The Pandemic Fund
FOR A RESILIENT WORLD

The Pandemic Fund

Monitoring and Evaluation Guidelines

March 26, 2025

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Contents

Abbreviations

AAR	After Action Review
AMR	Antimicrobial Resistance
CBOs	Community-Based Organizations
CHWs	Community Health Workers
EAR	Early Action Review
GLASS	Global Antimicrobial Resistance and Use Surveillance System
IAR	Intra Action Review
IEs	Implementing Entities
IHR	International Health Regulations
JEE	Joint External Evaluation
M&E	Monitoring and Evaluation
NAPHS	National Action Plan for Health Security
NBW	National Bridging Workshop
OH	One Health
PPR	Prevention, Preparedness, and Response
PVS	Performance of Veterinary Services
PVS IS	Performance of Veterinary Services Information System
PSRF	Project Specific Results Framework
SPAR	States Parties Self-Assessment Annual Report
TAP	Technical Advisory Panel
WHO	World Health Organization
WOAH	World Organisation for Animal Health

Introduction and Purpose

The Pandemic Fund (Fund) provides long-term funding for critical pandemic prevention, preparedness, and response (PPR) efforts by World Bank Eligible Countries[1] through investments and technical support at national, regional, and global levels.

The Pandemic Fund Governing Board awards grants for country-led activities supported by Implementing Entities (IEs)[2] that take place over three years. Grants fall into the following three categories:

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

The Pandemic Fund Results Framework (Results Framework) serves as a management tool for monitoring and evaluation (M&E) of all financed projects and activities, and is closely aligned with existing global frameworks for pandemic PPR.

Updated in March 2025, following the Fund's first full year of operations and project reporting, the Pandemic Fund Results Framework is structured around Core Indicators designed to achieve high-level outcome and impact across four Results Areas, complemented by underlying themes and enablers. Since projects will often require time to show measurable changes against these high-level indicators, the Fund also requires all grant recipients to define intermediate project level indicators, outputs, and activities through a Project Specific Results Framework (PSRF). These PSRF are submitted with each funding proposal and will serve as the basis for annual results reporting to the Pandemic Fund Secretariat.

The M&E Guidelines contained in this publication strengthen operationalization of the Pandemic Fund Results Framework by providing recipients with an overview of the key M&E requirements and processes for Fund grants. The Guidelines provide IEs and the country project teams[3] responsible for reporting results with actionable information on:

- The Project Specific Results Framework
- M&E reporting requirements throughout the project cycle:
  - Proposal Phase
  - Implementation Phase
  - Closure Phase

[1] Any country that is eligible to receive funding from the IBRD and/or IDA.
[2] Implementing Entity means an "Eligible Implementing Entity" that is approved or accredited in accordance with this Operations Manual, and that has signed a Financial Procedures Agreement.
[3] IE(s), country level and/or regional stakeholders working together in a single Pandemic Fund supported project.

Overview of the Pandemic Fund Results Framework

The **Pandemic Fund Results Framework** sets out metrics and pathways that support the Fund's global impact and effectiveness by guiding monitoring, evaluation, and learning across projects. The Secretariat will use the collective reported results across all projects to monitor the overall performance of Pandemic Fund grants and ensure accountability of resources allocated. Accurate, timely, and complete reporting from project teams is essential both to gauge the impact of investments and to enable the Fund to make adjustments and improvements as needed.

The Pandemic Fund Results Framework aligns closely with existing global frameworks for pandemic PPR and the implementation of the International Health Regulations (IHR). These existing frameworks include World Health Organization's (WHO) M&E Framework for IHR and its tools, such as the Joint External Evaluation (JEE) and the State Party Self-Reporting (SPAR) as well as the World Organisation for Animal Health's (WOAH) Veterinary Services Evaluation Tools such as the Performance of Veterinary Services (PVS). In addition, the Results Framework incorporates key elements highlighted by the Global Preparedness Monitoring Board including a focus on One Health approaches, health equity, and cross sectoral connection.

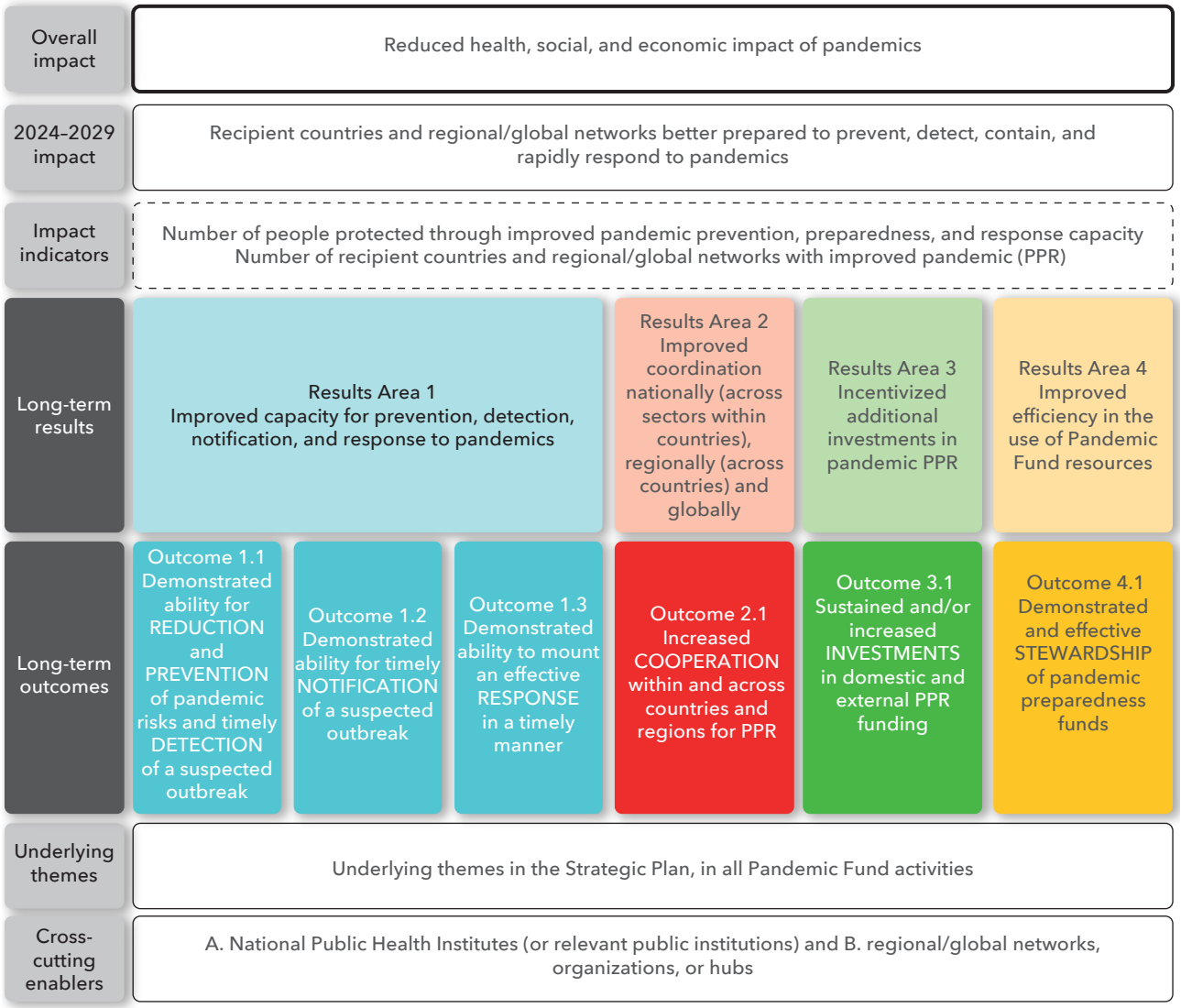
The Core Indicators detailed in full in Pandemic Fund Results Framework, cover the following:

- ***Four results areas***
  1. Improved capacity for prevention, detection, notification, and response to pandemics
  2. Improved coordination nationally (across sectors within countries), regionally (across countries), and globally
  3. Incentivized additional investments in pandemic PPR
  4. Improved efficiency in the use of Pandemic Fund resources
- ***Four underlying themes***
  1. Community engagement
  2. Gender equality
  3. Health equity
  4. One Health
- ***Two cross-cutting enablers***
  1. National Public Health Institutes (or relevant public institutions)
  2. Regional/global networks, organizations, or hubs

The Results Framework includes direct reporting on pandemic PPR capacities, as measured by selected indicators from the JEE, SPAR and PVS. It also includes PPR capabilities measured by metrics related to the use and performance of AAR (After Action Reviews), Early Action Reviews (EARs), Intra Action Reviews (IARs), and simulation exercises.

Detailed information, including the definition and description of each Core Indicator, data

Figure 1. The Pandemic Fund Theory of Change, March 2025



source, data collection methods, data type, analysis, and responsibilities for data management, are described in the Pandemic Fund Results Framework.

Project Specific Results Framework

All funding proposals approved by the Pandemic Fund's Governing Board include a PSRF in which country applicants describe expected activities and outputs as well as intermediate outcomes for each programmatic area. Country project teams then agree project-specific indicators linked to these activities and outputs to enable effective monitoring of each PSRF by the Secretariat.

Theory of Change

The Fund requires all proposals to include a theory of change that links high level outcomes and impact indicators drawn from the applicable Core Indicators of the Results Framework with the project level PSRF. This theory of change should clearly demonstrate a progression from activities to outputs to outcomes and impact in terms of improvements in a country's pandemic PPR capacity. Annex 1 provides a detailed example of a project-specific theory of change.

Project-Specific Indicators

Indicators included in a Project Specific Results Framework should cover project level activities, outputs, and intermediate outcomes, and can be formulated as:

a. **Activity:** Organize training sessions for staff on Antimicrobial Resistance (AMR) surveillance standards and guidelines, in line with the Global Antimicrobial Resistance and Use Surveillance System (GLASS) manual"; **Outputs** (for example, "number of surveillance sites with staff trained in national antimicrobial resistance surveillance standards and guidelines **or Intermediate outcomes that can be measured quantitatively** (for example, for example, "percentage of surveillance sites applying national antimicrobial resistance surveillance standards and guidelines; and **Outcomes** that can be measured quantitatively (for example, "percentage of surveillance sites able to detect suspected outbreaks (Outcome 1.2 in the Pandemic Fund Results Framework)

b. **Milestones or deliverables (**for example, "National AMR surveillance system established").

