

THE PANDEMIC FUND:

GUIDANCE NOTE

**For Applicants of the Third Call for Proposals –
Phase I: Single and multi-country proposals**

March 26, 2025

Please note that the original English version is the operative and authoritative version for purposes of the Third Call for Proposals, not this translated version. Any non-English translation is being made available informally and for convenience only, without having been verified for accuracy, nor should any Pandemic Fund participant rely on any non-English translation. Inconsistencies, ambiguities, discrepancies, or errors between the English version and any non-English translated version are not the responsibility of the Secretariat or Governing Board and will be construed in favor of the operative and authoritative English version, which prevails and controls. For questions of interpretation or clarification of the English version, please contact pandemicfundcfp@worldbank.org.



**The
Pandemic
Fund**

FOR A RESILIENT WORLD

Table of Contents

I.	INTRODUCTION	1
II.	SCOPE OF THE THIRD CALL FOR PROPOSALS (3RD CFP)	1
III.	PANDEMIC FUND RESULTS FRAMEWORK AND ALIGNMENT WITH PROJECT PROPOSALS	12
IV.	GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER THE 3RD CFP	16
V.	PROPOSAL SUBMISSION	21
VI.	PROPOSAL EVALUATION PROCESS AND CRITERIA	24
VII.	FUNDING DECISIONS	27
VIII.	RESULTS MONITORING, REPORTING REQUIREMENTS, AND CHANGES TO AWARDED PROJECTS	28
IX.	DISCLOSURE OF INFORMATION	29
X.	KEY DATES AND TIMELINE	29
ANNEXES		
	ANNEX 1: OBJECTIVES, VALUE ADDITION, AND OVERALL SCOPE OF THE PANDEMIC FUND	30
	ANNEX 2: GLOSSARY OF TERMS	32
	ANNEX 3: TEMPLATE FOR COVER LETTER	35

THE PANDEMIC FUND: GUIDANCE NOTE FOR APPLICANTS ON THE THIRD CALL FOR PROPOSALS – PHASE I: SINGLE AND MULTI- COUNTRY PROPOSALS

Executive Summary

The Pandemic Fund¹ announced its third Call for Proposals (3rd CfP) on December 19, 2024, with an envelope of US\$500 million. The purpose of the announcement was to outline the structure of the Call and to allow applicants and potential beneficiaries² of the Pandemic Fund ample time to begin preparations and consultations. The 3rd CfP launch will occur in two phases: the first phase (Phase I) opens in March 2025 for the submission of single and multi-country proposals and the second phase (Phase II) opens in June 2025 for Regional Entity proposals.

This Guidance Note is part of the application package for Phase I of the 3rd CfP, which is only for the submission of single and multi-country proposals. The application package also includes the application for funding template, which is accessible through an online portal, and the technical scoring and weighting methodology.

Recognizing the high demand for funding demonstrated in the first and second Calls for Proposals, the 3rd CfP continues to prioritize high-impact investments in: 1) early warning and disease surveillance systems, 2) laboratory systems (human and animal), and 3) strengthening human resources, public health, and rural and urban community workforce capacity, including workforce capacity related to human, animal (domestic, wildlife), and environment/ecosystem health. Financing is intended for projects that will help strengthen core capacities in one or more of these three programmatic priorities, and that will have lasting impact on the prevention, preparedness, and response (PPR) to pandemics and disease outbreaks.

Further, in line with the Pandemic Fund's medium-term [Strategic Plan](#)³, additional emphasis will be placed on strengthening two cross-cutting enablers, National Public Health Institutes (or relevant public institutions)⁴ and regional/global networks, organizations, or hubs aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action. To ensure that these investments are truly inclusive, proposals are also encouraged to integrate the four underlying themes of the [Strategic Plan](#). These enablers and themes should be integrated within both proposal development and implementation.

1 For background information on the Pandemic Fund, please refer to the Pandemic Fund's [Governance Framework](#), [Operations Manual](#) and [website](#).

2 Any Eligible Country or Entity that may benefit from the Pandemic Fund through projects or activities undertaken by an IE to advance the objective of the Pandemic Fund. Such projects or activities can involve the government/public sector and private/non-governmental sector in Eligible Countries.

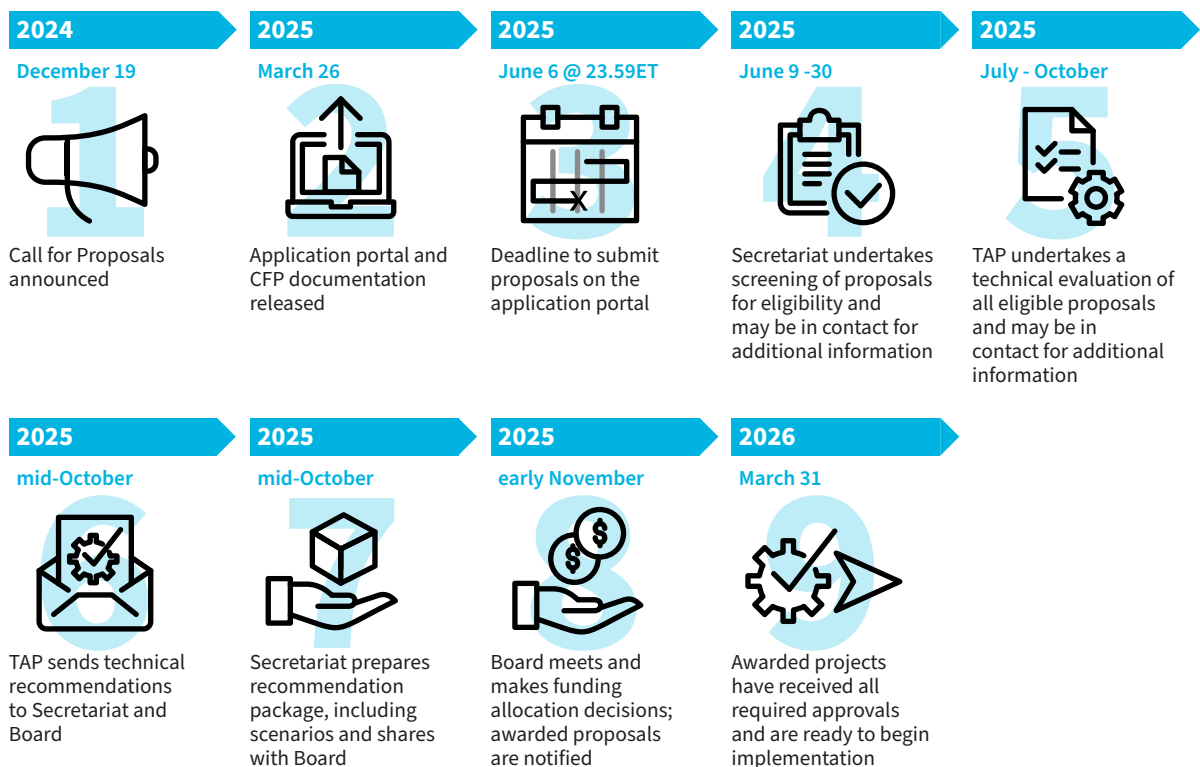
3 Please see the Pandemic Fund's Medium Term Strategic Plan : <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

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

For Phase I, the Pandemic Fund will accept proposals only from an Eligible Country⁵ or a group of Eligible Countries, in partnership with at least one approved Implementing Entity (IE). Under the 3rd CfP, the 39 countries that were awarded single-country grants under the 1st and 2nd CfPs are not eligible to receive additional single-country grants.⁶ However, these countries may be included in one multi-country proposal. Regional Entity proposals will not be considered during Phase I of the 3rd CfP and a separate application process will be opened in June 2025. A Country that was part of a successful multi-country grant and/or covered under a successful Regional Entity proposal in the 1st and/or 2nd CfP is eligible to apply for one multi-country grant in the 3rd CfP.

Unsuccessful applicants from the 1st and 2nd CfPs are encouraged to re-apply for this 3rd CfP. It is recommended that applicants review the feedback provided to them on their previous submission before re-applying and note changes to the application for funding template and guidance provided in this note.

Overview of process and timeline



⁵ Any country or territory that is eligible to receive funding from the International Bank for Reconstruction and Development (IBRD) and/or the International Development Association (IDA)

⁶ The countries that are not eligible for a single-country grant under the 3rd CfP are: Bhutan, Burkina Faso, Burundi, Cabo Verde, Cambodia, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Georgia, Guyana, Honduras, India, Indonesia, Jordan, Kazakhstan, Lebanon, Moldova, Mongolia, Nepal, Nicaragua, Pakistan, Paraguay, Philippines, Rwanda, Samoa, Sierra Leone, South Africa, Sri Lanka, Suriname, Tanzania, Togo, Trinidad and Tobago, Tunisia, West Bank and Gaza, Yemen and Zambia.

I. INTRODUCTION

1. The purpose of this Guidance Note is to provide comprehensive information on the Pandemic Fund's 3rd CfP to interested applicants and Implementing Entities to support the proposal development process. This Guidance Note is part of the application package for the 3rd CfP (Phase I), which is only for the submission of single and multi-country proposals. The application package also includes the application for funding template, which is accessible through an online portal, and the technical scoring and weighting methodology. For background information on the Pandemic Fund, please see **ANNEX 1**.
2. Please refer only to this Guidance Note for the 3rd CfP (Phase I) and not to previous Guidance Notes released by the Pandemic Fund as eligibility of applicants, submission limits, requirements for submission, and the scope of funding have been updated.

II. SCOPE OF THE THIRD CALL FOR PROPOSALS (3rd CfP)

A. Programmatic Priorities, Cross-cutting Enablers, and Underlying Themes

3. In line with the Pandemic Fund's Strategic Plan (2024 – 2029)⁷ and in recognition of the high demand for funding demonstrated in the 1st and 2nd CfPs, the 3rd CfP continues to prioritize high-impact investments across the human, animal, and environment/ecosystem spectrum in the following three programmatic priorities: 1) early warning and disease surveillance systems, 2) laboratory systems and 3) strengthening human resources/public health and community workforce capacity, to help countries prevent, prepare for, and respond to health emergencies. Proposals submitted to the Pandemic Fund must cover one or more of these three programmatic priorities. **Box 1** provides a brief description of the types of activities that could be financed under the 3rd CfP in each of these areas, noting that proposals may cover one or more of these priorities and may include activities at their intersection.

