

Statement by the Pandemic Fund Governing Board*
on the Role of the Pandemic Fund in the Context of the Pandemic Agreement
February 22, 2024

1. The Pandemic Fund is specifically designed to support and reinforce capacity building and implementation of pandemic prevention, preparedness, and response (PPPR) under the International Health Regulations (IHR) (2005), and any amendments/enhancements thereof, as well as other internationally endorsed legal frameworks, including the Pandemic Agreement currently being negotiated by the member states of the World Health Organization (WHO). The Pandemic Fund is pleased to bring its unique features to support the implementation of the forthcoming Pandemic Agreement and relevant frameworks, consistent with the Fund's legal and governance structure.
2. As the first and only multilateral, pooled financing mechanism dedicated to providing a reliable source of long-term funding for PPPR to low- and middle-income countries, bringing coherence to existing PPPR funding streams, and promoting coordination among actors in support of country, regional and global efforts to strengthen PPPR capacities, the Pandemic Fund is a fit-for-purpose instrument to contribute to the financing needs arising from the Pandemic Agreement and relevant frameworks. Other funding, including from climate and global health funds and bilateral donor support, also has a role in supporting PPPR, but the Pandemic Fund should be the main fund for strengthening PPPR.
3. The Pandemic Fund's structure and business model are based on equity, inclusion, and the full involvement of governments, civil society, philanthropies, and international organizations. The Fund is committed to ensuring adjustments, as needed, in support of these principles. Operating arrangements provide the flexibility to deliver financing to countries and regions, drawing on support from a variety of entities, including the WHO, other United Nations agencies, multilateral development banks, global health initiatives, like the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, and regional platforms and organizations, leveraging their respective strengths, complementing efforts, mobilizing co-financing and co-investment, and promoting coordination among international and domestic actors in support of transformational operations. The Fund can mobilize financing from a variety of sources, including official development assistance (ODA) and non-ODA. And it operates with high standards of transparency and accountability.
4. As a result, in its first 15 months, the Pandemic Fund has raised over US\$2 billion in seed capital from 27 contributors, and it has moved forward quickly to deliver financing. In July last year, the Fund awarded the first round of grants to projects that strengthen capacity, both within and across borders, with every dollar catalyzing an additional \$6. The second round of financing was announced in December 2023 with an allocation decision by no later than October 2024.
5. With its unique mandate that's dedicated to providing PPPR financing, links to IHR, inclusive governance, demonstrated agility, and built-in flexibility to meet evolving needs, the Pandemic Fund is well positioned to serve as a key vehicle to support countries in fulfilling their obligations under a forthcoming Pandemic Agreement and relevant frameworks. The Pandemic Fund's Governing Board further believes it is essential to strengthen the global architecture by contributing to simplification and transparency and to avoid duplication and further fragmentation.
6. As negotiations continue, including the proposal for a coordination mechanism that aims to strengthen the PPPR financing landscape, the Governing Board stands ready to consider proposals for how the Pandemic Fund, as part of the global health architecture, can help support the implementation of the Pandemic Agreement.

**Issued by the Pandemic Fund Governing Board's Co-Chairs and Voting Members*

THE PANDEMIC FUND GOVERNING BOARD

(Updated as of February 2024)

CO-CHAIRS

Chatib Basri
Former Minister of Finance, Indonesia

Sabin Nsanzimana
Minister of Health, Rwanda

VOTING MEMBERS

No.	Member	Principal	Alternate(s)
Sovereign Contributors (9 seats)			
1.	United States	John N. Nkengasong Ambassador-at-Large, U.S. Global Aids Coordinator and Senior Bureau Official for Global Health Security and Diplomacy Bureau of Global Health Security and Diplomacy Department of State	Eric O. Meyer Deputy Assistant Secretary Department of the Treasury
2.	European Commission	Martin Seychell Deputy Director General, Directorate General for International Partnerships	Roser Domenech Amado Director of Directorate 'One Health' in DG SANTE
3.	Germany	Wolfram Morgenroth-Klein Head of Division, Prevention and Pandemic Preparedness, One Health Federal Ministry for Economic Cooperation and Development (BMZ), Germany	Alicia Longthorne Senior Policy Officer, Global Health Policy Division Federal Ministry for Health
4.	Italy	Francesca Manno Director, Department of International Finance Ministry of Economy and Finance	Eleonora Mei Economic and Financial Analyst Ministry of Economy and Finance
5.	Indonesia-United Arab Emirates-India	Syarifah Liza Munira Ministry of Health, Indonesia	Ali Sharafi Acting Assistant Undersecretary for International Financial Relationship Sector Ministry of Finance, United Arab Emirates Rajeev Topno Senior Advisor to the WB Executive Director, India
6.	Canada-United Kingdom-Norway	Kristen Chenier Director of Policy, Infectious Diseases and Pandemic Preparedness within Global Affairs Health and Nutrition Bureau, Canada	Kristine Husøy Onarheim Senior Advisor Norwegian Ministry of Foreign Affairs Niall Fry Team Leader Foreign, Commonwealth & Development Office, United Kingdom
7.	Japan-Australia-Korea-Singapore¹	Daiho Fujii Deputy Vice Minister for International Affairs Ministry of Finance, Japan	Fleur Davies Assistant Secretary, Multilateral Health Branch, Global Health Division Department of Foreign and Trade, Australia Jisung Moon Deputy Director General, International Finance Bureau, Ministry of Economy and Finance, Korea Derrick Heng Deputy Director-General of Health, Public Health Group Ministry of Health, Singapore

