Table 1).

### Results Area 2: Improved Coordination Nationally (across Sectors within Countries) and among Countries Regionally and Globally

The Pandemic Fund catalyzes coordination and collaboration, across sectors, IEs and stakeholders at international, regional and national levels. Given the speed and potential scale of pandemic spread, improved coordination both within and

**Table 1. Simulation Exercises (SimEx), Early Action Reviews (EAR), Intra-action Reviews (IAR) Performed Utilizing the 7-1-7 Approach in First Year of Implementation**

Project	Number of SimEx, EAR, IAR, AAR using 7-1-7 during reporting period	Strengthened capacities identified	Gaps in capacities identified with 7-1-7	Bottlenecks identified with 7-1-7	Days to detection, notification, and response
Burkina Faso	AAR for dengue outbreak	Yes	Yes	Yes	<7-1-<7
Yemen	SimEx for using 7-1-7 in a cholera outbreak	No	Yes	Yes	1-4-11
Yemen	EAR for cholera outbreak	Yes	Yes	Yes	3-1-11
Zambia	IAR for cholera outbreak	Yes	Yes	Yes	>14-1-13
Zambia	AAR for anthrax	Yes	Yes	Yes	26-1-309





between countries is critical for containing the spread of infectious diseases. Of the 19 projects, 15 reported against Results Area 2, covering the areas described below.

**A. Establishment or improvement of processes/mechanisms that allow for cross-sectoral coordination within the country and between countries during a public health emergency**

Ten projects reported strong coordination of entities and/or mechanisms to allow for cross-sectoral coordination in a public health emergency, with five indicating moderate levels of coordination. Eight of the coordinated mechanisms cited were One Health committees. Projects also supported a national emergency preparedness plan in Kazakhstan and an emergency preparedness workshop in Nepal that brought together public health entities and the armed forces.

The multi-country and regional projects from Latin America & the Caribbean were the only grantees to outline support for processes to enable between-country coordination in public health emergencies. Reporting for both these projects focused on early warning through improved surveillance. Specifically, Pandemic Fund support for the Caribbean Public Health Agency will play a significant role in enabling rapid regional responses through the Caribbean Disaster Emergency Management Agency, Regional Security System, Global Tourism Resilience, and Crisis Management Centre, as well as member states.

**B. Extent to which Pandemic Fund projects are implemented in coordination with multiple ministries, sectors, and stakeholders (including IEs, CSOs, and others)**

Cross-ministerial and cross-sectoral coordination is essential to effective PPR. Strong coordination is facilitated by shared strategic goals and objectives; joint policy setting, planning, and operating; codified multi-sectoral/level/stakeholder coordination structures (such as memoranda of understanding); and executive level support and buy-in. The main ministerial partner to Pandemic Fund-supported projects is the Ministry of Health, followed by Ministries of Agriculture and Livestock, and Ministries of Environment or Ecology. Some projects also named government ministries or agencies responsible for Home Affairs and/or border control as partners, and all engaged at least one other agency/ministry than the Ministry of Health in project implementation. However, some projects, such as “Pandemic preparedness and response through a One Health approach in Central Asia”, encountered early challenges with cross-sectoral coordination.

Mechanisms that projects reported using to support cross-sectoral implementation included:

- a. **One Health or other interministerial committees:** Nearly all projects (95%) report project alignment with the One Health approach, integrating human, animal, and environmental health. Several projects report using cross-sectoral committees to ensure coordination of activities. Notably, in Bhutan, the Inter-Ministerial Committee for One Health is the Pandemic Fund project’s governing body.
- b. **Joint training and risk assessment:** Cross-sector training initiatives underway include One Health training for participants from Ministries of Health and Agriculture in

the West Bank and training of officials from animal health, wildlife, food safety, environment, universities, and the Ministry of Health on joint risk assessment in Bhutan.

- c. **Joint planning and accountability:** Multiple countries reported engaging in joint planning and having shared objectives across sectors, with clear focal points established within ministries to facilitate and monitor project implementation.