Indicator Sources: Project teams can choose from a range of sources, including:

- An Indicator Menu provided by the Pandemic Fund and compiled with IEs, which contains existing pandemic PPR indicators used by multilateral agencies. (See Annex 1 for outputs/outcomes indicators and Annex 2 for activities indicators).
- The Performance of Veterinary Services Information System (PVS IS), which houses all results of PVS initial and follow-up Evaluations. The online database features performance monitoring data, indicators, and dashboards on the capacity

of animal health infrastructure, resources, transparency, and technical authority across the 45 Critical Competencies of the PVS Tool.
- Completion of activities listed in the IHR-PVS National Bridging Workshop (NBW) Roadmap to improve PPR coordination at the human-animal-environment interface. Roadmap activities can be used to complement and operationalize JEE, SPAR, and PVS indicators.
- The **WHO Benchmarks tool** of activities linked to specific JEE/SPAR indicators, completion of which can be used as project-level Pandemic Fund indicators. This approach works best for countries that already use this tool as a basis for developing a National Action Plan for Health Security (NAPHS), and/or as a progress monitoring tool.
- The Quadripartite and the One Health High-Level Expert Panel inventory of One Health tools and resources: **https://www.fao.org/one-health/resources/inventory-of-oh-tools-and-resources/en**
- The WHO One Health operational tool manual: **https://www.who.int/publications/i/item/9789290211426.**
- Other relevant indicators measured by IEs, if they relate to relevant activities in the PSRP.
- Routine relevant data collected at the national level or regional levels.

Indicator Characteristics: project specific indicators should be SMART, as in:

- **Specific,** with a narrowly defined meaning and scope and precise description of what will be measured.
- **Measurable,** using a quantifiable numeric or ranked value that can show improvement over time.
- **Attributable/Achievable**, based on a valid measure of the target result.
- **Realistic/Relevant**, not entailing a burden to collect the requisite data to track indicator progress.
- **Timely,** with the inclusion of a date by which the expected change will happen.

Indicator Content: Each selected project-specific indicator must include:

- A clear definition of the indicator and indicator type: quantitative (outputs or outcomes) or qualitative (milestones or deliverables).
- The data source/means of verification. Examples include: "IHR-PVS NBW Roadmap implementation check report"; "National Notifiable Disease System"; and "project field reports".
- A baseline value. If baseline data is not available at proposal development, the project should plan, and where relevant budget for, establishing baselines as early as possible in year 1 of the grant.
- Targets for years 1, 2, and 3 of project implementation, in line with the planned roll out of activities. These should be realistic and aligned with baseline values. Each annual target should reflect the expected results achieved within that reporting period and not the cumulative total anticipated across the full length of the grant.
- Separate targets for the three years should be included to measure the cumulative achievements.

Costed M&E Workplan

Proposals should include a table detailing how and when monitoring and evaluation will be carried out for the project, which stakeholders would be responsible, and the costs of each M&E activity. For example, the table should specify the timeline, responsible parties, and costs of data collection, report writing, dissemination, M&E training/capacity building, and other relevant activities.

M&E Requirements throughout the Grant Cycle

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A. Proposal Phase

The Pandemic Fund, in its periodic calls for proposals, will continue to provide guidance for country applicants on programmatic priority areas of support that align with the Results Framework. All proposals should include the proposed project's theory of change, address the applicable Core Indicators in the Pandemic Fund Results Framework, and outline a PSRF with project level indicators and a costed M&E workplan. If the project is multi-country, regional, or a single-country project that includes regional alignment or regional partners, the PSRF should outline these in the relevant regional tables. Proposals that fall into this category should also indicate which proposed activities align with regional priorities and outline how regional platforms, institutions, and networks will be included. Additional information will be provided in the Guidance Note for the proposal application portal.

During the lifetime of the Fund, countries that have not undertaken JEE or PVS evaluation within the previous five years of proposal submission are encouraged to do so. Starting in 2025, countries that have recently conducted PPR reviews are encouraged to update their plans for health security (e.g. NAPHS) to reflect current gaps. Project teams are also encouraged to undertake JEE and PVS evaluations upon completion of Pandemic Fund projects to support a more comprehensive evaluation of project outcomes.

B. Implementation Phase

i. *Monitoring Processes*

The implementation period for all projects approved by the Governing Board is three years. IEs and project teams will use the Pandemic Fund's online reporting portal to submit annual project progress reports and will independently define the processes that work best for them in monitoring results during the implementation period. This monitoring should include data for both the Pandemic Fund Results Framework Core Indicators and the agreed project-specific indicators. It is important that project teams and IEs also consider the time and financial burden involved in project M&E at both the proposal and implementation stages and include these in the proposal's costed M&E plan. For proper monitoring of Core Indicators, country project teams and IEs should refer to the data sources described in Annex 2 of the Pandemic Fund Results Framework.

Use of the online reporting portal:

The components of the annual project progress report, to be completed in the **online reporting portal**, are shown in Box 1. Guidance on each section of the reporting template is available within the portal's specific fields.

IEs and project team members identified in the proposal will all have access to the portal and will collectively submit a single consolidated report.

A report template can also be downloaded as needed to enable project teams and IEs to work collaboratively offline before the completed report is uploaded. The project lead will sign off on the submission in the portal. In most cases, this individual will be a government official dedicated to the project. In exceptional cases (such as where a country is unable to nominate someone due to a

Box 1. Annual Project Report Components

1. **Executive Summary** of overall implementation progress.
2. **Pandemic Fund Results Framework Core Indicators.** Projects will report on the four Results Areas. Narrative sections are available for project teams to provide additional information, as well as any changes foreseen. When a Core Indicator does not apply to a project, reasons must be provided in the narrative section.
3. **Project-Specific Indicators.** Each project-specific indicator included in the project proposal will have a section for quantitative (number) and qualitative (narrative description) reporting. Project teams and IEs should use the narrative section to report any changes to the indicators contained in the Project Specific Results Framework included in the project proposal.
4. **Project Management and Implementation Arrangements.** Narrative description section reporting on the effectiveness of the project implementation arrangements.
5. **Quality of M&E.** Narrative description on the availability of good quality data and analysis for reporting on the indicators, and capacity of the project M&E unit.
6. **Risk Management.** Narrative description by IEs, who are responsible for managing risks associated with the projects they implement and for reporting on such risks and associated mitigation measures in accordance with their policies and procedures. Should include disclosure of any adverse effects by or on the project and associated mitigation measures.
7. **Achievements.** Narrative description of project accomplishments during the year, with concrete examples. Project teams and IEs are encouraged to add infographics or videos to capture the project achievements or interviews with stakeholders and beneficiaries.
8. **Dissemination to stakeholders and success stories**. Narrative description of the dissemination of annual project results to key stakeholders and how these results have fed into project management, informed decision-making or course correction.
9. **Challenges.** Narrative description of the challenges encountered in project implementation.
10. **Lessons learned and recommendations.** Narrative description of positive and/or negative issues that arose during implementation and may be applicable to other projects in the country or other recipient countries along with suggestions on how to improve project implementation. Case studies may also be shared here.
11. **Sustainability.** Narrative description of the extent to which the capacities built by Pandemic Fund projects are or will be sustained following completion of the project.

change of government or strong instability), the project lead may be an IE representative.

To enable submission of reports for multi-country and regional Pandemic Fund projects, the portal will provide separate sections for each country in the proposal, as well as a regional report section for any regional components. Non-applicable sections should be left blank.

Centralized reporting of JEE, SPAR, and PVS results in the Pandemic Fund Results Framework: SPAR indicators and the associated data (mandatory for countries to report annually to WHO) are available on the **WHO SPAR website platform**, and JEE scores (voluntary) are available at the **e-JEE Platform.** The Pandemic Fund Secretariat will liaise with WHO for JEE and SPAR scores to be captured in the online portal as of 1 May each year. Project teams will be expected to provide comments on these scores to analyze the contribution of Pandemic Fund-supported activities in each annual report. Project teams are encouraged to ensure that JEE scores in the **e-JEE Platform** are updated by 1 May each year. However, project teams can also enter JEE scores that become available between 1 May and 31 July each year manually in the online portal and attach the JEE report or provide a weblink to it.

The PVS scores (voluntary) are not publicly available and therefore are accessible by the WOAH Delegate of the Veterinary Services in the **PVS Information System (PVS IS).** The Delegate is free to communicate PVS scores to the Project Team to ensure proper use of any identifiable data in line with consent given. Consent of the relevant National Veterinary Authority or equivalent body must be obtained prior to reporting PVS scores (Levels of Advancement). Once agreement is obtained, they should be entered manually by the Project Team. New scores and indicator performance appear in the PVS IS on a rolling basis, as they become available.

Project teams can also request support from the WHO and other IEs to implement a relevant progress monitoring approach that includes:

- Annual progress checks against **WHO Benchmarks**
- Annual progress check on implementation of IHR-PVS NBW Roadmap and other One Health related tools
- Review of functional outcomes as events occur (through Simulation Exercises, 7-1-7 approach,[4] Early Action Reviews [EAR], Intra-action Reviews [IAR], and After Action Reviews [AAR]), and at the end of implementation[5]

[4] The 7-1-7 target is a global health security benchmark proposed by the Resolve to Save Lives initiative to improve outbreak detection and response. It aims to ensure that: 7 days: Detect a public health threat within 7 days of its emergence. 1 day: Notify public health authorities and initiate an investigation within 1 day of detection. 7 days: Implement an effective response within 7 days to contain the threat. More information can be found: **7-1-7 Digital Toolkit - 7-1-7 Alliance**.

