

# MINUTES OF THE 12TH MEETING OF THE GOVERNING BOARD OF THE PANDEMIC FUND

April 2-3, 2024

1. The Twelfth Meeting of the Governing Board of the Pandemic Fund was held in-person and virtually on April 2-3, 2024. The meeting was chaired jointly by the Pandemic Fund Board Co-Chairs, M. Chatib Basri and Sabin Nsanzimana (who chaired virtually).

2. Co-Chair Basri opened the meeting by welcoming new Board members, including **Dr. Samanta Lal Sen**, Minister of Health and Family Welfare, Bangladesh, as the new Principal for the Co-Investor constituency for the South-East Asia Region and **Ms. Sarah Gradl**, Head of Department of the Federal Ministry of Social Affairs, Health Care and Consumer Protection, as representative for Austria.

3. The Meeting Agenda was adopted without changes, and Board Members approved the Draft Minutes of the 11th Board Meeting held on February 20-21, 2024. Before turning to the first agenda item, Co-Chair Basri highlighted the Pandemic Fund's key milestones over the past 18 months, which have included putting in place an inclusive governance framework, establishing an exceptional group of experts under the Technical Advisory Panel, quickly launching a first Call for Proposals, and launching new projects that are inspiring new ways of working, fostering coordination and collaboration, and catalyzing additional resources. Co-Chair Basri underscored the critical role that the Pandemic Fund serves in the global health architecture in advancing principles equity, inclusion, coordination, collaboration, cohesion and complementarity.

## **I. UPDATES FROM SECRETARIAT, TRUSTEE AND CONFLICT OF INTEREST COMMITTEE (FOR INFORMATION)**

4. The Secretariat presented an update on the rollout of projects financed under the Pandemic Fund's first Call for Proposals (CfP), highlighting the value of the Pandemic Fund grants in promoting coordinating across multiple actors and sectors, defragmenting the Pandemic PPR landscape, and catalyzing additional resources. The Secretariat also shared updates on the second CfP, the Accreditation Panel, and the Strategic Plan, and informed the Board about some key upcoming events, including a co-branded event hosted by the Pandemic

Fund on the sidelines of the G20 Health Working Group meeting in Brasilia (April 9), a Knowledge Cafe event during the World Bank Spring Meetings (April 19), and a high-level event that will be hosted on the sidelines of the World Health Assembly (May 28).

5. The Trustee presented the Pandemic Fund's currently available resources, which stand at US\$973 million. While there have been no new pledges since the last Board meeting, the Fund did receive signed contributions from Indonesia, Spain and South Africa. Accounting for the pledge of \$250 million from the United States, the Fund will have an estimated US\$1.25 billion at the end of the calendar year available for future rounds of funding and the FY25 administrative budget.

6. The Conflict of Interest (COI) Committee reminded the Board of its invitation to recruit two additional members to join the Committee to support its role in guiding the important work of the Pandemic Fund to operate with high standards of transparency and accountability.

## **II. STRATEGIC PLAN (FOR DISCUSSION)**

7. Co-Chair Basri opened the agenda item by noting the leadership of the Board's Strategy Committee to develop the draft Strategic Plan, which involved a thorough analyses of the evolving PPR landscape, potential funding scenarios and resource allocation models and modalities, as well as extensive consultations with over 400 stakeholders and experts. The objective of the session was to discuss and agree on the overall direction and key elements of the draft Strategic Plan and provide clear guidance and feedback to assist the Strategy Committee with its next steps, including any further modifications to the draft Strategic Plan. Co-Chair Basri handed the floor to the Strategy Committee Co-Chairs to facilitate the Strategic Plan discussions. The Board agreed to focus on decisions related to the Strategic Plan, while considering other complementary efforts (e.g., Investment Case, Resource Mobilization Strategy, Monitoring & Evaluation Plan).

8. The Board acknowledged the herculean effort of the Strategy Committee, the Secretariat, and the Boston Consulting Group (BCG), to develop a concise document that broadly reflected the areas of agreement for the Pandemic Fund's mid-term Strategic Plan. Members agreed that the Strategic Plan must be designed as a living document to maintain flexibility to changes in the PPR landscape, including outcomes of the Intergovernmental Negotiating Body (INB) negotiations and the Pandemic Agreement. The Pandemic Fund needs to have a strong draft Strategic Plan in place, which addresses issues around accountability, governance (including co-investor participation), and coordination at the global and country levels, prior to the next round of INB negotiations at the end of April 2024.

## Principles and Priority Areas

9. The Strategy Committee Co-Chairs opened the discussion with remarks on the development process of the principles and priority areas, followed by a brief presentation by BCG. The floor was then opened to the Board for their comments and deliberations.

10. The Board advised defining the unique value proposition and position of the Pandemic Fund within the PPR funding landscape earlier in the Strategic Plan. The value proposition must make an affirmative case for investment in the Pandemic Fund as an essential element of the PPR landscape and not simply a fund to fill gaps. Board members stressed the need to strike a balance between presenting the Pandemic Fund's high-level vision and goals to strengthen engagement with governments and decision-makers, and information to assist implementors and beneficiaries engage the Strategy to achieve results in the coming five years.

