

THE PANDEMIC FUND:

GUIDANCE NOTE

**For Applicants of the Third Call for Proposals –
Phase II: Regional Entity Proposals**

June 16, 2025

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



**The
Pandemic
Fund**

FOR A RESILIENT WORLD

Table of Contents

EXECUTIVE SUMMARY	i
I. INTRODUCTION	1
II. GUIDING PRINCIPLES FOR REGIONAL ENTITIES	1
III. SCOPE OF THE THIRD CALL FOR PROPOSALS (3RD CFP): PHASE II	3
IV. PANDEMIC FUND RESULTS FRAMEWORK AND ALIGNMENT WITH PROJECT PROPOSALS	14
V. GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER PHASE II OF THE 3RD CFP	18
VI. PROPOSAL SUBMISSION	24
VII. PROPOSAL EVALUATION PROCESS AND CRITERIA	27
VIII. FUNDING DECISIONS	31
IX. RESULTS MONITORING, REPORTING REQUIREMENTS, AND CHANGES TO AWARDED PROJECTS	32
X. DISCLOSURE OF INFORMATION	33
XI. KEY DATES AND TIMELINE	33
ANNEXES	
ANNEX 1: OBJECTIVES, VALUE ADDITION, AND OVERALL SCOPE OF THE PANDEMIC FUND	34
ANNEX 2: GLOSSARY OF TERMS	36
ANNEX 3: TEMPLATE FOR COVER LETTER	39

THE PANDEMIC FUND: GUIDANCE NOTE FOR APPLICANTS TO THE THIRD CALL FOR PROPOSALS – PHASE II: REGIONAL ENTITY PROPOSALS

Executive Summary

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

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

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

Further, in line with the Pandemic Fund's medium-term [Strategic Plan](#)³, additional emphasis in Phase II will be placed on strengthening one or both of two cross-cutting enablers, National Public Health Institutes (or relevant public institutions)⁴ and regional/global networks, organizations, or hubs aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action.

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

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

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

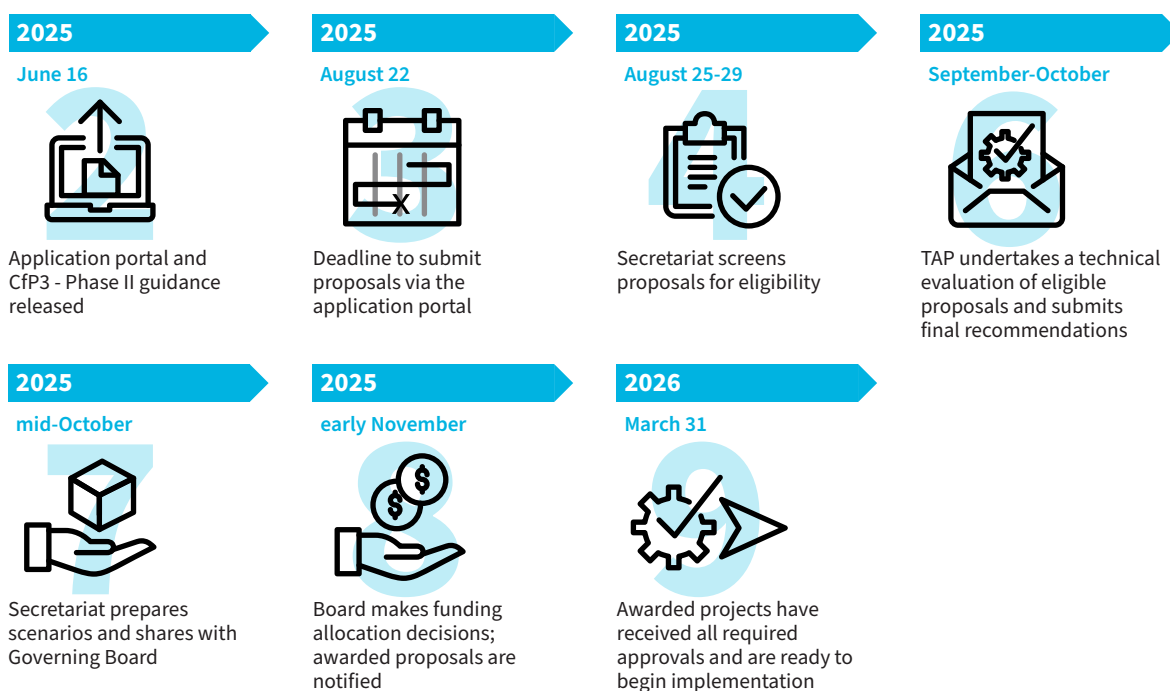
4 Including public health, veterinary, agriculture, wildlife, and environmental health institutions.