[5] Recipient countries of Pandemic Fund grants can integrate these effective monitoring tools as follows:

1. Simulation Exercises can be employed in the following ways:
   - Baseline Assessment: Before implementing the funded projects, countries can conduct simulation exercises to assess the current state of their IHR (2005) core capacities.
   - Regular Drills: Schedule periodic simulation exercises to evaluate the effectiveness of newly implemented systems and processes as part of the project's activities.
   - Gap Analysis: Use simulation exercises to identify gaps in preparedness and response capabilities, providing direct feedback on the areas that need further improvement.
   - Training and Capacity Building: As part of strengthening the multisectoral workforce, simulation exercises can help train public health workers and improve their response to public health emergencies.
   - Validation of Protocols: Validate and refine emergency plans and standard operating procedures through exercises, ensuring that they are practical and effective in real-world scenarios.
   - Coordination and Communication: Use simulations to test and enhance coordination among ministries, civil society organizations, and IEs involved in the project.
   - Reporting and Documentation: Document the outcomes and learnings from simulation exercises to report back to the Pandemic Fund and other stakeholders on the progress made in building IHR capacities.
   - Performance Review: Compare the results of simulation exercises over time to track improvements and demonstrate the effective use of the funds towards achieving the IHR (2005) goals.

- Review of functional outcomes and overall health system strengthening through Universal Health and Preparedness Review (UHPR).[6]

ii. *Post-Approval Changes*

The Pandemic Fund encourages project teams and IEs to implement as-is the proposals approved by the Governing Board. Nevertheless, the **Pandemic Fund Policy Document on Post-Approval Changes to Projects** provides guidance on any changes to projects requested by project teams, following Governing Board grant approval. Throughout the three-year implementation period, whenever the need to make changes arises, the request should be submitted promptly to the Pandemic Fund Secretariat.

The types of change that country project teams may request include:

- Change to outcome indicators (e.g. JEE; SPAR or PVS indicators) or targets
- Change to output level (activity-level or workplan) quantitative indicators or milestones/deliverables and their targets in the Project Specific Results Framework
- Change to project scope or design
- Addition or removal of project subcomponents
- Reallocations within the budget
- Change (addition, withdrawal or reassignment) of an Implementing Entity
- Change in a Delivery Partner
- No-cost extension of the original closing date of the Pandemic Fund grant
- Changes in risk management approach or framework.

iii. *Reporting*

The reporting requirements and timeline during project implementation are described below.

Reporting requirements:

IEs and project teams that receive funding from the Pandemic Fund will provide a consolidated annual project report to the Secretariat on the progress and results for key activities, reporting on Core Indicators of the Pandemic Fund Results Framework as well as project-level indicators. Separately, IEs must provide an annual financial report to the World Bank in its capacity as Trustee of the Pandemic Fund in accordance with the Financial Procedures Agreement entered into between the Trustee and each IE. In addition, the Secretariat produces a publicly available annual portfolio impact/results report for the Governing Board,

2. Early Action Reviews (EARs) for Real-time Assessment: Implementing EARs to measure the agility and effectiveness of initial outbreak detection and response actions. These reviews can provide immediate feedback for ongoing projects, ensuring that activities are aligned with the 7-1-7 target for detection, notification, and response. Findings from EARs can then be used to adapt strategies in real time.
3. Intra Action Reviews (IARs) for Mid-term Evaluation: Conducting IARs midway through the project lifecycle to assess the effectiveness of the strategies and interventions applied. IARs can help in making mid-course corrections and in sharing best practices among different countries or regions involved in similar projects.
4. After Action Reviews (AARs) for Holistic Review: Utilizing AARs post-project to evaluate the overall success, challenges, and lessons learned. This comprehensive review can inform future project designs and strengthen the capacities required under the IHR (2005). AARs can also feed into policy development for enhanced preparedness and response in future pandemics.
5. Linking Reviews to Funding: Aligning the findings and recommendations from EARs, IARs, and AARs with the disbursement and utilization of Pandemic Fund funds. This ensures that the financial resources are being used effectively to close the identified gaps in pandemic preparedness and to build IHR (2005) capacities.

[6] The WHO Universal Health and Preparedness Review (UHPR) is a voluntary, member state-led mechanism designed to assess and strengthen national capacities for health emergency preparedness and response. It aims to provide a systematic, transparent, and inclusive approach to evaluating countries' health security systems, identifying gaps, and fostering peer-to-peer learning. UHPR is modeled after the Universal Periodic Review (UPR) used in human rights assessments and complements existing health security assessments like the Joint External Evaluation (JEE), State Party Self-Assessment Annual Reporting (SPAR), and Intra-Action Reviews (IARs). It focuses on enhancing multisectoral collaboration, political commitment, and sustainable investments in health emergency preparedness. More information can be found: Universal Health & Preparedness Review.

based on the individual project progress reports received from grant recipients. Reporting obligations for all parties are established in the Pandemic Fund Operations Manual.

Reporting timeline:
Regardless of the start date of a project's implementation, the following timelines apply to all country project teams.

By July 31 of each year: Each project team submits an annual progress report to the Secretariat via an online reporting portal for the period from July 1 of the preceding year to June 30. Each IE submits an annual financial report to the Trustee in accordance with the Financial Procedures Agreement.

By August 31 of each year: The Pandemic Fund Secretariat reviews each submitted project team report. If any required information is missing, the Secretariat will request the project team to send additional information or a revised report.

By September 30 of each year: The Secretariat analyzes individual reports from the project teams, aggregates data on core indicators, and analyzes the overall progress of the Pandemic Fund against its Results Framework. Based on the findings, the Secretariat develops a consolidated annual portfolio impact/results report.

By December 31 of each year: Each project team and associated IE(s) update the online reporting portal for Results Areas 3 and 4 only for the period from July 1 to December 31.

By March 30 of each year: The Secretariat conducts virtual or in-person meetings with IEs/project teams to discuss a) the Governing Board's feedback on the annual progress report, b) ways to improve operational activities, and c) ways to improve the next round of calls for proposals.

Within six months of project completion date: The Secretariat, or an external consultant it commissions, conducts a review of the final completion report for each Pandemic Fund country project to capture lessons learned.

c. Closure Phase

All projects (single country, multi-country or regional entity) will submit a final completion report in the online portal within two months of the grant's closure. This completion report will include a section on the sustainability of project outcomes.

Additionally, as noted above, an external evaluation report will be completed within six months of each grant's closure. The Secretariat will develop a template for the evaluation report by December 2026 for use by the first round of approved projects.

Annex 1. Detailed Example of a Project-Specific Theory of Change for a Single Country Proposal

Below is a detailed illustrative example of a project Theory of Change, demonstrating its connection to the overall impact and Results Areas outlined in this Pandemic Fund Results Framework. It includes examples of long-term outcomes, intermediate outcomes, outputs, and related activities, with a particular focus on Results Areas 1 and 2.

Applicants will adapt the Theory of Change (shown on page 6) to their specific context, ensuring alignment with the proposed scope and objectives of the proposal submission to the Pandemic Fund. Each long-term outcome may include multiple intermediate outcomes, and each intermediate outcome should have at least one corresponding output and related activities. In addition to addressing, in detail, Results Areas 1 and 2, as shown in the example below, the ToC should address intermediate outcomes, outputs, and activities for Results Area 3 (Incentivized Additional Investments in Pandemic PPR) and Results Area 4 (Improved Efficiency in the Use of Pandemic Fund Resources).

Annexes 2 and 3 provide a menu of indicators to enable country project teams and IEs to track the implementation progress of activities, outputs, and intermediate outcomes. In reporting progress, they should select the relevant indicators or propose alternative indicators to effectively measure progress and link them with the Theory of Change.

Overall Impact	**Reduced health, social, and economic impact of pandemics**			
2024-2029 Impact	**Better prepared to prevent, detect, contain, and rapidly respond to pandemics**			
Result Areas	**Result Area 1-** Improved capacity for prevention, detection, notification, and response to pandemics through better-functioning early warning and holistic disease surveillance systems, and risk reduction, prevention, detection, and control			**Result Area 2 –** Improved coordination nationally (across sectors within countries), regionally (across countries) and globally. Countries are better prepared to collaborate and respond to health emergencies
Long term outcomes	**Outcome 1.1** Demonstrated ability for REDUCTION and PREVENTION of pandemic risks and timely DETECTION of a suspected outbreak	**Outcome 1.2** Demonstrated ability for timely NOTIFICATION of a suspected outbreak	**Outcome 1.3** Demonstrated ability to mount an effective RESPONSE in a timely manner	**Outcome 2.1** Increased COOPERATION within and across countries and regions for prevention, preparedness & response efforts
Intermediate outcomes	Strengthened capacities for reducing pandemic risks through a One Health approach, ensuring early detection and rapid response to outbreaks across human, animal, and environmental health sectors	Strengthened capacities for timely, notification of suspected outbreaks through an integrated One Health approach, ensuring coordinated reporting across human, animal, and environmental health sectors	Strengthened capacities for rapid, coordinated, and evidence-based response to outbreaks, integrating One Health, emergency preparedness, and health equity considerations	Strengthened cross-border and regional collaboration for effective prevention, preparedness, and response to health threats
Outputs/ activities	**Output 1:** Improved, integrated disease surveillance systems with real-time data collection and reporting mechanisms across human, animal, and environmental sectors **Activities:** • Strengthen event-based and indicator-based surveillance systems within a One Health framework • Expand digital reporting platforms to enable real-time, cross-sector data sharing • Enhance data sharing and interoperability of surveillance systems across sectors.	**Output 1:** Established and enforced policies, legal mandates, and governance structures that facilitate transparent and rapid outbreak reporting **Activities:** • Review and update national public health and veterinary legislation to align with IHR and WOAH standards • Establish clear mandates for cross-sectoral notification, ensuring information-sharing between human, animal, and environmental health authorities • Develop standard operating procedures (SOPs) for coordinated reporting and risk assessment across ministries and agencies.	**Output 1:** Strengthened Integrated Surveillance Systems for Early Detection and Rapid Response **Activities:** • Establish real-time digital reporting platforms for human, animal, and environmental health data. • Strengthen community-based surveillance networks to detect unusual health events early • Integrate syndromic surveillance and environmental sampling (e.g., wastewater and air monitoring) to detect emerging threats • Develop threshold-based outbreak alert mechanisms to trigger timely response actions.	**Output 1:** Improved regional coordination mechanisms and frameworks for health security **Activities:** • Organize regular regional health security meetings to exchange knowledge, best practices, and lessons learned from past outbreaks • Create shared response plans and regional contingency plans, updated regularly based on emerging risks • Establish cross-border surveillance systems for real-time monitoring of disease outbreaks that could impact neighboring countries.

