



**The
Pandemic
Fund**
FOR A RESILIENT WORLD

Building a Pandemic- Resilient World

The Pandemic Fund
Results Framework
Version 2

March 19, 2025

Building a Pandemic-Resilient World

- The Pandemic Fund Results Framework Version 2

March 19, 2025

Contents

Abbreviations	v
● 1. About This Publication.....	1
● 2. Overview Of The Pandemic Fund.....	3
Results Framework Revision and Theory of Change.....	4
● 3. Pandemic Fund Results Areas: Core Indicators	7
● 4. Underlying Themes And Cross-Cutting Enablers	13
Cross-Cutting Enablers	13
<i>National Public Health Institutes</i>	13
<i>Regional/global Networks, Organizations, and Hubs</i>	13
● 5. Guidelines And Reporting Requirements.....	15
Reporting Requirements.....	15
<i>Secretariat to the Governing Board</i>	15
<i>Trustee to the Governing Board</i>	15
<i>Implementing Entities to the Secretariat and Trustee</i>	16
Reporting Timeline	16
Annex 1. Measurement of Impact Indicators	17
Annex 2. Measurement of Results Area Indicators and Underlying Themes/Cross-Cutting Enablers	21
Results Area 1. Improved Capacity for Prevention, Detection, Notification, and Response to pandemics.....	21
Results Area 2. Improved Coordination Nationally (across Sectors within Countries), and among Countries Regionally and Globally	31
Results Area 3. Incentivized Additional Investments in Pandemic PPR.....	34
Results Area 4. Improved Efficiency in the Use of Pandemic Fund Resources.....	35
Underlying Themes	37
Cross-Cutting Enablers	39

Abbreviations

AAR	After-Action Reviews	JEE	Joint External Evaluation
AMR	Antimicrobial Resistance	M&E	Monitoring and Evaluation
CC	Critical Competencies	NAPHS	National Action Plan for Health Security
CDC	Centers for Disease Control and Prevention	PoE	Point of Entry
CfP	Call for Proposals	PPR	Prevention, Preparedness, and Response
CSO	Civil Society Organization	PVS	Performance of Veterinary Services
EAR	Early Action Reviews	PVS IS	Performance of Veterinary Services Information System
EHS	Essential Health Services	RCCE	Risk Communication and Community Engagement
EOCs	Emergency Operations Centers	SPAR	States Parties Self-Assessment Annual Report
FAO	Food and Agriculture Organization of the United Nations	TAP	The Pandemic Fund Technical Advisory Panel
GLEWS	Global Early Warning and Prevention System	UHPR	Universal Health and Preparedness Review
HCAI	Health Care-Associated Infections	WHO	World Health Organization
IAR	Intra-Action Reviews	WAHIS	World Animal Health Information System
IBRD	International Bank for Reconstruction and Development	WOAH	World Organisation for Animal Health
IDA	International Development Association		
IEs	Pandemic Fund's Implementing Entities		
IHR	International Health Regulations		
IPC	Infection Prevention and Control		

ABOUT THIS PUBLICATION

The Pandemic Fund Results Framework (Results Framework) enables the monitoring and evaluation (M&E) of all projects and activities supported under the Pandemic Fund. This second, updated version strengthens overall global impact by providing the Pandemic Fund's Implementing Entities (IEs) and project teams with enhanced tools for reporting on progress made in their pandemic prevention, preparedness and response (PPR) efforts, ultimately reducing the health, social, and economic impact of pandemics. It was approved by the Pandemic Fund Governing Board on March 19, 2025.

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

The revisions contained in this publication follow the Governing Board's approval of the Pandemic Fund's first Annual Progress Report and an extensive consultative process. Designed to strengthen reporting on Pandemic Fund projects

around the globe, the updates were informed by progress reports from the first round of projects and feedback gathered during consultations on the Fund's Strategic Plan in March-May 2024. The Fund's expert Technical Advisory Panel (TAP) also reviewed the Results Framework between September 2024 and February 2025, taking into account its evaluation of the first and second Call for Proposals (CfP). The Pandemic Fund Secretariat led the revisions through an inclusive consultative process involving the Africa Centres for Disease Control and Prevention (CDC), Implementing Entities,¹ TAP, United States Agency for International Development, United States CDC, and WOA.

This updated Results Framework will enhance the Fund's ability to measure and improve its effectiveness and impact as well as inform preparation of future annual progress reports. It first summarizes the Pandemic Fund's vision and approach, Theory of Change, and Results Framework. It then lays out the Framework's high-level outcome and impact indicators across four Results Areas complemented by underlying themes and cross-cutting enablers. Detailed annexes provide guidance for

¹ The IEs include the African Development Bank, Asian Development Bank, Asian Infrastructure and Investment Bank, the Coalition for Epidemic Preparedness Innovations, European Investment Bank, Food and Agriculture Organization (FAO), Gavi, The Vaccine Alliance, The Global Fund, International Finance Corporation, Inter-American Development Bank, United Nations Children's Fund, World Bank, and the World Health Organization (WHO).

country project teams and implementing entities on annual reporting indicators to be completed through the Fund's online reporting portal.

Since the high-level indicators may require time to show measurable changes, the Fund also requires reporting against intermediate project level indicators, outputs, and activities. These are established through a Project Specific Results Framework submitted with each funding proposal and follow a tailored monitoring and reporting

structure that will serve as the basis for each project's annual results reporting to the Pandemic Fund Secretariat. The Secretariat has also developed separate M&E Guidelines² that include examples of output- and activity-level indicators for project specific reporting.

² The M&E Guidelines document is available on the Pandemic Fund website.

OVERVIEW OF THE PANDEMIC FUND



The devastating human, economic, and social cost of COVID-19 highlighted the urgent need for coordinated global action to build stronger health systems and mobilize additional resources to address chronic under-investments in pandemic PPR capacity. In response, and with broad support from the G20, WHO, founding donors, civil society, and other stakeholders, the World Bank's Board of Directors approved the establishment of the Pandemic Fund on June 30, 2022.

The Pandemic Fund's vision is a world in which all people are protected from the risk of pandemics and other health threats by strong, resilient health systems that can prevent, detect, and rapidly respond to all health threats. Its objective (see [Governance Framework](#)) is to provide a dedicated stream of additional, long-term funding for critical pandemic PPR functions in the IDA and IBRD countries (i.e. World Bank Eligible Countries³), through investments and technical support at national, regional, and global levels.

The Pandemic Fund is governed by an inclusive [Governing Board](#) with 21 voting members, reflecting an equal balance of sovereign "contributors" (donors) and sovereign "co-investors" (countries eligible to receive funding) and with one voting seat for non-sovereign contributors (e.g. foundations) and two voting seats for CSOs. The Fund brings additionality to pandemic PPR financing by catalyzing resources from diverse funders

and promotes a more coordinated, cohesive, and comprehensive approach, creating a world that is resilient against the next pandemic. Specifically, it mobilizes non-official development assistance resources, incentivizes countries to invest more in pandemic PPR, including through blending of multilateral development bank resources, and helps link pandemic PPR financing with existing, country level planning and prioritization processes. Pandemic Fund financing encompasses single-country, multi-country, and regional entity projects in all six World Bank regions: East Asia and Pacific, Europe and Central Asia, Latin America and Caribbean, Middle East and North Africa, South Asia, and Sub-Saharan Africa.

The five-year ambition of the Pandemic Fund [Strategic Plan \(2024-2029\)](#), adopted by the Governing Board on May 21, 2024, envisions a future, where **recipient countries and regional/global networks are better prepared to prevent, detect, contain, and rapidly respond to pandemics**. To achieve this, the Fund prioritizes investments in **three priority areas: surveillance, laboratory systems, and workforce**. The Fund will also support National Public Health Institutes (or equivalent institutions) and regional/global networks, organizations, or hubs as cross-cutting enablers to strengthen information sharing, coordination of public health and One

³ Any country that is eligible to receive funding from the IBRD and/or IDA.

Health systems, and rapid action at local, regional, and national levels of government. To promote inclusivity and sustainability, the Strategic Plan integrates **four underlying themes across all activities**.⁴

● Results Framework Revision and Theory of Change

In 2022, the Pandemic Fund Governing Board established a working group to develop a Results Framework to support Implementing Entities in reporting annually on progress and results to the Pandemic Fund Secretariat (the Secretariat). The initial Results Framework, published in February 2023, included reporting on both core indicators and project level indicators, and the Secretariat compiles results using progress reports submitted by project teams and IEs. These findings are then summarized and incorporated into the Fund's Annual Progress Report, for approval by the Governing Board, and made publicly available at thepandemicfund.org.