11. The Board proposed to have a clear articulation of the Strategic Plan's desired impact with an indicative short list of simple, measurable, and high-level indicators that highlight core priorities but acknowledge the need for a robust monitoring and evaluation (M&E) plan as a companion document (currently under development).

12. Board members broadly supported a focus on prevention and preparedness in the medium-term, while remaining open to providing response financing in the future (based on outcomes of the INB negotiations and availability of funding). The Board supported the programmatic priorities, cross-cutting enablers, and underlying themes with some suggestions to elevate additional themes that drive pandemics (e.g., climate change, antimicrobial resistance (AMR), migration). The Board recognized that national public health institutions (NPHIs) and regional/global networks are appropriate cross-cutting enablers and emphasized that it is the specific PPR-aligned functions of these institutions that must be strengthened. This includes strengthening surveillance, laboratory capacities, workforce development, and implementation of systematic collection and timely analysis of relevant data to inform decision-making and enable rapid establishment of emergency operations centers (EOC). Board members commented that funding should be tailored to country contexts including those without formal NPHIs, where other public institutions serve an equivalent role.

13. The Board suggested highlighting upfront the Fund's catalytic and complementary nature, aiming to incentivize domestic investment and ensure sustainability by supporting national investment plans and building or strengthening NPHIs.

## Resource Allocation

14. Moving forward to the resource allocation section of the draft Strategic Plan, BCG summarized the feedback received from their consultations and outlined three resource allocation modalities for consideration by the Board:

- Countries with the largest gaps in PPR capacity, highest pandemic risk/burden of disease, taking into account socioeconomic status. This approach would have a rolling deadline with dedicated funding, allocation-based approach, and lower- burden requirements.
- All other IBRD/IDA-eligible countries. Including periodic open calls with tiered requirements based on country income-level, to maximize co-financing and co-investment.
- Sub-regional/regional. Including periodic targeted calls for sub-regional and regional entities to encourage applications.

15. The Strategy Committee Co-Chairs then opened the discussion by emphasizing that the Pandemic Fund will need to prioritize investments over the next five years with a focus on achieving maximum impact. The Board agreed to ensure resource allocation would be open to all IBRD and IDA countries given that the Pandemic Fund was established as a global funding mechanism. The Board also had strong support to optimize the impact of scarce resources in the near-term, while focusing on countries that have the largest PPR capacity gaps and the highest opportunity for impact. The Board also advised that resource allocation modalities of the Pandemic Fund should provide greater predictability of funding to help manage country expectations, introduce more flexibility in process and requirements for lower resource countries, reduce complexity of the review and approval process for Board, TAP, and Secretariat, and remain flexible to pivot operations to provide response financing in the event of a pandemic (e.g., PHEIC).

16. The Board also agreed that resource allocation modalities would further encourage country-led sustainable, long-term investment planning in PPR capacity building. To facilitate this country-led sustainable approach, the Board suggested to clearly define co- financing and co-investment requirements, which the TAP is addressing through a working group and will finalize definitions and guidance by the end of April 2024.

## Implementing Entities (IEs) Collaboration, and Resource Mobilization

17. The Strategy Committee Co-Chairs then introduced the discussion on how IE collaboration and resource mobilization will be reflected in the mid-term term Strategic Plan. Following a brief presentation from BCG, the Board had general agreement for the Pandemic Fund to develop formalized coordination structures that facilitate engagement of IEs with other

stakeholders (e.g., IEs, governments). The Board recognized that IEs cover diverse functions (e.g., fiduciary channel, technical expertise) and additional IEs should include regional networks that reflect a defined set of criteria, such as fundraising capabilities and geographic scope. Since IEs enable the Pandemic Fund to execute its projects, the Board suggested that collaboration with IEs should leverage and maximize existing IE infrastructure rather than establishing new operations. The Strategic Plan should address how the Pandemic Fund's financing can be used to incentivize coordination and collaboration across existing GHIs, sectors and partners at all levels. This includes an appreciation of the “diagonal” systems investments of disease-specific initiatives that contribute to strengthening core PPR capacities and programmatic priorities including surveillance, laboratories, and workforce development.

18. During the discussion of the Strategic Plan, the Board emphasized the importance of country ownership and leadership for sustainable, long-term investment planning, along with IE support and domestic resources and an ability to incentivize private sector engagement and investment.

### **Good Governance and Stakeholder Engagement**

19. The Strategy Committee Co-Chairs shared remarks on the Committee's process in incorporating good governance and stakeholder engagement in the draft Strategic Plan. After BCG's summary presentation, the Board shared their appreciation for the emphasis on stakeholder engagement in the Strategic Plan development process. The Board underlined the importance of meaningful engagement of co-investors and civil society in the governance of the Pandemic Fund, the need to lessen the burden for co-investors to participate in the Governing Board, and the need to ensure civil society engagement throughout the lifetime of projects. The Board also agreed the Strategic Plan should articulate strong commitment to strengthening co-investor voices in governance structures and identify practices for better engagement. To ensure accountability of good governance and stakeholder engagement, the Board suggested the Pandemic Fund should adopt an approach to risk management that responds to any future breach of commitments during the implementation of Fund awarded projects.