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Overall Impact	**Reduced health, social, and economic impact of pandemics**			
	Output 2: Increased access to timely and reliable diagnostics for priority pathogens affecting humans, animals, and the environment **Activities:** • Upgrade national laboratory networks to support early detection of zoonotic and emerging pathogens • Train laboratory personnel in biosafety, biosecurity, and advanced diagnostic techniques tailored to a multi-sector approach • Establish stockpiles of essential reagents and testing kits for both human and animal health laboratories • Integrate laboratory information management systems (LIMS) into national surveillance platforms.	**Output 2:** Functional and interoperable surveillance systems that facilitate real-time data collection and rapid notification of potential outbreaks **Activities:** • Enhance real-time electronic reporting systems for human, animal, and environmental health data • Strengthen event-based surveillance (EBS) and indicator-based surveillance (IBS) to capture and analyze signals of emerging outbreaks • Improve cross-border surveillance networks to ensure timely regional alerts and information exchange.	**Output 2:** Reliable and rapidly deployable medical and laboratory supplies for outbreak response **Activities:** • Expand mobile laboratory networks to support rapid response in remote and outbreak-affected areas • Establish logistics • Establish logistics Establish genomic sequencing capacity to detect emerging variants and antimicrobial resistance threats • Implement international biosafety and biosecurity guidelines across public health and veterinary labs.	**Output 2:** Enhanced collaboration between national, regional, and international partners for pandemic PPR **Activities:** • Promote the establishment of joint technical working groups for coordinated efforts in areas such as surveillance, laboratory diagnostics, and risk communication • Develop regional data-sharing agreements that ensure timely, accurate, and transparent exchange of health data (e.g., surveillance, laboratory results, epidemiological data) • Improve the interoperability of surveillance and information systems to allow seamless data sharing across sectors.
	Output 3: A skilled, cross-sector workforce capable of timely outbreak detection and effective response through a One Health approach **Activities:** • Develop and implement integrated training programs for field epidemiologists, veterinary health professionals, laboratory staff, and frontline workers • Conduct simulation exercises that involve multiple sectors to test comprehensive outbreak response readiness • Strengthen networks of community health workers, veterinarians, and environmental monitors for early case identification and reporting.	**Output:** Enhanced national and regional AMR monitoring and control measures to mitigate outbreak risks **Activities:** • Develop AMR stewardship programs in human and veterinary medicine to reduce inappropriate antimicrobial use • Establish One Health AMR surveillance systems to track resistance trends in humans, animals, and the environment • Strengthen laboratory capacity for AMR detection and monitoring in clinical, veterinary, and environmental settings.	**Output: 3** A skilled, well-equipped, and rapidly deployable workforce for outbreak response **Activities:** • Train rapid response teams (RRTs) across human, animal, and environmental health sectors • Develop standby surge capacity mechanisms, ensuring availability of trained personnel during outbreaks • Enhance logistical support systems to ensure timely deployment of personnel and resources.	**Output 3:** Functional multi-sectoral coordination platforms for joint risk assessment, decision-making, and outbreak notification **Activities:** • Establish or reinforce One Health coordination bodies at national and regional levels to facilitate outbreak notification • Develop and implement joint risk assessment frameworks for human, animal, and environmental health threats • Conduct regular multi-sectoral simulation exercises to test and refine notification protocols.

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Overall Impact	**Reduced health, social, and economic impact of pandemics**			
	Output 4: Improved implementation of IPC measures in healthcare facilities, veterinary clinics, and high-risk environments **Activities:** • Develop One Health IPC guidelines for healthcare settings, live animal markets, and food processing facilities • Train healthcare workers, veterinarians, and agricultural workers on IPC best practices • Improve access to PPE, hygiene infrastructure, and biosecurity measures in human and animal health settings.	**Output 4:** Trained professionals across health, veterinary, and environmental sectors capable of rapid detection and notification of outbreaks **Activities:** • Build capacity in data analysis, early warning systems, and risk assessment methodologies • Support the deployment of field epidemiologists, veterinarians, and environmental health officers for rapid outbreak verification • Strengthen community-based surveillance networks to improve frontline outbreak detection and reporting.	**Output 4:** Effective integration of AMR surveillance and zoonotic disease control in outbreak response **Activities:** • Enhance animal disease outbreak response systems, ensuring rapid control of zoonotic spillover risks • Strengthen environmental surveillance to track outbreak-related pathogens and AMR hotspots • Train veterinarians, farmers, and environmental health professionals on AMR mitigation in outbreak settings	**Output 4:** Strengthened One Health approach to address cross-sectoral health threats **Activities** • Ensure that national health security strategies include One Health approaches to address the interconnection between human, animal, and environmental health sectors • Develop One Health-specific training programs for policymakers, health professionals, and frontline responders • Build cross-sectoral data-sharing systems to track animal and environmental health indicators that may signal emerging human health risks.
	Output 5: Strengthened AMR surveillance, stewardship, and awareness across human, animal, and environmental sectors **Activities:** • Establish integrated AMR surveillance systems linking human, animal, and environmental health laboratories • Promote antibiotic stewardship programs in healthcare facilities and veterinary sectors • Regulate and monitor the use of antimicrobials in livestock production to prevent misuse • Conduct awareness campaigns targeting healthcare providers, veterinarians, farmers, and the public on AMR risks.	**Output 5:** Functional IPC programs in healthcare facilities, veterinary clinics, and environmental health settings to prevent outbreaks **Activities:** • Implement integrated IPC guidelines across human, animal, and environmental health sectors • Provide training and capacity-building on IPC best practices, including waste management and use of personal protective equipment (PPE) • Strengthen healthcare-associated infection (HAI) surveillance systems to detect early warning signals.	**Output 5:** Effective IPC measures and case management systems to reduce morbidity and mortality **Activities:** • Train healthcare workers and veterinarians on IPC best practices, including safe patient care and isolation procedures • Improve referral systems and triage mechanisms for effective patient management • Establish temporary isolation and treatment centers in outbreak-prone areas.	**Output 5:** Strengthened regional response mechanisms to address health emergencies **Activities:** • Set up regional rapid response teams equipped with the necessary skills, resources, and transportation to respond quickly to cross-border health threats • Set up regional Emergency Medical Team certified as per WHO criteria.

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Overall Impact	**Reduced health, social, and economic impact of pandemics**			
	Output 6: Improved surveillance and response capacities at borders, airports, and seaports for zoonotic and emerging disease threats **Activities:** • Develop and implement One Health-based port of entry (POE) protocols for screening travelers, livestock, and animal products • Strengthen cross-border coordination for data sharing on disease outbreaks and animal movements • Enhance infrastructure and quarantine measures at POEs to manage suspected cases effectively.	**Output 6:** Effective outbreak detection and response capacities at international borders, airports, and seaports **Activities:** • Establish or enhance real-time surveillance and reporting mechanisms at POEs • Train border health officials, customs officers, and veterinary staff on outbreak identification and notification • Implement health screening protocols and quarantine measures for suspected cases at POEs.	**Output 6:** Improved international and regional outbreak response coordination **Activities:** • Establish cross-border response teams for joint outbreak containment measures • Strengthen real-time data sharing and joint risk assessments across neighboring countries • Establish mechanisms for issuing and updating travel advisories	**Output 6:** Strengthened cross border response mechanisms to address health emergencies **Activities:** • Create cross-border emergency transport arrangements to facilitate rapid deployment of health personnel and supplies in response to regional outbreaks • Organize joint simulation exercises among neighboring countries to test the effectiveness of cross-border coordination in a health emergency • Develop joint contingency response plans for the region to ensure synchronized actions during a regional outbreak.
Underlying Themes	**Output 1:** Gender-responsive and equitable One Health policies ensuring inclusivity in health security efforts **Activities:** • Conduct gender and equity assessments to identify disparities in access to healthcare, surveillance, and response services • Ensure the active participation of women and marginalized groups in One Health governance and decision-making processes • Design and implement capacity-building programs that address gender-related barriers to healthcare access • Integrate gender-sensitive indicators into monitoring and evaluation frameworks for One Health programs.	**Output 1**: Gender-responsive and equitable outbreak notification mechanisms ensuring inclusivity in detection and reporting **Activities:** • Develop gender-sensitive outbreak response strategies, ensuring the inclusion of women, marginalized groups, and vulnerable populations • Collect disaggregated data (by gender, age, and socioeconomic status) to identify disparities in outbreak impact and response • Train health and emergency response teams on gender-sensitive approaches to outbreak detection and notification.	**Output 1:** Inclusive response mechanisms that address gender and health equity considerations **Activities:** • Implement gender-sensitive response strategies, ensuring equitable access to healthcare services • Train response teams on gender-responsive interventions to mitigate the disproportionate impact on women and vulnerable populations • Collect and analyze disaggregated data (gender, age, disability, socioeconomic status) to inform targeted interventions.	**Output 1:** Enhanced Gender Equality and Health Equity Integration into Regional Health Security Plans **Activities:** • Establish gender and equity advisory bodies within regional health security platforms to ensure these issues are consistently addressed in planning and implementation • Promote gender-responsive health policies within regional bodies and bilateral agreements to ensure that male and female populations benefit equally from health interventions during crises • Collaborate across borders to collect and analyze gender-disaggregated health data, ensuring that regional health security efforts consider the specific needs of men, women, and other marginalized groups.

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Overall Impact	**Reduced health, social, and economic impact of pandemics**			
	Output 2: Enhanced community awareness and engagement in pandemic prevention, detection, and response through a One Health approach **Activities:** • Develop and disseminate risk communication materials addressing zoonotic disease transmission, antimicrobial resistance (AMR), and environmental health threats • Conduct community-based engagement activities targeting high-risk populations, including farmers, market vendors, and animal handlers • Strengthen feedback mechanisms to integrate community insights into One Health interventions.	**Output 2:** Improved public awareness, trust, and engagement in outbreak detection and notification through effective risk communication and community engagement strategies **Activities:** • Develop and implement One Health RCCE strategies that integrate human, animal, and environmental health risks • Conduct community engagement and social listening to detect early signals of emerging outbreaks • Train journalists, community leaders, and health workers on accurate outbreak reporting and rumor management.	**Output 2:** Community-led outbreak response with strong risk communication and engagement strategies **Activities:** • Train local leaders, traditional healers, and community volunteers to support outbreak control measures • Strengthen feedback mechanisms to ensure real-time community insights inform response actions • Use social listening tools to track misinformation and adjust response strategies accordingly.	**Output 2:** Strengthened Regional Risk Communication and Community Engagement (RCCE) across sectors and across borders **Activities:** • Facilitate the creation of regional RCCE plans that foster cooperation among neighboring countries and align messaging and outreach to address common health threats • Develop regional RCCE networks for information exchange and collaboration between health communicators, media, and public health officials across countries • Engage community leaders and stakeholders from multiple countries in regional workshops to create cohesive plans for improving community preparedness and response to outbreaks.

