



MINUTES OF THE 14th MEETING OF THE GOVERNING BOARD OF THE PANDEMIC FUND

Approved on: December 11 & 12, 2024

1. The 14th Meeting of the Governing Board of the Pandemic Fund was held in hybrid format on October 17-18, 2024. The meeting was chaired by the Pandemic Fund Board Co-Chairs, M. Chatib Basri and Sabin Nsanzimana.
2. Co-chair Basri welcomed new Board members (see [Annex 1](#)) and established the quorum for the meeting. The Meeting Agenda was adopted after suggestions to tighten session times to finish earlier for those joining virtually from later time zones.

I. Approval of Minutes of Previous Meetings

3. The Board approved the draft Minutes of the 13th Board Meeting with a correction in paragraph 13, to clarify that the Pandemic Agreement negotiations had resumed in September 2024, and approved the draft Minutes of the Special Board Meeting on the Fast-track Allocation of Funding to Countries Affected by Mpox. These minutes will be posted on the Pandemic Fund website.

II. Updates from Secretariat and Trustee (for information)

4. The Secretariat summarized recent activities and outcomes across the five workstreams. On **Board governance**, it was noted that strong progress on co-investor engagement had been made since June (see further details below). On **portfolio operations and program management**, work had focused on the mpox fast track initiative, support to the Board on the 2nd Call for Proposals (CfP) and developing a proposal for an emergency financing mechanism. On the **TAP**, the Secretariat noted the support provided to the TAP around the 2nd Call for Proposals as well as the TAP reset process and TAP engagement on post approval project changes, among others. On **partnerships and resource mobilization**, key areas of work had included the development and launch of the investment case, supporting the work of the Resource Mobilization Committee, and donor/partner outreach and letter campaigns. On **communications and advocacy**, key recent external engagements had included the Pandemic Fund High-Level UNGA event on September 25 and the World Health Summit in Berlin in early October. The team noted that the Secretariat had participated in several projects launches and other external events over the summer and early fall. Key upcoming events included the Pandemic Fund pledging event, hosted by the G20 Brazil Presidency on the margins of the G20 Finance and Health Ministers' Joint Meeting on October 31, 2024, and COP29, at which the Secretariat was planning to host a side event on climate change and pandemics.



5. **Trustee update.** The Trustee shared that US\$250m had been received from the United States since the last update. Signed contributions totaled US\$1,997m as of October 15, 2024. Considering resources received, investment income earned, contributions not yet received, and cumulative funding decisions, there is US\$1,171m in funds available today for new allocations.

III. Presentation from the Conflict-of-Interest (COI) Committee (for information)

6. In introducing the topic, Co-chair Basri thanked the COI Committee for continuing to raise the Board's collective understanding of COI and to develop a shared COI culture. Noting that, at present, only about half of the voting Board members submit COI declarations before Board meetings, the Committee emphasized that all members attending a meeting, whether in-person or online, need to complete the declaration. Further, the Committee reiterated that every Board member should think about their own potential conflicts of interest and stand ready to help others manage potential COIs in a positive way. The shared culture around assessing and managing COIs needs to feature case-by-case assessments that balance harm and benefit, for example, balancing inclusive voices and relevant expertise versus the risk of actual or perceived bias. How much "allowable risk" will depend on the Board's shared risk appetite. The Committee noted that the Board could consider trying the "Disclose and manage approach." Under this approach, in the case of a conflict of interest, a Board member might state "I have something to share, however I am a prospective recipient, please be aware of my conflict of interest when you listen to me. Do you want me to proceed?" Board members could then ask the Board member to continue or not, depending on circumstances. The Committee noted that the "Disclose and manage" approach is riskier for COI/perceptions of COI. The Committee presented a draft risk appetite statement that will be further discussed at the December meeting. The Committee would like to add two more members to the committee. A committee member from Bangladesh was then nominated and welcomed, leaving the need for one more member.