20. The Strategy Committee Co-Chairs thanked BCG for their collaboration and the Board for the fruitful discussion and returned the floor to the Board Co-Chair. The Co-Chair summarized the discussion, pointing out that the Board has agreed on many issues and has aligned on the key elements of the Strategic Plan and the way forward.

21. The Co-Chair noted the Board had agreed on the overall direction and key elements of the draft Strategic Plan and requested the Strategy Committee to oversee the revision of the draft, incorporating the guidance and suggestions of the Governing Board, to be released for public

comment on the 12th of April 2024. The Board also agreed to the following timeline for the finalization of the Strategic Plan.

- Revised draft to the Strategy Committee by **April 8, 2024**
- Final Strategy Committee comments by **April 10, 2024**
- Publication of draft Strategic Plan for public comment by **April 12, 2024**
- Public comment period closes on **April 26, 2024** (two weeks)
- Strategic Plan revised to address public comments and shared with the Strategy Committee by **May 1, 2024**
- Strategic Plan cleared by the Strategy Committee by **May 6, 2024**
- Strategic Plan sent to Board members for non-objection approval by **May 6, 2024**
- Approval of Strategic Plan by the Board by **May 20, 2024**
- Presentation of Strategic Plan at the 77th World Health Assembly side event on **May 28, 2024**

### **III. IMPLEMENTING THE 2ND CALL FOR PROPOSALS (FOR DISCUSSION/DECISION)**

22. The Secretariat presented the implementation status of the recommendations from the Stocktaking Review. On the ‘quick wins’ and ‘near-term’ recommendations, most have already been implemented, but those that are in-progress will be fully implemented by the closing date for the 2nd CfP application submissions. On the ‘longer-term’ recommendations, all are currently ‘in progress’, with many of them being considered within the Strategic Plan and will also be discussed at the Board Retreat.

23. The TAP Vice-chair presented an update on the progress of the TAP over the past few months, including implementing recommendations from the Stocktaking Review and TAP Evaluation, preparing for the 2nd Call for Proposals, contributing to the draft Strategic Plan and establishing a work group on co-financing, co-investment and overall funding. The TAP also welcomed the addition of two new secondees from the WHO, who began their two-year appointment on April 1st. The TAP Vice-Chair then presented two items for decision to the Board, including the approval of a new member of the TAP, Dr. Tian Johnson, to replace a member who had resigned, as well as approval of a roster of 22 experts to support the TAP in the 2nd CfP.

24. Board members congratulated the Secretariat and TAP on the great progress that had been made on the implementation of recommendations and preparations around the 2nd Call for Proposals. On the Stocktaking Recommendations, several Board members requested clarification on the timeline for when the outstanding recommendations would be

implemented, especially the longer-term changes. The Secretariat clarified that the “quick wins” and “near-term” recommendations would be fully implemented by the application closing date for the 2nd CfP and that it would provide more detailed information on the implementation of “longer-term” recommendations at a later date.

25. Members also requested additional information around the work that has been undertaken around Monitoring and Evaluation – especially around the process and inputs used to map project-level Results Frameworks from the 1st CfP to the Pandemic Fund Results Framework, as well as more information around the draft reporting template and upcoming reporting portal. The Secretariat clarified that it will provide this information to the Board in the coming months, along with a technical briefing, and it also highlighted that a consultation process will be undertaken with the leadership of the original Board Working Group that designed the Pandemic Fund Results Framework. Several Board members also highlighted the need to find a way to allow the submission of other languages in future funding rounds. The Secretariat explained that could be integrated into future rounds, however there are some risks, as well as additional costs, associated with this that would need to be discussed in a future Board Meeting.

26. Members discussed the two items for decision presented by the TAP Vice-Chair: the approval of a new member of the TAP and the roster of experts. On the first decision item, Members approved Dr. Tian Johnson as a new member of the TAP.

27. **Decision:** *The Pandemic Fund Governing Board approves the nomination of Dr. Tian Johnson as a member to the TAP, to replace the member that has stepped down.*

28. On the roster of experts, Board members raised concerns about the roster’s lack of gender and geographic balance and whether these experts had experience in community engagement. They also raised questions around the working procedures of the roster, what the cost implications would be, and the process around the upcoming re-set of the TAP at the end of the year. There was also a suggestion that the roster could be used as a new “reserve” list to replace any full members of the TAP that might leave during their term and for the Secretariat to provide the full CVs of all proposed members to the Board. The TAP Vice-Chair clarified that gender and geography were not lenses that were used when putting together the roster of experts – and that it was based on technical competencies and filling specific skills gaps, including on health financing, one health, gender, country experience, evaluation of project funding, and economics. The Vice-Chair also clarified that existing TAP members brought a wealth of experience in community engagement and that this was a special area of focus for the TAP during the 1st CfP evaluation. Experts from the roster would need to be fully onboarded and integrated into the TAP prior to the proposal evaluation stage because they would need to abide by the Conflict of Interest policy and other policies around confidentiality. However,

regarding the cost implications, the Secretariat clarified that experts would be contracted as Short- Term Consultants with a daily rate commensurate with their experience, but that they would only bill the time worked so it did not believe that the cost implications would be great. The Board approved the roster of 22 experts but requested that an additional decision be taken to begin the process to recruit new TAP members for the re-set at the end of the year – making sure that the process prioritized balance across gender, geography and income-level, as well as expertise, including civil society and community engagement.