⁷ Please see: <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

- Grant financing provided through the 3rd CfP is intended to help countries strengthen their capabilities in the three programmatic priorities. The Pandemic Fund grants should aim to achieve a measurable and sustainable impact on PPR for pandemics and disease outbreaks. These programmatic priorities have been selected for their contribution to the objectives of the Pandemic Fund and are consistent with core capacities for pandemic prevention, preparedness and response (PPR) that countries are obliged to develop and maintain under the International Health Regulations (IHR) (2005) and World Organization for Animal Health (WOAH) International Standards. These capacities are assessed using indicators of the State-Party Self-Assessment Annual Reporting (SPAR) Tool, Joint External Evaluation (JEE) 3rd edition Tool and the WOAH Performance of Veterinary Services (PVS) pathway and are thus a core component of the Pandemic Fund's updated Results Framework⁸. For reference, SPAR/JEE and PVS indicators related to each of the programmatic priorities in the 3rd CfP are listed in Annexes of the M&E Guidelines⁹.

Box 1: Examples of types of activities that can be financed under the 3rd CfP

Within each of the three priority areas for the 3rd CfP, countries and regions may have different investment needs. A brief description of the types of activities that could be financed under the CfP in each of these areas is presented here, noting that proposals may cover one or more of these programmatic priorities and may include activities at their intersection:

- 1. Early Warning and Disease Surveillance Systems:** A sensitive surveillance system is needed to ensure early warning and to provide information for an informed decision-making process during public health events and emergencies. This type of system involves a multisectoral and integrated health system approach, including monitoring outbreaks and emerging diseases in domestic and wild animals, antimicrobial resistance (AMR), community-based surveillance, clinical surveillance, sentinel surveillance systems, and contact tracing during health emergencies, among others. Proposed activities should build on elements of surveillance systems already in place and promote compatibility and interoperability to prevent duplication or fragmentation.

Stronger surveillance systems require, for example, investments in: a) state-of-the-art digital tools to enable public health entities (including local hospitals, laboratories and veterinary services, and environmental protection services) and local communities to generate and share confidential data with national, regional, and global public and animal health institutions (ensuring common protocols for sharing data), and to create two-way information systems so that feedback mechanisms related to the communication on data are established (including domestic and wild animal and environmental health

Box 1 continues next page...

⁸ Please see updated Results Framework here: <https://www.thepandemicfund.org/key-application-documents>

⁹ Please see updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

surveillance); b) strong and interconnected national and regional centers of expertise for collaborative inter-sectoral surveillance and sharing of data, building on existing, proven systems that are interconnected in a global surveillance network, including via sewage and wastewater monitoring as a sentinel surveillance tool; c) multi-sectoral genomic sequencing networks and capabilities and exchange of data mechanisms, including in bioinformatics, to detect new variants and pathogens as they arise in people, animals and the environment, consistent with the World Health Organization’s (WHO) 10-year strategy for genomic surveillance of pathogens with pandemic and epidemic potential; d) training to help national/regional public health, animal health and environmental health agencies generate and analyze data to strengthen national capacities for public health intelligence (e.g. analysis of unstructured data for rapidly identifying and monitoring concerning health events reported in media); and e) strengthening science-society-policy dialogue and community-led monitoring programs relevant to surveillance issues to ensure engagement and partnership with local communities and relevant civil society stakeholders and to promote One Health collaboration among agencies and sectors.

- 2. Laboratory Systems:** Laboratories are critical to surveillance, detection, and response. Strengthening laboratory systems requires investments across several areas and sectors, for example, in: a) specimen referral and transport systems to ensure that specimens can be shipped in a timely manner to appropriate reference laboratories, as necessary; b) developing and implementing national biosafety and biosecurity systems that allow for pathogens to be identified, characterized and monitored according to best practice, including activities such as a biological risk management training, country specific biosafety and biosecurity legislation, associated data management, laboratory licensing and pathogen control measures, and ensuring veterinary expertise is represented; c) strengthening laboratory quality management systems; d) building capacity to ensure reliable and timely testing including relay of results; e) ensuring appropriate deployment, utilization, and sustainment of modern, safe, accurate, affordable, and appropriate diagnostic tests and devices across human and animal analysis; and f) establishing and managing diagnostic networks. These investments are needed at the national level as well as across and between countries to strengthen existing networks of reference laboratories and specialized centers linked, for example, to the WHO, Food and Agriculture Organization of the United Nations (FAO) or WOAHA.

Box 1 continues next page...

3. Human Resources / Public Health and Community Workforce Capacity:

A multisectoral workforce underpins the prevention and early detection of, preparedness for, and rapid response to potential events of concern affecting health, agriculture, and the environment/ecosystem, as required by the IHR and WOAHS Standards. The availability and accessibility of a well-trained workforce during “peacetime” and surge capacity during emergencies is essential. Many disciplines within a workforce are critical (e.g., field investigation and contact tracing teams, logisticians, laboratory personnel, animal and environmental health experts, veterinarians, clinicians, communications specialists, farmers and event managers, peer educators and community-based service providers, experts in finance, human resources, supplies, etc.) for prevention and preparedness efforts, building the resilience of communities and for the continuity of health services during an emergency. This priority requires investing in, and planning for, a well-educated, trained and appropriately compensated workforce, to ensure readiness for surges of workforce across sectors during public health emergencies. Training must be based on up-to-date curricula centered around a One Health approach, common standards and competencies, reflecting an interdisciplinary and interoperable workforce for pandemic PPR.

- 5.** The Pandemic Fund recognizes that embedding early warning and disease surveillance systems; laboratory systems; and human resources / public health and community workforce into coordinated systems and institutions is necessary to achieve resilience and sustainability. Applicants should ensure that their selected programmatic priority (-ies) strengthen two cross-cutting enablers, National Public Health Institutes (or relevant public institutions)¹⁰ and regional/global networks, organizations, or hubs aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action. Please see Box 2 for an excerpt from the Strategic Plan on the definition of the cross-cutting enablers. For example, the Pandemic Fund could support NPHIs and relevant public institutions¹¹ by funding projects that: i) integrate independent programs related to the programmatic priorities into public entities; ii) support public institutions to develop operational guidelines, build digital infrastructure, or hire and train a workforce; or iii) collaborate and coordinate across sectors (e.g. human, animal and environmental health) and partners. To strengthen regional/global networks, organizations or hubs, the Pandemic Fund provides funding for projects that i) aim to improve cross-border surveillance, Point of Entry capabilities and coordination of border communities; ii) support real-time data and information sharing across sub-regions and regions, as well as globally; or iii) build capacity and coordination of regional reference laboratory networks in order to become regional centers of excellence. Additional examples are provided in Appendix C of the Strategic Plan.¹²

¹⁰ Including public health, veterinary, agriculture, wildlife, and environmental health institutions.

¹¹ Including public health, veterinary, agriculture, wildlife, and environmental health institutions

¹² Pandemic Fund Strategic Plan 2024-2029 <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

Box 2: Cross-cutting enablers in the Strategic Plan

The Pandemic Fund’s Strategic Plan (2024 – 2029) provides the following definition for the cross-cutting enablers:

- **National Public Health Institutes** (or relevant public institutions)¹³ serve as the centralized arm of the [public] health system, overseeing [among other areas] disease prevention, detection, and response activities across sectors at the national level through their core functions of surveillance, laboratories, public health workforce, Emergency Operations Centers (EOCs), and data systems. Well-functioning NPHIs or relevant institutions, often working closely with local health entities, community-based organizations, and academic institutions, are vital for building integrated, responsive, and equitable multisectoral pandemic PPR programs and maximizing the collective impact of pandemic PPR investments. Efficient and effective EOCs are critical for integrating and analyzing surveillance data, organizing and managing a rapid response. (Pandemic Fund Strategic Plan, 2024, p. 8)
- **Regional/global networks, organizations, and hubs** facilitate collaboration, knowledge exchange, resource pooling, and collective action for pandemic PPR across countries. Given that pandemics are transnational threats and require monitoring of diseases across borders, regional/global networks play a critical role in stopping epidemics before they become pandemics. Regional/global entities also, if given the mandate, may have the unique ability to convene countries at the head of state level and to bring together sectors beyond human health. (Pandemic Fund Strategic Plan, 2024, p. 8)

The Strategic Plan also adopts four underlying themes¹⁴ that will serve as a “lens” across the Fund’s investments. These themes were selected because disease outbreaks frequently begin in communities with underserved and marginalized populations, or communities in fragile and conflict-affected situations, where infrastructure and technical capabilities across the three programmatic priorities are lacking. Applicants should ensure that these themes are integrated within both proposal development and implementation to ensure impact and mitigate the risk and impact of pandemics and safeguard vulnerable and marginalized populations. Please see page 9 in the Strategic Plan¹⁵ for additional information on the four underlying themes.