¹ The Principal for this constituency will rotate, with Japan for the first 12 months, followed by Australia and then Korea for six months, each.

8.	France-Spain-the Netherlands	Anne-Claire Amprou Ambassador for Global Health Ministry of Europe and Foreign Affairs, France	Blanca Yáñez Minondo Head of Department for Multilateral Cooperation and European Union Spanish Agency for International Cooperation for Development Johanneke de Hoogh Head of Section Ministry of Foreign Affairs, The Netherlands
9.	China	Zhijun Cheng Director General of the Department of International Economic and Financial Cooperation Ministry of Finance	Hongxia Li Deputy Director General, Department of International Economic and Financial Cooperation Ministry of Finance
Non-Sovereign Contributors (1 seat)			
1.	Bill & Melinda Gates Foundation-Rockefeller Foundation-Wellcome Trust	Kieran Daly Director, Global Health Agencies and Funds Bill & Melinda Gates Foundation	Naveen Rao Vice President, Global Health Rockefeller Foundation
Sovereign Co-Investors (9 seats)²			
1.	Bangladesh <i>representing South-East Asia</i>	Zahid Maleque Minister of Health and Family Welfare	A B M Khurshid Alam Director General, Directorate General of Health Services Ms. Nargis Khanam Additional Secretary (Planning), Health Services Division Ministry of Health and Family Welfare
2.	Democratic Republic of Congo <i>representing Africa (AFRO – Central)</i>	O’neige Nsele Deputy Minister of Finance	Sylvain Yuma Ramazani Secretary General, Ministry of Public Health, Hygiene and Prevention Christian Diomi Maboti Alternate Representative, Ministry of Finance
3.	Egypt <i>representing Eastern-Mediterranean (EMRO – North & Horn of Africa)</i>	Mai Farid Assistant Minister & Executive Director, Economic Justice Unit Ministry of Finance	Mohamed Hassany Assistant Minister of Health
4.	Guyana <i>representing The Americas</i>	Frank Anthony Minister of Health	Zulfikar Ally Deputy Chief of Mission, Embassy of Guyana to the United States
5.	Kyrgyz Republic <i>representing Europe</i>	Vacant	Bakyt Dzhangaziev Deputy Minister of Health
6.	Pakistan <i>representing Eastern-Mediterranean (EMRO – Middle East & Central Asia)</i>	Syed Moazzam Ali Additional Secretary, Ministry of National Health Services, Regulations, and Coordination	Adil Akbar Khan Senior Joint Secretary (World Bank), Ministry of Economic Affairs
7.	The Philippines <i>representing Western Pacific</i>	Ralph G. Recto Secretary of Finance	Dr. Teodoro J. Herbosa Secretary of Health Ms. Maria Edita Z. Tan Undersecretary of Finance

² Representing nine geographical regions, per WHO’s classification.

8.	Rwanda <i>representing Africa</i> (AFRO – East/South)	Claude Mambo Muvunyi Director General, Rwanda Biomedical Center	Gerald Mugabe Director General of External Finance, Ministry of Finance and Economic Planning
9.	Senegal <i>representing Africa</i> (AFRO West)	Mamadou Moustapha Ba Minister of Finance and Budget	Marie Khemesse Ngom Ndiaye Minister of Health & Social Action
Civil Society Organizations (2 seats)			
1.	Global South	Aida Kurtovic Executive Director South-Eastern Europe Regional HIV and TB Community Network	Diah S. Saminarsih Chief Executive Officer Center for Indonesia's Strategic Development Initiatives (CISDI)
2.	Global North	Elisha Dunn-Georgiou President and CEO Global Health Council	Loretta Wong Deputy Chief of Global Advocacy and Policy AIDS Healthcare Foundation