To ensure that these investments are truly inclusive, Regional Entities are also encouraged to integrate the four underlying themes of the [Strategic Plan](#) into proposals. These enablers and themes should be integrated within both proposal development and implementation.

For Phase II, the Pandemic Fund will accept proposals from an **Eligible Regional Entity** (applicant in partnership with at least one approved Implementing Entity (IE)). Regional Entity(ies) are regional or sub-regional entities, bodies, or platforms that include specialized technical institutions, agencies, multi-country networks, organizations, or hubs established by the governments of more than one Eligible Country(-ies) to support their public health priorities, including One Health initiatives, and strengthen PPR capacities. The majority of countries served by such entities must be eligible for support from the Pandemic Fund, per the eligibility criteria described below. Further, these entities must possess a legal status that enables their establishment and effective functioning in a manner that serves the interests of the benefiting Member States. They must also be legally registered in their host country. Regional arms of a global organization that include Member States grouped within a geographical region of that organization are not eligible.

Regional Entity Proposals should target public health priorities and challenges affecting a geographic region or sub-region, with emphasis on harmonizing and coordinating approaches across countries. Proposed activities should align with regional or sub-regional priorities and contribute to the broader pandemic PPR agenda. Importantly, while the Regional Entity is the direct beneficiary of the project and recipient of pass-through funds, the proposal must also clearly demonstrate how the project will serve RE member countries meeting Pandemic Fund eligibility criteria. Activities should complement and build on existing PPR efforts, including previously awarded Pandemic Fund grants and current proposals, while ensuring alignment with shared goals and addressing common challenges faced by the eligible countries in the region/sub-region.

Overview of process and timeline



Note: TAP refers to Technical Advisory Panel.

I. INTRODUCTION

1. The purpose of this Guidance Note is to provide comprehensive information on Phase II of the Pandemic Fund's 3rd CfP to interested applicants—eligible Regional Entities, defined below—and Implementing Entities to support the proposal development process. The Guidance Note is part of the application package for the 3rd CfP (Phase II), which is only for the submission of Regional Entity proposals. The application package also includes the application template for funding, which is accessible through an online portal, and the technical Scoring and Weighting Methodology. For background information on the Pandemic Fund, please see **ANNEX 1**.
2. Please refer only to this Guidance Note for the 3rd CfP (Phase II) and not to previously released Pandemic Fund Guidance Notes, as the eligibility of applicants, submission limits, requirements for submission, and scope of funding have been updated.

II. GUIDING PRINCIPLES FOR REGIONAL ENTITIES

3. A **Regional Entity** is defined as a body or platform that is a specialized technical institution, agency, multi-country network, organization or hub, established by the governments of more than one Eligible Country(-ies) to support their public health priorities, including One Health initiatives, and strengthen PPR capacities. The majority of countries served by such entities⁵ must be eligible for support from the Pandemic Fund. Further, these entities must possess a legal status that enables their establishment and effective functioning in a manner that serves the interests of the benefiting Member States. They must also be legally registered in their host country. Regional arms of a global organization that include Member States grouped within a geographical region of that organization are not eligible. Examples of Regional Entities that received grants under CfP1 and CfP2 include the Caribbean Public Health Agency (CARPHA); the Intergovernmental Authority on Development (IGAD); and the Greater Virunga Transboundary Collaborative (GVTC).
4. A RE Proposal is distinct from a Multi-country Proposal (MCP) under CfP3—Phase I in that the Regional Entity itself is the primary grant beneficiary. Under an MCP, the countries applying jointly for the grant are the primary beneficiaries and recipients of pass-through funds.
5. To ensure that regional investments meaningfully contribute to pandemic PPR, proposals submitted by Regional Entities must be guided by a set of foundational principles that promote regional alignment, country engagement, and long-term impact. These guiding principles serve as the basis for designing initiatives that are collaborative, complementary, and capable of delivering tangible benefits at both regional and country levels:

⁵ Majority is defined as more than 50 percent of member countries of a Regional Entity.

- a) Coordination, Collaboration, Co-Creation, and Ownership:** While Regional Entity proposals aim to strengthen RE capacities and impact, they must also demonstrate strong engagement with Pandemic Fund-eligible countries that are members of the entity, ensuring that activities are co-developed in close coordination with national authorities and aligned with country needs along with regional and sub-regional institutions. The Pandemic Fund encourages proposals to demonstrate effective coordination and alignment with other regional entities and partners to avoid duplication and enhance synergies. Leveraging existing coordination structures—such as regional consortia, technical working groups, or governance committees—can help anchor regional efforts in national systems. Effective co-creation and collaboration with IEs and other relevant stakeholders is essential to ensure alignment with regional/sub-regional strategies and national plans, thereby strengthening pandemic PPR and regional resilience.
- b) Complementarity:** Regional Entity proposals should clearly demonstrate how activities build on and complement existing pandemic PPR efforts at both the regional and country levels, including ongoing investments supported by the Pandemic Fund. Regional Entities are encouraged to leverage cooperation with international organizations, regional economic communities, public health institutions, and civil society and community organizations to promote complementarity with regional- and country-led efforts.
- c) Impact:** Regional Entity proposals must demonstrate the potential to deliver measurable, lasting improvements in pandemic PPR for the region. Emphasis should be placed on catalytic interventions that strengthen regional infrastructure. The regional approach must be clearly justified, showing how the proposed activities fill critical gaps in pandemic PPR capacities.
- d) Sustainability:** To ensure sustainability, Regional Entity proposals must embed interventions within existing regional and national systems, strengthen governance, and secure financial and technical commitments. Sustainability should be pursued through strategies that transition from donor dependency to self-reliant models—ensuring that gains are maintained beyond the life of the grant.