29. **Decision:** *The Pandemic Fund Governing Board approves the roster of 22 experts, which bring additional expertise in the fields of health finance, economics, evaluation of project funding, gender and human rights, to expand the reviewing capacity of the TAP for the 2nd CfP.*

30. **Decision:** *The Governing Board requests the Pandemic Fund Secretariat To develop a proposed timeline and approach for resetting the TAP that ensures diversity across geography, gender, income level and expertise including, civil society and community engagement for decision during the June 2024 Board Meeting.*

31. Board members discussed the Terms of Reference of the TAP Working Group on Co-financing, Co-investment and Overall Funding and requested that the outputs of the working group be shared with the Board prior to it being made public, and also raised the need to develop a full policy document in the future for Board approval.

#### **IV. ADDRESSING POST-APPROVAL PROJECT CHANGES (FOR DECISION)**

32. The Secretariat presented the paper on addressing post-approval changes to projects. The Secretariat described the benchmarking exercise it undertook to identify potential approaches to approving changes following an allocation decision by the Board, which included desktop research and interviews with six different Financial Intermediary Fund (FIFs). From this benchmarking exercise, two models were identified: 1. Board approves all post-approval changes (followed by two FIFs) and 2. Board approves only major post- approval changes, while delegating authority to the FIF Secretariat for minor change (followed by four FIFs). Following this, the Secretariat presented two options for the Board’s consideration which were based on these two models: Option A whereby the Board approves all post-approval change requests, with a technical opinion provided by the Technical Advisory Panel, and Option B, whereby the Board approves only major post- approval changes, while minor post-approval changes are approved by the Executive Head of the Secretariat, based on a technical opinion provided by the TAP. For Option B, the Secretariat also proposed a definition for minor and major changes, which was inspired by the Global Partnership for Education’s (GPE) definition:



- **Major change:** Any change of 20% or greater to an individual indicator or target in the project-level results framework; a reallocation of the budget by 20% or greater (due to change in project design, change in components or change in IE responsible for the component); an extension of the timeline for implementation of Pandemic Fund grant activities by 12 months or more; a change to the project's strategic goals (e.g. shift from improving surveillance of a country to improving the country's health workforce); or, for multi-country/regional projects, the addition or subtraction of implementation in a major geographic area, such as a country.
- **Minor change:** Change of < 20% to an individual indicator or target in the project-level results framework; a reallocation of the budget by < 20% (due to a change in project design, change in components or change in IE responsible for the component); or an extension of the timeline for implementation of Pandemic Fund grant activities by <12 months.

The Secretariat also presented a list of possible changes that would be allowed to the Board for its consideration.

33. The Board discussed the two options and the majority agreed with Option B. However, there were several requests to review the approach within the next two years and for the Secretariat to communicate all changes to the Board, even minor ones. There were some comments on the definition of a major versus a minor change including: a change in IE or delivery partner should be considered a major change, any change in scope should be considered a major change, and that the recent West Bank and Gaza change request, which resulted in several activity areas being removed, should have been considered a major change – even though the budgetary changes were under 20%. A suggestion was also made to consult with the IEs on their own processes around changes in projects to ensure alignment in the policy document, to add Fragile and Conflict Situations (FCS) to the definition of major and minor changes and to think about how these requests would be coordinated with IEs. Board members also discussed the list of possible changes. One constituency raised the idea of allowing projects to request additional funds, but for the time being, there was no appetite to add this possible change to the list. Several Board members suggested that a potential change in a project's risk management approach be added to the list. The Secretariat clarified that they would incorporate this feedback into the official policy document, which would be prepared for the Board's approval at the June Board Meeting.

34. **Decision:** *The Pandemic Fund Governing Board approves the approach to post-approval changes in Pandemic Fund projects, whereby the Board approves major post-approval changes, while minor post-approval changes are reported to the Board and are approved by the Executive Head of the Secretariat. Both minor and major change approvals shall be based on a technical opinion provided by the TAP. The Board also requests to review this process within 2 years. The Secretariat is tasked with drafting the detailed policy document in line with this approach, in*

*consultation with IEs and present it to the Governing Board for approval at the June 2024 Board Meeting.*

35. **Decision:** *The Pandemic Fund Governing Board approves the following list of types of changes that Pandemic Fund projects may request post-approval:*

- *Change to indicators or targets in the project-level results framework;*
- *Change to project scope or design, which may also result in a budgetary change within the already approved budget;*
- *Addition or subtraction of project components or subcomponents, which may also result in a budgetary change within the already approved budget;*
- *Change in IE or Delivery Partner, which may also result in a budgetary change within the already approved budget;*
- *Extension of the original closing date of the Pandemic Fund grant; and*
- *Changes in risk management approach/framework*