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Overall Impact	**Reduced health, social, and economic impact of pandemics**			
Cross-cutting Enablers	**Output 1:** Functional NIH or public health emergency operations centers (PHEOCs) and response plans that integrate human, animal, and environmental health **Activities:** • Establish or strengthen NIH/PHEOCs with clear roles, responsibilities, and integrated protocols for a One Health response • Develop and regularly update national and regional outbreak response plans that incorporate One Health principles • Enhance collaboration among human, animal, and environmental health sectors through joint training, shared resources, and coordinated communication channels.	**Output 1**: Efficient NIH/PHEOCs and streamlined outbreak notification pathways at national and regional levels **Activities:** • Establish or enhance NIH/PHEOCs with clear mandates for outbreak detection and notification • Develop and maintain national outbreak notification dashboards to track and disseminate alerts in real time • Improve interagency communication channels for coordinated and rapid decision-making • Conduct after-action reviews following outbreak notifications to identify gaps and improve reporting mechanisms.	**Output 1:** Enhanced rapid response and decision-making capacities **Activities:** • Train NIH/PHEOC staff in incident management systems (IMS) and decision-making frameworks for effective coordination during outbreaks • Develop and regularly update outbreak response plans that incorporate multi-sectoral input and clearly define roles and responsibilities during emergencies • Conduct real-time scenario-based simulation exercises for national and regional stakeholders to test the PHEOCs' coordination and response capabilities • Promote geospatial mapping tools and dashboard platforms to track the movement of pathogens and response activities in real-time.	**Output 1:** Strengthened regional mechanism for enhanced coordination of pandemic PPR **Activities:** • Set up a centralized regional coordination center that brings together key stakeholders from governments, international organizations, and health agencies to share information, align strategies, and coordinate responses to pandemics • Develop integrated regional preparedness and response plans that harmonize the efforts of participating countries, focusing on common threats, shared resources, and regional health security priorities • Conduct joint simulation exercises involving multiple countries in the region to test the effectiveness of coordinated response plans and identify gaps or challenges in cross-border cooperation during outbreaks.

Annex 2. Indicator Menu for Project Level Results Framework: Activities

This menu of activity indicators provides examples of related activities and is not intended to be prescriptive. Grant applicants are encouraged to identify other activity indicators tailored to their proposed projects, as needed. The Secretariat collected these indicators from existing sources, based on their usefulness for measuring Pandemic Fund grant implementation activities. Some have been slightly modified to adapt them to Pandemic Fund needs with indicator sources and modifications shown where relevant.

Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
Human resources	JEE v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Recruitment and hiring	Number of Community Health Workers (CHW) hired from Pandemic Fund investments	Quarterly
			Recruitment and Hiring	Number of technical staff hired from Pandemic Fund investments	Quarterly
			Evaluations, assessments	Number of workforce assessments conducted to identify gaps and training needs in human, animal, and environmental health sectors	Annual
	JEE v3. D3.3 Workforce training	C.6.1 Human resources for IHR implementation	Training	Number and type of people trained, disaggregated by training and/or category of personnel	Quarterly
			Training	Number of health professionals trained in One Health approaches for pandemic PPR, disaggregated by sector (human, animal, environmental health)	Quarterly
			Training	Number of simulation exercises and field trainings conducted for outbreak preparedness and response	Annual
			Training	Number of new or strengthened rapid response teams (RRTs) trained and deployed for outbreak response	Annual
			Training	Number of new or updated standardized training curricula developed and implemented for pandemic PPR	Annual
			Training	Number of new or strengthened training hubs established for workforce capacity-building	Semi-annual
	JEE v3. D3.1 Multisectoral workforce strategy	C.6.1 Human resources for IHR implementation	Systems Development	Human Resource for Health information system developed and rolled out	Semi-annual
			Strategy and planning	HRH strategy and plan developed	Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			Strategy and planning	Number of scholarships, fellowships, or professional development programs established for pandemic PPR workforce	Semi-Annual
			Strategy and planning	Percentage increase in CHW retention rates following mentorship and incentive programs	Annual
	JEE v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Training	Number of new animal, human and environment health workers who graduated from a pre-service training institution or program as a result of PF-supported strengthening efforts, within the reporting period, by cadre	Annual
Surveillance	JEE v3. D2.3 Analysis and information sharing	C.5.1 Early warning surveillance function C.5.2 Event management	Systems Development	Number of new sentinel surveillance sites established	Semi-annual
			Systems Development	Routine event-based surveillance reports developed and disseminated	Semi-annual
			System Development	Number of joint surveillance reports shared across human, animal, and environmental health sectors	Quarterly
	JEE v2. D.2.1 Surveillance systems JEE v2 D2.2 use of electronic tools	C.5.1 Early warning surveillance function C.5.2 Event management	Strategy and planning	National eHealth or Digital Health Strategy and costed implementation plan developed	Annual
			Strategy and planning	Number of AI-driven predictive models implemented for disease outbreak detection	Semi-annual
			Strategy and planning	National Health Information Systems Strategy and costed implementation plan developed	Annual
	JEE v3. D2.3 Analysis and information sharing	C.5.1 Early warning surveillance function C.5.2 Event management	Strategy and planning	Proportion of district quarterly or semi-annual review meetings conducted during the reporting period	Quarterly / Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			Policy/ Guidelines	Development and dissemination of standard operating procedures (SOPs) for data use at national and sub-national levels	Annual
	JEE v2. D.2.1 Surveillance systems		Systems Development	Geocoded master facility list developed/ updated	Semi-annual
	Add JEE PoE indicator	Add SPAR indicator	Strategy and planning	Number of cross-border surveillance meetings or collaborations initiated	Quarterly
			Strategy and planning	Number of cross-border outbreak alerts shared among neighboring countries	Quarterly
			System Development	Number of points of entry (airports, seaports, land crossings) equipped with surveillance tools and systems	Quarterly
			Policies and guidelines	Number of international travel advisories issued based on surveillance data from points of entry	Quarterly
	Add JEE zoonotic disease indicator	Add SPAR indicators	System Development	Number of zoonotic disease outbreaks detected through integrated surveillance (human, animal, environment)	Quarterly
			System Development	Number of zoonotic disease reports submitted to national and international health bodies	Quarterly
			System Development	Number of early warning systems established to monitor and respond to zoonotic disease risks	Quarterly
National Laboratory System	JEE v3. D1.2 Laboratory quality system	C.4.3 Laboratory quality system	Policy/ Guidelines	National laboratory policies developed/ updated	Annual
			Strategy and planning	National laboratory strategic plans developed/updated	Semi-annual
			Evaluation and assessments	Number of laboratories in the country that undergo external quality assessment (EQA) or proficiency testing annually	Annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
Surveillance - Response			Policy/ Guidelines	National quality laboratory standards and system for licensing public/private labs established	Annual
			System development	Percentage of laboratories implementing a formal quality management system (QMS) aligned with national or international standards	Semi-annual
			Training	Number of laboratory personnel trained on quality assurance and control practices, disaggregated by training type (e.g., basic, advanced, on-the-job)	Semi-annual
			Strategy and planning	Percentage of laboratories adhering to national or international biosafety and biosecurity standards (e.g., BSL-2, BSL-3)	Semi-annual
	JEE v3. D1.1 Specimen referral and transport system	C.4.1 Specimen referral and transport system	Systems Development	Integrated specimen transport network for all diseases developed	Annual
			Policies and guidelines	Percentage of health facilities and laboratories with access to updated national guidelines for specimen referral and transport	Semi-annual
			System development	Percentage of health facilities with functioning specimen referral transport systems, including dedicated vehicles or transport services	Semi-annual
			System development	Percentage of specimens transported within the recommended timeframe under national guidelines	Quarter
			Training	Number of healthcare workers and laboratory personnel trained on specimen collection, handling, packaging, and transport, disaggregated by cadre (e.g., lab techs, nurses)	Quarter

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			System development	Percentage of specimen referrals that meet quality standards (e.g., proper labeling, packaging, and preservation)	Quarter
			System development	Percentage of health facilities or laboratories equipped with tools for specimen transport (e.g., cool boxes, specimen bags, shipping labels)	Semi-annual
			System development	Number of specimens tracked electronically throughout the referral and transport process	Quarter
	JEE v3 D1.4 Effective national diagnostic network	C.4.5 Effective national diagnostic network	Infrastructure	Integrated facility-based laboratory services upgraded/scaled-up	Semi-annual
			Infrastructure	Percentage of laboratories with access to modern diagnostic technology (e.g., molecular diagnostics, sequencing)	Annual
			System development	Number of PF-supported laboratory-based testing and/or Point-of-Care Testing (POCT) sites engaged in continuous quality Improvement (CQI) and proficiency testing (PT) activities	Annual
			System development	Percentage of national diagnostic strategy objectives achieved within the reporting period (e.g., specific diagnostic capacities developed, technologies implemented)	Semi-annual
			System development	Number of diagnostic platforms (e.g., molecular, rapid tests) included in the national diagnostic strategy and operationalized	Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			System development	Percentage of health facilities and labs with access to basic diagnostic equipment (e.g., PCR machines, microscopes, rapid test kits)	Semi-annual
			System development	Number of health facilities or labs implementing point-of-care (POC) diagnostic testing for priority diseases	Quarter
			System development	Percentage of diagnostic labs with adequate, timely access to necessary diagnostic reagents and consumables (e.g., PCR kits, antigen tests)	Quarter
			System development	Number of human health, animal health and environmental health laboratories supported by PF that can test for emerging infectious and/or zoonotic diseases	Quarter
			System development	Average number of days to detect, notify and respond to priority zoonotic/emerging pathogens	Quarter
			System development	Number of selected labs/institutes supporting zoonotic and infectious disease early warning systems providing reporting	Quarter
			System development	Number of PF-supported human health, animal health and environmental health laboratories adhering to Quality Control Standards	Quarter
			Policies and guidelines	Percentage of diagnostic tests covered by national guidelines or SOPs for sample collection, handling, and analysis.	Quarter
			Policies and guidelines	Percentage of laboratory data integrated with national health information systems for surveillance and decision-making.	Quarter