III. SCOPE OF THE THIRD CALL FOR PROPOSALS (3RD CfP): PHASE II

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

6. In line with the Pandemic Fund’s Strategic Plan (2024 – 2029)⁶ and in recognition of the high demand for funding demonstrated in the 1st and 2nd CfPs, Phase II of the 3rd CfP continues to prioritize high-impact investments across the human, animal, and environment/ecosystem spectrum in the following three programmatic priorities: 1) early-warning and disease- surveillance systems, 2) laboratory systems, and 3) strengthening human resources/public health and community workforce capacity to help countries prevent, prepare for, and respond to health emergencies. Proposals submitted to the Pandemic Fund must cover one or more of these three programmatic priorities. Box 1 below provides a brief description of the types of activities that could be financed under Phase II in each of these areas, noting that proposals may cover one or more of these priorities and include activities at their intersection.
7. The Pandemic Fund grants should aim to achieve a measurable and sustainable impact on PPR for pandemics and disease outbreaks through investments in one or more of the three programmatic priorities. These priorities have been selected for their contribution to the objectives of the Pandemic Fund and are consistent with core capacities for PPR that Regional Entities and countries are obliged to develop and maintain under the International Health Regulations (IHR) and World Organization for Animal Health (WOAH) International Standards. Countries’ capacities are assessed using indicators of the State-Party Self-Assessment Annual Reporting (SPAR) Tool, Joint External Evaluation (JEE) 3rd edition Tool, and the WOAH Performance of Veterinary Services (PVS) pathway and are thus a core component of the Pandemic Fund’s updated Results Framework.⁷ For reference, SPAR/JEE and PVS indicators related to each of the programmatic priorities in the 3rd CfP—Phase I are listed in Annexes of the Pandemic Fund M&E Guidelines.^{8,9} For Regional Entity proposals in Phase II, applicants should define metrics or milestones associated with the activities in their theory of change and Project-Specific Results Framework (PSRF).

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

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

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

9 The M&E Guidelines will be updated in June 2025 to include explicit treatment of Regional Entities.

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

Regional Entity proposals may cover one or more of the three programmatic priorities and include activities at their intersection. Examples of the types of activities that could be financed in each of these areas include:

- 1. Regional Early-Warning and Disease-Surveillance Systems:** Development and integration of digital surveillance tools across national and regional public health, veterinary, and environmental protection services to ensure seamless data sharing with global networks. Establishment and strengthening of regional centers of expertise for intersectoral surveillance, ensuring interconnectedness with national and international surveillance networks, including wastewater and sewage monitoring as sentinel tools. Expansion of multi-sectoral genomic sequencing networks for early pathogen detection, data sharing in bioinformatics, and alignment with the World Health Organization (WHO)'s 10-year genomic surveillance strategy. Capacity-building programs to train national and regional public health, animal health, and environmental health agencies in data analysis for improved public health intelligence or other areas as needed. Promotion of regional science-policy dialogues and community-led monitoring initiatives to strengthen One Health collaboration and engagement with civil society. Establishment of interconnected point of entry (PoE) surveillance systems for early detection of infectious diseases, ensuring real-time information exchange between neighboring countries. Standardization of health screening protocols, data-sharing mechanisms, and joint outbreak response strategies at international airports, seaports, and land crossings. Implementation of digital health declaration systems and analytics for detecting disease trends linked to international travel and trade. Development of a shared database to track health care-associated infections (HAIs) and antimicrobial use across hospitals and relevant community setting in different countries. Development of centralized databases for tracking antimicrobial consumption and resistance patterns across countries. Establishment of regional sentinel surveillance programs for zoonotic spillover risks. Establishment of a data hub to analyze public perceptions, misinformation trends, and community feedback.