IV. Allocation of Funds Under the 2nd Call for Proposals (for decision, voting members only)

7. Co-chair Basri reminded the Board that the 2nd CfP, which closed in May this year, had an original envelope of US\$500 million. It generated huge demand from low- and middle-income countries – amounting to US\$4.6 billion. All proposals were screened by the Secretariat and eligible proposals were carefully evaluated by the TAP. The TAP recommended proposals amounting to over US\$1 billion. Considering the Board's decision to fast track a portion of the envelope under the second CfP for mpox-affected countries and taking into account the US\$47 million added to the envelope, the Board was reminded that it had US\$418 million to allocate. The Secretariat presented four scenarios to support the Board in its allocation decision. These scenarios were based on the allocation criteria discussed by the Board, including



achieving a balance in terms of geographic distribution and country income groups, with priority to low- and lower-middle income countries, as well as fostering collaboration among Implementing Entities, and they reflected comments and feedback provided by Board members during a briefing session that was held in September. The starting point for these scenarios was the set of proposals recommended by the TAP. In discussing the allocation scenarios, the Board also kept in mind the catalytic role of the Pandemic Fund and its focus on community engagement, health and gender equity, and One Health.

8. Board members thanked the TAP leadership, TAP members, and the Secretariat for their hard work in relation to the 2nd CfP. Most members indicated their preference for the same scenario (Scenario B), noting its relative strengths with respect to the allocation criteria and the Pandemic Fund's objectives.
9. The Board took the following decision, by consensus:
 - *“The Board selects Scenario B for the allocation of funding under the 2nd Call for Proposals. Accordingly, the Board allocates grants totaling US\$418 million towards 23 proposals, that support 40 countries across six geographical regions to strengthen their capacities for pandemic prevention, preparedness and response (PPR). The grants allocated will catalyze US\$3.7 billion in additional resources for PPR in the countries supported.”* The list of exact allocations for each project is attached in [Annex 2](#).

V. Update on Mpox Fast-tracked Initiative and Approval of Project Restructuring Requests and Partner Coordination (for information)

10. Co-chair Nsanzimana opened the session summarizing the latest epidemiological report on the mpox and Marburg outbreaks in Rwanda. He noted that the Board decision to fast-track five projects from the second CfP to address mpox has been greatly appreciated by the region and by affected countries.
11. The Secretariat reported that immediately following the September 19, 2024, Board decision on fast-tracking allocations to five project covering Mpox-affected countries, the applicants had been informed and that the process and timeline for proposal resubmissions had been clearly explained, in coordination with the concerned IEs and the Africa CDC. The applicants subsequently resubmitted their proposals by the deadline. All requested changes were reviewed by the Secretariat and the TAP in accordance with the Policy on post-approval changes to projects and deemed as “minor”. Therefore, none of the submissions required Board approval. The Secretariat confirmed that the proposals were aligned with the pillars of the joint WHO-Africa CDC Continental Preparedness & Response Plan (CPRP) for Africa and informed the Board about next steps to ensure the prompt disbursement of funds. Representatives from the concerned IEs noted that they were working together on these projects in coordination with Africa CDC and other partners.



12. Board members expressed their appreciation for the efforts of the Secretariat, TAP, IEs and applicants in relation to the mpox fast-track initiative. In addition to the need to ensure timely transfers from the Pandemic Fund trustee to IEs, members emphasized the need for the timely onward disbursement of funds by IEs for activities on the ground and asked that the Secretariat present an update on this at the December Board meeting.
13. Next, the WHO/World Bank team mandated by the G20 Finance and Health Taskforce (JFHTF) to establish an Mpox Financial Tracking Mechanism (FTM) presented an update. They noted that the FTM is designed to align and support the needs of affected countries jointly identified across the pillars of the WHO Mpox Strategic Preparedness and Response Plan and the WHO-Africa CDC CPRP; prevent overlaps; and enhance efficiency by helping coordination so that resources are directed toward the most critical areas of the response. The initial information gathered was presented. It was noted that this was in the process of being validated and that the FTM would be regularly updated and published, every two weeks.