## **V. LINKS BETWEEN THE PANDEMIC FUND AND A POTENTIAL PANDEMIC AGREEMENT (FOR DISCUSSION)**

36. Anne-Claire Amprou (France-Spain-Netherlands constituency), Ambassador Tovar da Silva Nunes (Ambassador and Permanent Representative, Permanent Mission of Brazil to the United Nations and other International Organizations in Geneva), and Dr. Jean Kaseya, Director General of Africa Center for Disease Control (CDC) provided updates to the Board on the latest discussions of the Intergovernmental Negotiating Body (INB) on the Pandemic Agreement, particularly with respect to Articles 19 and 20 related to financing. It was noted that the ninth meeting of the INB will resume from April 29 to May 10, with the goal of adopting the Pandemic Agreement at the 77th World Health Assembly. Three topics receiving significant attention include One Health approaches, pathogen access and benefit-sharing systems, and financing (new Fund and coordination mechanism).

37. Board members who have participated in the negotiations shared some of the issues and priorities that developing countries have raised during the negotiations, including the need for accountability, voice and meaningful inclusion in the governance of PPR funds; the need for capacity to coordinate and report at the country level and the difficulty in navigating various funding mechanisms; the need for funding to be responsive and aligned to gaps and needs at the national and sub-national levels; and, the need for surge/at risk financing functions. Members also shared preliminary concerns raised by some member states regarding the potential limitations of the Pandemic Fund to respond to these needs and challenges.

38. The Board discussed how to position the Pandemic Fund in these late stages of the INB negotiations. In noting the strong alignment between the Pandemic Fund's mission, core functions and projects and the requests being made at the INB, Members agreed that the Pandemic Fund could serve as a primary coordination and financing mechanism for a Pandemic Agreement. Members noted that targeted outreach to INB representatives was needed to counter misperceptions and communicate the Fund's readiness to adapt to meet evolving country demands and needs and reinforce the principles of equity and inclusion that underpin its Governance Framework.

39. Following up on the Statement issued at the 11th Board Meeting in February, Members agreed that a statement ahead of the next INB discussion would be helpful in demonstrating the Pandemic Fund's continued willingness to support the implementation of a Pandemic Agreement and to respond to the needs across inclusive governance, coordination, and accountability. The Board issued a statement on April 5 (refer to Annex).

## **VI. CLOSED SESSION - ACCREDITATION OF NEW IMPLEMENTING ENTITIES (FOR DECISION)**

40. The Chair of the Accreditation Panel provided an update of the Panel's recent work, as well as an overview of the Stage-1 and Stage-2 accreditation process. An overview of Africa CDC's Stage-1 Fit-for-Purpose application was then presented for the Board's decision. Board members discussed Africa CDC's Stage-1 application and approved it, requesting the Accreditation Panel to move Africa CDC to Stage-2. One question was raised on the timeline for Africa CDC's Stage-2 application and assessment and if it would be able to participate as an IE during the 2nd Cfp. The Chair explained that the Accreditation Framework provides up to 6 months per stage. However, the Panel was committed to working quickly and that it would meet with Africa CDC in the next week to map out a plan and timeline.

41. **Decision:** *The Pandemic Fund Governing Board approves the Stage-1 application of Africa CDC and requests the Accreditation Panel to move Africa CDC to Stage-2 of the accreditation process.*

## **VII. NEXT STEPS ON RESOURCE MOBILIZATION (FOR DISCUSSION AND DECISION)**

42. The Secretariat presented the next steps on the Pandemic Fund's near-term resource mobilization effort, including a benchmarking analysis based on other Financial Intermediary Funds (FIFs) to inform potential fundraising targets and scenarios, a workplan, and timeline in lead up to the Pandemic Fund's pledging event on October 31st (on the margins of the G20 Joint

Finance and Health Ministers Meeting), as well as further details on the request for supplementary budgetary resources required in FY24 to implement the near-term resource mobilization workplan.

43. Emphasizing the need to balance ambition with pragmatism, Board Members broadly aligned around a US\$2 billion fundraising target for the near-term (FY25-27). Members called on the need to expand the Fund's contributor base, including the need to bring in contributions from a larger number of sovereigns and non-sovereigns, and to tap into non- ODA resources. They noted the importance of using effective communications and advocacy tools to relay the Pandemic Fund's value added and value proposition.

44. Members emphasized the need for a strong Investment Case that is correlated with the Fund's medium-term Strategic Plan and value proposition and recommended that the inclusion of a fundraising target in the Investment Case be carefully considered. Members agreed with the following timeline for the preparation of the Investment Case as proposed by the Secretariat: circulation of a draft Investment Case to the Board at the end of April for approval on a no-objection basis by May 9, and distribution of the final Investment Case by May 20, 2024. Members cautioned against launching the Investment Case at the World Health Assembly, given indications that it could coincide with the launch of the WHO Investment Round. Some Members suggested looking at alternative venues, including meetings related to the G7 and/or G20 health and finance tracks between May and July 2024. The Secretariat agreed to explore options and revert to the Board with alternatives.