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

14 Please refer to the underlying themes of the Strategic Plan (pg. 9)

15 Pandemic Fund Strategic Plan 2024-2029 <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

B. Beneficiaries and Eligible Countries

6. A **Beneficiary** is any Eligible Country or Entity that may benefit from the Pandemic Fund through projects or activities undertaken by an IE to advance the objective of the Pandemic Fund. Such projects or activities can involve the government/public sector and private/non-governmental sector in Eligible Countries.
7. Any country that is eligible to receive funding from the [International Bank for Reconstruction and Development \(IBRD\)](#) and/or the [International Development Association \(IDA\)](#)¹⁶ is eligible (“Eligible Country”), in principle, to receive funding from the Pandemic Fund.¹⁷ It may be noted, however, that the 39 countries that were awarded single-country grants under the 1st and 2nd CfPs are not eligible to receive single-country grants under the 3rd CfP.¹⁸ However, these countries may be included in multi-country proposals, as defined in paragraph 17. A country that was part of a successful multi-country grant and/or covered under a successful Regional Entity proposal in the 1st and/or 2nd CfPs **is eligible** to apply for one multi-country grant in the 3rd CfP. Where a country is applying for an additional grant, the country must clearly demonstrate how the new proposal complements and/or contributes to the implementation of the previously awarded Pandemic Fund project. For further information related to eligibility, please see Table 1 below:

Table 1: Eligibility to apply in the 3rd CfP - Phase 1

	Eligible to apply for one single-country grant in the 3rd CfP?	Eligible to apply for one multi-country grant in the 3rd CfP?
Country was not awarded a single-country grant in the 1st or 2nd CfP	Yes	Yes
Country was awarded a single-country grant in the 1st or 2nd CfP	No	Yes
Country was part of a multi-country grant awarded in the 1st or 2nd CfP	Yes	Yes
Table 1 continues next page...		

16 List of countries currently eligible for IDA and/or IBRD financing: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

17 Eligible countries may be amended in the future following the amendment process set forth in the Pandemic Fund Operations Manual.

18 The countries that are not eligible for a single-country grant under the second CfP are: Bhutan, Burkina Faso, Burundi, Cabo Verde, Cambodia, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Georgia, Guyana, Honduras, India, Indonesia, Jordan, Kazakhstan, Lebanon, Moldova, Mongolia, Nepal, Nicaragua, Pakistan, Paraguay, Philippines, Rwanda, Samoa, Sierra Leone, South Africa, Sri Lanka, Suriname, Tanzania, Togo, Trinidad and Tobago, Tunisia, West Bank and Gaza, Yemen and Zambia.

	Eligible to apply for one single-country grant in the 3rd CfP?	Eligible to apply for one multi-country grant in the 3rd CfP?
Country was covered under a Regional Entity grant awarded in the 1st or 2nd CfP	Yes	Yes
Country awarded a single-country grant and was part of a multi-country grant awarded in the 1st or 2nd CfP	No	Yes
Country awarded a single-country grant and was covered under a Regional Entity grant awarded in the 1st or 2nd CfP	No	Yes

8. Unsuccessful applicants from the 1st and 2nd CfPs are encouraged to re-apply for this 3rd CfP. It is recommended that applicants review the feedback provided to them on their previous submission before re-applying, noting changes to the application for funding template and guidance provided in this note.

C. Implementing Entities (IEs)

9. As a Financial Intermediary Fund (FIF) hosted by the World Bank, **the Pandemic Fund channels its financing to Beneficiaries through its approved IEs**, which provide support for project implementation. IEs serve as the intermediaries between the Pandemic Fund and Beneficiaries. IEs supervise the implementation of projects funded by the Pandemic Fund. As per the guidelines for FIFs,¹⁹ the Pandemic Fund Governing Board directs funds to Beneficiaries via IEs, on a pass-through²⁰ basis. Each IE applies its own policies and procedures (including operational, fiduciary and safeguards policies and procedures) in transferring funds to Beneficiaries and supporting Beneficiaries to implement project activities and is responsible for supervising the use of funds and activities carried out therewith. The Pandemic Fund Secretariat does not have direct supervision of the funds or activities.

19 Source: FIF Management Framework, Chapter 1, Paragraph 3.

20 Source: FIF Management Framework: These transfers, carried out by the trustee on instruction from the respective FIF secretariat on behalf of its governing body, are largely carried out on the basis of Financial Procedures Agreements (FPAs) typically entered into between the Trustee and an implementing entity.

10. As per the Operations Manual,²¹ the currently approved list of thirteen (13) IEs is as follows: the African Development Bank; the Asian Development Bank; the Asian Infrastructure Investment Bank; the European Investment Bank; the Food and Agriculture Organization of the United Nations; the Inter-American Development Bank; the International Finance Corporation; UNICEF; the World Bank; the World Health Organization; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI). Eligible IEs may participate in the Pandemic Fund as IEs by entering into a Financial Procedures Agreement (FPA) with the Trustee. After entering into FPAs, IEs may submit Funding Proposals developed with Beneficiaries to the Pandemic Fund.
11. IEs will serve according to their existing scope and mandate, as laid out in the Governance Framework and Operations Manual, including:
 - a) administering the FIF funds transferred to it, including the use of funds and activities carried out therewith, in accordance with (i) its applicable policies and procedures and (ii) the provisions of the FPA and the applicable terms and condition under which Allocations to the IE have been approved, including the applicable provisions of this Governance Framework and the Operations Manual;
 - b) conducting discussions with Beneficiaries of the FIF on projects and activities that can benefit from FIF support, as appropriate;
 - c) providing implementation and/or implementation support to the Beneficiaries of FIF funding, as applicable;
 - d) providing financial and progress reporting to the Governing Board through the Trustee and the Secretariat; and
 - e) cooperating on reviews and evaluations of the FIF under terms acceptable to the IEs.²²
12. In accordance with the Governance Framework and Operations Manual, Implementing Entities may provide “implementation and implementation support,” (e.g., M&E, analytical and advisory work, research) when needed. Activities that fall under this area should be reported in the application for funding template as c) Project funds that will be used for implementation activities by IE. On-the-ground execution and delivery of a project’s components should be carried out by the Beneficiary and/or Delivery Partners. IEs should only undertake these activities in exceptional circumstances where there is no viable alternative, and at the specific request of the Beneficiary.
13. In addition to the activities described in paragraph 11, IEs are also encouraged to provide co-financing to the Pandemic Fund project, support the mobilization of resources from other partners, and support Beneficiaries in the development of Pandemic Fund Proposals.
14. Proposals are approved by the Governing Board, on the basis of, and administered in accordance with, the applicable policies and procedures of the designated IE and its obligations under the FPA.

21 Source: Operations Manual, paragraph 7.

22 Source: Governance Framework, paragraphs 29, 30, and Operations Manual, paragraph 7.

- 15. Proposals must identify at least one approved IE.** The Pandemic Fund cannot provide grants for projects that do not involve at least one of the approved IEs. However, it is recommended that proposals bring together two or more IEs from different types of organizations, e.g. UN-agencies, multi-lateral development banks (MDBs), global health initiatives). Please note that only proposals implemented through IEs that have been approved/accredited by the Pandemic Fund’s Governing Board and have signed a FPA by the opening of the application portal (on March 26, 2025) will be eligible to apply for the 3rd CfP – Phase I. The list of IEs with a signed FPA will be available and updated regularly on the Pandemic Fund’s website.²³

D. Delivery Partners

- 16. Delivery partners** support project execution and delivery on the ground. Delivery partners cannot submit proposals themselves nor receive direct funds from the Pandemic Fund, instead they are sub-contracted by the IE, using its own procurement policies and procedures. Civil society organizations (CSOs), non-governmental organizations (NGOs), and other entities may be contracted as project delivery partners by IEs or Beneficiaries, per the applicable policies and procedures of the IEs involved.

E. Types of proposals accepted

- 17.** There are two types of proposals that will be accepted under this 3rd CfP - Phase I, which include:
- a) Single-country proposal:** This is a proposal submitted by one Eligible Country along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the national or sub-national level of the applying country.
 - b) Multi-country proposal:** This is 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 or sub-national level of **each** of the applying countries. It is important that multi-country proposals are designed to fully integrate all countries into the project activities, working collaboratively toward shared goals.
- 18.** Regional Entity proposals will not be considered during Phase I of the 3rd CfP and a separate application process will be opened in June 2025.

²³ See Pandemic Fund website: <https://www.thepandemicfund.org/call-for-proposals>

F. Proposal and project completion timeline

19. An individual country may submit a **maximum of one** single-country proposal.
20. An individual country may take part in a **maximum of one** multi-country proposal.
21. There are **no limits** on the number of proposals an IE may take part in.²⁴

G. Project completion timeline and required clearances

22. Proposals must demonstrate that activities to be funded using the grant requested from the Pandemic Fund will be completed within **three years** from the date of approval by the IE's relevant authority, bearing in mind that the overall project's completion date may extend beyond the three-year period, including portions financed by co-investment and co-financing.²⁵
23. Applicants from countries and IEs are required to obtain the necessary internal management clearances for the proposal prior to its submission to the Pandemic Fund. Final approval of the project by the executive board or other relevant authority²⁶ of the concerned IE(s) and relevant in-country/regional Pandemic PPR multi-stakeholder forum will need to be finalized in time for implementation of the project²⁷ to begin by the end of the **first quarter of the calendar year 2026 (i.e. March 31, 2026)**.²⁸

H. Available funding

24. The total envelope for the 3rd CfP (Phase I and Phase II) is **US \$500 million**.

²⁴ This is grounded in the rationale that IEs are encouraged to collaborate on proposals.

²⁵ Please note that the full amounts of co-financing and co-investment for the project, even if they extend past 3 years, will be considered.

²⁶ For MDBs, this would be their Executive Boards.

²⁷ Pandemic Fund funds should be able to be disbursed by IEs by this date.

²⁸ Projects that have already been approved by the executive boards or other relevant authorities of IE(s) and in need of additional financing can also be considered for support through the Pandemic Fund to complement the foreseen additional financing provided by the IE.

I. Maximum amount requested per proposal (“Funding Ceiling”)

25. The Pandemic Fund Governing Board has established a ceiling on individual grant amounts that can be requested within the overall envelope for the 3rd CfP. **Single-country** proposals may request **up to US\$25 million**. **Multi-country proposals** may request **up to US\$40 million** for any one proposal. Please note that proposal budgets will be assessed in the technical evaluation, bearing in mind the principle of “value for money”.