The key elements of this updated version of the Results Framework are summarized below. The next revision of the Framework will be informed by the findings of the 2027 midterm evaluation of the Pandemic Fund's impact and effectiveness. This second version of the Results Framework strengthens the Pandemic Fund's Theory of Change, which is illustrated in Figure 1, below. The Fund's **overarching goal is to reduce the health, social, and economic impact of pandemics** by assisting recipient countries and regional/global networks to enhance their preparedness to prevent, detect, contain, and rapidly respond to pandemics and health threats. The anticipated long-term outcomes tied to these impact goals are also shown in Figure 1, and include recipient countries demonstrating the ability to reduce/prevent pandemic outbreaks and to detect them in timely fashion.

Impact Indicators

The Pandemic Fund Strategic Plan finalized in May 2024 introduced two impact indicators to enhance the Results Framework for monitoring, reporting, and evaluation purposes. These are:

1. **Number of people protected through improved pandemic PPR capacity**
2. **Number of recipient countries and regional/global networks with improved pandemic PPR capacity**

Starting with the July 2024 to June 2025 reporting period, these indicators will provide the Secretariat and Governing Board with annual insights into the Pandemic Fund's progress toward its impact goals. This information will guide necessary adjustments to ensure the Fund remains on track.

The parameters for measuring these impact indicators, detailed in Annex 1, align with the WHO Health Emergencies Protection Indicators and relevant data will be sourced from the [WHO Global progress dashboard](#). Given that countries receive other financing for pandemic PPR activities, improvements in the impact indicators cannot be solely attributed to the specific Pandemic Fund projects. The Pandemic Fund Secretariat will therefore collaborate with WHO to compute, by August 31, 2025, an aggregate baseline value for the July 2024 to June 2025 reporting period for IDA and IBRD countries. Subsequent annual progress values of the impact indicators will be calculated for all countries supported by the Pandemic Fund to track progress over time.

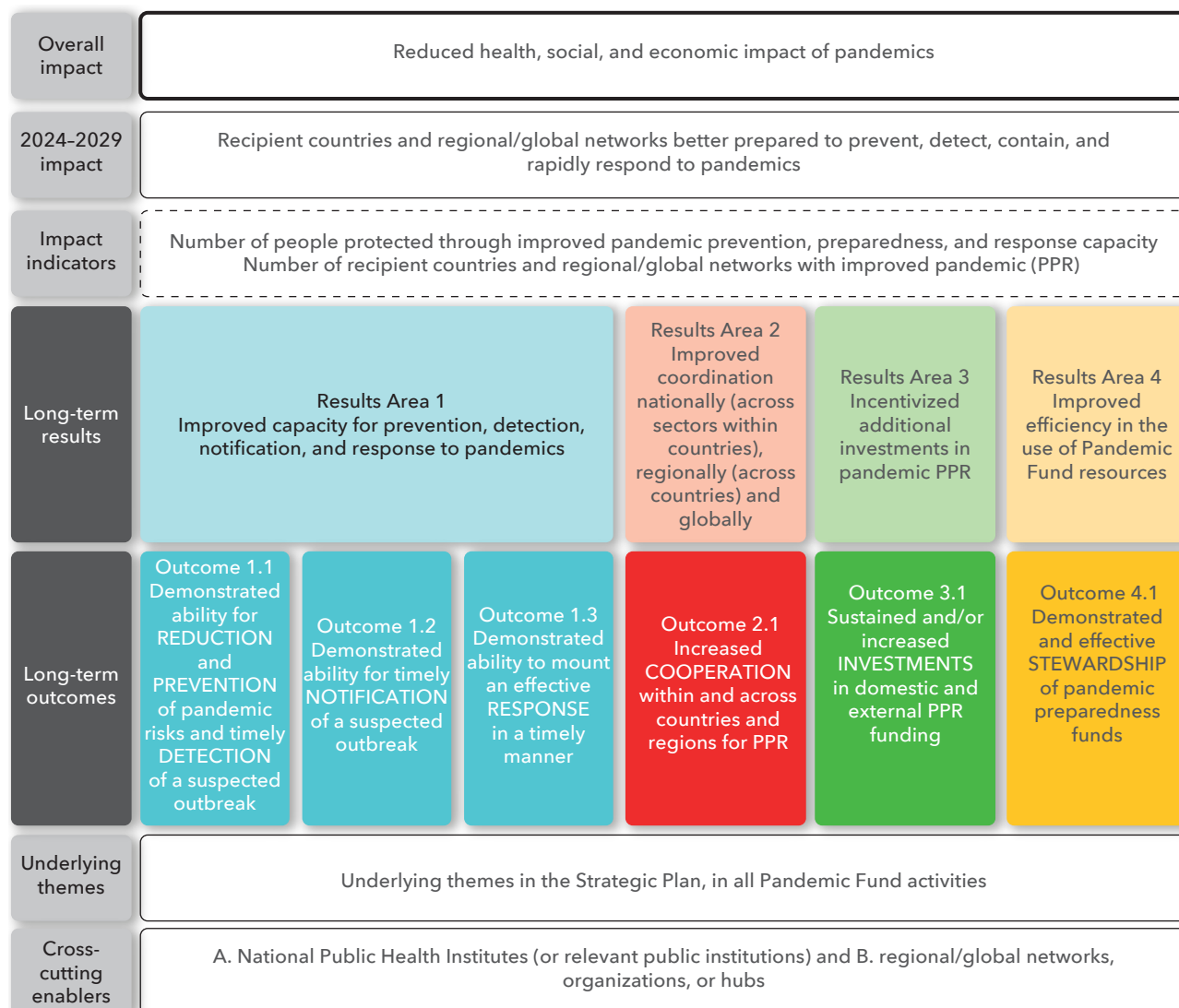
Results Areas

The Pandemic Fund's four Results Areas, based on the Strategic Plan, remain central to the revised

⁴ Refer to the underlying themes of the [Strategic Plan \(2024-2029\)](#) (page 9).



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



Results Framework and continue to drive progress toward achieving the Theory of Change. They are:

1. **Improved capacity for prevention, detection, notification, and response to pandemics**
2. **Improved coordination nationally (across sectors within countries), regionally (across countries), and globally**
3. **Incentivized additional investments in pandemic PPR**

4. **Improved efficiency in the use of Pandemic Fund resources**

Cross-Cutting Elements

In addition, the Secretariat has incorporated underlying themes and cross-cutting enablers from the Strategic Plan into the Results Framework as shown in Figure 1. These elements are integral to the Fund’s approach to improving pandemic PPR and will require monitoring and evaluation. Their

critical role in the Results Framework is covered in Section 4.

To ensure alignment with the Strategic Plan, the indicators for the four Results Areas and the cross-cutting elements have been updated in this publication. Greater clarity has been provided for grant recipients regarding the definition and

description of each indicator, along with guidance on data sources, data collection methods, data type and analysis, and responsibility for data management. These updates aim to streamline reporting processes and are detailed in the reporting template tables in Annex 2.



PANDEMIC FUND RESULTS AREAS: CORE INDICATORS



This section provides high-level guidance for country project teams on reporting the outcomes of Pandemic Fund projects. Box 1 lists the core indicators for each of the four Results Areas. Detailed information for reporting purposes, including the definition and description of each indicator, data source, data collection methods, data type, data analysis, and responsibilities for data management, is provided in Annex 2.

In measuring progress toward its objectives of strengthening country-level pandemic PPR capacity and improving coordination nationally and among countries, particularly for Results Areas 1 and 2, the Pandemic Fund uses existing indicators related to the IHR and PVS. The collection of these indicators should reflect capacities across the One Health sectors and their availability at national, sub-national, and local levels. Improved capacities for prevention, detection, notification, and response to pandemics are best measured by project teams with a recently undertaken JEE and PVS, where available.

To further enhance monitoring and evaluation, the Pandemic Fund has adopted an impact-based approach grounded in the Theory of Change. Co-designing activities with all relevant stakeholders is essential for ensuring the practical implementation of human, animal, and environmental health strategies and the development of impactful public health policies. Countries receiving Pandemic Fund grants are required to develop

their national Theory of Change in order to build a coherent roadmap for strengthening pandemic PPR. This approach not only enhances programming but also facilitates meaningful and regular evaluation of implemented actions and strategies. The Results Framework integrates this capacity-building element into its own Theory of Change, reinforcing the need for continuous assessment of public policies. As they implement projects, countries will need to consolidate their Theory of Change strategies and systematically monitor their implementation and periodic review.