### C. Regional/global networks, organizations, and hubs

Regional/global networks, organizations, and hubs facilitate collaboration, knowledge exchange, resource pooling, and collective action across countries. Given that pandemics are transnational threats and require monitoring of diseases across borders, such networks play a critical role in stopping disease threats before they become pandemics. If given the mandate, regional/global entities convene Heads of State and bring together sectors beyond human health.

### *Results Area 3: Catalyzed and Incentivized Additional Investments in Pandemic PPR*

An expected added value from establishing the Pandemic Fund was its role in mobilizing additional financial resources in the form of co-financing from IEs and other external sources, as well as co-investment from beneficiary country governments.

Beneficiaries and IEs taking part in the first round of proposals indicated the estimated cash and in-kind co-financing and co-investments they expected to leverage. As indicated in **Figure 1**, the combined co-financing and co-investment for all

19 projects is US\$2.163 billion. Thus, the US\$338 million financing for the 19 projects drew in additional funds of over US\$2 billion, or US\$6.4 for every US\$1 awarded in grants. For the second CfP, which included the mpox, a total of US\$547 million was awarded covering 50 countries that mobilized additional US\$3.977 billion, increasing the leverage ratio to US\$7.3 for every US\$1 awarded in grants.

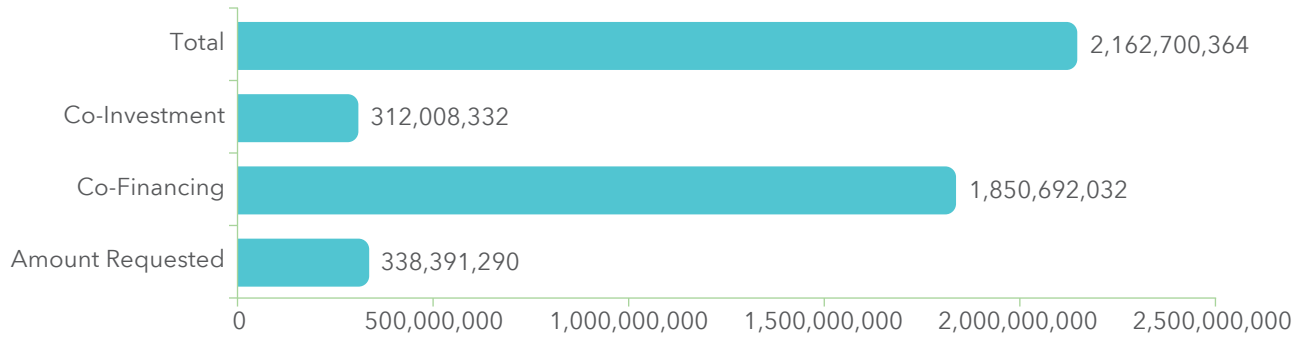
### *Results Area 4: Improved Efficiency in the Use of Pandemic Fund Resources*

The Pandemic Fund is committed to efficient and effective use of its resources to deliver equitable results. This Results Area is tracked using the following indicators: a) proportion of total funds transferred from Trustee to IEs spent on project implementation activities; b) proportion of total funds transferred from Trustee to IEs spent on administrative costs; c) proportion of total funds transferred from Trustee to IEs spent on M&E costs; d) percentage (and number) of Pandemic Fund projects with more than a one-year extension of the closing date; and e) average time from Governing Board project approval date to first disbursement from Trustee to IEs (months). As noted above, it took more than six months from the Governing Board's approval of 19 projects in July 2023 until the first transfer from Trustee to IEs on January 31, 2024. This is largely because, at the time when these projects were approved by the Pandemic Fund's Governing Board, IEs were given six months to obtain the necessary approvals from their respective governing authorities. The Trustee makes all transfers promptly upon request by IEs. Of the eight transfers made during the reporting period ending June 30, 2024, five were made in one to four days while three were made in six to ten days.