J. Cost Recovery for IEs (“IE Administrative Fees”)

26. Each IE will follow its own policy for the recovery of costs, including for the preparation and supervision of projects financed using Pandemic Fund funding, with a focus on maximizing efficiency and value for money.²⁹
27. **A cap on IE Administrative Fees at 7%** (as a percentage of the amount requested) has been instituted for activities related to the preparation, administration, and supervision of Pandemic Fund funds. However, for projects operating in Challenging Operating Environments (COE),³⁰ Fragile and Conflict-Affected Situations (FCS)³¹, Small Island Developing States (SIDS)³² contexts, or other exceptional circumstances, the cap could be **up to 10%** of the grant amount requested by the IE, provided that the proposal includes a clear justification of the rationale behind the higher fee and substantiates this justification with evidence. The appropriateness and value for money of IE costs beyond 7% will be part of the proposal assessment. IE Administrative Fees should not include any technical expertise or Monitoring and Evaluation (M&E) activities, as these should be accounted for in the project cost.

²⁹ See paragraph 25 in the Operations Manual.

³⁰ As an example framework, please see the Global Fund Policy on Challenging Operating Environments: [archive_bm35-03-challengingoperatingenvironments_policy_en.pdf](#)

³¹ World Bank classification Fragile and Conflict-Affected Situations (FCS): [FCSListFY25.pdf](#); [Classification-of-Fragility-and-Conflict-Situations-FY24.pdf](#)

³² Small Island Developing States (SIDS) contexts or other exceptional circumstances: Small States and Small States Forum Members

III. PANDEMIC FUND RESULTS FRAMEWORK AND ALIGNMENT WITH PROJECT PROPOSALS

A. Pandemic Fund Results Framework

28. Proposals are expected to demonstrate their alignment with the Pandemic Fund’s updated Results Framework,³³ and how the proposed activities will deliver results in keeping with one or more of the three programmatic priorities of this CfP, and contribute to impact as measured by the relevant associated metrics. (Please also see **Section VI** on the criteria by which proposals will be evaluated.) The core indicators in the Pandemic Fund Results Framework must be fully integrated into proposals. Where specific indicators are not relevant to the proposed project or activities, an explanation will need to be provided for their exclusion. Further, the M&E Guidelines³⁴ provide guidance on the operationalization of the Pandemic Fund Results Framework by providing an overview of the key M&E requirements and processes for Pandemic Fund grants.
29. The Results Framework covers results, and associated metrics and indicators, along four key dimensions: a) improved capacity for prevention, detection, notification, and response to pandemics; b) improved coordination nationally (across sectors within countries), regionally (across countries), and globally; c) incentivizing additional investments in pandemic PPR; and d) improved efficiency in the use of Pandemic Fund resources.

Improved capacity for prevention, detection, notification, and response to pandemics

30. Proposals need to demonstrate how the project will help improve applicable JEE, PVS, and SPAR scores under each programmatic priority and lead to improved capabilities in the programmatic priorities. Specifically, the proposal should articulate which, among the applicable JEE third edition indicators/SPAR indicators and/or PVS pathway critical competencies,³⁵ will be targeted for improvement through the project, using the grant requested from the Pandemic Fund and other associated sources (co-financing and co-investment), as well as provide baseline data for each indicator. If no national assessments have been conducted, the proposal should clearly articulate its plans to undertake such assessments as part of the project.
31. The proposal should describe how it will strengthen core capacities within one or more of the identified priorities, linking to a National Action Plan for Health Security (NAPHS) or other national and/or regional plan(s). If no national assessments have been conducted, the proposal should clearly articulate its plans to undertake such assessments as part of the project (e.g. JEE/PVS).

33 See updated Results Framework here: <https://www.thepandemicfund.org/key-application-documents>

34 See updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

35 For full list of indicators, please see updated Pandemic Fund Results Framework here: <https://www.thepandemicfund.org/key-application-documents>

32. Where available, the proposals should provide a clear description of the current state of capabilities as assessed through the use of timeliness assessments such as 7-1-7, or outbreak reviews - including intra-action reviews (IAR), after-action reviews (AAR), or early action reviews (EAR) - simulation exercises (Simex), or other qualitative assessments. If these have not been conducted, the proposal should include a clear description of any plans to implement 7-1-7 assessments and regular IAR/AAR/EAR or Simex for continuous improvement and learning.

Improved coordination nationally (across sectors within countries), regionally (across countries), and globally

33. One of the goals of the Pandemic Fund is to foster a coordinated, coherent, and community-engaged approach to pandemic PPR. Accordingly, proposals will be required to clearly demonstrate how the project: a) brings together key sectors, ministries, and stakeholders (for example, IEs, CSOs, institutions, networks and regional platforms (as applicable)) that are engaged in pandemic PPR to improve cross sectoral coordination within the country³⁶ and/or establish or improve processes/mechanisms that allow for stronger cross-border coordination; and b) ensures a co-created, coordinated, and coherent approach between and among the applicant(s) and partners (e.g., by aligning the support of different partners around a government strategy or national or regional plan, leveraging innovation and/or triggering new policy commitments and actions).
34. In this context, while the involvement of at least one IE is a requirement, proposals will need to: i) demonstrate engagement and collaboration with competent organizations that are specialized in the areas included in the project; ii) articulate how relevant sectors, including health, animal, environment, and others, have and will contribute to the project; iii) demonstrate, with supporting evidence, the co-ownership and co-creation of the project by all relevant parties, and their joint commitment to implementation. In this context, it may be noted that the Pandemic Fund places a strong emphasis on ownership by Beneficiaries along with co-ownership and co-creation with CSOs, community-led organizations, and populations that are marginalized.

Incentivizing additional investments in pandemic PPR

35. The Pandemic Fund seeks to incentivize financial and policy commitments from countries and IEs, as well as to attract additional, new funds from other sources. To measure the Pandemic Fund's effectiveness at doing this, the Results Framework includes metrics to capture the extent to which new funding sources are secured as a result of the Pandemic Fund grant. To this end, proposals should articulate clearly how the project leverages the Pandemic Fund grant to catalyze financing and policy commitments from countries, IEs, philanthropies, the private sector and other sources, and how sustainability will be achieved once the project is completed. Section IV provides guiding principles on co-financing and co-investment.

³⁶ JEE/SPAR scores in IHR coordination, national IHR focal point functions or PVS I-& Coordination Capability of Veterinary services are relevant indicators that may be used to measure results in this Area.

Improved efficiency in the use of Pandemic Fund resources

36. The Pandemic Fund will operate with high standards of transparency and accountability to ensure that resources are disbursed in a timely manner and used efficiently to address pandemic PPR needs. To this end, each project should include schedules for the commitment and disbursement of resources to projects and present project costs, including the cost of monitoring and evaluating the outputs and impact of the work, and IE costs related to preparation, administration, and supervision. The Results Framework includes metrics to capture these elements. The Pandemic Fund places a strong emphasis on the participation of CSOs, community-led organizations, and populations who are marginalized, thus the proportion of funds spent on implementation activities by CSOs will be measured.

Cross-cutting enablers and underlying themes

37. To measure alignment with the Pandemic Fund’s cross-cutting enablers, the Results Framework includes indicators related to improving the capacity of National Public Health Institutes (or relevant public institutions³⁷) and improving the capacity and coordination of regional/global networks, organizations or hubs working in pandemic PPR.
38. Projects should integrate activities that support the Pandemic Fund’s four underlying themes as expressed in the Strategic Plan³⁸. To capture this alignment, the Results Framework uses both existing JEE/SPAR and/or PVS indicators as well as other specific indicators to measure interventions and improvements across the themes.

B. Theory of Change

39. The Pandemic Fund requires all proposals to include a Theory of Change³⁹ that links high-level outcomes and impact indicators drawn from the applicable Core Indicators of the Results Framework with the Project-Specific Results Framework (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. For an illustrative example of a project-specific theory of change, please see Figure 2 in the M&E Guidelines.⁴⁰

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

38 Pandemic Fund Strategic Plan 2024-2029 <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

39 Theory of Change is a method that explains how a given intervention, or set of interventions, are expected to lead to a specific development change, drawing on a causal analysis based on available evidence. A thorough Theory of Change helps guide the development of sound and evidence-based program, with assumptions and risks clearly analyzed and spelled out.

40 See updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

C. Project-Specific Results Framework (PSRF)

40. Proposals will be required to include a PSRF,⁴¹ with expected activities and outputs and intermediate outcomes for each programmatic area. Project-specific indicators are linked to activities and outputs to enable effective monitoring of the PSRF. Applicants should submit their PSRF with their proposal detailing the following:
- a) Well-defined activities corresponding to each of the selected JEE/SPAR/PVS indicators. The implementation of these activities will strengthen the identified programmatic priorities.
 - b) Project-specific indicators: The output indicators that will be used to measure completion of activities and to the extent possible, outcome level performance indicators that allow for measuring progress before changes of scores in JEE/SPAR/PVS can be achieved. A means of verification for each project-specific indicator should be identified. The Pandemic Fund Secretariat has compiled an Indicator Menu (as an Annex in the M&E Guidelines⁴²) containing existing output and outcome indicators related to pandemic PPR. These have been adapted from other organizations and can serve as a basis for indicator selection. Alternatives for project specific indicator selection are discussed in the M&E Guidelines.⁴³
 - c) Baselines for the selected JEE/SPAR and/or PVS indicators, together with baselines for project specific indicators; and
 - d) Clear targets and timelines for achieving each activity/output.
41. Proposals should also include a table detailing how and when M&E will be carried out for the project, which stakeholders will be responsible, and the costs of each of these activities (“M&E costs”). Please fill out the tab “Costed M&E Workplan” tab in the PSRF Excel and provide detailed information on the timeline, responsible parties, and costs of data collection, report writing, dissemination, M&E training/capacity building, and other relevant activities.