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			Evaluations and assessment	Number of national diagnostic laboratories or testing centers licensed or certified to perform specific tests.	Quarter
			Training	Number of laboratory technicians, health-care workers, and other relevant personnel trained on new diagnostic technologies and testing protocols	Semi-annual
Antimicrobial Resistance	JEE v2 P3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture (JEE v3. P4.4 and P4.5)		Evaluations, assessments	Assessment of national medical products regulatory systems for humans, animals, and agriculture	Annual
			System development	Percentage of health facilities reporting AMR data as part of national surveillance	Quarter
			System development	Percentage of national AMR surveillance data shared with global AMR databases (e.g., GLASS)	Quarter
Infection Prevention and Control	JEE v3 R4.1. IPC programs	C.9.1 IPC programs	Policy/ guidelines	National zoonotic disease and infectious disease reduction, prevention, and control program (ZIRPC) and guidelines and plan developed	Annual
			Policy/ guidelines	National ZIRPC program and guidelines and plan adapted to match local level changes and development	Annual
			Systems development	Referral system between health facility and community set-up	Quarterly
			System development	Number of hospitals or healthcare facilities implementing Healthcare-Associated Infection surveillance systems.	Quarterly

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			System development	Number of HAI prevention and control audits conducted annually in healthcare settings	Quarterly
	JEE v3 R4.3. Safe environment in health facilities	C.9.3 Safe environment in health facilities	Policy/ guidelines	Number and percent of animal or human health facilities with ZIRPC guidelines developed or updated from national guidelines	Semi-annual / Annual
	JEE v3 R4.1. IPC programs	C.9.1 IPC programs C.10.3. Community engagement	Community engagement	Number of risk practices changed, or alternative practices implemented by the communities to reduce spillover risks	Annual
Cross-sectoral coordination (One Health)	JEE v3 P3.2. Multisectoral coordination mechanisms JEE v3 P3.3. Strategic planning for IHR, preparedness or health security	C.2.2 Multisectoral IHR coordination mechanisms	Strategy and planning	Operational action plan based on recommendations developed and costed	Annual
			Community engagement	CSOs and networks supported to engage in coordination and planning	Quarterly
			Community engagement	Number of organizations (e.g. community-based organizations) trained	Quarterly
			Cross-sectoral coordination	Number of joint planning and review meetings of MOH with Ministry of Agriculture and Ministry of Environment and any other relevant sectors to improve cross-program coordination	Quarter
			Cross-sectoral coordination	Number of national multisectoral meetings or coordination platforms established or held	Quarterly
			Cross-sectoral coordination	Percentage of key sectors (e.g., health, agriculture, transport, environment, education) actively participating in coordination meetings or platforms	Quarterly

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			Cross-sectoral coordination	Number of comprehensive multisectoral response plans developed and endorsed by stakeholders for health emergencies	Annual
			Cross-sectoral coordination	Number of joint multisectoral simulation exercises conducted to assess coordination and response capacity across sectors	Annual
			Cross-sectoral coordination	Number of national risk assessments or scenario-based planning exercises conducted to identify priority health threats	Annual
			Cross-sectoral coordination	Number of simulation exercises conducted at national or local levels to test preparedness and response systems	Annual
Risk communication and Community engagement	JEE v3 R5.3 Communication engagement with affected communities	C.10.3 Community engagement	Community engagement /Health equity/Gender equality	Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans, and guidelines developed	Annual
	JEE v2 R.5.4 Communication engagement with affected communities (JEE v3. R5.3)	C.10.3 Community engagement	Community engagement	National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened	Annual
		C.10.3 Community engagement	Community engagement	Engagement and representation of communities in national fora, processes, and decision-making bodies	Semi-annual / Annual
		C.10.3 Community engagement	Community engagement	Number of communities engaged in risk reduction, prevention, detection, and control activities at local level	Semi-annual / Annual
		Community engagement	Training	Number of CHWs trained in community-based surveillance	Quarterly
		Community engagement	Systems development	Communities are engaged in the co-development of their community-based surveillance system	Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
		Risk communication	Strategy and planning	Number of public information campaigns or media outreach activities conducted in the reporting period	Quarterly
		Risk communication	Systems development	Percentage of target communities actively engaged in risk communication activities (e.g., through community meetings, social media, or local health forums)	Semi-annual
		Community engagement	Systems development	Number of misinformation or rumors detected and addressed through proactive media and social media engagement	Semi-annual
National legislation, policy and financing Legal instruments	JEE v3 P1.2. Gender equity and equality in health emergencies	C.1.2 Gender equality in health emergencies Gender equality	Gender equality	Gender assessment plan/protocol developed	Semi-annual
			Gender equality	Local human rights networks have developed plans for stigma and discrimination reduction and legal literacy	Semi-annual
			Gender equality	Number of gender-responsive policies or frameworks developed or updated to ensure equitable health responses during emergencies, focusing on women, children, and other vulnerable populations	Annual
			Gender equality	Number of health workers trained in gender-sensitive approaches to health emergencies, including understanding the specific needs of women, children, and other vulnerable groups during crises	Semi- annual
				Percentage of women in leadership roles within national pandemic PPR teams, coordination bodies, or task forces	Quarter
		C.1 National legislation	System development	Percentage of proposed health-related legal instruments (e.g., pandemic preparedness laws, emergency health response laws) that have been formally adopted by national legislative bodies	Annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
		C.1 National legislation	System development	Number of national laws or regulations reviewed and amended to ensure compliance with IHR requirements (e.g., quarantine laws, health security laws, border control measures)	Annual
		C.1 National Legislation	System development	Number of legal professionals (e.g., legislators, public health lawyers, law enforcement officials) trained on health emergency legal frameworks, IHR, and health security laws	Annual
		C.2 Financing	System development	Percentage of national health budgets allocated to IHR implementation and health security	Annual
		C.2 Financing	System development	Amount of international financial support mobilized for IHR implementation (e.g., through donor funding, international health partnerships)	Annual
		C.2 Financing	System development	Percentage of IHR-related activities financed through sustainable, long-term mechanisms (e.g., government funding, multi-donor funds, international partnerships)	Annual
Evaluation, assessments	Several indicators	Several indicators	Several indicators	Assessments, program reviews/evaluations/surveys/studies conducted	Annual
Biosafety and biosecurity	JEE v3 P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities JEE v3 P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	Add SPAR indicators	Policy/ guidelines	National policies/guidelines for waste management, biosafety, biosecurity developed	Annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			Policy/ guidelines	Standard Operating Procedures (SOPs) for waste management, biosafety, biosecurity developed and disseminated	Semi-annual
			Policy/ guidelines	National policies/guidelines for waste management, biosafety, biosecurity developed	Annual
			Strategy and planning	National health care waste management strategy or action plan developed	Annual
			Regulations, polices and guidelines	Percentage of the national biosafety and biosecurity policy goals that have been implemented across human, animal, and agriculture sectors	Semi-annual
			Coordination	Number of meetings or consultations held annually among key sectors (human health, animal health, agriculture, and environmental protection) to coordinate biosafety and biosecurity efforts	Semi-annual
			Regulations, polices and guidelines	Percentage of key biosafety and biosecurity regulations in place or updated to include human, animal, and agricultural sectors	Semi-annual
			System development	Percentage of high-risk facilities (human health laboratories, veterinary facilities, agricultural processing plants) that have completed risk assessments and implemented mitigation plans	Semi-annual
			System development	Percentage of key facilities (e.g., laboratories, veterinary clinics, agriculture farms) that have adopted and are implementing national SOPs for biosafety and biosecurity	Semi-annual
			System development	Percentage of biosafety and biosecurity-related data (e.g., incidents, risk assessments) that is collected, reported, and accessible via a national information system	Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
			System development	Number of biosafety and biosecurity incidents (e.g., laboratory accidents, animal disease outbreaks) reported and tracked through national surveillance systems	Semi-annual
			Training	Number or percentage of staff from human health, animal health, and agricultural sectors trained on biosafety and biosecurity standards and practices	Semi-annual
			Training	Number of public campaigns or education programs conducted on biosafety and biosecurity risks and prevention, targeting key groups (e.g., agricultural workers, healthcare workers, the general public)	Semi-annual
Incentivized additional investment			Sustainability	Activities implemented in the PF project are integrated in the national strategy and national budget for sustainable funding	Annual
Transparency and accountability			Efficiency of funds used	PF budget use is properly recorded and reported to ensure transparency and accountability	Annual
Health emergency management	JEE v3 R1.5 Emergency logistic and supply chain management	C.7.3 Emergency logistic and supply chain management	System development	Logistic management information system established	Semi-annual
			System development	Number of stockpiles established with essential laboratory and IPC supplies	Semi-annual
	JEE R1.1 risk reduction and preparedness	SPAR	Strategy and planning	Number of national and subnational emergency preparedness plans developed or updated	Semi-annual
			Strategy and planning	Percentage of health facilities with functional emergency response plans	Semi-annual
			Strategy and planning	Number of multisectoral simulation exercises conducted per year	Semi-annual

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Technical Area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Category	Suggested Work Plan or Activity Tracking Measure	Proposed Frequency of (internal) Reporting
	JEE R.1.2 and JEE R.1.3 Emergency response and coordination	SPAR	System development	Number of health emergency operations centers (HEOCs) activated within 24 hours of an outbreak	Quarter
			System development	Availability and use of standardized incident management system (IMS) during emergencies	Quarter
	JEE R.1.4 surge workforce	SPAR	System development	Number of functional emergency medical teams (EMTs) deployed per emergency	Quarter
			System development	Time taken to deploy rapid response teams (RRTs) after an outbreak detection	Quarter
	JEE R.1.6		Policies and guidelines	Percentage of emergency-related policy recommendations integrated into national health policies	Annual

Annex 3.
Indicator Menu for Project Level Results Framework: Output and Outcome Indicators

Th menu below of output/outcome indicators provides examples of indicator activities for guidance to countries and is not intended to be prescriptive. Pandemic Fund applicants are encouraged to identify other activity indicators tailored to their proposed projects, as needed.

Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
Surveillance	JEE 3 D2.1 Early warning surveillance function	C.5.1 Early warning surveillance function	Output / coverage	Percentage of districts or other relevant administrative level reporting events in human, animal and environment (under national guidelines)	The number of districts or other relevant administrative level which have reported events (under national guidelines)	Total number of districts or other relevant administrative level expected to report events (under national guidelines)
			Output / coverage	Percentage of service delivery reports from community, animal, human or environmental health or One Health units integrated/interoperable with the national Health Management Information System	Number of service delivery reports from community health (inclusive of animal, human and environment health) or One Health units integrated/interoperable with HMIS during the reporting period	Total number of service delivery reports from community health (inclusive of animal, human and environment health) or One Health units expected during the reporting period
			Output / coverage	Percentage of reporting units that digitally enter and submit data at the reporting unit level using the electronic information system	Number of reporting units (specify, e.g., facility, CHW, other) that digitally enter and submit data at the reporting unit level using the electronic information system (specify, e.g., HMIS, CHIS, or other)	Total number of reporting units (specify, e.g., facility, CHWs, CBOs, other)
			Output/ coverage	Percentage of functional sentinel surveillance sites actively reporting data	Number of functional sentinel surveillance sites that submitted complete and timely reports within the reporting period	Total number of functional sentinel surveillance sites expected to report within the reporting period
				Percentage of health facilities submitting timely and complete surveillance reports	Number of health facilities that submitted timely and complete surveillance reports within the reporting period	Total number of health facilities required to submit surveillance reports within the reporting period

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
				Percentage of alerts verified and investigated within 24 hours of detection	Number of public health alerts that were verified and investigated within 24 hours of detection during the reporting period	Total number of public health alerts detected during the reporting period
				Percentage of public health bulletins or situation reports generated and disseminated monthly	Number of public health bulletins or situation reports generated and disseminated within the required timeframe (e.g., monthly)	Total number of planned public health bulletins or situation reports expected to be generated and disseminated monthly
			Output / sensitivity	Increase in the number of animal, human, and environmental health events reported	Number of health events reported in animal, human, and environment spheres per period	Number of health events reported in animal, human, and environmental sphere per previous period
				Percentage of surveillance sites submitting timely and complete reports on zoonotic diseases		
			Output / specificity	Percentage of zoonotic disease alerts verified and investigated within 24 hours	Number of animal, human, and environmental zoonotic risk health events reported per period	Number of animal, human, and environmental zoonotic risk health events reported for the previous period
			Outcome / prevalence	Reduction in the number of zoonotic risks health events	Number of zoonotic risks events per period (with same sensitivity and specificity)	Number of zoonotic risk event previous period (with same sensitivity and specificity)
Laboratory system	JEE v3 D1.2 Laboratory quality system	C.4.3 Laboratory quality system	Output / coverage	Percentage of diagnostic testing instruments covered by a service contract during the reporting period	All diagnostic testing instruments with a current maintenance contract	All diagnostic testing instruments

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
	JEE v3 D1.3 Laboratory testing capacity modalities	C.4.4 Laboratory testing capacity modalities	Output / coverage	Number of human or animal health facilities which provide priority zoonotic disease testing services (+ specification, e.g. HPAI, SARS-CoV) (+ specify technology)	Number of human or animal health facilities which provide priority zoonotic disease testing services (+ spec e.g. HPAI, SARS-CoV) (+ specify technology)	N/A
	JEE v3 D1.2 Laboratory quality system	C.4.3 Laboratory quality system	Output / coverage	Percentage of laboratories that have electronic test ordering and results return capability via a remote test order module of the Logistics Management Information System	Number of lab facilities with electronic test ordering and results return capability via a remote test module of the LIMS	Number of laboratories registered and licensed to operate in the country
	JEE v3 D1.2 Laboratory quality system	C.4.3 Laboratory quality system	Output / coverage	Percentage of laboratories able to return patient lab results electronically to the patient-level programmatic data system	Number of labs which are able to return patient lab results electronically to the patient-level programmatic data system	Total number of labs in the country
	JEE v3 D1.3 Laboratory testing capacity modalities	C.4.4 Laboratory testing capacity modalities	Output / coverage	Percentage of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period	Number of laboratories meeting a success rate of 85% and above in the selected PT scheme	Total number of labs participating in EQA / PT scheme in the country
	Field testing capacities modalities			Number and type of rapid field testing available for priority zoonotic diseases	Number of rapid tests or field diagnostic kits available at community level	
Infection Prevention and Control (IPC)	JEE v3 R4.3. Safe environment in health facilities	C.9.3 Safe environment in health facilities	Output / coverage	Number of health facilities renovated to improve triage, isolation, bed spacing, patient flow, or ventilation supported by Pandemic Fund investments	Number of health facilities renovated to improve triage, isolation, bed spacing, patient flow, or ventilation supported by Pandemic Fund investments	N/A
	JEE v3 R4.3. Safe environment in health facilities	C.9.3 Safe environment in health facilities	Output / coverage	Number of health facilities with active triage sites	Number of health facilities with active triage sites	N/A

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
	JEE v3 R4.3. Safe environment in health facilities	C.9.3 Safe environment in health facilities	Output / coverage	Number of health facilities with access to an IPC specialist	Number of health facilities with access to an IPC specialist	N/A
	JEE v3 R4.2. HCAI surveillance	C.9.2 Health care-associated infections (HCAI) surveillance	Output	Number of health facilities participating in HAI/AMR surveillance	Number of health facilities participating in HAI/AMR surveillance	N/A
	JEE v3. R4.2. HCAI surveillance	C.9.2 Health care-associated infections (HCAI) surveillance	Output	Number of health facilities with access to multi-drug resistant organisims (MDRO) phenotype confirmation	Number of health facilities with access to MDRO phenotype confirmation	N/A
	JEE v3 R4.3. Safe environment in health facilities	C.9.3 Safe environment in health facilities	Output	Number of health facilities that have implemented IPC programs	Number of health facilities that have implemented IPC programs	N/A
			Output	Percentage of animal production facilities that have implemented biosecurity protocols	Number of facilities with biosecurity measures in place	Total number of animal production facilities
			Output	Percentage of animal production facilities with improved waste management systems	Number of facilities with updated waste management systems	Total number of animal production facilities assessed
			Outcome	Percentage decrease in the rate of healthcare-associated infections (e.g., surgical site infections, catheter-associated urinary tract infections)	Number of healthcare-associated infections reported after implementing IPC measures	Total number of patient-days or total number of procedures performed
			Outcome	Percentage of healthcare workers demonstrating adherence to standard precautions (e.g., hand hygiene, personal protective equipment)	Number of healthcare workers observed complying with standard precautions during the assessment period	Total number of healthcare workers observed
			Outcome	Percentage reduction in the transmission rate of infectious diseases within healthcare facilities	Number of reported cases of nosocomial (hospital-acquired) transmission of specific infectious diseases	Total number of patients or healthcare workers exposed to the disease in the facility

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Outcome	Percentage of healthcare workers demonstrating improved knowledge and practices in IPC (e.g., through assessments or post-training evaluations)	Number of healthcare workers showing improved IPC knowledge and practices after training or interventions	Total number of healthcare workers trained or assessed
			Outcome	Percentage of healthcare facilities with adequate IPC resources (e.g., personal protective equipment, hand hygiene stations, disinfectants)	Number of healthcare facilities reporting adequate availability of IPC resources	Total number of healthcare facilities assessed
			Outcome	Percentage reduction in the number of IPC-related outbreaks or clusters in healthcare settings	Number of healthcare-associated outbreaks or clusters of infectious diseases after IPC interventions	Total number of healthcare-associated disease outbreaks or clusters
			Outcome	Reduction in disease incidence in animal production facilities	Number of reported disease incidents in facilities after interventions	Total number of animals in the production facility
Risk Communication/ RCCE Community Engagement	JEE v3 R5.2 Risk communication, R5.3 Community engagement	C.10.2 Risk communication	Output / coverage	Percentage of health facilities that conduct integrated outreach sessions	Number of health facilities that conduct integrated outreach sessions	Total number of health facilities
	JEE v3 R5.3 Community engagement	C.10.3 Community engagement	Output / coverage – Community engagement	Number of community organizations that received a predefined package of training	Number of community organizations that received a predefined package of training	Total number of identified target communities
			Output/ coverage	Percentage of targeted communities reached by RCCE activities	Number of communities or population groups reached by RCCE activities	Total number of targeted communities or population groups
			Output/ coverage	Percentage of health workers trained in RCCE strategies	Number of health workers trained in RCCE methods	Total number of health workers expected to be trained

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Outcome/ risk reduction	Percentage of practices which increase spillover risks changed to reduce the risk	Number of practices modified to reduce spillover risks	Total number of identified practices that increase spillover risks
			Outcome/ risk reduction	Percentage of trained communities applying their training to reduce risk of spillover	Number of trained communities applying their training to reduce risk of spillover	Total number of trained communities
			Outcome / community engagement	Change in community knowledge or awareness of health risks	Number of individuals in the community demonstrating improved knowledge or awareness after RCCE activities (measured via pre/post surveys or assessments)	Total number of individuals surveyed
			Outcome / community engagement	Percentage of community members adopting recommended behaviors or practices	Number of community members adopting recommended health behaviors (e.g., vaccination, sanitation practices, use of preventive measures)	Total number of individuals in the targeted community
			Outcome / community engagement	Reduction in the spread of misinformation or rumors	Number of misinformation or rumor incidents addressed or corrected through RCCE efforts	Total number of misinformation incidents reported
			Outcome / community engagement	Increase in community participation in preparedness and response activities	Number of community members actively participating in preparedness and response activities (e.g., drills, volunteering)	Total number of individuals invited to participate
Immunization/ vaccination coverage	P8.1. Vaccine coverage (measles) as part of a national program		Outcome	Immunization rate measles (MCV2) Percentage of children aged 12-23 months immunized with measles containing vaccine (MCV2)	Number of children aged 12-23 months who received measles vaccination (MCV2)	Total number of children in the age group 12 to 23 months