45. Further, the Board agreed on the composition of the Resource Mobilization Committee<sup>1</sup> (RMC) that will oversee the workstream, including fundraising scenarios, market engagement strategies, and outreach and engagement opportunities, based on nominations received, and also agreed that the Committee should have its first meeting in mid-April.

46. On the budget, the Secretariat presented that the overall cost to implement its resource mobilization effort for the remainder of FY24 is estimated at US\$500,000. With approx. US\$150,000 remaining in the Secretariat's partnership budget, a supplemental US\$350,000 would be required to cover additional costs, including those related to external support on the development of an Investment Case and engagement of a consulting firm with public relations expertise to develop and implement an outreach, advocacy and communications campaign in support of a successful pledging event in October 2024. Meanwhile, Secretariat staff would assist in supporting the RMC, drafting the Investment Case, curating high-level events, defining

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<sup>1</sup> The RMC will comprise: Meerjady Sabrina Flora (Bangladesh), Alexandra Stefanopoulos (Canada-UK-Norway), Elisha Dunn-Georgiou (Civil Society (North)), Eleonora Mei (Italy), Anna McNicol (Japan-Australia-Korea-Singapore), Syed Moazzam Ali (Pakistan), and John Nkengasong (US).

and implementing market engagement strategies, conducting outreach and engagement, and engaging and managing consulting contracts. The Board approved the Secretariat's request for supplementary budgetary resources of US\$350,000 to cover the near-term costs related to resource mobilization for the remainder of FY24. The Board asked for an overview of the estimated budget for the broader resource mobilization effort. The Secretariat noted that this would be outlined in the FY25 budget request.

47. **Decision:** *The Pandemic Fund Governing Board approves the Secretariat's request for supplementary budgetary resources of US\$350,000 to cover the near-term costs related to resource mobilization for the remainder of FY24. the Secretariat's request for supplementary resources for FY24.*

## **VIII. SUMMARY OF KEY AGREEMENTS AND NEXT STEPS**

48. In closing the meeting, the Co-Chair provided a recap of the **key agreements reached and next steps**, listed below, and thanked all participants for a productive meeting and the Secretariat for all the work in planning and organizing the meeting.

### **Agenda Item I: Updates from the Secretariat, Trustee and COI Committee**

- The Secretariat to share details around upcoming events with the Board.
- COI Committee requested the nomination of two additional members to join the Committee.

### **Agenda Item II: Strategic Plan**

- The Strategy Committee will further deliberate with the TAP and other stakeholders on the definitions of high risk and high need as well as the definitions of co-financing and co-investment, which is presently the focus of a TAP working group.
- The Secretariat, with support from BCG, will update the Draft Strategic Plan to incorporate the Governing Board's latest inputs and feedback and post it for public comment on the Pandemic Fund's website from April 12-26, 2024. The Secretariat and BCG will incorporate feedback from the public and circulate a revised Strategic Plan with the Strategy Committee by May 1, 2024 for review and approval, after which it will be circulated to the Board by May 6, 2024.
- The Board will review the final version of the Strategic Plan and approve through a no-objection procedure by May 20, 2024.

### **Agenda Item III: Implementing the 2nd Call for Proposals**

- The Secretariat to share the full profiles of potential TAP members in the future.
- The Secretariat to share timeline of implementation of “longer-term” recommendations from Stocktaking Review in the coming months.
- The Secretariat to provide more information around work undertaken on M&E in the June Board meeting.
- The Secretariat to prepare proposed approach and timeline for TAP reset for June Board meeting.
- The TAP to share outputs of Co-financing and Co-investment Working Group with Board.

### **Agenda Item IV: Addressing post-approval project changes**

- The Secretariat to draft full policy document for June Board Meeting.

### **Agenda Item V: Links between the Pandemic Fund and a potential Pandemic Agreement**

- The Board to **issue a statement** on the Pandemic Fund’s role in the context of the Pandemic Agreement (see Annex).

### **Agenda Item VI: Accreditation of New Implementing Entities**

- The Accreditation Panel to invite Africa CDC to apply for Stage-2

### **Agenda Item VII: Next steps on Resource Mobilization**

- The Secretariat to circulate a draft Investment Case to the Board by the end of April for approval on a no-objection basis by May 9, and distributing a final Investment Case by May 20, 2024.
- The Secretariat to provide an estimated cost of the Pandemic Fund’s resource mobilization effort that will extend into FY25 in the FY25 budget.
- The Secretariat to convene the first RMC meeting in mid-April.

## **ANNEX 1**

### **Statement by the Pandemic Fund Governing Board<sup>1</sup> on the Role of the Pandemic Fund in the Context of the Pandemic Agreement**

**April 5, 2024**

Following its 12th Governing Board meeting, the Pandemic Fund Governing Board reiterates its support to reinforce capacity building and implementation of pandemic prevention, preparedness, and response (PPR) under the International Health Regulations (IHR) (2005), and any amendments/enhancements thereof, as well as the Pandemic Agreement currently being negotiated. This is fully in line with the Pandemic Fund’s mandate and [Governance Framework](#).