41 See PSRF Excel here: <https://www.thepandemicfund.org/key-application-documents>

42 See updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

43 See updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

IV. GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER THE 3RD CFP

A. Co-financing and co-investment under the 3rd Call for Proposals

42. Effective co-financing and co-investment strategies are critical for ensuring the sustainability and impact of projects funded under the Pandemic Fund. All Funding Proposals will be required to align their co-financing and co-investment commitments with national/regional priorities to maximize synergies with existing health security frameworks, avoid duplication and strengthen long-term system resilience.
43. Funding Proposals should clearly outline specific commitments that complement the proposed activities under this CfP, demonstrating alignment with ongoing initiatives. These commitments should reflect additional investments that intersect with the Funding Proposal's priority areas, such as laboratory strengthening (e.g., Global Fund and Pandemic Fund initiatives) or health workforce development (e.g., Centers for Disease Control and Pandemic Fund collaborations). These commitments should be developed through broad discussions and negotiations among project partners and should support national planning efforts, including the NAPHS, One Health, and other relevant national and regional frameworks. Ensuring coherence with these strategies will enhance the effectiveness and sustainability of the proposed interventions.
44. Funding Proposals should clearly outline key areas of work where co-financing and co-investments will be directed, explaining how these efforts will support the implementation of the proposal. In the implementation plan, the emphasis should be on how co-financing and co-investment mechanisms will be structured to maximize impact, minimize duplication, and ensure efficient resource use across aligned initiatives.
45. Institutional barriers that may affect long-term financial commitments should be identified as potential risks. These may include insufficient multisectoral coordination- such as misalignment of the finance, health, and emergency response sectors- leading to inefficiencies in financial tracking and allocation. The Funding Proposal should outline clear mitigation measures to address potential risks related to mobilizing domestic and external resources and ensuring sustained and efficient financial management.

B. Co-Financing Requirements

46. Co-financing refers to the financial contribution from Implementing Entities (IEs) and/or other sources - such as bilateral aid agencies, philanthropies, and potential private sector funders - **in addition** to the grant requested/received from the Pandemic Fund. These additional resources support the implementation of the project or the part of the project for which a Funding Proposal has been submitted.⁴⁴ Co-financing may consist of new or re-programmed/restructured funding mobilized from external or international sources that the Pandemic Fund is able to draw in to enhance the overall financial capacity for pandemic PPR.
47. The Pandemic Fund aspires to achieve a portfolio-wide leverage ratio of 1 to 5 (Pandemic Fund grant financing to co-financing amount, including cash and in-kind contributions). This means every US\$1 from the Pandemic Fund is expected to draw in US\$5 from these additional sources. IEs and partners are encouraged to exceed these targets in countries, leveraging additional resources for pandemic PPR. Co-financing provided in cash is highly encouraged, but the Pandemic Fund will also accept in-kind contributions, such as human resources, technical expertise, training programs, and equipment. While no mandatory minimum thresholds exist, co-financing is a critical evaluation criterion, as detailed in the updated scoring methodology.⁴⁵
48. IEs should actively mobilize **new funding** by engaging regional and global partners. This requires leveraging existing networks, fostering multi-sectoral partnerships, and strategically aligning project objectives with both national and international health security priorities. Furthermore, IEs should explore mechanisms, for example:
- Blended and innovative financing mechanisms^{46, 47}
 - Blended financing by combining grants, concessional loans, and impact investments to maximize resources (a mechanism that is already offered by the Pandemic Fund)
 - Public-private partnerships and driving co-financing through innovative financing mechanisms such as pandemic insurance and results-based financing
 - Debt-for-health swaps - with creditors, where a portion of a country's external debt is forgiven in exchange for the government committing to invest an equivalent amount (or a negotiated portion) in health-related programs^{48, 49}

44 Slightly modified definition from the definition introduced in The Pandemic Fund Guiding Principles on Co-financing, Co-investment and Country Ownership: <https://thedocs.worldbank.org/en/doc/5a0aa2579f4e93c75cd913c7729e747b-0200022022/related/PF-First-Call-for-Proposals-Annex-4.pdf>

45 Policy will be approved by the Board at a later date. Instead, please refer to the Scoring & Weighting Methodology.

46 United Nation Economist Network: Innovative financing mechanism and solutions: [innovative_financing_14_march.pdf](https://www.un.org/en/development/desa/policy/innovative_financing_14_march.pdf)

47 IFC. The Why and How of Blended Finance: <https://documents1.worldbank.org/curated/en/856201613568586386/pdf/The-Why-and-How-of-Blended-Finance.pdf>

48 World Bank and IMF. Debt for Development Swaps, An Approach Framework: <https://documents1.worldbank.org/curated/en/099080524122596875/pdf/BOSIB170e4732504619bc417c0d0996ec21.pdf>

49 The Global Fund. Debt2Health Collaboration Through Financial Innovation: https://www.theglobalfund.org/media/12284/publication_debt2health_overview_en.pdf

- Alternative and diaspora-driven financing⁵⁰
 - Mobilizing remittances and contributions from global diaspora communities.
 - Private sector and philanthropic contributions
 - Aligning projects with corporate social responsibility strategies
 - Fostering engagement to build sustainability strategies
- 49.** A structured breakdown of co-financing sources, amounts, and types (cash and in-kind) must be included in the Funding Proposal. Tables included in the Funding Proposal should detail funding sources, allocations, and durations⁵¹ with commitment letters from contributing entities attached for validation. Please note that the full amount of co-financing for the project will be considered, even if the timeline for co-financing exceeds the three-year life cycle of the Pandemic Fund grant.

C. Co-investment requirements and policy commitments

- 50.** Co-investment refers to financial resources provided by Co-investors, including on-budget government funds that are readily available (excluding funds/loans/credits that require restructuring) and linked non-monetary in-kind contributions from co-investor(s),⁵² in addition to the grant received/requested from the Pandemic Fund. These additional resources support the implementation of the project or the part of the project for which a Funding Proposal has been submitted. Co-investment could also include policy commitments and linked projects from the Co-investor(s) that would complement funding from the Pandemic Fund.
- 51.** The Pandemic Fund aspires to achieve a portfolio-wide leverage ratio of **1:4**⁵³ (Pandemic Fund grant amount to co-investment amount, including cash and in-kind contributions). This means every **US\$1** from the Pandemic Fund is expected to draw in **US\$4** from these additional sources. Co-investors with greater capacity are encouraged to exceed these targets, leveraging additional resources for pandemic PPR. While no mandatory minimum thresholds exist, co-investment is a key evaluation criterion, as outlined in the updated scoring methodology.⁵⁴

50 World Bank. Development Finance via Diaspora Bonds: <https://documents1.worldbank.org/curated/en/867801468165874505/pdf/wps4311.pdf>

51 Timeframe of some co-financing falls beyond the three-year duration of the Project. Timeframe for each type of co-financing needs to be clearly described in the Funding Proposal template.

52 Co-investor refers to any country that is eligible to receive funding from the IBRD and/or IDA. See Governance Framework, vii. Glossary: [Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response](#)

53 Please see Scoring & Weighting Methodology here: <https://www.thepandemicfund.org/key-application-documents> for co-investment leverage ratio targets by country income level.

54 For more information on leverage ratios and examples of co-investment, see the Scoring and Weighting Methodology here: <https://www.thepandemicfund.org/key-application-documents>

52. Co-investors are encouraged to demonstrate in-cash commitments aligned with project objectives. Co-investment plans should outline how national/regional co-investments will be leveraged alongside external sources, how investments are being incentivized and complement the Pandemic Fund financing without crowding out other health investments, as well as any adaptations for co-investors with limited co-investment capacity (e.g., leveraging resources from MDBs that are already on-budget, for preparedness).
53. Co-investors and IEs should map and identify **domestic investments** (in-cash, in-kind, and policy) in PPR that can possibly contribute to the project objectives, specifying sources, amounts, and alignment with the project. This includes:
- Fiscal analyses to determine national health budget allocations to pandemic PPR
 - Existing financing from MDBs or donor grants and ongoing projects/initiatives that can be reprogrammed
 - In-kind contributions to pandemic PPR such as workforce deployment, infrastructure, and technology investments
 - Policy commitments for enhancing pandemic PPR such as a government’s commitment to integrate Pandemic PPR into national health security frameworks
54. Co-investors are encouraged to incentivize **new** investments to support the Pandemic Fund project and pandemic PPR, such as:
- a) Increasing domestic financing for health security and PPR
 - b) Expanding in-kind contributions specifically allocated for the project and PPR, such as expanding the workforce to support project implementation or donating a piece of land or a building to be used as a training centre for the workforce, and
 - c) Establishing new policy commitments such as mandating real-time data-sharing between the human, animal, and environmental health sectors under the One Health approach.
55. A structured breakdown of co-investment sources, amounts, and types (e.g., cash, in-kind, policy) should be clearly outlined in the Funding Proposal. Tables included in the Funding Proposal application should detail funding sources, allocations, and durations, and commitment letters from co-investors should be included where applicable. Please note that the full amount of co-investment for the project will be considered, even if the timeline for co-investment exceeds the three-year life cycle of the Pandemic Fund grant.
56. Macroeconomic challenges such as currency depreciation, inflation, and financial instability can impact long-term co-investment commitments. These could be identified in the Funding Proposal as potential risks along with their mitigation measures. To ensure accountability and sustainability the monitoring and evaluation of co-investment commitments should be integrated into the Pandemic Fund’s annual reporting process to allow for ongoing tracking and necessary adjustments.

D. Standardizing Valuation of In-Kind Contributions

57. A standardized methodology is essential for valuing in-kind contributions. Methodologies may include:
- Prorating staff salaries based on the exact number of staff and actual time dedicated to project activities
 - Using local market rates or wages for labor costs
 - Developing reference tables for common in-kind contributions (e.g., medical equipment, infrastructure, logistics support) attributed to the Pandemic Fund project
 - Implementing external verification mechanisms for the valuation of the in-kind contributions, such as third-party assessments, to enhance transparency and credibility.
58. Policy commitments, such as expanding health workforce training or waiving import taxes on medical supplies, can have significant financial implications. However, assigning precise monetary values to such commitments is challenging due to their long-term impact. Funding Proposals should clearly describe their expected benefits and alignment with project goals.