In the absence of JEE data, country project teams can submit equivalent scores from the SPAR in their annual reports to the Secretariat. When updated JEE scores become available during the Pandemic Fund's annual reporting period of July through June, these should be included in the reports. Project teams are also encouraged to undertake JEE and PVS assessments upon project completion to support a more comprehensive evaluation of project outcomes.

SPAR indicators and the associated data are available on the [WHO SPAR website platform](#), and JEE scores are available at the [e-JEE Platform](#). The indicators reported against by project teams include both quantitative scores (ranging from 1-low up to 5-high) and qualitative narratives. The qualitative component describes the specific capacities a country must achieve to justify its score and whether the score rating these capacities has decreased,

improved, or remained stable as a result of the project. The qualitative narrative is best complemented and enriched by outcomes of the other IHR M&E tools such as the After/Intra Action Review and its equivalent 7-1-7 tool (Early Action Review) and simulation exercise. The WHO's Universal Health and Preparedness Review (UHPR) also provides a comprehensive source of data on country preparedness capacities and the Secretariat recommends that project teams use it to complement the narrative section of their progress report. The Secretariat will compute, by August 31, 2025, an aggregate baseline SPAR score of Pandemic Fund relevant indicators for the July 2024 to June 2025 reporting period for all 146 IDA and IBRD countries as well as specifically for those countries approved for funding in the first and second Cfp, which have already taken place. Subsequently, annual aggregate progress values will be computed for all IDA and IBRD countries and for all beneficiary countries.⁵

Project teams are also required to include WOH's PVS Levels of Advancement, as available, in the annual reports they submit to the Secretariat. Historically, and similar to JEE, voluntary PVS evaluations have occurred infrequently (approximately every five years), and been conducted by external independent experts rather than through self-assessments. However, WOH has developed new mechanisms in the [PVS Pathway](#) to address the infrequency of PVS evaluations, and in 2024 launched the [PVS Information System](#) (PVS IS), which includes Public PVS Reports and Levels of Advancement. Beginning in 2025, Pandemic Fund grant recipient countries will provide annual reports on the implementation of PVS recommendations for each Critical Competency, including timeframes, barriers, and indicative expenditures. These reports will be accessible to WOH delegates online, and the Secretariat encourages country project teams to align their reporting on

Fund investments with the PVS Framework by including activities and outcomes related to Critical Competencies. This approach will both facilitate alignment with WOH's evolving annual reporting mechanisms and enable a better understanding of the impact of Pandemic Fund-supported initiatives.

Results Area 3 tracks the mobilizing and alignment of additional external and domestic resources to strengthen recipient countries' pandemic PPR capacities. A critical aspect is embedding the Pandemic Fund within a broader national PPR investment plan to ensure strategic and sustainable financing approach. Tracking financial flows, resource allocation, and their alignment with commitments in proposals submitted to the Pandemic Fund enhances transparency and ensures coherence with project objectives while also demonstrating the Fund's added value in strengthening PPR capacities. Beyond financial flows, sustainability is assessed by examining how governments integrate PPR into national priorities, institutional frameworks, and long-term national commitments, with a particular focus on tracking actual mobilized co-investment resources. Related indicators are outlined in Box 1.

Results Area 4 focuses on the efficiency and effective use of Pandemic Fund resources to maximize their impact on pandemic PPR efforts. A key aspect is defining "value for money," which should encompass cost-effectiveness, efficiency, and the broader return on investment of funded projects. By monitoring the allocation of funds across project implementation, administrative costs, and M&E activities, the indicators enhance accountability and transparency in financial management. Tracking project timelines—including the duration from approval to fund transfer, and from transfer to disbursement—also measures operational efficiency, identifies poten-

⁵ Beneficiaries definition: Any eligible country, or any entity serving one or more eligible countries, may benefit from the Pandemic Fund through funded projects or activities undertaken by an IE to advance the objective of the Pandemic Fund.



tial bottlenecks, and provides insights into project planning and execution. Encouraging an analysis of return on investment as part of project evaluations will further strengthen the Fund's ability to drive sustainable and impactful PPR investments. Related indicators are outlined in Box 1.

Reporting on project implementation of the Fund's underlying themes and cross-cutting enablers enhances the effectiveness, inclusivity, and sustainability of pandemic PPR efforts. The role and impact of these themes and enablers is described in section 4, with related indicators outlined in Box 1, below and, in more detail, in Annex 2.

Project teams are responsible for submitting the annual report to the Secretariat, which consolidates the information for all projects. From 2025, for all future proposals approved by the Governing Board, project teams will integrate the Results Areas indicators into their project-specific results framework. In addition, they will provide project-specific output and activity indicators, as outlined in the Framework's accompanying M&E Guidelines.

All project teams are required to report on all the performance indicators listed in Box 1 in order to measure progress toward achieving Pandemic Fund goals and impact.

Box 1. Core Indicators for Reporting by Project Teams, by Pandemic Fund Results Area

Overarching core indicator: Proportion of projects that have a theory of change to support Pandemic PPR interventions

Results Area 1: Improved capacity for prevention, detection, notification, and response to pandemics

Outcome 1.1. Demonstrated ability for REDUCTION and PREVENTION of pandemic risks and timely DETECTION of a suspected outbreak

1a. Improved or sustained capacity for risk reduction and prevention:

- D2. Maintained or increased JEE/SPAR/PVS scores in Surveillance
- P3. Maintained or increased JEE/SPAR scores for National IHR Focal Points functions
- D3. Maintained or increased JEE/SPAR/PVS scores in Human Resources
- R4. Maintained or increased JEE/SPAR scores in Infection Prevention and Control
- R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement
- 1a1. Number (and proportion) of Zoonotic Disease Outbreaks with Implemented Control Measures^a
- 1a2. Number of Zoonotic Disease Alerts Issued by GLEWS+^b

^a The list of zoonotic diseases occurring in countries may vary. This indicator should measure outbreaks of priority zoonotic diseases. Therefore, countries will need to identify and report on this list, which can expand over time as countries strengthen their capacities. Any changes to the list should be updated through annual reporting. In the absence of a baseline, the number reported the first year will serve this purpose, with progress measured over time.

^b A Global Early Warning and Prevention System (GLEWS+) event is reported by countries to the WOA and identified on the basis of the following criteria: 1. first occurrence or recurrence of an event: a) unusual phenomenon for the area or season, b) event associated with an unknown hazard, c) new host or new vector able to transmit disease; 2. emerging threat with significant human or animal mortality or morbidity or with zoonotic potential; 3. potential for transboundary spread; 4. potential impact on international travel or trade. See: [04_GLEWSConcept-20-11-13_01.pdf](#).

(continued on next page)

Box 1. Core Indicators for Reporting by Project Teams, by Pandemic Fund Results Area *(continued)*

Outcome 1.2. Demonstrated ability for timely NOTIFICATION of a suspected outbreak

1b. Improved or sustained capacity for timely detection and notification of a suspected outbreak:

- D1. Maintained or increased JEE/SPAR/PVS scores in National Laboratory System
- D2. Maintained or increased JEE/SPAR/PVS scores in Surveillance
- D3. Maintained or increased JEE/SPAR/PVS scores in Human Resources
- R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement
- P7. Maintained or increased JEE/SPAR/PVS scores in Biosafety and Biosecurity.