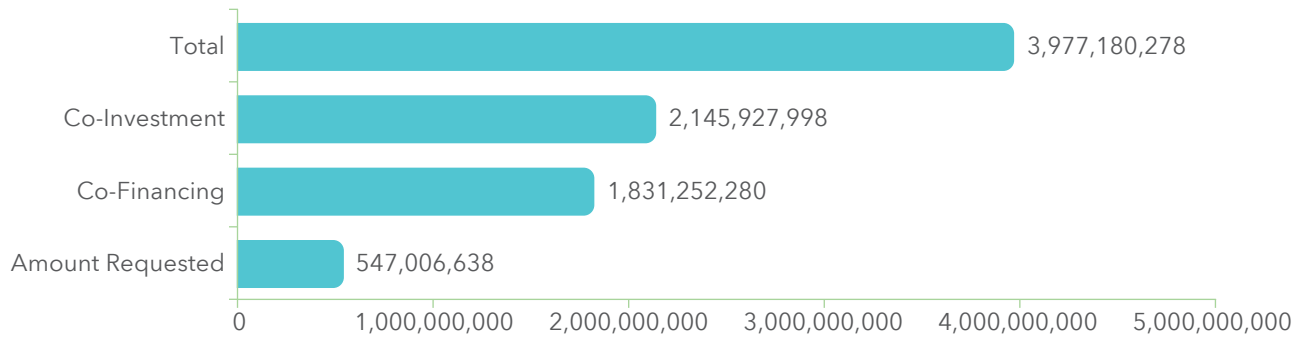


**Figure 1. Co-financing and Co-investment for Projects Funded in First and Second Calls for Proposals**

CfP1: Additional resources mobilized



CfP2: Additional resources mobilized





# Annex 4:

## Support to Cross-Cutting Themes and Enablers to Build Country and Regional Capacity

---

The Pandemic Fund’s new [Strategic Plan \(2024-2029\)](#) includes a commitment for all projects to integrate cross-cutting issues that will strengthen their inclusivity and impact. These include four cross-cutting themes—community engagement, gender equality, health equity, and One Health—and two cross-cutting enablers in the form of National Public Health Institutes or relevant public institutions and regional/global networks, organizations, or hubs.

This Annex describes the importance of these themes and enabling organizations in building country and regional capacity to withstand pandemics, and summarizes early efforts to integrate them by the first round of grantees. In future annual reports, the Secretariat will use a rating scale to provide quantitative scores in addition to the narrative description of projects’ performance on these critical aspects of the Fund’s work.

### ● Theme 1: Community Engagement

Community engagement is fundamental to pandemic PPR, given the localized nature of disease outbreaks. Many beneficiaries face an urgent need to build trust, raise awareness, combat disinformation, and empower communities and community health and/or animal health workers engaged

in PPR efforts ranging from reducing risk-driving practices to outbreak reporting and adoption of public health measures.

Some 17 projects include communities in their approach, with a focus on capacity building, community-based surveillance, and risk communication and community engagement (RCCE). Training and support for community members and community animal health workers (CAHWs) is a focus for many. For example, **Yemen** is training CAHWs on improving animal health service delivery and strengthening CAHWs on community-based surveillance, while **Togo** has trained community civil protection workers in disaster management.

Beneficiaries are also developing and strengthening community-based surveillance systems by working on the ground with community health workers. **Nepal** is implementing community-based surveillance in 40 municipalities through community informants, while the **Caribbean regional project**, involving 12 countries, is establishing a rumor surveillance system to track and monitor health-related information.

RCCE is a critical component of some project strategies, including in **Kazakhstan** where the government is developing communication strategies and disseminating accurate information to foster community engagement.

## ● Theme 2: Gender Equality

Pandemics have a disproportionate effect on women, given the specific needs and barriers they face and their critical role as frontline health workers. The Pandemic Fund therefore considers gender equality a crucial aspect of project governance, decision-making, implementation, and reporting. Projects are expected to employ a gender-responsive approach to governance and programming, use gender impact analyses in their reporting, and, where relevant, adopt clear gender equality targets such as ensuring gender parity in leadership and ending unpaid work for women.

All 19 first round projects reported integrating gender equality into program design, with 74% (14 out of 19) outlining priorities for putting their plans into action.

Many countries are engaged in designing interventions tailored to the needs and roles of women in health, agriculture, and community settings. For example, the multi-country program in **Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, and Uruguay** is using stakeholder mapping to analyze risks and opportunities for promoting gender equality.