E. Value for Money⁵⁵

59. Ensuring Value for Money (VfM) is well described in the Pandemic Fund Funding Proposal which requires cost-effectiveness without compromising quality. IEs and Co-investors are encouraged to consider the following to ensure that VfM is demonstrated in their Pandemic Fund Funding Proposal.
- Optimize Resources:** Minimize redundancy, reduce overhead costs, and leverage local expertise, prioritizing capacity-building with national governments, NGOs, and academic institutions for sustainable, context-specific solutions.
 - Strengthen Integration:** Align with existing health initiatives (e.g., the World Bank and the Global Fund) to avoid duplication, enhance synergies, and integrate into national health systems rather than creating parallel structures.

⁵⁵ The World Bank defines VfM as the effective, efficient, and economic use of resources, which requires the evaluation of relevant costs and benefits, along with an assessment of risks, and of non-price attributes and/or life cycle costs, as appropriate. Price alone may not necessarily represent VfM. For more information on VfM: <https://thedocs.worldbank.org/en/doc/274711479159288956-0290022017/original/GuidanceNoteonValueforMoney.pdf>

- c) **Promote Financial Sustainability:** Encourage co-financing and co-investment to complement rather than replace existing funding.
- d) **Enhance Efficiency in Multi-Country Projects:** As an example, utilize pooled procurement and supply chain optimization to reduce costs, improve supplier negotiations, and ensure the timely availability of medical supplies.
- e) **Maximize Impact through Sustainable Investments:** Such investments include strengthening workforce capacity through local training and retention, supporting domestic production of medical supplies and diagnostics to reduce external reliance, and investing in digital surveillance tools for improved outbreak prevention and response.

V. PROPOSAL SUBMISSION

A. Application Portal

- 60. All proposals will need to be submitted on the Pandemic Fund’s online application portal⁵⁶ by **June 6, 2025, at 23:59 ET**. Applicants must complete all sections of the Pandemic Fund’s online application. The Pandemic Fund will not accept any e-mailed proposals.
- 61. User guides and information on how to access the application portal are available on the Pandemic Fund’s website.⁵⁷

B. Language of submission

- 62. Proposals, including the PSRF and all additional required and supplementary documentation, will need to be submitted in the application portal in English. If full translations of longer supplementary documents are not available in English, such as national plans, a summary of the document in English will be accepted.
- 63. This Guidance Note will also be available to applicants in French and Spanish on the Pandemic Fund’s website.⁵⁸ The Pandemic Fund encourages countries to seek assistance from the IE(s) with whom they are working to secure translations of proposals into English, as required.

⁵⁶ Please see Application portal here: https://worldbank.smapply.io/prog/CfP3_1

⁵⁷ Please see <https://www.thepandemicfund.org/key-application-documents>

⁵⁸ Please see <https://www.thepandemicfund.org/key-application-documents>

C. Text boxes

64. Applicants should note that there will be word count limits for each application section stipulated in the application portal. Applicants are welcome to provide answers in the format that is most conducive to them, e.g. in a narrative or bullet points.

D. Currency

65. Funding requests, budgets, and disbursement schedules will need to be quoted in U.S. dollars.

E. Country ownership and co-creation

66. Proposals must demonstrate, with evidence, that the country (or countries) led the proposal development process. Therefore, for single-country proposals, the proposal must be submitted by the potential applicant country.⁵⁹ Single-country proposals must be accompanied by a cover letter signed by high-level official representing the (a) Ministry of Finance, (b) Ministry of Health, **and** (c) identified IEs, as well as, where possible, other delivery partners, acknowledging co-ownership, co-creation, and commitment.⁶⁰
67. Multi-country proposals should be submitted by one of the potential applicant countries when possible. However, if this is not feasible or practical, proposals may be submitted by an IE, but the proposal must make sure to demonstrate that it has been co-created and that there is co-ownership amongst all parties. Such proposals must be accompanied by a cover letter signed by a high-level official representing the (a) Ministry of Finance (for each country), (b) Ministry of Health (for each country), **and** (c) representatives of the identified IEs, as well as, where possible, other delivery partners, acknowledging co-ownership, co-creation, and commitment.
68. Proposals should describe and demonstrate, with evidence, the co-creation process, in particular, any collaboration and coordination with different sectors (e.g. human health, animal health, environment) and actors (e.g. government, IEs, CSOs, delivery partners).

59 If it would not be possible for a country government to apply directly due to FCS context, please write to the Pandemic Fund Secretariat directly at pandemicfundcfp@worldbank.org prior to the submission deadline to request an exception.

60 Where Pandemic Fund resources are being sought for a project involving the private sector, the submission should include appropriate IEs that are able to channel funding to such private sector entity, and with sign-off/endorsement from the relevant government ministries, departments and other public sector entity as outlined here.

F. Project Lead

69. All proposals must assign an **individual project lead** to represent the participating applicants and to liaise with the Pandemic Fund Secretariat on the proposal, provide clarifications and missing information, and receive feedback on the status of the proposal submission. The project lead – if different from the person submitting the application - must be copied on the proposal submission. The project lead, in most cases, should be a government official dedicated to the project submitted or, in exceptional cases (e.g., where it is impossible for a country to assign someone due to a change of governments or strong instability), a representative of an IE.

G. Additional required and supplementary documentation

70. As described in paragraphs 66 and 67, applicants must submit a cover letter, signed by a high-level official in the Ministry of Health and the Ministry of Finance for each country involved in the proposal, as well as a representative of each IE involved in the proposal. The cover letter should also be signed by other officials of other ministries (e.g. Ministry of Agriculture, Livestock), when applicable. The signed cover letter must be received by the proposal deadline (June 6, 2025) in order for the proposal to be eligible for evaluation by the Pandemic Fund Technical Advisory Panel (TAP). If a signature from a government authority is not possible to obtain due to the country being in a situation of conflict or fragility, please write to the Pandemic Fund Secretariat at pandemicfundcfp@worldbank.org in advance of the deadline to request an exemption.⁶¹ A sample template has been provided in **ANNEX 3**.
71. Applicants are required to submit copies of their most recent assessments (e.g. JEE, PVS, SPAR scores), copies of national/regional plans (e.g. NAPHS, One Health, and other related national and regional health and community systems strengthening plans), along with other assessments and plans, where available.
72. Applicants should submit any evidence to demonstrate that proposals were co-created with all relevant stakeholders, and highlighting how CSOs, community organizations and non-state actors were involved. This evidence could include letters of endorsement, contact details, and proof of meetings (e.g. photos, meeting/attendance logs).
73. Applicants should submit evidence that co-financing will be available if the proposal is funded, where possible. This could include letters from co-financers or other types of correspondence.
74. For each category of additional documentation, files should be combined into one PDF document.

61. For countries currently falling under World Bank OP2.30 /FCV and those having OP7.30 assessments, no signature from a government is required due to the current Fragility Conflict Situation (FCS).

H. Information sessions

75. The Pandemic Fund will organize information sessions on the requirements detailed in this Guidance Note in April 2025. Sign-up information will be posted on the Pandemic Fund website.⁶²

VI. PROPOSAL EVALUATION PROCESS AND CRITERIA

A. Eligibility Screening

76. The Pandemic Fund Secretariat will assess proposals for eligibility based on compliance with the requirements set out in the 3rd CfP and laid out in **Section II**, as well as consistency with the Governance Framework and Operations Manual. Proposals must fulfill all the requirements as set out in the Governance Framework and Operations Manual as well as those described in this document in order to be considered. The eligibility screening will include the following considerations:⁶³
- a) Was the proposal received prior to the deadline and is it complete with all necessary supplementary documents enclosed, including cover letters signed by all relevant authorities?⁶⁴
 - b) Is the proposal and all annexes, including the PSRF excel, clear and legible and submitted in English?
 - c) Is the applicant eligible?⁶⁵
 - d) Does the proposal include at least one Eligible Country?⁶⁶

62 <https://www.thepandemicfund.org/call-for-proposals>

63 “The Secretariat will screen each Funding Proposal to ensure consistency with the Governance Framework and Operations Manual, as well as compliance with the requirements set out in the relevant Call for Proposals, utilizing a process and timeline agreed upon by the Governing Board and articulated in each Call for Proposals.” Pandemic Fund Operations Manual, paragraph 12.

64 “Should the Secretariat find that a Funding Proposal does not comply with the Governance Framework and the Operations Manual, such Funding Proposal may be returned, on a one-time basis, for resubmission within a stipulated time period. If, after one round of revisions, the Secretariat finds a Funding Proposal to be non-compliant, such Funding Proposal would not be eligible for consideration.” Pandemic Fund Operations Manual, paragraph 12.

65 Please refer to Section II.B

66 Please refer to Section II.B

- e) Have the submission limits been respected?⁶⁷
 - f) Does the proposal include at least one of the approved IEs to channel funds?⁶⁸
 - g) Does the proposal focus on activities addressing at least one programmatic priority?⁶⁹
 - h) Is there consistency across the figures reported in the various parts and tables of the application?
 - i) Has the cap on the amount requested (up to US\$25 million for single-country proposals and up to US\$40 million for multi-country proposals) been respected?⁷⁰
 - j) Has the cap on IE Administrative Fees (as a percentage of the amount requested) of 7% been respected, and, for any amounts over 7% (and up to 10%), has justification been provided?⁷¹
- 77.** The Secretariat will forward eligible, complete proposals to the TAP within three weeks of the closing of the application portal. The Secretariat may reach out directly to applicants when there is a need for clarification or there is missing information. During the weeks following the submission deadline, the Secretariat requests that applicants monitor their e-mail inboxes daily for correspondence from the Secretariat and to respond to queries in an expeditious manner. Only applications that are complete and contain all of the required documents, including signed cover letters by all relevant officials, by the end of the Secretariat Eligibility Screening process will be eligible for review by the TAP.