Outcome 1.3. Demonstrated ability to mount an effective RESPONSE in a timely manner

1c. Improved or sustained capacity for effective response in a timely manner:

- R1. Maintained or increased JEE/SPAR scores in Health Emergency Management
- R2. Maintained or increased JEE/SPAR scores in Linking Public Health and Security Authorities
- R3. Maintained or increased JEE/SPAR scores in Health Services Provision
- R4. Maintained or increased JEE/SPAR scores in Infection Prevention and Control
- R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement

Outcomes 1.1, 1.2 and 1.3

- 1d. Percentage (and number) of beneficiary countries that have applied the **7-1-7 approach** for early detection, notification, and response to infectious disease outbreaks, including zoonotic disease outbreaks in the animal health sector
- 1e. Number of simulation exercises, Early Action Reviews (EAR), Intra-action Reviews (IAR), After-Action Reviews (AAR), and Universal Health and Preparedness Reviews (UHPR) performed by beneficiary countries to identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response including in animal health
- 1f. Percentage of Pandemic Fund project's activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other plans relevant to the Pandemic Fund objectives
- 1g. Percentage of PVS Critical Competencies for which minimal capacity was observed by independent experts (with a Level of Advancement of 3, 4, or 5), referred to as PVS Achievement on animal health system capacity

Results Area 2: Improved coordination nationally (across sectors within countries) and among countries regionally and globally

Outcome 2.1. Increased cooperation within and across countries and regions for PPR

(continued on next page)



Box 1. Core Indicators for Reporting by Project Teams, by Pandemic Fund Results Area *(continued)*

- 2a. P3. Maintained or increased JEE/SPAR scores in IHR Coordination, National IHR Focal Point Functions, and Advocacy
- 2b. Maintained or increased PVS Levels of Advancement in Coordination Capability of the Veterinary Services
- 2c. P1 Maintained or increased JEE/SPAR scores in Legal Instruments
- 2d. PoE. Maintained or increased JEE/SPAR scores in Points of Entry and Border Health
- 2e. R2. Maintained or increased JEE/SPAR scores in Linking Public Health and Security Authorities
- 2f. P5. Maintained or increased JEE/SPAR scores in Zoonotic Disease
- 2g. Number (and proportion) of public health events and disease outbreaks jointly assessed and responded to by One Health sectors out of the total number of public health events and disease outbreaks recorded
- 2h. Establishment or improvement of processes/mechanisms that allow for cross-border coordination between countries during a public health emergency
- 2i. Improved cross-sectoral coordination within the country between multiple ministries, sectors, and stakeholders (including IEs, civil society organizations, others) for pandemic PPR activities

Results Area 3: Incentivized additional investments in pandemic PPR

Outcome 3.1. Sustained and/or increased investments in domestic and external PPR funding

- 3a. Amount of co-financing (US\$) mobilized (received or with signed commitments) to support the Pandemic Fund project, disaggregated by source and type (cash and in-kind)
- 3b. Proportion of co-financing (US\$) mobilized (received or with signed commitments) to the co-financing amount stated in the proposals approved by the Pandemic Governing Board
- 3c. Amount of co-investment (US\$) mobilized (received or with signed commitments) to support the Pandemic Fund project, disaggregated by source and type (cash and in-kind)
- 3d. Proportion of co-investment (US\$) mobilized (received or with signed commitments) to the co-investment amount stated in the proposals approved by the Pandemic Governing Board

Results Area 4: Improved efficiency in the use of Pandemic Fund resources

Outcome 4.1. Demonstrated and effective stewardship of pandemic preparedness funds

- 4a. Proportion of total funds transferred from Trustee to IEs that is spent on project implementation activities
- 4b. Proportion of total funds transferred from Trustee to IEs that is spent on project implementation activities by civil society organizations (CSOs)
- 4c. Proportion of total funds transferred from Trustee to IEs that is spent on administrative costs

(continued on next page)

Box 1. Core Indicators for Reporting by Project Teams, by Pandemic Fund Results Area *(continued)*

- 4d. Proportion of total funds transferred from Trustee to IEs spent on M&E costs
- 4e. Average time from Governing Board project approval date to first disbursement from Trustee to IEs (months)
- 4f. Percentage (and number) of Pandemic Fund projects with more than a one-year extension of the closing date

Underlying Themes

- 5a. Maintained or increased JEE/SPAR scores in Gender equity and equality in health emergencies
- 5b. Proportion of projects that explicitly incorporate gender-responsive approaches
- 5c. Maintained or increased JEE/SPAR scores in Community engagement
- 5d. Proportion of projects that support community-led interventions
- 5e. Maintained or increased JEE/SPAR scores in Surveillance of zoonotic diseases (One Health)
- 5f. Proportion of projects that support One Health interventions^c
- 5g. Improved health equity for pandemic PPR activities
- 5h. Proportion of projects that support interventions for and by vulnerable and at-risk groups such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations

Cross Cutting Enablers

- 6a. Improved capacity of National Public Health Institutes (or relevant public institutions) to prevent, detect, assess, and respond to any public health event or risk
- 6b. Proportion of projects that support the establishment or strengthening of National Public Health Institutes (or equivalent institutions) to prevent, detect, assess, and respond to any public health event or risk
- 6c. Improved coordinated approach of regional/global networks, organizations, or hubs to pandemic PPR activities
- 6d. Proportion of projects that support strengthening of regional/global networks, organizations, or hubs to pandemic PPR activities

^c Quadripartite One Health Joint Plan of Action 2022-2026: [one-health-joint-plan-of-action-final.pdf](#).

UNDERLYING THEMES AND CROSS-CUTTING ENABLERS



Aligned with the Pandemic Fund's Strategic Plan, underlying themes and cross-cutting enablers ensure projects maximize impact by addressing critical systemic and structural issues.

The four underlying themes foster local trust and participation, address gender disparities, promote equitable health outcomes for vulnerable populations, and integrate human, animal, and environmental health through a multisectoral approach.⁶ Complementing these are two cross-cutting enablers, which strengthen the institutional foundation for PPR through 1) enhanced capacity of National Public Health Institutes or equivalent institutions including those with One Health mandate and 2) regional/global networks, organizations, or hubs. Together, these elements ensure projects are holistic, inclusive, and effectively contribute to global health security. Quantitative indicators and narrative reporting ensure consistent evaluation and accountability for these critical dimensions (see Box 1 and Annex 2).

● Cross-Cutting Enablers

National Public Health Institutes

National Public Health Institutes (or equivalent institutions including those multisectoral multidisciplinary coordination structures with a One Health mandate) are central to a country's public health system, overseeing disease prevention,

detection, and response through key functions such as surveillance, laboratories, workforce development, Emergency Operations Centers (EOCs), and data systems. Their collaboration with local entities, community organizations, academia, and other sectors ensures a One Health approach to pandemic PPR. These institutions are critical for building integrated, equitable programs and maximizing the impact of pandemic investments, with EOCs playing a pivotal role in data integration, analysis, and rapid response coordination.

Regional/global Networks, Organizations, and Hubs

Regional and global networks, organizations, and hubs are vital for fostering collaboration, knowledge exchange, resource pooling, and collective action for pandemic PPR across countries. By addressing the transnational nature of pandemics, these structures can play a critical role in monitoring and stopping epidemics before they escalate across borders. Based on their mandate, regional and global networks and organizations have the potential to convene countries at the highest levels of leadership and unite sectors beyond human health, ensuring a coordinated and comprehensive approach to pandemic PPR.

⁶ Refer to the underlying themes of the [Strategic Plan \(2024-2029\)](#) (page 9).

GUIDELINES AND REPORTING REQUIREMENTS



The Pandemic Fund’s M&E Guidelines provide an overview of the key M&E requirements and processes for Pandemic Fund grants from the proposal stage through grant approval, implementation, and closure. Reporting requirements and related timelines for key players, including the Pandemic Fund Secretariat, Trustee, and project Implementing Entities, are summarized below. For more information on the Fund’s governance structure and approach, see <https://www.thepandemicfund.org/governance-documents>.

● Reporting Requirements

Secretariat to the Governing Board

The Pandemic Fund Secretariat, housed at the World Bank, will report periodically to the Governing Board throughout the Fund’s eight-year lifespan. These reports will include the following:

1. A stocktaking report commissioned by the Secretariat at the end of the first year to draw lessons learned and recommend any adjustments to the Fund’s design and management. This report was submitted to the Governing Board in October 2023.
2. An annual portfolio impact/results report from the Secretariat, derived from project progress reports submitted by project teams using a reporting template approved by the Governing Board.

3. A midterm review/evaluation of the Pandemic Fund in 2027—the fourth year after the first grant transfer to an IE on February 1, 2024. This review will draw lessons learned, assess progress toward the Fund’s objective, and recommend changes to its design and management, as needed.
4. A completion report and an independent evaluation by the World Bank’s Independent Evaluation Group, both to be conducted eight years after the first grant transfer to an IE or as otherwise agreed by the Governing Board.

Trustee to the Governing Board

The World Bank serves as the Trustee for the Pandemic Fund and carries out its roles and responsibilities in accordance with the World Bank’s policies and procedures. The Trustee provides the following reports to the Governing Board:

1. Annual financial reports detailing the status of the Pandemic Fund, including information on contributions, cash transfers, funds available for allocation, and financial data submitted by IEs.
2. Within six months of the Fund’s closure, the Trustee will provide final financial information to Members in accordance with the Contribution Agreements. The final Single Audit report will be made available six months after the end of the Trustee Fiscal Year in which closure occurs.