- 2. Strengthening Regional Laboratory Systems:** Establishment and coordination of regional specimen referral and transport networks to facilitate timely and secure sample processing at reference laboratories. Development and harmonization of biosafety and biosecurity policies, including legislation, risk management training, laboratory licensing, and pathogen control measures across countries, ensuring the needs of the most vulnerable communities. Strengthening of quality management systems for laboratories to ensure standardized, high-quality diagnostic capabilities across the region. Support for regional capacity-building initiatives for reliable and timely laboratory testing, results dissemination, and cross-border diagnostic networks. Deployment and sustainable use of modern, safe, and cost-effective diagnostic tools across human, animal, and

Box 1 continues next page...

environmental health sectors. Deployment of regional tools to enhance lab information management systems. Enhancement of regional collaboration among national reference laboratories and specialized centers linked to the WHO, Food and Agriculture Organization (FAO), and WOA. Development of pooled procurement mechanisms for essential lab commodities, including infection, prevention, and control (IPC)-related disinfectants; personal protective equipment (PPE); and sterilization equipment. Expansion of biosafety level laboratory networks to improve diagnostic capabilities for high-risk zoonotic diseases. Development of standardized protocols and secure logistics for timely cross-border transport of infectious disease specimens to designated reference laboratories, ensuring compliance with international biosafety and biosecurity regulations. Establishment of regional frameworks for biosafety and biosecurity legislation, including laboratory licensing, risk assessments, and compliance monitoring to prevent accidental or intentional release of pathogens.

3. Regional Human Resources and Workforce Capacity Development:

Establishment and coordination of regional workforce surge mechanisms to ensure timely deployment of skilled personnel across sectors during emergencies. Development of standardized training programs based on a One Health approach, fostering interdisciplinary competencies across human, animal, and environmental health sectors. Strengthening of regional workforce planning strategies to ensure sustainability and readiness for pandemic PPR. Creation of regional platforms for workforce capacity building, peer learning, and knowledge exchange to enhance resilience and preparedness. Support for cross-border collaboration for field epidemiology training, laboratory workforce development, and risk communication and community engagement expertise to improve emergency response capacities. Development of regional leadership for coordination during alert and outbreak response. Establishment of training hubs to standardize IPC protocols and improve adherence to the WHO IPC Core Components. Establishment of Regional Hubs to create and train regional emergency medical and interdisciplinary teams and regional rapid response teams. In fragile and conflict-affected settings (FCS), strengthening PPR through pooling resources and expertise, among other measures. Raising awareness about PPR and its key tools among community and outreach workers.

8. Regional Entity proposals should ensure that their selected programmatic priority(-ies) strengthens the capacity of the Regional Entity. Please see **Box 2** for examples on capacity building for Regional Entities.

Box 2: Examples of types of activities for building capacities of Regional Entities that can be financed under the 3rd CfP—Phase II

1. **Regional Early-Warning and Disease-Surveillance Systems:** Enhancement of digital infrastructure of the Regional Entity to facilitate real-time exchange of surveillance data across sectors and countries. Provision of tools, protocols, and trained personnel for regional bodies to coordinate multi-country incident management system. Development of regional mechanisms for cross-border outbreak notification and response coordination, ensuring alignment with the IHR. Establishment of a regional data analysis and intelligence hub to provide technical support for countries in outbreak detection, risk assessment, and early warning. Enhancement of the capacity of the Regional Entity to conduct simulation exercises in countries for pandemic PPR and intra-action reviews (IARs) and after-action reviews (AARs) of the 7-1-7 framework to improve detection and response times for disease outbreaks in countries.
2. **Strengthening Regional Laboratory Systems:** Establishment of a regional laboratory training center to build capacity in biosafety, biosecurity, genomic sequencing, and quality management systems. Development and implementation of a regional laboratory information management system (LIMS) for standardized reporting and data sharing across countries. Development of a regional specimen referral and transport system to enable timely cross-border shipment of samples for testing in designated reference laboratories. Support for Rapid Mobile Laboratory deployment simulation exercises and adoption of the lessons learned.
3. **Regional Human Resources and Workforce Capacity Development:** Establishment of peer learning initiatives between Regional Entities, allowing knowledge exchange with high-performing institutions globally. Creation of a regional public health training institute or virtual learning platform offering specialized courses in epidemiology, laboratory diagnostics, risk communication, and emergency management. Training of Regional Entity staff on proposal development, financial management, and compliance with donor requirements for deployment to countries when needed. Establishment of a regional rapid response team (RRT) network to deploy surge personnel during outbreaks and health emergencies. Development of regional certification programs for public health professionals, laboratory specialists, and emergency responders to ensure standardized competencies. Strengthening of the capacity of the Regional Entity to facilitate regional simulations and tabletop exercises to test PPR plans, ensuring multi-sectoral collaboration. Strengthening of the capacity for performance-based health program management including monitoring frameworks, key performance indicators, and adaptive management techniques. Development of the capacity of Regional Entities to streamline and facilitate the licensing and registration of medical commodities associated with pandemic PPR.