VI. Follow up on Sovereign Co-Investor Engagement (for information)

14. The Secretariat informed the Board on recent efforts to strengthen sovereign co-investor engagement, including through the recruitment of consultants to support co-investor constituencies. It was noted that senior consultants had been hired to support seven of the nine constituencies, and that work was under way to recruit support for the remaining two constituencies. During the discussion, co-investor country representatives noted the value of this support.
15. Board members noted the importance of these efforts and expressed appreciation for the progress made. Recognizing the challenges of co-investor constituency building, Board members offered several suggestions, one of which was to draw lessons from other Boards (like Gavi); the Secretariat agreed to look into this. One board member noted that it would be helpful if the consultants could participate in national-level public health discussions in the countries they were supporting. Some Members asked for more information on the costs associated with this work which the Secretariat agreed to provide as part of the mid-year budget update (see below)

VII. Annual Portfolio Progress Report (for information)

16. The Secretariat presented the highlights of the Pandemic Fund's draft Annual Portfolio Progress Report, which had been circulated for input before the meeting. Board members appreciated the Secretariat's work in preparing the report. In providing comments, they emphasized the need for a clear, concise document and the need to be intentional about messaging impact. Some of the other comments provided included the need to better clarify which projects were experiencing implementation challenges and delays, the reasons behind those, and how those challenges were being addressed; and more information on whether leverage ratios were materializing.

Members agreed to provide written feedback to the Secretariat during the week of October 21-25.

17. For future progress reports, Board members suggested that it would be good to report on cross-cutting themes across projects in a standardized manner and include more information on CSO engagement in project implementation.
18. On related topics: Board members noted that they were looking forward to the updated Results Framework; additionally, they suggested that the Executive Summary of the Stocktaking Review be published on the Pandemic Fund's website, along with management's response.

VIII. Technical Advisory Panel (TAP) Feedback for Future Rounds of Funding (for information)

19. In his update to the Board, TAP Chair Chikwe Ihekweazu focused on the following topics. First, on the **TAP review process**, he noted that several improvements had been introduced under the 2nd CFP, including more time for review and three (instead of two) TAP reviewers for each proposal. Still, each TAP reviewer had to review between 17-19 proposals. He suggested that the TAP reset consider the demands on the TAP. Second, on the topic of a methodology to measure country **risks and needs**, he noted that while the TAP working group was willing to work on this, other institutions might be better placed to undertake this task. The TAP could then validate it. Third, on **co-investment and co-financing**, he highlighted that more work was needed to better define these and that this should also be reflected in the updated Results Framework. Fourth, he underscored the importance of updating the Results Framework. Fifth, he highlighted that the format for proposal submission under the CFPs could be further simplified and streamlined and suggested that templates to be tailored to the different types of proposals (single country, multi-country, and regional entity). He noted that it would be beneficial to define eligible "regional entities" more clearly so that entities that have a mandate to advance the Pandemic Fund's objectives are supported. He also suggested that the requirements for multi-country and regional entity proposals be better articulated in the future so that those proposals bring real value added.
20. TAP Vice-Chair Joy St. John spoke about the TAP reset. She noted that there were several issues to consider, including whether the original terms of reference were still fit-for-purpose, if the size of the TAP was adequate, and how best to refresh TAP membership over time to maintain institutional memory. It was noted that the Secretariat had issued a call for experts and that 45 people had applied. Of the current 21 TAP members, 18 had confirmed interest in continuing. Further, she noted that it was important to consider how to refresh the TAP in a staggered way to preserve TAP culture and institutional memory. One approach could be to add 10 new members to the 18 who would like to continue, which would result in the TAP including a total of 28 members. An alternative could be to extend the duration of the 18 continuing members to three years for their second term, while keeping the term to two years for



three new members (to a total of 21). Under either approach, it would be important to use the existing roster of experts to add to TAP expertise when needed.

21. Board members expressed appreciation for the thoughtful suggestions provided by TAP leadership. On developing a methodology for country risk and need, reflecting on the suggestions of TAP leadership, Members felt that perhaps an expert group could be pulled together for this purpose, or alternatively, the WHO could support this. A suggestion was also made to include the One Health Quadripartite in this process. On refining the definitions of co-financing and co-investment, it was felt that this could be undertaken as part of the ongoing enhancements to the Results Framework; in this context, Members underscored the importance of a robust Results Framework. The suggestions on improving the format of proposals under CfPs and further clarifying requirements for multi-country and regional entity proposals so they fill gaps and add value were well received. Suggestions on the TAP reset process, and using a staggering mechanism to preserve institutional memory were also well noted. Further, Members emphasized the importance of ensuring a fit-for-purpose TAP with the required expertise and right skills mix.
22. As a next step, the Board requested TAP leadership to prepare a paper covering recommendations on the above topics for Board discussion/decision at the December Board meeting.