At least 14 first round projects (including multi-country projects) indicated their intent to scale up use of gender-disaggregated data for disease surveillance. **Paraguay**, for example, is using cross-border mobility tracking to identify differences in how pandemics impact men and women that will inform targeted responses and interventions. Women's capacity building is also a priority, with countries including **Yemen** and **Ethiopia** training and/or recruiting female health workers, community leaders, and professionals in various relevant sectors.

Several countries are also working to ensure gender representation in the implementation of projects. Efforts include gender-sensitive hir-

ing processes, safeguarding policies, training on the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH), and support from IEs to mainstream gender, equity, and human rights into their work. **Nepal** has set targets for gender-balanced representation that it will monitor and report on.

## ● Theme 3: Health Equity

Health equity helps to ensure timely, equitable, and affordable access to solutions while safeguarding human rights and addressing disparities in health outcomes for vulnerable and marginalized populations. This approach is a cornerstone of effective and inclusive pandemic PPR. Pandemic Fund project interventions support vulnerable 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 health equity, human rights, and community protection and resilience.

Countries engaged in nearly all projects (18 out of 19) indicated their intention to address health equity in their activities, with two-thirds including clear priorities and specific planned activities. The remaining countries are still finalizing their approach.

Nine countries are supporting inclusion of, and targeted interventions for, underserved communities. In **Paraguay**, newly established local committees ensure community participation in project activities. In **Ethiopia**, project outreach targets pregnant women, new mothers, pastoralist communities, internally displaced people, and regions with high migration rates. **Burkina Faso** is using a participatory, community-based approach to identify gaps and needs faced by rural communities, ethnic minorities, and socio-economically disadvantaged groups.

Countries are also prioritizing community-based surveillance activities in underserved, remote, high migration, and other vulnerable communities. Exam-



ples include engaging health workers, teachers, and traditional healers in community surveillance in **Nepal**, and the **regional Amazon basin project**. Capacity building efforts are also common, and include interventions to empower health workers, community workers, and the animal health sector.

## ● Theme 4: One Health Approach

**FAO, UNEP (United Nations Environment Programme), WHO, and WOAHA, the Quadripartite, define One Health** as follows:

*"An integrated, unifying approach that aims to sustainably balance and optimize the health of humans, animals, plants, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development."*

For the Pandemic Fund's purposes, the One Health approach encompasses the interconnectedness of human, animal, and environmental health, and the need for a holistic, multi-sectoral approach to promote antimicrobial stewardship, reduce the risk of zoonotic disease spillover with pandemic potential, and adapt to and mitigate the effects of climate change.

Countries engaged in 18 of the 19 first round projects reported their alignment with the One Health approach. One Health mechanisms and approaches are being used to coordinate across government departments, develop national strat-

egies and action plans, and inform integrated surveillance and laboratory systems as well as capacity building across sectors. In part through these mechanisms, 58% of projects report strong coordination with Ministries of Agriculture and Livestock, and 46% report strong coordination with the animal and environmental health sectors, via Ministries of Environment and Ecology, which are critical to PPR. In **Mongolia**, which had no One Health structures in place prior to the project, the Pandemic Fund grant is catalyzing the establishment of a national One Health Steering Committee and the development of a national strategy.

The One Health approach will also drive the expansion of joint surveillance for human and animal health, including at the community level in countries including **Cabo Verde, the Kyrgyz Republic, and Nepal**. These efforts will support earlier identification of potential outbreaks at the human-animal-environment interface, enabling more rapid response.

Many countries are investing in capacity building on One Health approaches, including the development of workforce strategies in **Kazakhstan**, online training on One Health in the **West Bank**, and joint field epidemiology training in **Bhutan**.

## ● Cross-Cutting Enabler: National Public Health Institutes

National Public Health Institutes (or similar relevant public institutions) serve as the centralized arm of a country's health system. They oversee national disease prevention, detection, and response activities across sectors through their core functions managing surveillance, laboratories, the public health workforce, emergency operations centers (EOCs), and data systems. Well-functioning National Public Health Institutes or relevant institutions often work closely with local health entities, community-based organizations, and academic institutions. Their role

is vital for building integrated, responsive, and equitable multisectoral pandemic PPR programs and for maximizing the collective impact of investments, including Pandemic Fund grants. Efficient and effective EOCs are critical enablers for countries to integrate and analyze surveillance data, and for responding rapidly to an outbreak.