Box 1 continues next page...

4. **Community Engagement:** Strengthening, or creation of, a regional network of civil society organizations (CSOs) and community-based groups to enhance public trust, knowledge, and participation in public health initiatives to identify early-warning signals. Strengthening of community-led monitoring systems in countries to support systematic community monitoring and reporting for pandemics by civil society and other community structures. Integration of community-led monitoring systems into District Health Information System (DHIS) to support real-time community level surveillance. Establishment of a regional health emergency call center and rumor tracking system for real-time public health information dissemination.
5. **One Health:** Planning of regional consultations to ensure alignment of One Health activities with national priorities and international frameworks. Strengthening of the capacity of Regional Entity officials to use One Health risk assessment tools; adopt a risk-based approach in One Health planning; conduct cross-border simulation exercises to improve coordination during outbreaks; harmonize policies and guidelines for zoonotic disease prevention and control; develop and execute regional training programs for veterinarians, public health officials, and environmental experts; enhance One Health research and data sharing mechanisms among countries to inform regional risk assessments and preparedness planning; develop regional protocols and digital platforms for sharing surveillance data across sectors and borders; establish or support regional reference laboratories and networks for integrated human-animal-environmental testing; and facilitate bilateral or multilateral agreements between neighboring countries for joint outbreak investigation and response. Raising awareness and understanding of governments, including on local level, civil society and communities about One Health and how it can be operationalized and implemented, particularly on local level.

9. The Pandemic Fund recognizes that embedding early-warning and disease-surveillance systems, laboratory systems, and public health and community health workforce strengthening into coordinated systems and institutions is necessary to achieve resilience and sustainability. Regional Entity applicants should ensure that their selected programmatic priority(-ies) strengthen one or both of the **two cross-cutting enablers, National Public Health Institutes (NPHIs) (or relevant public institutions) and regional/global networks, organizations, or hubs** aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action.¹⁰ Please see **Box 3** for an excerpt from the Strategic Plan on the definition of the cross-cutting enablers. For example, the Pandemic Fund could support NPHIs and relevant public institutions by funding projects that: 1) integrate independent programs related to the programmatic priorities into public entities; 2) support public institutions to develop operational guidelines, build digital infrastructure, or hire and train a workforce; or 3) collaborate and coordinate across sectors (e.g., human, animal, and environmental health) and partners. To strengthen regional/global networks, organizations, or hubs, the Pandemic Fund provides funding for projects that 1) aim to improve cross-border surveillance, Point of Entry capabilities and coordination of border communities; 2) support real-time data and information sharing across

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

sub-regions, regions, and globally; or 3) build capacity and coordination of regional reference laboratory networks to become regional centers of excellence. Appendix C of the Strategic Plan provides additional examples.¹¹

Box 3: Cross-cutting enablers in the Strategic Plan

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

- **National Public Health Institutes** (or relevant public institutions)¹² serve as the centralized arm of the [public] health system, overseeing [among other areas] disease prevention, detection, and response activities across sectors at the national level through their core functions of surveillance, laboratories, public health workforce, Emergency Operations Centers (EOCs), and data systems. Well-functioning NPHIs or relevant institutions, often working closely with local health entities, community-based organizations, and academic institutions, are vital for building integrated, responsive, and equitable multisectoral pandemic PPR programs and maximizing the collective impact of pandemic PPR investments. Efficient and effective EOCs are critical for integrating and analyzing surveillance data, organizing, and managing a rapid response. (Pandemic Fund Strategic Plan, 2024, p. 8)
- **Regional/global networks, organizations, and hubs** facilitate collaboration, knowledge exchange, resource pooling, and collective action for pandemic PPR across countries. Given that pandemics are transnational threats and require monitoring of diseases across borders, regional/global networks play a critical role in stopping epidemics before they become pandemics. Regional/global entities also, if given the mandate, may have the unique ability to convene countries at the head of state level and to bring together sectors beyond human health. (Pandemic Fund Strategic Plan, 2024, p. 8)

The Strategic Plan also adopts four underlying themes¹³ that will serve as a “lens” across the Fund’s investments. These themes were selected because disease outbreaks frequently begin in communities with underserved and marginalized populations, or communities in fragile and conflict-affected situations, where infrastructure and technical capabilities across the three programmatic priorities are lacking. Applicants should ensure that these themes are integrated within both proposal development and implementation to ensure impact and mitigate the risk and impact of pandemics and safeguard vulnerable and marginalized populations. Please see page 9 in the Strategic Plan¹⁴ for additional information on the four underlying themes.