The Pandemic Fund Governing Board is following the ongoing negotiations in Geneva and encourages progress towards a successful conclusion by May 2024. The Pandemic Fund stands ready to play a strong role in supporting the implementation of the Pandemic Agreement and the core capacities of the IHR and to explore accountability mechanisms with the eventual governing body/ies of those instruments once decided.

[The Governing Board](#) is listening carefully to the issues being raised by stakeholders during the negotiations. The Pandemic Fund was established on the principles of equity and inclusivity with equal representation from contributor countries (including contributors from the global south) and co-investor countries from the global south.<sup>(1)</sup> We are considering options to amplify voice and inclusion, including through enhancing governance to strengthen the participation of co-investor countries, and to bolster transparency and accountability. Building on lessons learned to date, the Pandemic Fund is developing a strategy to guide its medium-term directions. The draft Strategic Plan will go live for public comment in mid-April 2024.

The Pandemic Fund’s mandate is closely aligned with the core capacities of the IHR and potential activities under the Pandemic Agreement, with the WHO as a central partner. The Pandemic Fund is already supporting developing countries and regional bodies in areas related to surveillance, laboratory capacity, workforce, One Health, risk communication, risk management, community engagement anchored in national and regional priorities.

Working in close partnership with relevant global and regional organizations, the Pandemic Fund is demonstrating its capacity to coordinate between international, regional, and domestic

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<sup>1</sup> <https://www.thepandemicfund.org/who-we-are/board>

agencies and attract additional investment for pandemic PPR. The Pandemic Fund is well positioned to support countries on pandemic PPR financing needs and gaps to inform resource allocation decision making, and support countries in accessing various funding mechanisms and bringing coherence in funding streams.



## The Pandemic Fund Governing Board (updated as of April 2024)

<b>Co-Chairs</b>			
<b>Chatib Basri</b> Former Minister of Finance, Indonesia		<b>Sabin Nsanzimana</b> Minister of Health, Rwanda	
<b>Voting Members</b>			
<b>Sovereign Contributors (9 seats)</b>			
<b>NO.</b>	<b>MEMBER</b>	<b>PRINCIPAL</b>	<b>ALTERNATE(S)</b>
1.	<b>United States</b>	<b>John N. Nkengasong</b> 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	<b>Eric O. Meyer</b> Deputy Assistant Secretary, Department of the Treasury
2.	<b>European Commission</b>	<b>Martin Seychell</b> Deputy Director General, Directorate General for International Partnerships	<b>Roser Domenech Amado</b> Director of Directorate 'One Health' in DG SANTE
3.	<b>Germany</b>	<b>Wolfram Morgenroth-Klein</b> Head of Division, Prevention and Pandemic Preparedness, One Health Federal Ministry for Economic Cooperation and Development (BMZ), Germany	<b>Alicia Longthorne</b> Senior Policy Officer, Global Health Policy Division Federal Ministry for Health
4.	<b>Italy</b>	<b>Francesca Manno</b> Director, Department of International Finance, Ministry of Economy and Finance	<b>Eleonora Mei</b> Economic and Financial Analyst, Ministry of Economy and Finance
5.	<b>Indonesia-United Arab Emirates-India</b>	<b>Syarifah Liza Munira</b> Director General, Health Policy Agency, Ministry of Health, Indonesia	<b>Ali Sharafi</b> Acting Assistant Undersecretary for International Financial Relationship Sector, Ministry of Finance, United Arab Emirates  <b>Rajeev Topno</b> Senior Advisor to the WB Executive Director, India

NO. (cont.)	MEMBER (cont.)	PRINCIPAL (cont.)	ALTERNATE(S) (cont.)
6.	<b>Canada-United Kingdom- Norway</b>	<p><b>Kristen Chenier</b> Director of Policy, Infectious Diseases and Pandemic Preparedness within Global Affairs Health and Nutrition Bureau, Canada</p>	<p><b>Kristine Husøy Onarheim</b> Senior Advisor, Norwegian Ministry of Foreign Affairs</p> <p><b>Niall Fry</b> Team Leader, Foreign, Commonwealth &amp; Development Office, United Kingdom</p>
7.	<b>Japan-Australia-Korea- Singapore<sup>2</sup></b>	<p><b>Daiho Fujii</b> Deputy Vice Minister for International Affairs, Ministry of Finance, Japan</p>	<p><b>Fleur Davies</b> Assistant Secretary, Multilateral Health Branch, Global Health Division, Department of Foreign and Trade, Australia</p> <p><b>Jisung Moon</b> Deputy Director General, International Finance Bureau, Ministry of Economy and Finance, Korea</p> <p><b>Derrick Heng</b> Deputy Director-General of Health, Public Health Group, Ministry of Health, Singapore</p>
8.	<b>France-Spain-the Netherlands</b>	<p><b>Anne-Claire Amprou</b> Ambassador for Global Health, Ministry of Europe and Foreign Affairs, France</p>	<p><b>Blanca Yáñez Minondo</b> Head of Department for Multilateral Cooperation and European Union, Spanish Agency for International Cooperation for Development</p> <p><b>Johanneke de Hoogh</b> Head of Section, Ministry of Foreign Affairs, The Netherlands</p>
9.	<b>China</b>	<p><b>Zhijun Cheng</b> Director General of the Department of International Economic and Financial Cooperation, Ministry of Finance</p>	<p><b>Hongxia Li</b> Deputy Director General, Department of International Economic and Financial Cooperation, Ministry of Finance</p>

<sup>2</sup> The Principal for this constituency will rotate, with Japan for the first 12 months, followed by Australia and then Korea for six months, each.