For the July 2023–June 2024 year, country project teams were not explicitly asked to report on their collaboration with or support to National Public Health Institutes, since this was not part of the original results framework. Such indicators will be reported on systematically in future years in line with the Pandemic Fund’s amended Results Framework. However, both **Ethiopia** and **Zambia** did highlight the inclusion of Public Health Institutes in their project activities.

Ethiopia’s National Public Health Institute has helped steer the start-up and delivery of the Pandemic Fund supported project. In recent years, Ethiopia has endured numerous disease outbreaks including anthrax, rabies, brucellosis, bovine tuberculosis, Rift Valley fever, and avian influenza. Following prolonged conflict and a multi-year drought, the government faces challenges in addressing vulnerabilities to emerging pathogens and critical gaps in pandemic prevention, preparedness, and response. The US\$50 million Pandemic Fund project brings together the ministries of health, agriculture, and finance, implementing entities FAO, UNICEF, and WHO, and local stakeholders. From the outset, the Ethiopian Public Health Institute has played a key coordinating role for this complex project. The institute hosted early discussions between key project stakeholders on the country’s gaps in surveillance, laboratory systems, and workforce planning, which identified needs for Pandemic Fund investments. It will now help identify relevant health workers for training and host some project-funded technical staff.

## Cross-Cutting Enabler: Regional/Global Networks, Organizations, and Hubs

As described earlier under Results Area 2, regional/global networks, organizations, and hubs facilitate collaboration, knowledge exchange, resource pooling, and collective action on pandemic PPR.

Examples of regional frameworks or organizations with which 11 of 19 projects work or align include:

- **Bhutan:** Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
- **Moldova:** European Union surveillance and workforce standards
- **Nepal:** FAO-initiated regional InFARM platform for AMR data collection and alignment with the Asia Pacific Health Security Action Framework
- **Zambia:** Africa Centres for Disease Control and Prevention’s Cross-border Surveillance and Information Sharing Strategic Framework

Capacity development was a priority for countries looking to enhance regional coordination and collaboration. Areas of focus included: building workforce capacity across countries through field epidemiology training programs, laboratory exchange visits, and technical workshops on genomic sequencing; harmonization of protocols and procedures for surveillance, communication, and response; and information exchange on cross-border disease transmission.

Single country projects also emphasized the importance of strengthening their own national systems to improve the quality of data available to support regional and global surveillance and ability to mobilize rapid responses to emerging threats.



# Annex 5:

## Number and Percent of Countries at Each Level of 2023 SPAR for Indicators in the Pandemic Fund Results Framework

Indicator	20		40		60		80		100	
	Number	%	Number	%	Number	%	Number	%	Number	%
C1.1	4	11%	11	31%	9	25%	11	31%	1	3%
C1.2	11	31%	10	28%	6	17%	9	25%	0	0%
C2.1	4	11%	7	19%	8	22%	16	44%	1	3%
C2.2	2	6%	1	3%	13	36%	17	47%	3	8%
C2.3	5	14%	4	11%	14	39%	11	31%	2	6%
C3.1	0	0%	15	42%	14	39%	6	17%	1	3%
C3.2	1	3%	9	25%	10	28%	13	36%	3	8%
C4.1	0	0%	5	14%	13	36%	15	42%	3	8%
C4.2	3	8%	16	44%	8	22%	7	19%	2	6%
C4.3	0	0%	9	25%	15	42%	11	31%	1	3%
C4.4	1	3%	0	0%	13	36%	18	50%	4	11%
C4.5	2	6%	2	6%	6	17%	19	53%	7	19%
C5.1	3	8%	1	3%	3	8%	20	56%	9	25%
C5.2	1	3%	3	8%	5	14%	20	56%	7	19%
C6.1	1	3%	7	19%	14	39%	11	31%	3	8%
C6.2	11	31%	5	14%	10	28%	7	19%	3	8%
C7.1	4	11%	2	6%	11	31%	15	42%	4	11%
C7.2	0	0%	3	8%	7	19%	20	56%	6	17%
C7.3	2	6%	2	6%	10	28%	20	56%	2	6%
C8.1	3	8%	0	0%	5	14%	24	67%	4	11%