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

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

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

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

B. Beneficiaries and Eligible Countries

10. For Regional Entity proposals, a Beneficiary refers to any eligible Regional Entity that may receive support from the Pandemic Fund through an IE for the implementation of projects or activities.
11. A Regional Entity is **eligible** for Pandemic Fund support under Regional Entity proposals if it meets the **established definition and criteria**.
12. A Regional Entity that participated in a successful Regional Entity proposal during the 1st and/or 2nd CfPs is **not eligible** to apply for a Regional Entity grant under the 3rd CfP.
13. **Unsuccessful Regional Entity applicants from the 1st and 2nd CfPs are encouraged to re-apply for this 3rd CfP.** It is recommended that applicants review the feedback provided to them on their previous submission before re-applying, noting changes to the application for the funding template and guidance provided in this note.

C. Implementing Entities (IEs)

14. As a Financial Intermediary Fund (FIF) hosted by the World Bank, **the Pandemic Fund channels its financing to Beneficiaries through its approved IEs**, which provide support for, and supervision of, project implementation. IEs serve as the intermediaries between the Pandemic Fund and Beneficiaries. As per its guidelines for FIFs,¹⁵ the Pandemic Fund Governing Board directs funds to Beneficiaries via IEs, on a pass-through¹⁶ basis. Each IE applies its own policies and procedures (including operational, fiduciary, and safeguards policies and procedures) in transferring funds to Beneficiaries and supporting them to implement project activities and is responsible for supervising the use of funds and implementation of activities. The Pandemic Fund Secretariat does not have direct supervision of the funds or activities.

¹⁵ Source: FIF Management Framework, Chapter 1, Paragraph 3.

¹⁶ Source: FIF Management Framework: These transfers, carried out by the trustee on instruction from the respective FIF secretariat on behalf of its governing body, are largely carried out on the basis of Financial Procedures Agreements (FPAs) typically entered into between the Trustee and an implementing entity.

- 15.** As per the Pandemic Fund’s Operations Manual,¹⁷ the currently approved list of 13 IEs includes: the African Development Bank; the Asian Development Bank; the Asian Infrastructure Investment Bank; the European Investment Bank; the Food and Agriculture Organization of the United Nations (UN); the Inter-American Development Bank; the International Finance Corporation; UNICEF; the World Bank; the World Health Organization; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI). Eligible IEs may participate in the Pandemic Fund by entering into a Financial Procedures Agreement (FPA) with the Trustee, responsible for holding and managing the fund’s resources. After entering into an FPA, IEs may submit Funding Proposals developed with Beneficiaries to the Pandemic Fund.
- 16.** IEs will serve according to their existing scope and mandate, as laid out in the Pandemic Fund Governance Framework and Operations Manual, including:

 - a)** administering the FIF funds transferred to it, including the use of funds and activities carried out, in accordance with 1) its applicable policies and procedures and 2) the provisions of the FPA and the applicable terms and condition under which allocations to the IE have been approved, including applicable provisions of the Governance Framework and Operations Manual;
 - b)** conducting discussions with Beneficiaries of the FIF on projects and activities that can benefit from FIF support, as appropriate;
 - c)** providing supervision of implementation and/or implementation support to the Beneficiaries of FIF funding, as applicable;
 - d)** providing financial and progress reporting to the Pandemic Fund Governing Board through the Trustee and the Secretariat; and
 - e)** cooperating on reviews and evaluations of the FIF under terms acceptable to the IEs.¹⁸
- 17.** In accordance with the Governance Framework and Operations Manual, IEs may provide “implementation and implementation support” (e.g., monitoring and evaluation [M&E], analytical and advisory work, research) when needed. Activities that fall under this area should be reported in the application for funding template under “(c) Project funds that will be used for implementation activities by IE.” On-the-ground execution and delivery of a project’s components should be carried out by the Beneficiary and/or Delivery Partners. IEs should only undertake these activities in exceptional circumstances when there is no viable alternative and at the specific request of the Beneficiary.
- 18.** In addition to the activities described above, IEs are encouraged to provide co-financing to the Pandemic Fund project, support the mobilization of resources from other partners, and assist Beneficiaries in the development of Pandemic Fund Proposals.

¹⁷ Source: Operations Manual, paragraph 7.

¹⁸ Source: Governance Framework, paragraphs 29, 30, and Operations Manual, paragraph 7.

19. Proposals are approved by the Fund’s Governing Board, on the basis of, and administered in accordance with, the applicable policies and procedures of the designated IE and its obligations under the FPA.
20. **Proposals must identify at least one approved IE.** The Pandemic Fund cannot provide grants for projects that do not involve at least one approved IE. However, the Fund recommends that proposals include two or more IEs from different types of organizations, (e.g., UN agencies, multilateral development banks [MDBs], global health initiatives). Please note that only proposals implemented through IEs that have been approved/accredited by the Pandemic Fund’s Governing Board and have signed an FPA by the opening of the application portal (on June 16, 2025) will be eligible to apply for the 3rd CfP—Phase II. The Pandemic Fund website¹⁹ will include and regularly update the list of IEs with signed FPAs.
21. It is the responsibility of the IE(s) partnering with each Regional Entity to determine that the RE is a legally valid, eligible entity with which to develop and submit a proposal. The Pandemic Fund Secretariat will conduct an eligibility check upon receipt of Phase II proposals via the application portal.