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
	P8.3 Mass vaccination for epidemics of vaccine-preventable diseases (VPDs)		Outcome	Percentage of measles, meningococcus, yellow fever, cholera, and Ebola outbreaks with timely detection and response	Number of outbreaks detected and responded to in a timely manner	Number of outbreaks for which there is an outbreak response vaccination campaign
	JEE v3 P8.2 National vaccine access and delivery		Coverage	Percentage of health facilities that reported no stock-outs for the full year for DTPcv and MCV	Total number of health facilities with no stock-outs of DTPcv or MCV, vaccines in a given year	Total number of health facilities (public and private) providing immunization service with Expanded Program on Immunization provided vaccines and with a system in place to measure and report vaccine availability
	JEE v3 P8.2 National vaccine access and delivery		Output / coverage	Logistics Management Information System (LMIS) Reporting Rate: Percentage of all health facilities required to report that actually submitted an LMIS report to the central authority	Number of health facilities that submitted the LMIS report to the central authority	Total number of health facilities required to report to the central authority
			Output/ coverage	Improve animal vaccination coverage to reduce zoonotic disease circulation in animals	Number of animals vaccinated against zoonotic diseases	Total number of animals susceptible to zoonotic diseases
Human resources	JEE.v3 D3.2 Human resources for IHR implementation	C.6.1 Human resources for implementation of IHR	Output / coverage	Number of veterinarians per 100,000 people		
	JEE.v3 D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of veterinary para-professionals per 100,000 people		

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of pharmacists per 10,000 population		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of nursing and midwifery personnel per 10,000 population		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of medical doctors per 10,000 population		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of community health workers (CHW) per 10,000 population		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of medical and pathology laboratory technicians		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Number of medical and pathology laboratory scientists		
	JEE.v3. D3.2 Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Density of biomedical technicians density per 10,000 population		
	JEE.v3 D3.2. Human resources for IHR implementation	C.6.1 Human resources for IHR implementation	Output / coverage	Density of biomedical engineers per 10,000 population		

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
Antimicrobial resistance (AMR)	JEE v3 P4.2 Surveillance of AMR (Jee v2 P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Total number of AMR surveillance sites (hospital and outpatient facilities) that send data to GLASS, disaggregated per type		
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Number of local clinical laboratories that perform antimicrobial susceptibility testing that send data to GLASS		
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Number of external quality assessments (EQA) provided to National Reference Laboratories		
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Number of external quality assessments (EQA) provided to local laboratories that perform antimicrobial susceptibility testing for national AMR surveillance sites per year		
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Percentage of surveillance sites applying national AMR surveillance standards and guidelines in line with the GLASS manual	Number of surveillance sites applying national AMR surveillance standards and guidelines in line with the GLASS manual	Total number of surveillance sites enrolled in AMR surveillance
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Percentage of laboratories with a quality assurance (QA) program implemented	Number of laboratories that have implemented a QA program	Total number of laboratories conducting AMR testing

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
	JEE v3 P4.2 Surveillance of AMR (Jee v2. P3.2 Surveillance of AMR)	C.9.2 Health care-associated infections (HCAI) surveillance	Output / coverage	Percentage of laboratories participating in an external quality assessment (EQA)	Number of laboratories participating in an EQA program	Total number of laboratories eligible for EQA participation
			Outcome	Percentage decrease in the incidence of antimicrobial-resistant infections in healthcare settings	Number of antimicrobial-resistant infections identified after IPC interventions	Total number of infections detected in healthcare settings
Biosafety and biosecurity	JEE v3 P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		Output / coverage	Number of waste management treatment sites equipped and functional that were supported by Pandemic Fund investments	Number of waste management treatment sites equipped and functional that were supported by Global Fund investments	N/A
			Output / coverage	Percentage of facilities implementing biosafety and biosecurity protocols	Number of laboratories, healthcare facilities, or research centers that have implemented biosafety and biosecurity protocols	Total number of facilities assessed for biosafety and biosecurity
			Output / coverage	Percentage of facilities with updated biosafety and biosecurity plans	Number of facilities that have updated their biosafety and biosecurity management plans in line with international standards	Total number of facilities assessed for biosafety and biosecurity
			Output / coverage	Percentage of staff trained and certified in biosafety and biosecurity practices	Number of staff certified in biosafety and biosecurity	Total number of staff eligible for certification

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Outcome	Percentage reduction in biosafety incidents, such as accidental exposures, spills, or releases of biological agents	Number of biosafety breaches after the implementation of safety protocols	Total number of incidents reported before and after interventions
			Outcome	Percentage improvement in compliance with national/international biosafety and biosecurity standards	Number of facilities meeting compliance standards	Total number of facilities assessed for compliance
			Outcome	Percentage reduction in contamination events due to ineffective biosafety and biosecurity measures	Number of contamination events reported after biosafety interventions	Total number of contamination events reported before interventions
			Outcome	Percentage improvement in the safety measures for handling high-risk pathogens or biological agents	Number of facilities with improved safety measures for handling pathogens	Total number of facilities handling biological agents
			Outcome	Percentage reduction in accidental exposures to infectious agents in the workplace due to biosafety and biosecurity protocols	Number of accidental exposures reported after interventions	Total number of accidental exposures reported before interventions
Cross- sectoral coordination (One Health)	Add JEE	Add SPAR	Output/ coverage	Percentage of zoonotic disease outbreak investigations involving both human and animal health sectors	Number of zoonotic disease outbreak investigations that involved both human and animal health sectors	Total number of zoonotic disease outbreak investigations conducted
			Output/ coverage	Number of cross-border zoonotic disease surveillance activities conducted		
			Output/ coverage	Number of operational One Health (OH) national governance structures established		

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Output/ coverage	Number of inter-sectoral and inter-disciplinary committees established for continuous dialogue between science, society, and policy		
			Output/ coverage	Existence of a national OH strategy and operational plan aligned with international recommendations from WHO, FAO, WOAH, UNEP		
			Output/ coverage	Number of functional inter-sectoral dialogue platforms/committees established at the local level		
			Outcome	Percentage of national disease priorities integrated into OH governance structures and decision-making	Number of national disease priorities integrated into OH governance structures and decision-making	Total number of identified national disease priorities
			Outcome	Percentage of OH committees actively engaging stakeholders from human, animal, and environmental health sectors	Number of OH committees that actively engage stakeholders from human, animal, and environmental health sectors (e.g., through meetings, joint initiatives, or documented collaborations)	Total number of established OH committees
			Outcome	Degree of implementation of the OH strategy and operational plan (measured through progress reports or evaluations)	Achieved implementation milestones or actions outlined in the OH strategy and operational plan	Total planned milestones or actions in the OH strategy and operational plan

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Outcome	Percentage of local-level OH dialogue platforms that successfully influence policy or decision-making	Number of local-level OH dialogue platforms that have successfully influenced policy or decision-making (e.g., through policy changes, adoption of recommendations, formal government responses)	Total number of local-level OH dialogue platforms
			Outcome	Improved cross-border collaboration on OH issues, measured by the number of joint initiatives or agreements resulting from regional OH meetings	Number of joint OH initiatives or formal agreements established as a result of regional OH meetings	Total number of regional OH meetings held
Points of Entry (PoE)			Output	Percentage of PoE (airports, seaports, land borders) that have health screening protocols in place	Number of PoE (airports, seaports, land borders) that have health screening protocols in place	Total number of assessed PoE for IHR implementation
			Output	Percentage of staff at PoE trained in health emergency response, including disease surveillance, outbreak detection, and response protocols	Number of PoE staff trained in health emergency management	Total number of staff at PoE
			Output	Percentage of PoE conducting routine health inspections of travelers, goods, and conveyances (e.g., ships, aircraft)	Number of PoE conducting routine health inspections of travelers, goods, and conveyances	Total number of assessed PoE for IHR implementation
			Output	Percentage of PoE that have the necessary equipment and infrastructure for disease surveillance (e.g., surveillance software, communication systems)	Number of PoE that have the necessary equipment and infrastructure for disease surveillance (e.g., surveillance software, communication systems)	Total number of assessed PoE for IHR implementation

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
			Output	Percentage of PoE that receive and disseminate timely health alerts and information on emerging health threats	Number of PoE receiving and disseminating timely health information	Total number of assessed PoE for IHR implementation
			Outcome	Percentage reduction in the number of cases of diseases (e.g., infectious diseases) detected at PoE over a defined period	Number of disease cases detected at PoE during the period	Total number of disease cases detected at PoE in previous periods
			Outcome	Average time taken to detect and respond to potential disease outbreaks at PoE (measured from detection to initial response action)	Total time taken for response at PoE	Number of response events at PoE
			Outcome	Percentage increase in the number of potential disease outbreaks detected at PoE through surveillance measures	Number of potential disease outbreaks detected at PoE	Number of potential disease outbreaks detected in a prior period
			Outcome	Percentage of PoE participating in regional or international collaborations to strengthen health security (e.g., joint health measures with neighboring countries, participation in international health networks)	Number of PoE engaged in regional or international collaborations	Total number of PoE
Health emergency management			Output	Percentage of emergency health response teams that are trained and ready to deploy	Number of trained and deployable emergency health response teams	Total number of emergency health response teams
			Output	Number of health facilities with protocols, equipment, and human resources in place to manage surges in patient numbers during health emergencies		
			Output	Number of simulation exercises or drills conducted to practice emergency preparedness and response		

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Technical area	Related JEE/PVS indicator	Related SPAR indicator	Indicator Type	Indicator Description	Numerator	Denominator
				Percentage of health logistics systems (e.g., supply chains, distribution networks) tested and found operational during emergencies		
			Outcome	Percentage of health emergencies that were contained or managed within the first 48 hours after detection (e.g., limiting the spread of the outbreak)	Number of emergencies contained within 48 hours	Total number of health emergencies
			Outcome	Percentage of health facilities that remained operational and provided services during a health emergency (e.g., following infrastructure damage, staff shortages)	Number of health facilities functioning during an emergency	Total number of health facilities

The Pandemic Fund, March 2025

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