NO.	MEMBER	PRINCIPAL	ALTERNATE(S)
<b>Sovereign Co-Investors (9 seats)<sup>3</sup></b>			
1.	<b>Bangladesh</b> representing <b>South-East Asia Region</b> (Bangladesh, Bhutan, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste)	<b>Samanta Lal Sen</b> Minister of Health and Family Welfare	<b>A B M Khurshid Alam</b> Director General, Directorate General of Health Services  <b>Ms. Nargis Khanam</b> Additional Secretary (Planning), Health Services Division, Ministry of Health and Family Welfare
2.	<b>Democratic Republic of Congo</b> representing <b>Africa (AFRO – Central)</b> (Angola, Burundi, Cameroon, CAR, Chad, Congo, DRC, Equatorial Guinea, Gabon, Sao Tome & Principe)	<b>O’neige Nsele</b> Deputy Minister of Finance	<b>Sylvain Yuma Ramazani</b> Secretary General, Ministry of Public Health, Hygiene and Prevention  <b>Christian Diomi Maboti</b> Alternate Representative, Ministry of Finance
3.	<b>Egypt</b> representing <b>Eastern- Mediterranean (EMRO – North &amp; Horn of Africa)</b> (Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, Tunisia)	<b>Mai Farid</b> Assistant Minister & Executive Director, Economic Justice Unit, Ministry of Finance	<b>Mohamed Hassany</b> Assistant Minister of Health
4.	<b>Guyana</b> representing <b>The Americas</b> (Antigua & Barbuda, Argentina, Belize, Bolivia, Brazil, Colombia, Chile, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, Uruguay)	<b>Frank Anthony</b> Minister of Health	<b>Zulfikar Ally</b> Deputy Chief of Mission, Embassy of Guyana to the United States
5.	<b>Kyrgyz Republic<sup>4</sup></b> representing <b>Europe</b> (Albania, Armenia, Azerbaijan, Belarus, Bosnia & Hergovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo, Kyrgyz Republic, Moldova, Montenegro, North Macedonia, Poland, Romania, Russian Federation, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine, Uzbekistan)	<b>Vacant</b>	<b>Bakyt Dzhangaziev</b> Deputy Minister of Health

<sup>3</sup> Representing nine geographical regions, per WHO’s classification.

<sup>4</sup> Names of Principal and Alternate to be confirmed.

NO. (cont.)	MEMBER (cont.)	PRINCIPAL (cont.)	ALTERNATE(S) (cont.)
6.	<b>Pakistan</b> representing <b>Eastern-Mediterranean (EMRO – Middle East &amp; Central Asia)</b> (Afghanistan, Iran, Iraq, Jordan, Lebanon, Pakistan, Syria, Yemen, West Bank & Gaza)	<b>Syed Moazzam Ali</b> Additional Secretary, Ministry of National Health Services, Regulations, and Coordination	<b>Adil Akbar Khan</b> Senior Joint Secretary (World Bank), Ministry of Economic Affairs
7.	<b>The Philippines</b> representing <b>Western Pacific</b> (Cambodia, Fiji, Kiribati, Lao PDR, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Vietnam)	<b>Ralph G. Recto</b> Secretary of Finance	<b>Dr. Teodoro J. Herbosa</b> Secretary of Health  <b>Ms. Joven Z. Balbosa</b> Undersecretary of Finance
8.	<b>Rwanda</b> representing <b>Africa (AFRO – East/South)</b> (Botswana, Comoros, Eritrea, Ethiopia, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe)	<b>Claude Mambo Muvunyi</b> Director General, Rwanda Biomedical Center	<b>Gerald Mugabe</b> Director General of External Finance, Ministry of Finance and Economic Planning
9.	<b>Senegal</b> representing <b>Africa (AFRO West)</b> (Algeria, Benin, Burkina Faso, Cape Verde, Cote d’Ivoire, Gambia, Ghana, Guinea, Guinea – Bissau, Liberia, Malo, Mauritania, Niger, Nigeria, Sierra Leone, Togo)	<b>Mamadou Moustapha Ba</b> Minister of Finance and Budget	<b>Marie Khemesse Ngom Ndiaye</b> Minister of Health & Social Action
<b>Civil Society Organizations (2 seats)</b>			
1.	<b>Global South</b>	<b>Aida Kurtovic</b> Executive Director, South-Eastern Europe Regional HIV and TB Community Network	<b>Diah S. Saminarsih</b> Chief Executive Officer, Center for Indonesia’s Strategic Development Initiatives (CISDI)
2.	<b>Global North</b>	<b>Elisha Dunn-Georgiou</b> President and CEO, Global Health Council	<b>Loretta Wong</b> Deputy Chief of Global Advocacy and Policy, AIDS Healthcare Foundation