D. Delivery Partners

22. **Delivery partners** support project execution and delivery on the ground. Delivery partners cannot submit proposals themselves nor receive funds directly from the Pandemic Fund but rather are sub-contracted by IEs or the Regional Entity, per the applicable policies and procedures of the IEs involved. CSOs, non-governmental organizations (NGOs), and other entities may be contracted as project delivery partners.

E. Types of proposals

23. Proposals will be accepted from two types of Regional Entities under this 3rd CfP—Phase II:
 - a) **Long Established Regional Entities:** with **demonstrated experience and technical credibility** along with one or more approved IEs. (Please also see Section VII. B below for additional technical evaluation criteria)
 - b) **Newly Established Regional Entities:** along with one or more approved IEs, should meet the following conditions:
 - i. **Rationale:** A demonstrated rationale must be presented for the Newly Established Regional Entity. This should clearly articulate the unique value it adds in addressing critical gaps in regional coordination, capacity building, and public health functions, including

¹⁹ See Pandemic Fund website: <https://www.thepandemicfund.org/call-for-proposals>

those related to One Health and pandemic PPR. The proposal should demonstrate how the entity addresses structural or functional deficiencies, responds to unmet regional needs, and enhances the overall coherence, effectiveness, and sustainability of regional health initiatives.

- ii. **Independent Structure:** The Regional Entity must be a new, standalone body and not a substructure or subsidiary of an existing organization.
- iii. **Functionality:** Newly Established Regional Entities may not yet be fully operational; however, they are expected to demonstrate having had functional capacity **for at least three years**, including evidence of ongoing activities and institutional setup.

(Please also see section VII. B for additional technical evaluation criteria.)

F. Submission Limits

- 24. A **Regional Entity** that has not been awarded grants under the 1st and/or 2nd CfPs may submit a maximum of **one** proposal under the 3rd CfP.²⁰
- 25. There is **no limit** to the number of proposals in which an IE may participate. This reflects the principle that IEs are encouraged to collaborate on multiple proposals.

G. Project Completion Timeline and Required Clearances

- 26. Proposals must demonstrate that activities to be funded using the grant requested from the Pandemic Fund will be completed within **three years** from the date of approval by the IE's relevant authority even if the overall project's completion date may extend beyond the three-year period, including portions financed by co-investment and co-financing.²¹
- 27. REs and IEs are required to obtain the necessary internal management clearances for the proposal before its submission to the Pandemic Fund. Final approval of the project by the executive board or other relevant authority²² of the IE(s) and participating stakeholders must be finalized before project implementation,²³ which is expected to begin by the end of the **first quarter of 2026 (March 31, 2026)**.²⁴

20 Submitted proposals from Regional Entities may make specific reference any country within their mandate including those that have received funding from previous Pandemic Fund CfPs. Complementarity must be demonstrated in the design of projects.

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

22 For MDBs, this would be their Executive Boards.

23 Pandemic Fund funds are expected to be disbursed by IEs by this date.

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

H. Available Funding

28. The total envelope for the 3rd CfP (Phase I and Phase II) is **US\$500 million**. *[Note: The Pandemic Fund Board will decide later in 2025 on the split between funding for Phase I and Phase II of the 3rd CfP.]*

I. Maximum Amount Requested per Proposal (“Funding Ceiling”)

29. The Pandemic Fund Governing Board has established a ceiling on Regional Entity grant amounts that can be requested within the overall envelope for the 3rd CfP. Proposals from an **Established Regional Entity** may request **up to US\$40 million**, while proposals from a **Newly Established Regional Entity** may request **up to US\$15 million**. Please note that proposal budgets will be assessed in the technical evaluation, considering the principle of “value for money” and ability to deliver, including the ability of Newly Established Regional Entities to be operational throughout the project cycle of three years.

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

30. Each IE will follow its own policy for the recovery of costs, including for the preparation and supervision of projects financed using Pandemic Fund funding, with a focus on maximizing efficiency and value for money.²⁵
31. **A cap on IE Administrative Fees of 7 percent** (as a percentage of the total amount requested) will be placed on activities involving the preparation, administration, and supervision of Pandemic Fund funds. However, for projects operating in challenging operating environments (COE),²⁶ fragile and conflict-affected situations,²⁷ small island developing states (SIDS)²⁸ contexts, or other exceptional circumstances, the cap can be **up to 10 percent** of the grant amount requested by the IE, provided that the proposal includes a clear justification of the rationale behind the higher fee and substantiates this justification with evidence. IE Administrative Fees should not include any technical expertise or M&E activities, as these should be accounted for in the project cost.