IX. Proposed Emergency Financing Mechanism (for discussion)

27. Co-chair Basri opened the discussion by recalling that the idea of an emergency financing mechanism had come up during the September Board discussions on the Pandemic Fund's mpox response, when the Board had requested the Secretariat to prepare an options paper for discussion.
28. The Secretariat briefly summarized the main elements of the paper that had been circulated as a pre-read for the meeting. Board members appreciated the paper. The Board's comments focused on the following themes. First, on the **overall rationale**, there was broad support for the Pandemic Fund to examine developing an emergency financing mechanism, building on the Mpox experience. Members advised that the mechanism should be designed to allow the acceleration of certain procedures, in a consistent and transparent manner, to provide support to countries outside of regular funding rounds, when appropriate and necessary, and that the procedures should focus not only on the Board's approval of financing but on getting the resources to countries in a timely and efficient manner. Second, Members emphasized that such support must be **aligned with the Pandemic Fund's medium-term strategic plan** and **avoid duplication** or overlap with other mechanisms. Third, on the question of **how and when the mechanism should be triggered**, most Members noted it should be triggered only when the WHO declares a PHEIC or a pandemic, and when the circumstances so require it as agreed by the Board (justified need to intervene). Fourth, on the question of whether a **set aside** or reserve fund would be required for such emergency financing, most Board members did not support such an idea, noting



the associated opportunity costs. On the idea of a cap, several Members expressed doubts about how a cap could be credibly implemented, as it would depend on many variables, including the availability of funds, the gravity of the emergency, the involvement of other mechanisms or funding streams, etc. Fifth, several Members expressed the view that the proposal would benefit from **consultations** with the G20 Joint Finance and Health Task Force Secretariat as well as with Implementing Entities.

31. As a next step, it was agreed that the Board Strategy Committee would be refreshed and reactivated to take this work forward.

X. Resource Mobilization Update (for information, voting members only)

32. The Secretariat provided an update on resource mobilization and raised three topics for discussion: (1) the headline messages coming out of the Rio de Janeiro event; (2) the cut-off date to accept new pledges, and (3) pathways for private sector engagement.
33. Board members suggested that the key messaging should include the leveraging of co-financing and co-investment as well as new pledges. Several noted that it was important that the pledging event in Rio de Janeiro be seen as a moment but not an end to the process. It was agreed that the Secretariat would issue a press release after the October 31 meeting, with the draft to be shared with the Board in advance of the meeting. On the cut-off date, the Secretariat agreed to come back to the Board with a recommendation by December, based on bilateral consultations with concerned donors. On private sector engagement, members asked the Secretariat to examine how other funds approach this; the Secretariat agreed to examine this in greater detail and revert to the Board.

XI. Approval Process for Pandemic Fund Statements/Press Releases (for decision-voting members only)

34. The Secretariat presented some options on the process for the clearance and approval of press releases and statements and on who these should be issued by. Based on the options proposed, the Board decided on the following clearance process and issuing authority for Pandemic Fund statements and press releases.
 - *“A draft is prepared by the Secretariat immediately after the relevant meeting or event and sent to the Board Voting Members for review and comments with a 24-working-hour turnaround deadline. Once the Secretariat receives all comments, the revised draft is shared with the Co-Chairs for final approval before publishing. For consistency, all statements will be issued by the Pandemic Fund Board.”*

XII. Update from Accreditation Panel for IEs (for information and decision – voting members only)

35. The Accreditation Panel for accrediting new Implementing Entities (IEs) presented its findings on recent applications received and reviewed, recommending that the



applications submitted by the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Development Programme (UNDP), and Family Health International (FHI 360), be moved from Stage 1 to Stage 2 review.

36. After detailed discussion, the Board made the following decisions:

- *“The Pandemic Fund Governing Body hereby approves the Stage-1 applications submitted by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the United Nations Development Programme (UNDP), thereby moving IFRC and UNDP to Stage-2 of the accreditation process. The Pandemic Fund Governing Body requests the IE Accreditation Panel to provide more information, including the unique value-add of the Family Health International (FHI 360), before deciding to move FHI 360 to Stage-2 through on a non-objection basis.”*

XIII. AOB

37. Co-Chair Basri listed three topics for discussion during this session: (1) 2025 Governing Board Working Calendar; (2) topics for discussion at the 15th Board meeting in December 2024; and (3) reflections/questions on COI issues.