Implementing Entities to the Secretariat and Trustee

Each IE that receives funding from the Pandemic Fund will provide the following reports:

1. An annual financial report to the Trustee in accordance with the Financial Procedures Agreement between the Trustee and the individual IE. The IE headquarters is responsible for this reporting.
2. An annual report to the Secretariat on the progress and results for all funded activities. This includes reporting on core indicators in the Pandemic Fund Results Framework as well as project-specific indicators, in accordance with the M&E Guidelines. Project teams are responsible for submitting the annual reports but IEs involved with the project are expected to collaborate in preparing and writing the report.

● **Reporting Timeline**

By July 31 of each year: Each project team submits an annual progress report to the Secretariat via an online reporting portal for the period from July 1 of the preceding year to June 30. Each IE

submits an annual financial report to the Trustee in accordance with the Financial Procedures Agreement.

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

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

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

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

Annex 1.

Measurement of Impact Indicators

Annex 1 provides details on how the Pandemic Fund will measure the two impact indicators from the Strategic Plan that have been added to the Results Framework.

Impact Indicator 1. Number of people protected through improved pandemic prevention, preparedness, and response capacity

This indicator is equivalent to the WHO indicator, *number of people better protected from health emergencies*, and are measured by the following four outcome indicators from WHO Fourteenth General Programme of Work (GPW14):

The four outcome indicators above are reported on a scale of 0 to 100 for each country. For each outcome indicator, the contribution to the WHO 7 billion better protected target are measured by the percentage change in the indicator value over the period from 2025 to 2029⁷

The reported data will be accessible in the [WHO Global progress dashboard](#). By August 31, 2025, the Pandemic Fund Secretariat will liaise with WHO to compute an aggregate baseline value for the

⁷ Global Health Strategy and Fourteenth General Programme of Work, 2025-2028. World Health Organization, Geneva; 2025. License: CC BY-NC-SA 3.0 IGO. <https://www.who.int/about/general-programme-of-work/fourteenth>.

Outcome Indicator	Tracer indicator
Preparedness readiness and resilience for health emergencies	<ul style="list-style-type: none"> International Health Regulations (IHR) capacities measured with IHR State Party Self-Assessment Annual Reporting (SPAR)^a Functional assessments, SimEx and action reviews Coverage of WASH services in health care facilities IPC minimal requirements met at national level
Risk of health emergencies from all hazards	<ul style="list-style-type: none"> Vaccine coverage of at-risk groups for epidemic-prone or pandemic-prone diseases^a Zoonotic disease spill over Trust, social protection
Detection and response to acute public health threats	<ul style="list-style-type: none"> Timely detection and response to potential health emergencies^a
Access to essential health services during emergencies	<ul style="list-style-type: none"> Essential health services index^b

^a These indicators were in the previous 2018-2025 WHO GPW13 health emergencies indicators

^b Note this indicator is not the same as GPW13 universal health coverage (UHC) index

July 2024 to June 2025 reporting period for IDA and IBRD countries as well as for the countries approved in the first and second Call for Proposals. Subsequently, annual aggregate progress values will be computed for all IDA and IBRD countries and for all grantee countries.

● Computation of Indicators⁸

IHR Capacities Indicator

This indicator captures the 15 IHR core public health capacities for surveillance and response that will be tracked with the SPAR tool⁹, as follows:

1. C1. Policy, legal, and normative Instruments to implement IHR
2. C2. IHR Coordination, National IHR Focal Point functions and advocacy
3. C3. Financing
4. C4. Laboratory
5. C5. Surveillance
6. C6. Human resources
7. C7. Health emergency management
8. C8. Health services provision
9. C9. Infection prevention and control (IPC)
10. C10. Risk communication and community engagement (RCCE)
11. C11. Points of entry (PoEs) and border health
12. C12. Zoonotic diseases
13. C13. Food safety
14. C14. Chemical Events
15. C15. Radiation Emergencies

The average of the scores for the 15 core capacities for all IDA and IBRD countries will be reported annually from 2025 to 2029 and also disaggregated by the five levels of preparedness: Level 5 (>80) (most prepared); Level 4 (61-80); Level 3 (41-60); Level 2 (21-40); and Level 1 (≤20) (least prepared).

Vaccine Coverage Indicator

The vaccines for measuring this indicator are:

- Measles: all countries
- Polio: all countries
- Cholera: affected countries
- Yellow fever: countries at risk
- Meningitis: countries at high epidemic risk
- New and emerging threats with newly available vaccines

WHO calculates the population-weighted average as follows:

$$\text{emergency prevent indicator} = \frac{\sum_v \text{coverage}_v \times \text{relevant population}_v}{\sum_v \text{relevant population}_v}$$

where v represents the relevant vaccines for the country and year of estimation.

The average for all IDA and IBRD countries will be reported annually from 2024 to 2030 and also disaggregated by the five levels of prevention: Level 5 (≥90) (most prevention); Level 4 (70-89); Level 3 (50-69); Level 2 (30 - 49); and Level 1 (<30) (least prevention).

Emergency Detect and Respond Indicator

Three key aspects of timeliness incorporated in the indicator are: time to detect ($t0$); time to notify ($t1$), and time to respond ($t2$). Event milestones are shown below and the calculation detailed in the WHO methodology document.

⁸ Methodology for the six new indicators are being finalized (i.e., Functional assessments, SimEx and action reviews; coverage of WASH services in health care facilities; IPC minimal requirements met at national level; Zoonotic disease spill over; Trust, social protection; Essential health services index)

⁹ *International Health Regulations (2005): States Parties Self-assessment annual reporting tool, second edition*. World Health Organization, Geneva; 2021.



Table 1. Definitions of event milestones used to measure timeliness

Event Milestone	Definition
Event start	The true start of the event. If the true start date is not fully known, a proxy start date for an event will be used, such as the symptom onset date for the earliest reasonably identified case.
Event detection	Date when the event was first detected, that WHO is aware of.
Event notification	Date when the event was reported to WHO by the State Party under the IHR. If there is no Member State reporting, this will be the date when the verification request was sent to the Member State.
Event response	Date when event was first responded to, for example the earliest date of any public health intervention. Definition not finalized.

Impact Indicator 2. Number of recipient countries and regional/global networks with improved pandemic prevention, preparedness, and response capacity

The average of the scores for the 15 core capacities listed above, will be computed and reported annually for all IDA and IBRD countries supported by the Pandemic Fund.

Annex 2.

Measurement of Results Area Indicators and Underlying Themes/ Cross-Cutting Enablers

The tables below provide the core indicators that country project teams will report on annually to the Pandemic Fund Secretariat via the online reporting portal.

Overarching Core Indicator

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
Proportion of projects that have a theory of change to support Pandemic PPR interventions	Project annual report	Project activities data	Quantitative - percentage	Numerator: number of projects demonstrating theory of change to support PPR interventions Denominator: total number of projects	Teams (annual report) Secretariat (information consolidation and analysis)

RESULTS AREA 1. IMPROVED CAPACITY FOR PREVENTION, DETECTION, NOTIFICATION, AND RESPONSE TO PANDEMICS

Table 1i. Results Area 1 Core Indicators on Capacity

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
1a. IMPROVED OR SUSTAINED CAPACITY FOR RISK REDUCTION/PREVENTION					
D2. Maintained or increased JEE/SPAR/PVS scores in Surveillance					
SPAR C5.1. Early warning surveillance function (for JEE D2.1. Early Warning Surveillance Function)	e-SPAR platform WHO SPAR website	National IHR Focal Point reports annually in the e-SPAR platform	Quantitative = number Qualitative = narrative description	Quantitative - level of performance of an indicator is on a scale of 1-5 (1-low, 5-high). The score is reported as a percentage, e.g.	The project leader reports annually on each individual project and the Secretariat consolidates the information for all projects.