67 Please refer to Section II.C

68 Please refer to Section II.D

69 Please refer to Section II.A

70 Please refer to Section II.H

71 Please refer to Section II.I

B. Technical Evaluation

78. The TAP⁷² will undertake a technical evaluation of all eligible proposals. The technical evaluation criteria are outlined in an updated Scoring and Weighting Methodology⁷³ including an evaluation of the following:

Table 2: TAP Evaluation Scoring & Weighting

Section	% of Total Score
Scope and objectives of the proposal, targeted core capacities, key activities and expected outcomes, and Theory of Change	25
Context, demonstrated needs, and alignment with national/ regional priorities	25
Co-financing, co-investment, and overall available funding	15
Ownership, commitment, coordination, collaboration, and co-creation	15
Implementation and M&E	20
TOTAL	100%

79. TAP members may request clarification and additional information from applicants during the review period, which is scheduled for July 2025 – October 2025. During this period, applicants will be requested to monitor their inboxes regularly and respond to requests for information in an expeditious manner. If additional information is requested by the TAP, it must be submitted by the indicated deadline in order to be considered in the evaluation. Proposals are reviewed anonymously, and the identity of reviewers will not be revealed to applicants.

72 Please see TAP Terms of Reference here: <https://thedocs.worldbank.org/en/doc/a6be826383791a497fd1330fa93ec1d8-0200022022/original/TAP-ToRs-Oct-13-2022-FINAL.pdf>

73 Please see Scoring and Weighting Methodology here: <https://www.thepandemicfund.org/key-application-documents>

VII. FUNDING DECISIONS

80. Proposals reviewed by the TAP, along with accompanying written assessments and recommendations prepared by the TAP leadership, will be submitted to the Governing Board for funding allocation decisions. The Governing Board will make funding decisions by early November 2025.
81. All recommendations from the TAP are advisory to the Governing Board, which has full control over any decisions or actions regarding any proposals. The Governing Board will approve allocations to proposals, considering the availability of funding as reported by the Trustee, and based on an agreed set of funding allocation principles to guide prioritization.⁷⁴ Funding decisions for commitment by the Trustee can only be approved against currently available resources.
82. The announcement of funding decisions by the Governing Board will be made in a press release shortly after the Board decides on funding decisions, and successful applicants, including IEs at HQ-level, will be contacted by the Secretariat. Funds will be committed by the Trustee to the IE in accordance with the process detailed in the Operations Manual and the FPA.⁷⁵ Proposals not awarded funding will be provided feedback on their proposals.
83. In the 1st CFP, the Governing Board awarded funding to 19 proposals out of the 49 proposals that were recommended by the TAP. The Governing Board prioritized a portfolio that was technically sound, geographically diverse, and included proposals from low-income and lower and middle-income countries. These 19 projects included the top two proposals, as technically assessed by the TAP, from each of the six World Bank geographic regions; the top three multi-country/regional proposals, as technically assessed by the TAP; and then the next four highest assessed proposals from low-income and lower- and middle-income countries. The selection also ensured a good mix of IEs.
84. In the 2nd CFP, the Governing Board awarded funding to 28 out of the 49 proposals recommended by the TAP. The projects were selected in two phases. The first phase of funding was allocated to five projects in countries affected by the mpox outbreak. These projects were chosen based on the WHO Global Mpox Strategic Preparedness and Response Plan (SPRP), focusing on countries with the highest epidemiological risk and those contaminated by clade 1. The second phase of funding was allocated across 23 proposals based on the TAP's technical assessment and scoring, applying the same criteria used in the 1st CFP, focusing on key criteria such as geographical distribution (aiming for an equal number of supported proposals per region), income group (with a priority for low- and lower-middle-income countries), and ensuring a mix of IEs.

⁷⁴ The Board will develop and agree on a set of principles to prioritize the allocation of funding to proposals under this CFP.

⁷⁵ See paragraph 15 in the Operations Manual and Section 2.2 (b) and (c) of the FPA.

VIII. RESULTS MONITORING, REPORTING REQUIREMENTS, AND CHANGES TO AWARDED PROJECTS

85. All projects and activities supported under the Pandemic Fund have explicit commitments to monitoring, evaluation, learning, and knowledge during implementation, following the standards, procedures, and requirements of the IEs directly concerned. Each project that receives funding from the Pandemic Fund will report annually to the Secretariat on progress and results for all activities, including reporting on the indicators of the Results Framework as well as project-specific indicators for intermediate outcomes/coverage and outputs and activities, as determined in the PSRF in each proposal. For reporting guidance, please consult the M&E Guidelines.⁷⁶ IEs and project teams will use the online reporting portal to submit annual project reports on programmatic performance to the Pandemic Fund Secretariat. The Secretariat will consolidate this reporting into an annual portfolio impact/results report and submit it to the Governing Board. The accuracy of all reporting is the responsibility of the originating project and IEs. The standardized format and contents to be used for the IE reports will be agreed with the Governing Board. IEs are also required to comply with all reporting requirements set out in the Operations Manual and FPA.
86. The Pandemic Fund provides flexibility to its projects to make adjustments or undertake revisions to address new or changing circumstances, as well as respond to risks and opportunities that may emerge following the Pandemic Fund Governing Board’s approval of the grant and prior to or during a project’s implementation. Projects that seek to make changes to their scope or design, timelines, outcome indicators, output level indicators, milestones or deliverables, IEs, or other allowed areas should consult the requirements and process set-out in the Pandemic Fund’s Policy on Post-Approval Changes.⁷⁷

⁷⁶ Please see updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

⁷⁷ https://www.thepandemicfund.org/sites/default/files/2024-08/DLD626%20PF%20-%20Policy%20Document_3.2.pdf

IX. DISCLOSURE OF INFORMATION

87. Information in proposals approved by the Governing Board may be publicly disclosed on the Pandemic Fund website and/or otherwise made public. Additionally, for approved proposals, reports on progress provided to the Pandemic Fund, including financial and programmatic information, will be made public through the Pandemic Fund’s Annual Impact and Progress Report.⁷⁸

X. KEY DATES AND TIMELINE

Call for Proposals Announced	December 19, 2024
Application package released and application portal opens	March 26, 2025
Applications due on the portal	June 6, 2025
Funding decision by the Pandemic Fund Board	Early November 2025

⁷⁸ Please see <https://www.thepandemicfund.org/annual-progress-report>

ANNEX 1: OBJECTIVES, VALUE ADDITION, AND OVERALL SCOPE OF THE PANDEMIC FUND

1. The Pandemic Fund is a collaborative partnership among sovereign and non-sovereign donors, co-investor countries, and CSOs. It was established in September 2022 as a joint undertaking of the World Bank and the WHO. It was established as a FIF, and the World Bank hosts the Secretariat and serves as Trustee. The Secretariat is based in Washington, D.C. and provides program management and administration services, including support to the Governing Board in the delivery of its responsibilities.
2. As per the Pandemic Fund’s [Governance Framework](#) and [Operations Manual](#), approved by the Pandemic Fund’s Governing Board in September 2022, “the objective of the Pandemic Fund is to provide a dedicated stream of additional, long-term funding for critical pandemic prevention, preparedness, and response (PPR) functions in International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries, through investments and technical support at the national level, as well as at the regional and global levels. The Pandemic Fund is expected to support and reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR) (2005) and other internationally endorsed legal frameworks, consistent with a One Health⁷⁹ approach.”⁸⁰
3. The Pandemic Fund is expected to add value in the following ways: ⁸¹
 - First, it will help bring **additionality** in financial resources for pandemic PPR, including through the mobilization of non-ODA resources, for example, from philanthropies.
 - Second, financing from the Pandemic Fund could be used to **incentivize** countries to invest more in pandemic PPR, including through blending of MDB resources to further increase concessionality and matching of domestic resources.
 - Third, by bringing together key institutions engaged in pandemic PPR and health system financing the Pandemic Fund will promote a more **coordinated and coherent approach** to pandemic PPR strengthening by linking financing with existing, country-level planning and prioritization processes, thereby strengthening alignment and complementarity of pandemic PPR and health system strengthening and reducing transaction costs for client countries. Better coordinated support also creates conditions for a more systematic dialogue about domestic financing for pandemic PPR.
4. Furthermore, as stated in the Governance Framework, the following key principles underpin the Pandemic Fund’s design:⁸² First, it complements the work of existing institutions that provide international financing for pandemic PPR, drawing on their comparative advantages. Second, it is

⁷⁹ One Health is collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

⁸⁰ Source: Pandemic Fund Governance Framework, paragraph 5, and Operations Manual, paragraph 2.

⁸¹ Source: Pandemic Fund Governance Framework, paragraph 5.

⁸² Source: Pandemic Fund Governance Framework, paragraph 6.

designed to catalyze funding from private, philanthropic, and bilateral sources. Third, it will serve as an integrator, rather than become a new silo that only furthers fragmentation. Fourth, it has the flexibility to work through a variety of existing institutions and adjust over time as needs and the institutional landscape evolve. Fifth, its structure is designed to reflect *inclusivity*, while ensuring streamlined and efficient governance and *operating arrangements*. Sixth, it will operate with high standards of *transparency* and *accountability*.

5. The Pandemic Fund will allocate additional financing where investments are most urgently needed to bolster pandemic PPR for COVID-19 and future pandemics, addressing key capacity gaps at all levels, including, but not limited, to the following areas, as established in the Operations Manual:⁸³
 - Strengthen country-level pandemic PPR capacity by addressing capacity and capability gaps at country and local level in core domains of the International Health Regulations (IHR, 2005) and the World Organisation for Animal Health (WOAH) International Standards, including disease surveillance, laboratory systems, emergency communication, coordination and management, critical health workforce capacities, and community engagement. The Pandemic Fund will also strategically invest in health systems at community and primary health care levels to strengthen synergies between the health system and pandemic PPR capacity.
 - Build regional and global capacity by expanding support to regional and global institutions across multiple domains, including surveillance, reporting and information sharing, shared public health assets, regulatory harmonization, capacity to support public health workforce, and capacity for coordinated development, procurement, distribution and deployment of countermeasures and essential medical supplies.
 - Support technical assistance, analytics, learning and convening. Financial support to countries and regional/global institutions will be complemented by activities to elevate the pandemic PPR agenda, support cross-country learning, and promote collective accountability. This could include peer-to-peer learning, learning events, targeted technical assistance, systematic monitoring of pandemic PPR capacities and domestic spending on pandemic PPR.
6. On July 19, 2023, the Pandemic Fund’s Governing Board awarded a first round of grants totaling US\$338 million that will mobilize over US\$2 billion in additional financing to help 37 countries strengthen their capacity to prevent, prepare for, and respond to pandemics. Every dollar awarded in this first round leveraged an additional US\$6.4 in co-financing and co-investments. Higher-income countries and multi-country projects had an even higher combined leverage ratio of 1 to 8.7. For more information, please see the Pandemic Fund’s Annual Results Report 2024.⁸⁴
7. In 2024, the Pandemic Fund’s Governing Board awarded another US\$547 million in grants to help 50 countries strengthen disease surveillance and early warning systems, upgrade laboratories and build health workforces as part of the 2nd CfP. These 28 projects will mobilize nearly \$4 billion in additional financing, resulting in a leverage ratio of 1 to 7.3.