38. **2025 Governing Board Working Calendar.** The Board agreed, in principle, to the Secretariat’s proposal to hold three Board meetings during CY 2025, with the first meeting to be held during the week of March 10-14, 2025 (exact dates to be determined), either in Paris or Geneva (in person); the second one to be held virtually on June 10-11, 2025; and the third one to be held in-person during the week of November 3-7, 2025 (exact dates to be determined) in Washington D.C. or in a co-investor country.

39. **Topics for December 2024 meeting.** Based on suggestions from Board members, the following list of topics was proposed by the Secretariat for inclusion in the next Board meeting to be held virtually on December 11-12, 2024: third round of funding; emergency financing mechanism; medium term resource mobilization strategy (including private sector engagement modalities); revised Results Framework; and a paper with the TAP’s recommendations. It was agreed that the Board Strategy Committee would be work on developing the third round of funding. Board members suggested adding an update on the AfDB accreditation; a mid-year update on the budget; and a status update on the mpox fast-tracked projects as additional topics for the December 2024 Board meeting. Some members cautioned against overloading the agenda for the December meeting and the Secretariat was tasked with developing an agenda focused on the most pressing topics.

40. **Reflections on COI issues.** One Board member noted that the earlier COI discussion had focused too narrowly on co-investors and that it was important to recognize that COI cuts across all actors; a COI Committee member underscored this point.



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- 41.** On the margins of the Board meeting, representatives of Implementing Entities met to share early experience based on the implementation of projects under the 1st CfP and ideas on establishing a platform for more systematic sharing of knowledge and experience on pandemic PPR projects.



ANNEX 1; New Board Members

	Constituency	Function within the constituency	Board Member Name and Title
1	South-East Asia Region constituency	Principal	Bangladesh, Ms. Nurjahan Begum , Adviser to the Honorable Minister of Health and Family Welfare of Bangladesh
		Alternates	Shah Helal Uddin , Additional Secretary (Planning) in the Ministry of Health and Family Welfare of Bangladesh
			Tahmina Shirin , Director at the Institute of Epidemiology, Disease Control and Research of Bangladesh
2	West Africa Region constituency	Principal	Mr. Mouhamed Konaté , Chief of Staff at the Ministry of Finance of Senegal
		Alternate	Mr. Ousmane Cisse , Director General at the Ministry of Health of Senegal
3	Japan-Australia-Korea-Singapore constituency	Principal	Ms. Anna McNicol , Director of Global Health Funds at the Department of Foreign Affairs and Trade of Australia
		Alternate	Ms. Jiyoung Choi , Deputy Director General of the International Finance Bureau of the Ministry of Economy and Finance of Korea
4	China Constituency	Principal	Mr. Bo ZHANG , Deputy Director General at the Ministry of Finance, People’s Republic of China
		Alternate	Ms. Guanzhu WANG , Director, Division of Multilateral Cooperation for Development Finance at the Department of International Economic and Financial Cooperation, Ministry of Finance, People’s Republic of China



5	Indonesia-UAE-India constituency	Alternate	Mr. Hemang Jani, Senior Advisor to the World Bank Executive Director for India
6	France-Spain-Netherlands constituency	Alternate	Ms. Katja Meijaard, Senior Policy Officer, Global Health, at the Ministry of Foreign Affairs of the Netherlands
7	Civil Society – Global South constituency	Alternate	Ms. Jackline Kiarie, Regional Program Manager of the Global Health Security Unit in Amref

ANNEX 2: List of Projects approved under the 2nd Call for Proposals without the MPOX approved Projects.