(continued on next page)

Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
				for indicator level 4, the level of performance is $(4/5)*100=80\%$ Qualitative - rationale for the level selected, why the score has decreased, improved, or maintained from the previous year as a result of the Pandemic Fund project, and related capacity-building activities	
SPAR C5.2. Event management i.e., verification, investigation, analysis, and dissemination of information (for JEE D2.2. Event Verification and Investigation)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
No SPAR equivalent (for JEE P4.2. Surveillance of AMR)	Global Database for Tracking AMR Country Self-Assessment Survey (TrACSS)	TrACSS Country Report	Quantitative = number Qualitative = narrative description	Quantitative - Reporting on item 2.3 on country progress with development of a national action plan on AMR on a scale of A-E (A-none, B-limited, C-developed, D-demonstrated, E-sustained). Qualitative - implementation progress	The project leader reports annually on each individual project and the Secretariat consolidates the information for all projects.
SPAR C11.1. Core capacity requirements at all times for points of entries including airports, ports, and ground crossings (for JEE PoE.1. Core capacity Requirements at All Times for PoEs)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR Indicator C12.1. (for JEE P5.1. Surveillance of Zoonotic Diseases)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above

(continued on next page)



Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
PVS II-4. Surveillance and Early Detection <ul style="list-style-type: none"> • II-4A: Passive surveillance, early detection, and epidemiological outbreak investigation • II-4B: Active surveillance and monitoring 	PVS Information System	PVS Evaluation (initial or follow-up) Report, latest evaluation	Quantitative = number Qualitative = strengths, weaknesses and recommendations	Quantitative – Level of Advancement (LOA) of indicator on a scale of 1-5 (1-low, 5-high). When available, include change in the LOA of critical competencies over time. Qualitative – strengths, weaknesses, and recommendations made based on LOA	The WOAH Delegate/country representative holds the information. Pandemic Fund project leaders request information from Delegate in order to report annually on each individual project and the Secretariat consolidates the information for all projects.
	PVS Information System (IS)	PVS Annual Reporting on implementing PVS Recommendations	Qualitative = recommendation implementation	Reporting on the implementation status of PVS Recommendations, including the timeframe, indicative expenditure, and barriers to implementation	Same as above
P3. Maintained or increased JEE/SPAR scores for National IHR Focal Points functions					
SPAR C2.1. National IHR Focal Point functions (for JEE P3.1. National IHR Focal Point functions)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
D3. Maintained or increased JEE/SPAR/PVS scores in Human Resources					
No SPAR equivalent (for JEE D3.1. Multisectoral Workforce Strategy)	e-JEE Platform	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C6.1. Human resources for the implementation of IHR (for JEE D3.2. Human Resources for Implementation of IHR)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above

(continued on next page)

Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
No SPAR equivalent (for JEE D3.3. Workforce Training)	e-JEE Platform	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C6.2. Workforce surge during a public health event (for JEE D3.4. Workforce Surge During a Public Health Event)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
PVS I-1. Professional and Technical Staffing of the Veterinary Services	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
<ul style="list-style-type: none"> I-1A: Veterinary and other professionals (university qualified) I-1B: Veterinary paraprofessionals 					
PVS I-2. Competency and Education of Veterinarians and Veterinary Paraprofessionals	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
<ul style="list-style-type: none"> I-2A: Veterinarians I-2B: Veterinary paraprofessionals 					
PVS I-3. Continuing Education	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
PVS I-4. Technical Independence	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
PVS I-5. Planning, Sustainability, and Management of Policies and Programmes	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
R4. Maintained or increased JEE/SPAR scores in Infection Prevention and Control (IPC)					
SPAR C9.1. IPC programmes (for JEE R4.1. IPC Programmes)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above

(continued on next page)



Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
SPAR C9.2. Health Care-Associated Infections (HCAI) surveillance (for JEE R4.2. HCAI Surveillance)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C9.3. Safe environment in health facilities (for JEE R4.3. Safe Environment in Health Facilities)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement (RCCE)					
SPAR C10.1. RCCE system for emergencies (for JEE R5.1. RCCE System for Emergencies)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C10.2. Risk communication (for JEE R5.2. Risk Communication)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C10.3. Community engagement (for JEE R5.3. Community Engagement)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
1a1. Number (and proportion) of Zoonotic Disease Outbreaks with Implemented Control Measures	World Animal Health Information System (WAHIS) Project annual report	Immediate notifications Follow-up Reports	Quantitative = number and percentage Qualitative = narrative description of implemented control measures such as targeted surveillance and vaccination	Numerator: number of controlled priority zoonotic disease outbreaks Denominator: total number of occurred zoonotic disease outbreaks incidence	The WOAH Delegate/country representative holds the information. Pandemic Fund project leaders request information from Delegate in order to report annually on each individual project and the Secretariat consolidates the information for all projects.

(continued on next page)

Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
1a2. Number of Zoonotic Disease Alerts issued by GLEWS+	GLEWS+ Website	Event creation in GLEWS+ platform	Quantitative = number Qualitative = narrative description	Zoonotic Disease Alerts issued by GLEWS+	GLEWS+ team in collaboration with regional and country team members of the respective organizations (WHO, FAO, WOAH)
1b. IMPROVED OR SUSTAINED CAPACITY FOR TIMELY DETECTION AND NOTIFICATION OF A SUSPECTED OUTBREAK					
D1. Maintained or increased JEE/SPAR/PVS scores in National Laboratory System					
SPAR C4.1. Specimen referral and transport system (for JEE D1.1 Specimen Referral and Transport System)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C4.3. Laboratory quality system (for JEE D1.2 Laboratory Quality System)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C4.4. Laboratory testing capacity modalities (for JEE D1.3 Laboratory Testing Capacity Modalities)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C4.5. Effective national diagnostic network (for JEE D1.4 Effective National Diagnostic Network)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
PVS Critical Competencies (CC) II-1 Veterinary Laboratory Diagnosis • II-1A: Access to veterinary laboratory diagnosis • II-1B: Suitability of the national laboratory system • II-1C: Laboratory Quality Management Systems	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above

(continued on next page)



Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
D2. Maintained or increased JEE/SPAR/PVS scores in Surveillance					
Same as under 1a					
D3. Maintained or increased JEE/SPAR/PVS scores in Human Resources					
Same as under 1a					
R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement (RCCE)					
Same as under 1a					
P7. Maintained or increased JEE/SPAR/PVS scores in Biosafety and Biosecurity					
SPAR C4.2. Implementation of a laboratory biosafety and biosecurity regime (for JEE P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
No SPAR equivalent (for JEE P7.2. Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture))	e-JEE Platform	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
1c. IMPROVED OR SUSTAINED CAPACITY FOR EFFECTIVE RESPONSE IN A TIMELY MANNER					
R1. Maintained or increased JEE/SPAR/PVS scores in Health Emergency Management					
SPAR C7.1. Planning for health emergencies (for JEE R1.1. Emergency Risk Assessment and Readiness)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
No SPAR equivalent (JEE R1.2. PHEOC)	e-JEE Platform	Same as above	Same as above	Same as above	Same as above
SPAR C7.2. Management of health emergency response (for JEE R1.3. Management of Health Emergency Response)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above

(continued on next page)

Table 1i. Results Area 1 Core Indicators on Capacity *(continued)*

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
SPAR C6.2. Workforce surge during a public health event (for JEE R1.4. Activation and coordination of health personnel and teams in a public health emergency)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C7.3. Emergency logistic and supply chain management (for JEE R1.5. Emergency Logistic and Supply Chain Management)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C8.3. Continuity of essential health services (EHS) (for JEE R3.3. Continuity of EHS)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C11.2. Public health response at PoEs (for JEE PoE.2 Public Health Response at PoEs)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C7.2. Management of health emergency response and SPAR C12.1 (for JEE P5.2. Response to Zoonotic Diseases)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
PVS II-2. Risk Analysis and Epidemiology	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
PVS II-3. Quarantine and Border Security	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
PVS II-5. Emergency Preparedness and Response	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above

(continued on next page)



Table 1i. Results Area 1 Core Indicators on Capacity (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
R2. Maintained or increased JEE/SPAR scores in Linking Public Health and Security Authorities					
No SPAR equivalent (JEE R2.1. Public health and security authorities, [e.g. law enforcement, border control, customs] are involved during a suspected or confirmed biological event)	e-JEE Platform	Same as above	Same as above	Same as above	Same as above
R3. Maintained or increased JEE/SPAR scores in Health Services Provision					
SPAR C8.1. Case management (for JEE R3.1. Case management)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C8.2. Utilization of health services (for JEE R3.2. Utilization of health services)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C8.3. Continuity of EHS (for JEE R3.3. Continuity of EHS)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
R4. Maintained or increased JEE/SPAR scores in Infection Prevention and Control (IPC)					
Same as under 1a					
R5. Maintained or increased JEE/SPAR scores in Risk Communication and Community Engagement (RCCE)					
Same as under 1a					

Table 1ii. Results Area 1 Core Indicators on Capability

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
1d. Percentage and number of beneficiary countries that have applied the 7-1-7 approach for early detection, notification, and response to infectious disease outbreaks, including zoonotic disease outbreaks in the animal health sector	Project annual reports	Narrative description of how 7-1-7 approach has been applied by the beneficiary countries	Quantitative = number Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports. Sum of beneficiary countries who reported using 7-1-7	Project teams (annual report) Secretariat (information consolidation and analysis)