⁸³ Source: Pandemic Fund Operations Manual, paragraph 3.

⁸⁴ Please see the Annual Results Report <https://www.thepandemicfund.org/annual-progress-report>

ANNEX 2: GLOSSARY OF TERMS

Beneficiary: Any Eligible Country or Entity that may benefit from the Pandemic Fund through projects or activities undertaken by an IE to advance the objective of the Pandemic Fund. Such projects or activities can involve the government/public sector and private/non-governmental sector in Eligible Countries.

Co-financing: The in-cash and/or in-kind resources required from IEs and/or other sources (e.g., bilateral aid agencies, philanthropies and other private sector sources of funding), in addition to the grant requested/received from the Pandemic Fund, to implement the project or the part of the project for which a funding proposal has been submitted.

Co-investment: The in-cash and/or in-kind resources including linked non-monetary policy commitments from Co-investor(s), in addition to the grant from the Pandemic Fund, to implement the project or the part of the project for which a Funding Proposal has been submitted.

Co-investor: This is the same as “Eligible Country.”

Core indicators: These are the indicators listed in the Pandemic Fund’s Results Framework. Please see Annex 2 of the Pandemic Fund Results Framework for the full list.

Delivery partner: A delivery partner supports project execution and delivery on the ground. Delivery partners cannot submit proposals themselves nor receive direct funds from the Pandemic Fund. Instead, they are sub-contracted by the IE, using its own procurement policies and procedures. Delivery partners may include CSOs, NGOs, private sector entities, academic institutions, individuals, etc. It would be important to involve/consult prospective delivery partners during the proposal development process and include them in the proposal documentation.

Eligible Country: Any country or territory that is eligible to receive funding from the IBRD and/or the IDA.⁸⁵ For the purposes of the 3rd CfP, please see additional Eligibility Considerations in Section II.B of the Guidance Note.

Financial Intermediary Fund (FIF): A Trust Fund where IBRD provides a specific set of administrative, financial, and/or operational services.

Financial Procedures Agreement (FPA): The financial procedures agreement entered into between IBRD as Trustee for the Pandemic Fund and an IE. The FPA must be signed by the IE prior to the deadline of March 26, 2025 in order for the IE to participate in the 3rd CfP.

Funding Ceiling: The maximum grant amount that any proposal may request from the Pandemic Fund. For the purposes of the 3rd CfP, single-country proposals may request up to US\$25 million. Multi-country proposals may request up to US\$40 million for any one proposal.

⁸⁵ List of countries and territories currently eligible for IDA and/or IBRD financing: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.

Grant amount: The financial resources requested by a proposal from the Pandemic Fund. This is the sum of the Project Funds and IE Administrative Fee.

Implementing Entity (IE): An entity that is approved or accredited in accordance with the Operations Manual, and that has signed the FPA. There are currently thirteen (13) approved IEs: the African Development Bank; the Asian Development Bank; the Asian Infrastructure Investment Bank; the European Investment Bank; the Food and Agriculture Organization of the United Nations; the Inter-American Development Bank; the International Finance Corporation; UNICEF; the World Bank; the World Health Organization; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI). Please note that only approved IEs that have signed the FPA by March 26, 2025 are eligible to apply for Pandemic Fund grants in the 3rd CfP.

IE Administrative Fee: The amount of Pandemic Fund grant resources allocated to the IE as a fee to cover the IE’s costs related to services performed by the IE in connection with managing the IE Trust Fund/Account and the project for which an allocation is made. These services can include the preparation and supervision of projects financed using Pandemic Fund funding, including staff costs related to these activities (e.g. project management). IE Administrative Fees should not include any Technical Expertise or Monitoring and Evaluation activities, as these should be accounted for in the project cost. For the 3rd CfP, a cap has been instituted on IE administrative fees at 7% (as a percent of the total grant amount requested, or the sum of project funds and IE Administrative Fees) has been instituted for activities related to the preparation, administration, and supervision of Pandemic Fund projects. However, for projects operating in COEs⁸⁶; FCS⁸⁷, SIDS⁸⁸ contexts, or other exceptional circumstances, the cap could be up to 10% of the total grant amount requested by the IE, provided that the proposal includes a clear justification of the rationale behind the higher fee and substantiates this justification with evidence.

Monitoring & Evaluation Costs (“M&E Costs”): Project funds spent on M&E activities such as data collection, data analysis, preparing progress reports, strengthening electronic information systems, dissemination of results to key stakeholders, M&E capacity building, and M&E staff salaries.

Multi-country proposal: This is 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 or sub-national level of each of the applying countries. These countries can be located in the same region or different regions.

One Health:⁸⁹ “One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines, and communities at varying

86 As an example of a framework, please see the Global Fund Policy on Challenging Operating Environments: [archive_bm35-03-challengingoperatingenvironments_policy_en.pdf](#)

87 World Bank classification Fragile and Conflict-Affected Situations (FCS): [FCSListFY25.pdf](#); [Classification-of-Fragility-and-Conflict-Situations-FY24.pdf](#)

88 Small Island Developing States (SIDS) contexts or other exceptional circumstances: [Small States and Small States Forum Members](#)

89 Source: One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairi S, Behravesh CB, Bilivogui P, Bukachi SA, et al. (2022) One Health: A new definition for a sustainable and healthy future. PLoS Pathog 18(6): e1010537. <https://doi.org/10.1371/journal.ppat.1010537>

levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change and contributing to sustainable development.”

Pandemic Fund Results Framework: This Results Framework defines the change pathways and qualitative and quantitative metrics that the Pandemic Fund will use to: (1) help articulate overall impact, areas for improvement, and accountability for the PF and all partners in the PF partnership; (2) guide the development of proposals; and (3) determine which information will be collected to assess the effectiveness of the Pandemic Fund. The Framework is designed around four results areas: 1) improved capacity for the 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; and 4) improved efficiency in the use of Pandemic Fund resources. These four areas are complemented by two cross-cutting enablers and four underlying themes. Please see the Pandemic Fund’s Strategic Plan⁹⁰ for additional information.

Project funds: The amount of Pandemic Fund grant resources allocated for implementation of the project, which includes activities related to M&E. This amount is separate from the IE Administrative Fee. All staff costs of the Implementing Entity, including project management, should be included under “IE admin fees”.

Project-Specific Results Framework (PSRF): All funding proposals approved by the Governing Board include an associated PSRF, with expected activities and outputs and intermediate outcomes for each programmatic area. Country project teams agree project-specific indicators linked to these activities and outputs to enable effective monitoring of the PSRF.

Project-specific indicators: These are the project-level indicators that are listed in Annex 3 of the M&E guidelines and which project teams will report against (for activities, outputs and intermediate outcomes), aligned with their PSRF.

Single-country⁹¹ proposal: This is a proposal submitted by one Eligible Country along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the national or sub-national level of the applying country.

Value for money: The effective, efficient, and economic use of resources, which requires the evaluation of relevant costs and benefits, along with an assessment of risks, and non-price attributes and/or life cycle costs, as appropriate.⁹²

90 Pandemic Fund Strategic Plan 2024-2029 <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

91 The countries and territories that are not eligible for a Single-country grant under the 3rd CfP, because they were awarded grants under the 1st and 2nd CfPs are: Bhutan, Burkina Faso, Burundi, Cabo Verde, Cambodia, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Georgia, Guyana, Honduras, India, Indonesia, Jordan, Kazakhstan, Lebanon, Moldova, Mongolia, Nepal, Nicaragua, Pakistan, Paraguay, Philippines, Rwanda, Samoa, Sierra Leone, South Africa, Sri Lanka, Suriname, Tanzania, Togo, Trinidad and Tobago, Tunisia, West Bank and Gaza, Yemen and Zambia.

92 From World Bank Guidance on Value for Money: Achieving VfM in Investment Projects Financed by the World Bank <https://thedocs.worldbank.org/en/doc/274711479159288956-0290022017/original/GuidanceNoteonValueforMoney.pdf>

ANNEX 3. TEMPLATE FOR COVER LETTER

[Date]

Dear Pandemic Fund,

On behalf of [Insert the names of the Country(ies) that will be Beneficiaries of the project], we are pleased to submit this signed commitment letter for the proposal [Insert name of the project].

We hereby confirm that the proposal has been developed in close collaboration with all project partners including: [Insert name of the relevant health and finance Ministries of Governments, other relevant Ministries], [Insert name of the Implementing Entity(ies) involved in the project] as Implementing Entity(ies), and [if applicable, insert name of any CSOs, Community Organizations, Delivery Partners, etc. that were consulted], in accordance with the principles of co-creation, co-ownership, and inclusivity.

Should the proposal be selected for funding, we commit to adhering to these principles over the course of the project's implementation.

We thank the Pandemic Fund for considering our proposal.

Sincerely,

[Insert here the signatures and stamps from a representative of the Ministry of Health, a representative of the Ministry of Finance, any other relevant representative from other Ministries involved (for single-country and multi-country projects), and the signatures of at least one representative from each Implementing Entity involved (for all projects). If available, you may also add relevant signatures from CSOs, Delivery Partners, etc.]