Pandemic Fund Application ID	Project Name	Beneficiary Country/Region	Implementing Entities	Project Amount (US\$) (A)	IE Fees (US\$) (B)	Total approved amount (US\$) (C) = (A)+(B)
14	Pandemic Preparedness and Response through Operationalizing One Health Approach in Pakistan	Pakistan	WHO	7,000,920.93	489,620.54	7,490,541.47
			FAO	8,773,691.68	614,158.42	9,387,850.10
			ADB	1,679,643.05	117,575.01	1,797,218.06
			Project Totals:	17,454,255.66	1,221,353.97	18,675,609.63
76	PREP-JO: Pandemic Readiness Enhancement Program for Jordan	Jordan	WHO	2,274,000.00	153,650.00	2,427,650.00
			UNICEF	849,000.00	58,800.00	907,800.00
			FAO	644,000.00	45,080.00	689,080.00
			Project Totals:	3,767,000.00	257,530.00	4,024,530.00
117	Nicaragua united in One Health to address future pandemics.	Nicaragua	WHO	8,820,375.00	617,427.00	9,437,802.00
			FAO	4,930,416.00	345,130.00	5,275,546.00
			UNICEF	2,214,500.00	155,015.00	2,369,515.00
			Project Totals:	15,965,291.00	1,117,572.00	17,082,863.00
131	Strengthening Collaborative and Integrated Disease Surveillance and Response for Enhanced Epidemic and Pandemic Prevention, Detection and Response in Tanzania	Tanzania	WHO	17,806,848.00	1,339,799.00	19,146,647.00
			FAO	3,574,114.00	268,828.00	3,842,942.00
			UNICEF	1,868,401.00	140,568.00	2,008,969.00
			Project Totals:	23,249,363.00	1,749,195.00	24,998,558.00
189	" Lebanon's Pandemic Fund Proposal: Using the One Health Approach to Drive Resilience and Recovery"	Lebanon	WHO	4,200,000.00	420,000.00	4,620,000.00
			WB	3,000,000.00	300,000.00	3,300,000.00
			UNICEF	1,550,000.00	155,000.00	1,705,000.00
			FAO	1,650,000.00	165,000.00	1,815,000.00
Project Totals:	10,400,000.00	1,040,000.00	11,440,000.00			
201	Support Tunisia in Implementing Pandemic PPR in a One Health Approach	Tunisia	WB	17,158,404.00	675,002.00	17,833,406.00
			FAO	3,203,808.00	241,147.00	3,444,955.00
			WHO	3,461,124.00	260,515.00	3,721,639.00
			Project Totals:	23,823,336.00	1,176,664.00	25,000,000.00
203	Strengthening Prevention, Preparedness and Response to Emerging Health Threats in the Eastern Caribbean	Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines	WHO	13,030,300.00	912,121.00	13,942,421.00
			WB	3,371,198.00	134,848.00	3,506,046.00
			FAO	6,481,317.00	453,692.00	6,935,009.00
			Project Totals:	22,882,815.00	1,500,661.00	24,383,476.00
258	PROJECT TO STRENGTHEN THE FIGHT AGAINST PANDEMICS IN CHAD	Chad	WHO	19,921,128.00	1,394,478.95	21,315,606.95
			UNICEF	1,119,294.00	78,350.58	1,197,644.58
			FAO	1,874,089.00	131,186.25	2,005,275.25
			Project Totals:	22,914,511.00	1,604,015.78	24,518,526.78
	TT ONE LAB+: Strengthening Laboratory		WHO	9,300,000.00	700,000.00	10,000,000.00