(continued on next page)

Table 1ii. Results Area 1 Core Indicators on Capability (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<p>1e. Number of simulation exercises, Early Action Reviews (EAR), Intra-action Reviews (IAR), After-Action Reviews (AAR) and Universal Health and Preparedness Reviews (UHPR) performed by beneficiary countries to identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response including in animal health.</p>	Project annual report	Summary of the EAR, IAR, AAR, UHPR or simulation exercise reports that includes 1) a section designating which capacities (as identified by JEE, SPAR, or PVS indicator number) were used effectively during a real-life or simulated event, 2) which capacities were not able to be used effectively, 3) gaps in capacity and issues/ bottlenecks that prevented effective use of capacity	Quantitative = number Qualitative = narrative description	The EAR, IAR, AAR, UHPR or simulation exercise reports will be reviewed and counted toward the total number of reports submitted.	Project teams (annual report) Secretariat (information consolidation and analysis)
<p>1f. Percentage of Pandemic Fund project's activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS) or other plans relevant to the Pandemic Fund objectives.</p> <p><i>Countries use NAPHS or similar plans to articulate key long-term goals for building health security capacity based on the results of health security assessments including but not limited to JEE, SPAR, and PVS. By supporting activities identified in such plans, Pandemic Fund projects will reinforce components of the global health security architecture, reflect country priorities, and address validated gaps in capacity.</i></p>	Project annual report	Country NAPHS, operational plan, or related plan	Quantitative = number Qualitative = narrative description	Review by project teams to determine Pandemic Fund project activities reflected in the country's NAPHS or similar plans	Same as above

(continued on next page)



Table 1ii. Results Area 1 Core Indicators on Capability (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
1g. Percentage of PVS Critical Competencies for which minimal capacity was observed by independent experts (with a Level of Advancement of 3, 4, or 5), referred to as PVS Achievement on animal health system capacity	PVS Information System	PVS Evaluation (Initial and Follow-up) Reports	Quantitative = percentage Numerator: Number of Critical Competencies for the most recent PVS Evaluation (initial or Follow-up) for which the Level of Advancement score was assessed at 3, 4 or 5 by independent experts Denominator: total number of Critical Competencies assessed during the most recent PVS Evaluation (initial or Follow-up)	“Country has XX% PVS Achievement” means that the country has achieved minimal capacity (Level of Advancement was 3, 4, or 5) for a proportion of PVS Critical Competencies, as observed by independent experts. The target is 100%, meaning that the country has achieved minimal capacity in all Critical Competencies of their most recent PVS Evaluation (initial or Follow-up). Information will be updated once a new PVS Follow-up Evaluation is conducted and the report is finalized.	The WOA Delegate can access the information in the PVS Information System in the Level of Advancement Dashboard in the Insights Menu after logging into their secure account. Project leaders should request information from the WOA Delegate to report on each individual project and the Secretariat consolidates the information for all projects.

RESULTS AREA 2. IMPROVED COORDINATION NATIONALLY (ACROSS SECTORS WITHIN COUNTRIES), AND AMONG COUNTRIES REGIONALLY AND GLOBALLY

Table 2. Results Area 2 Core Indicators

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<i>2a. P3. Maintained or increased JEE/ SPAR scores in IHR Coordination, National IHR Focal Point Functions, and Advocacy</i>					
Same as under 1a					
SPAR C2.2. Multisectoral coordination mechanisms (for JEE P3.2. Multisectoral coordination mechanisms)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above

(continued on next page)

Table 2. Results Area 2 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
SPAR C2.3. Advocacy for IHR implementation (for JEE P3.3. Strategic planning for IHR, preparedness or health security)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
2b. Maintained or increased PVS Levels of Advancement in Coordination Capability of the Veterinary Services PVS I-6. Coordination Capability of the Veterinary Services	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above	Same as PVS II-4 above
<ul style="list-style-type: none"> Internal coordination (chain of command) External coordination (including the One Health approach) 					
2c. P1 Maintained or increased JEE/SPAR scores in Legal instruments					
SPAR C1.1. Policy, legal and normative instruments (for JEE P1.1. Legal instruments)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
2d. PoE. Maintained or increased JEE/SPAR scores in Points of Entry and Border Health					
SPAR C11.2. Public health response at PoEs (for JEE PoE2. Public health response at PoEs)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
SPAR C11.3. Risk-based approach to international travel-related measures (for JEE PoE3. Risk-based approach to international travel-related measures)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
2e. R2. Maintained or increased JEE/SPAR scores in Linking Public Health and Security Authorities					
Same as under 1c					
2f. P5. Maintained or increased JEE/SPAR scores in Zoonotic Disease					

(continued on next page)



Table 2. Results Area 2 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
SPAR C12.1. One Health collaborative efforts across sectors on activities to address zoonoses (for JEE P5.2. Response to zoonotic diseases)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
2g. Number and proportion of public health events and disease outbreaks jointly assessed and responded to by One Health sectors out of the total number of public health events and disease outbreaks recorded	Project annual report	Summary of the EAR, IAR, and AAR, or One Health related assessment reports that include the different sectors engaged in the assessment and response to public health events and disease outbreaks	Quantitative = number Qualitative = narrative description	The EAR, IAR, AAR or One Health assessment reports will be reviewed for the joint risk assessment/ response Numerator: Total number of public health events and disease outbreaks jointly assessed and responded to by One Health sectors Denominator: Total number of public health events and disease outbreaks recorded	Project teams (annual report) Secretariat (information consolidation and analysis)
2h. Establishment or improvement of processes/mechanisms that allow for cross-border coordination between countries during a public health emergency	Project annual report	Project activities description	Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports	Project teams (annual report) Secretariat (information consolidation and analysis)
2i. Improved cross-sectoral coordination within the country between multiple ministries, sectors, and stakeholders (including IEs, civil society organizations, others) for pandemic PPR activities	Project annual report	Project activities description	Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports	Project teams (annual report) Secretariat (information consolidation and analysis)

RESULTS AREA 3. INCENTIVIZED ADDITIONAL INVESTMENTS IN PANDEMIC PPR

Table 3. Results Area 3 Core Indicators

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<p>3a. Amount of co-financing (US\$) mobilized (received or with signed commitments) to support the Pandemic Fund project, disaggregated by source and type (cash and in-kind)</p> <p>Co-financing refers to funding from Implementing Entities (IEs), philanthropies/foundations, the private sector, and/or other sources for pandemic PPR activities in addition to the Pandemic Fund grant</p>	Project annual report	Project activities finance data	Quantitative – U.S. dollars	Sum of co-financing for all projects (project-level data should be the cumulative value, that is, for Year 1 the value for Year 1 is reported, and for Year 2, Year 1 + Year 2 is reported)	Project teams (project annual report) Secretariat (computation for all projects)
<p>3b. Proportion of co-financing (US\$) mobilized (received or with signed commitments) to the co-financing amount stated in the proposals approved by the Pandemic Governing Board</p> <p>Co-financing refers to funding from Implementing Entities (IEs), philanthropies/foundations, the private sector, and/or other sources for Pandemic PPR activities in addition to the Pandemic Fund grant. In addition to cash contributions, the monetary value of in-kind contributions should be determined. Examples of in-kind contributions are expanding the workforce to support project implementation, or donating a piece of land, equipment, or a building for use as a workforce training center.</p>	Project annual report	Project activities finance data	Quantitative – Percent	Numerator: Total co-financing mobilized Denominator: Total co-financing in approved grant proposals	Project teams (project annual report) Secretariat (computation for all projects)
<p>3c. Amount of co-investment (US\$) mobilized (received or with signed commitments) to support the Pandemic Fund project, disaggregated by source and type (cash and in-kind)</p> <p>Co-investment refers to funding from recipient country governments for Pandemic PPR activities in addition to</p>	Project annual report	Project activities finance data	Quantitative – U.S. dollars	Sum of co-investment for all projects (project-level data should be the cumulative value, that is, for Year 1 the value for Year 1 is reported, and for Year 2, Year 1 + Year 2 is reported).	Project teams (project annual report) Secretariat (computation for all projects)

(continued on next page)