(continued on next page)

(continued)

Indicator	20		40		60		80		100	
	Number	%	Number	%	Number	%	Number	%	Number	%
C8.2	3	8%	4	11%	10	28%	18	50%	1	3%
C8.3	2	6%	8	22%	8	22%	17	47%	1	3%
C9.1	1	3%	12	33%	16	44%	5	14%	2	6%
C9.2	7	19%	6	17%	15	42%	7	19%	1	3%
C9.3	2	6%	12	33%	14	39%	6	17%	2	6%
C10.1	3	8%	7	19%	14	39%	9	25%	3	8%
C10.2	0	0%	6	17%	13	36%	13	36%	4	11%
C10.3	5	14%	3	8%	10	28%	14	39%	4	11%
C11.1	4	11%	3	8%	13	36%	10	28%	6	17%
C11.2	4	11%	2	6%	15	42%	10	28%	5	14%
C11.3	5	14%	2	6%	8	22%	12	33%	9	25%
C12.1	4	11%	4	11%	12	33%	15	42%	1	3%
C13.1	4	11%	9	25%	9	25%	14	39%	0	0%
C14.1	11	31%	13	36%	7	19%	4	11%	1	3%
C15.1	7	19%	14	39%	7	19%	5	14%	2	6%

# Annex 6:

## SPAR Indicators Targeted, of 16 Total Single Country Projects

SPAR INDICATOR	Single country projects (16)	
	# of projects	% projects
SPAR C.1.1 Policy, legal, and normative instruments	4	25
SPAR C.1.2 Gender Equality in health emergencies	1	6
SPAR C.2.1 National IHR Focal Point functions	1	6
SPAR C.2.2 Multisectoral IHR coordination mechanisms	3	19
SPAR C.2.3 Advocacy for IHR implementation	1	6
SPAR C.3.1 Financing for IHR implementation	1	6
SPAR C.3.2 Financing for Public Health Emergency Response	1	6
SPAR C.4.1 Specimen referral and transport system	4	25
SPAR C.4.2 Implementation of a laboratory biosafety and biosecurity Regime	4	25
SPAR C.4.3 Laboratory quality system	3	19
SPAR C.4.4 Laboratory testing capacity modalities	3	19
SPAR C.4.5 Effective national diagnostic network	3	19
SPAR C.5.1 Early warning surveillance function	4	25
SPAR C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	3	19
SPAR C.6.1 Human resources for implementation of IHR	5	31
SPAR C.6.2 Workforce surge during a public health event	3	19
SPAR C.7.1 Planning for health emergencies	2	13
SPAR C.7.2 Management of health emergency response	2	13
SPAR C.7.3 Emergency logistic and supply chain management	1	6
SPAR C.8.1 Case management	1	6
SPAR C.8.2 Utilization of health services	1	6

(continued on next page)

(continued)

SPAR INDICATOR	Single country projects (16)	
	# of projects	% projects
SPAR C.8.3 Continuity of essential health services (EHS)	1	6
SPAR C.9.1 IPC programs	2	13
SPAR C.9.2 Health care-associated infections (HCAI) surveillance	2	13
SPAR C.9.3 Safe environment in health facilities	2	13
SPAR C.10.1 RCCE system for emergencies	2	13
SPAR C.10.2 Risk communication	1	6
SPAR C.10.3 Community engagement	1	6
SPAR C.11.1 Core capacity requirements at all times for ports of entry (airports, ports and ground crossings)	5	31
SPAR C.11.2 Public health response at points of entry	2	13
SPAR C.11.3 Risk-based approach to international travel-related measures	1	6
SPAR C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	3	19
SPAR C.13.1 Multisectoral collaboration mechanism for food safety events	1	6