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331	Capacity for One Health Surveillance in support of pandemic preparedness, prevention and response in Trinidad and Tobago	Trinidad and Tobago	Project Totals:	9,300,000.00	700,000.00	10,000,000.00
501	Enhancing collaborative surveillance and diagnostic readiness for pandemic preparedness and response in South-East Asia Region.	Bangladesh, Bhutan, India, Sri Lanka, Maldives, Myanmar, Nepal, Timor-Leste	FAO	1,361,000.00	95,270.00	1,456,270.00
			UNICEF	1,169,300.00	81,851.00	1,251,151.00
			WB	1,060,000.00	74,200.00	1,134,200.00
			WHO	10,881,400.00	761,698.00	11,643,098.00
			Project Totals:	14,471,700.00	1,013,019.00	15,484,719.00
514	One Health Pandemic Preparedness and Response in Samoa (OH-PPR Samoa)	Samoa	WB	2,655,882.00	106,235.00	2,762,117.00
			WHO	723,086.00	50,616.00	773,702.00
			FAO	1,144,620.00	80,123.00	1,224,743.00
			Project Totals:	4,523,588.00	236,974.00	4,760,562.00
524	Egypt's Resilience to Pandemics	Egypt, Arab Rep.	WHO	13,590,300.00	951,321.00	14,541,621.00
			FAO	6,793,450.00	475,542.00	7,268,992.00
			UNICEF	1,162,250.00	81,358.00	1,243,608.00
			Project Totals:	21,546,000.00	1,508,221.00	23,054,221.00
536	Strengthening Systems for Pandemic Preparedness and Response in Ghana	Ghana	WHO	10,946,994.58	766,343.00	11,713,337.58
			FAO	4,283,877.42	299,817.00	4,583,694.42
			Project Totals:	15,230,872.00	1,066,160.00	16,297,032.00
546	Enhancing early warning systems by using genomic surveillance and One Health approach in Georgia	Georgia	WHO	4,790,495.60	335,345.70	5,125,841.30
			WB	1,340,500.00	93,835.80	1,434,335.80
			Project Totals:	6,130,995.60	429,181.50	6,560,177.10
668	Resilient Philippines	Philippines	WB	20,796,201.00	654,478.00	21,450,679.00
			FAO	3,254,442.00	227,805.00	3,482,247.00
			Project Totals:	24,050,643.00	882,283.00	24,932,926.00
793	Enhancing capacity for pandemic prevention, preparedness, detection, and response in Sierra Leone.	Sierra Leone	WHO	6,896,848.00	519,402.00	7,416,250.00
			FAO	4,150,751.00	312,593.00	4,463,344.00
			UNICEF	617,612.00	46,512.00	664,124.00
			WB	6,993,949.00	526,714.00	7,520,663.00
			Project Totals:	18,659,160.00	1,405,221.00	20,064,381.00
840	Honduras prepared and alert to potential pandemic events with One Health approach	Honduras	WHO	2,650,436.00	199,495.00	2,849,931.00
			UNICEF	13,227,920.00	995,650.00	14,223,570.00
			Project Totals:	15,878,356.00	1,195,145.00	17,073,501.00
853	One Vision, One Shield: Sri Lanka's Integrated One Health Pandemic Preparedness & Response	Sri Lanka	FAO	4,638,794.52	324,715.62	4,963,510.14
			ADB	6,940,000.00	485,800.00	7,425,800.00
			WB	2,348,400.00	164,388.00	2,512,788.00
			WHO	1,473,400.00	103,138.00	1,576,538.00
			UNICEF	1,773,562.31	124,149.36	1,897,711.67
			Project Totals:	17,174,156.83	1,202,190.98	18,376,347.81
864	Strengthening One Health Disease Surveillance and Response in Southern Africa – A Strategy Against Climate-Driven Disease Outbreaks.	Botswana, Lesotho, Madagascar, Mozambique, Malawi, Namibia, South Africa, Zimbabwe	WHO	33,464,306.56	2,342,501.46	35,806,808.02
			Project Totals:	33,464,306.56	2,342,501.46	35,806,808.02
885	Building a Resilient Future: Strengthening Pandemic Prevention Preparedness and Response through One Health Approach	South Africa	WHO	14,046,185.30	983,232.97	15,029,418.27
			UNICEF	3,198,231.00	223,876.17	3,422,107.17
			FAO	6,068,615.10	424,803.06	6,493,418.16
			Project Totals:	23,313,031.40	1,631,912.20	24,944,943.60
907	Fiji Health Emergency Inclusive Readiness (FHEIR) Project	Fiji	WB	8,441,809.45	635,405.01	9,077,214.46
			WHO	944,390.82	71,083.18	1,015,474.00
			Project Totals:	9,386,200.27	706,488.19	10,092,688.46
986	Guyana's Pandemic Preparedness, Prevention and Response (PPPR) Project 2024	Guyana	WB	15,000,000.00	600,000.00	15,600,000.00
			Project Totals:	15,000,000.00	600,000.00	15,600,000.00
1011	Collaborative Approach for Resilient Surveillance and Pandemic Preparedness in Indonesia (CARE-I)	Indonesia	WB	20,722,804.00	726,588.00	21,449,392.00
			WHO	2,256,974.00	-	2,256,974.00
			FAO	1,239,834.00	-	1,239,834.00
			Project Totals:	24,219,612.00	726,588.00	24,946,200.00