Table 3. Results Area 3 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<p>the Pandemic Fund grant. In addition to cash contributions, the monetary value of in-kind contributions should be determined. Examples of in-kind contributions are expanding the workforce to support project implementation, or donating a piece of land, equipment, or a building for use as a workforce training center.</p>					
<p>3d. Proportion of co-investment (US\$) mobilized (received or with signed commitments) to the co-investment amount stated in the proposals approved by the Pandemic Governing Board</p> <p>Co-investment refers to funding from recipient country governments for Pandemic PPR activities in addition to the Pandemic Fund grant. In addition to cash contributions, the monetary value of in-kind contributions should be determined. Examples of in-kind contributions are expanding the workforce to support project implementation, or donating a piece of land, equipment, or a building for use as a workforce training center.</p>	Project annual report	Project activities finance data	Quantitative - Percent	Numerator: Total co-investment mobilized Denominator: Total co-investment in approved grant proposals	Project teams (project annual report) Secretariat (computation for all projects)

RESULTS AREA 4. IMPROVED EFFICIENCY IN THE USE OF PANDEMIC FUND RESOURCES

Table 4. Results Area 4 Core Indicators

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<p>4a. Proportion of total funds transferred from Trustee to IEs that is spent on project implementation activities</p>	Project annual report	Project activities finance data	Quantitative - percent	Numerator: Total funds spent on project implementation activities Denominator: Total funds transferred from Trustee to IE headquarter office	Same as above

(continued on next page)

Table 4. Results Area 4 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
4b. Proportion of total funds transferred from Trustee to IEs that is spent on project implementation activities by civil society organizations (CSOs)	Project annual report	Project activities finance data	Quantitative - percent	Numerator: Total funds spent on administrative costs Denominator: Total funds transferred from Trustee to IE headquarter office	Same as above
4c. Proportion of total funds transferred from Trustee to IEs that is spent on administrative costs Administration costs refer to costs the IEs incur that are not directly tied to specific project activities. Administrative costs include, but are not limited to, IE headquarter and country office overheads in managing the grant such as salaries, rent, utilities, etc.	Project annual report	Project activities finance data	Quantitative - percent	Numerator: Total funds spent on administrative costs Denominator: Total funds transferred from Trustee to IE headquarter offices	Same as above
4d. Proportion of total funds transferred from Trustee to IEs spent on M&E costs M&E costs refer to 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 project M&E staff salaries.	Project annual report	Project activities finance data	Quantitative - percent	Numerator: Total funds spent on M&E Denominator: Total funds transferred from Trustee to IE headquarter office	Same as above
4e. Average time from Governing Board project approval date to first disbursement from Trustee to IEs (months)	Project annual report	Project activities data	Quantitative - number of months	Numerator: Time (months) from Governing Board approval date to first disbursement from Trustee to IEs for all projects Denominator: Total number of projects	Project Teams (annual report) Secretariat (information consolidation and analysis)

(continued on next page)



Table 4. Results Area 4 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
4f. Percentage (and number) of Pandemic Fund projects with more than a one-year extension of the closing date	Project annual report	Project activities data	Quantitative - percent	Numerator: Total Pandemic Fund projects with more than one year extension of the closing date Denominator: Total number of projects	Same as above

Underlying Themes

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
5a. Maintained or increased JEE/SPAR scores in Gender equity and equality in health emergencies					
SPAR C1.2. Gender equality in health emergencies (for JEE P1.2. Gender equity and equality in health emergencies)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
5b. Proportion of projects that explicitly incorporate gender-responsive approaches	Project annual report	Project activities data	Quantitative - percent	Numerator: number of projects that incorporate gender-response approach Denominator: total number of projects	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects
5c. Maintained or increased JEE/SPAR scores in Community engagement					
SPAR C10.3. Community engagement (for JEE R5.3. Community engagement)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
5d. Proportion of projects that support community-led interventions	Project annual report	Project activities data	Quantitative - percent	Numerator: number of projects that support community-led interventions Denominator: total number of projects	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects
5e. Maintained or increased JEE/SPAR scores in Surveillance of zoonotic diseases (One Health)					

(continued on next page)

Table 4. Results Area 4 Core Indicators (continued)

Underlying Themes

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
SPAR C12.1. One Health collaborative efforts across sectors on activities to address zoonoses (for JEE P5.1. Surveillance of zoonotic diseases)	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above	Same as D2 C5.1 above
5f. Proportion of projects that support One Health interventions	Project annual report	Project activities data	Quantitative - percent	Numerator: number of projects that support One Health interventions Denominator: total number of projects	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects
5g. Improved health equity for pandemic PPR activities Rating scale: 1. Pandemic PPR project activities do not support vulnerable and at-risk groups such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations 2. Pandemic PPR project activities somewhat support vulnerable and at-risk groups such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations 3. Pandemic PPR project activities fully support vulnerable and at-risk groups such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations	Project annual report	Review of project activities and implementation status by project teams in order to provide update in project annual reports	Quantitative = number Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports Quantitative analysis uses a rating scale from 1-3. The qualitative section should describe how Pandemic Fund projects support strengthening the capacities of National Public Health Institutes (or relevant public institutions) for integrated pandemic PPR activities.	Project teams (annual report) Secretariat (information consolidation and analysis)
5h. Proportion of projects that support interventions for and by vulnerable and at-risk groups such as minorities, marginalized populations (including persons with disabilities), migrants, and those living in fragile and conflict-affected situations	Project annual report	Project activities data	Quantitative - percent	Numerator: number of projects that support interventions for and by vulnerable and at-risk groups such as minorities, marginalized populations (including persons	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects

(continued on next page)



Table 4. Results Area 4 Core Indicators (continued)

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
				with disabilities), migrants, and those living in fragile and conflict-affected situations Denominator: total number of projects	

Cross-cutting Enablers

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<p>6a. Improved capacity of National Public Health Institutes (or relevant public institutions) to prevent, detect, assess, and respond to any public health event or risk</p> <p>Rating scale:</p> <p>1. National Public Health Institute (or relevant public institution) is not in place to oversee pandemic PPR activities</p> <p>2. National Public Health Institute (or relevant public institution) is in place, and overseeing pandemic PPR activities</p> <p>3. National Public Health Institute is in place and well-functioning for integrated pandemic PPR activities such as: working closely with local health entities, community-based organizations, and academic institutions; integrating and analyzing surveillance; and organizing and managing a rapid response</p> <p>4. National Public Health Institute is in place and well-functioning for integrated pandemic PPR activities; inclusion of animal health sectors in coordinated activities for prevention, detection, assessments, and response in case of zoonotic disease events</p>	Project annual report	Review of project activities and implementation status by project teams	Quantitative = number Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports. Quantitative analysis uses a rating scale from 1-3. The qualitative section should describe how Pandemic Fund projects support strengthening the capacities of National Public Health Institutes (or relevant public institutions) for integrated pandemic PPR activities.	Project Teams (annual report) Secretariat (information consolidation and analysis)

(continued on next page)

Table 4. Results Area 4 Core Indicators (continued)

Cross-cutting Enablers

Indicator definition/description	Data source	Data collection methods	Data type	Analysis	Responsibility for data collection
<i>6b. Proportion of projects that support the establishment or strengthening of National Public Health Institutes (or equivalent institutions) to prevent, detect, assess, and respond to any public health event or risk</i>	Project annual report	Project activities data	Quantitative – percent	Numerator: number of projects that support the establishment or strengthening of National Public Health Institutes (or equivalent institutions) to prevent, detect, assess, and respond to any public health event or risk Denominator: total number of projects	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects
<i>6c. Improved coordinated approach of regional/global networks, organizations, or hubs to pandemic PPR activities</i> Rating scale: 1. No involvement of regional/global networks, organizations, and hubs in country-level pandemic PPR activities 2. Some involvement of regional/global networks, organizations, and hubs in country-level pandemic PPR activities 3. Regional/global networks, organizations, and hubs facilitate collaboration, knowledge exchange, resource pooling, and collective action for pandemic PPR across countries	Project annual report	Project activities description	Quantitative = number Qualitative = narrative description	Review of project activities by project teams, captured in project annual reports Quantitative analysis uses a rating scale from 1-3. The qualitative section should describe how Pandemic Fund projects have supported regional/global networks, organizations, or hubs to promote coordinated approach to pandemic PPR.	Project teams (annual report) Secretariat (information consolidation and analysis)
<i>6d. Proportion of projects that support strengthening of regional/global networks, organizations, or hubs for pandemic PPR activities</i>	Project annual report	Project activities data	Quantitative – percent	Numerator: number of projects that support strengthening of regional/global networks, organizations, or hubs for pandemic PPR activities Denominator: total number of projects	Project leader reports annually on each individual project and the Secretariat consolidates the information for all projects