# Annex 7:

## Total Funds Transferred from Trustee to Implementing Entities and Spent During July 1, 2023–June 30, 2024

Country	Total funds received by Implementing Entities from Trustee	Funds spent for project implementation activities		Administrative costs of Implementing Entities		M&E costs	
		Amount (USD)	% of funds received	Amount (USD)	% of funds received	Amount (USD)	% of funds received
Cambodia	500,000	0*	0	0	0	0	0
Mongolia	9,023,425	70,361	0.78	0	0	0	0
Kazakhstan	5,519,924	255,810	4.63	2,223	0.04	4,626	0.08
Multi-Country, Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan	4,706,422	670,059	14.24	13,369	0.28	0	0
Moldova	674,075	184,061	27.30	2,614	0.39	3,746	0.55
Multi-Country, Latin America: Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Uruguay	3,695,652	0*	0	0	0	0	0
Regional, Caribbean: Antigua and Barbuda, Belize, Dominica, Grenada, Grenadines, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent, Suriname, Trinidad and Tobago	1,873,458	145,490	7.77	86,599	4.62	0	0

(continued on next page)

(continued)

Country	Total funds received by Implementing Entities from Trustee	Funds spent for project implementation activities		Administrative costs of Implementing Entities		M&E costs	
		Amount (USD)	% of funds received	Amount (USD)	% of funds received	Amount (USD)	% of funds received
Paraguay	5,538,483	29,709	0.54	0	0	0	0
Suriname	0	0*	0	0	0	0	0
West Bank and Gaza	8,282,282	4,056	0.05	284	0.00	0	0
Yemen	8,643,792	2,073,141	23.98	717,331.03	8.30	0	0
Bhutan	1,705,342	186,196	10.92	7,795.00	0.46	2,404	0.14
India	0	0*	0	0	0	0	0
Nepal	6,390,164	320,760	5.02	8235	0.13	0	0
Burkina Faso	6,602,115	3,528,742	53.45	25,197	0.38	13,119	0.20
Cabo Verde	0	0*	0	0	0	0	0
Ethiopia	39,929,640	4,468,032	11.19	2,456,967	6.15	100,000	0.25
Togo	8,227,633	2,140,164	4.93	405,716	4.93	2,657	0.03
Zambia	11,518,465	479,095	4.16	225253	1.96	0	0
	<b>122,830,872</b>	<b>14,555,676</b>	<b>11.85</b>	<b>3,951,583</b>	<b>3.22</b>	<b>126,552</b>	<b>0.10</b>

\* The zero disbursement was as of June 30, 2024.

# Annex 8: Financials

The table below summarizes key financial information for the Pandemic Fund Trust Fund that finances project grants, covering the period from the Fund's inception through June 30, 2024 (US\$ millions).

	Total	% of Total
<b>Donor Pledges and Contributions</b>		
Contributions	1,687.56	87.1%
Pledges	250.00	12.9%
<b>Total pledges and contributions</b>	<b>1,937.56</b>	<b>100.0%</b>
<b>Cumulative Resources</b>		
Resources received:		
Cash receipts	1,283.90	63.3%
Investment income earned <sup>a</sup>	91.32	4.5%
<b>Total resources received</b>	<b>1,375.22</b>	<b>67.8%</b>
Resources not yet received:		
Contributions not yet received	403.67	19.9%
Pledges	250.00	12.3%
<b>Total resources not yet received</b>	<b>653.67</b>	<b>32.2%</b>
<b>Total potential resources (A) (in USD millions)</b>	<b>2,028.89</b>	<b>100.0%</b>
<b>Cumulative Funding Decisions</b>		
Projects	312.71	85.6%
Fees	25.69	7.0%
Administrative budget	26.98	7.4%
<b>Total funding decisions net of cancellations (B)</b>	<b>365.37</b>	<b>100.0%</b>
<b>Total potential resources net of funding decisions (A)-(B)</b>	<b>1,663.52</b>	
<b>Funds Available</b>		
Funds held in trust with no restrictions	1,263.95	
Approved amounts pending cash transfers	254.10	
<b>Total funds available to support Steering Committee decision</b>	<b>1,009.85</b>	

Note: sub-totals may not add up due to rounding.

<sup>a</sup> Represents investment income earned on the liquid balances of the Pandemic Fund Trust Fund.