²⁵ See paragraph 25 in the Operations Manual.

²⁶ As an example of a framework, please see the Global Fund Policy on Challenging Operating Environments: [archive_bm35-03-challengingoperatingenvironments_policy_en.pdf](#)

²⁷ World Bank classification Fragile and Conflict-Affected Situations (FCS): [FCSListFY25.pdf](#); [Classification-of-Fragility-and-Conflict-Situations-FY24.pdf](#)

²⁸ Small Island Developing States (SIDS) contexts or other exceptional circumstances: [Small States and Small States Forum Members](#)

IV. PANDEMIC FUND RESULTS FRAMEWORK AND ALIGNMENT WITH PROJECT PROPOSALS

A. Pandemic Fund Results Framework

32. Proposals are expected to demonstrate their alignment with the Pandemic Fund’s updated Results Framework,²⁹ how the proposed activities will deliver results in keeping with one or more of the three programmatic priorities of this CfP, and contribute to impact as measured by the relevant associated metrics. (Please also see Section VI below on the criteria by which proposals will be evaluated.) The core indicators in the Pandemic Fund Results Framework must be fully integrated into proposals. Where specific indicators are not relevant to the proposed project or activities, an explanation should be provided for their exclusion. Further, the M&E Guidelines³⁰ provide guidance on the operationalization of the Pandemic Fund Results Framework by providing an overview of the key M&E requirements and processes for Pandemic Fund grants.
33. The Results Framework covers results and associated metrics and indicators along four key dimensions: 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) incentivizing additional investments in pandemic PPR; and 4) improved efficiency in the use of Pandemic Fund resources.

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

34. The proposal should describe how it will strengthen core capacities for pandemic PPR within one or more of the programmatic priority areas, in alignment with regional plans and/or the National Action Plan for Health Security (NAPHS) or other national plans. A clear description of the current status of regional capacities for pandemic PPR (and national capacities of member countries in the regional entity, as appropriate) must be provided, based on relevant regional and/or national assessments (including national-level JEE/SPAR or PVS assessments, if relevant). If no relevant assessments have been conducted, the proposal should clearly articulate its plans to undertake such assessments as part of the project.
35. Where available, the proposals should provide a clear description of the current state of regional capabilities as assessed through the use of outbreak reviews, including IARs, AARs, or early-action reviews (EARs). If these have not been conducted, the proposal should include a clear description of any plans to implement regular IARs/AARs/EARs or simulation exercises (Simex) for continual improvement and learning.

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

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

Improved coordination regionally (across countries) and globally

36. One of the goals of the Pandemic Fund is to foster a coordinated, coherent, and community-engaged approach to pandemic PPR. Accordingly, proposals should clearly demonstrate how the project: 1) brings together key sectors, ministries, and stakeholders (for example, IEs, CSOs, institutions, networks, and regional platforms, as applicable) that are engaged in pandemic PPR to establish or improve processes/mechanisms that enable stronger cross-border coordination and 2) ensures a co-created, coordinated, and coherent approach between and among the applicant(s) and partners (e.g., by aligning the support of different partners around a regional plan, leveraging innovation, and/or triggering new policy commitments and actions).
37. In this context, while the involvement of at least one IE is a requirement, proposals will need to: 1) demonstrate engagement and collaboration with competent organizations that specialize in the areas included in the project; 2) articulate how relevant sectors, including health, animal, environment, and others, will contribute to the project; 3) demonstrate, with supporting evidence, the co-ownership and co-creation of the project by all relevant parties and their joint commitment to implementation. In this context, the Pandemic Fund places a strong emphasis on ownership by Beneficiaries along with co-ownership and co-creation with CSOs, community-led organizations, and marginalized populations.

Incentivizing additional investments in pandemic PPR

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

Improved efficiency in the use of Pandemic Fund resources

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

Cross-cutting enablers and underlying themes

40. To measure alignment with the Pandemic Fund’s cross-cutting enablers, the Results Framework includes indicators on improving the capacity of NPHIs (or relevant public institutions)³¹ and the capacity and coordination of regional/global networks, organizations, or hubs working on pandemic PPR.
41. Projects should integrate activities that support the Pandemic Fund’s four underlying themes as outlined in its Strategic Plan.³² To capture this alignment, the Results Framework uses JEE/SPAR, PVS, and other indicators to measure interventions and improvements across the themes.

B. Theory of Change

42. The Pandemic Fund requires all proposals to include a Theory of Change³³ (ToC), which is a comprehensive framework that clearly defines how all resources (Pandemic Fund Grant, co-financing, and co-investment) and the proposed activities translate into outputs, measurable outcomes, and overall impact, maximizing existing pandemic PPR efforts in the region. The ToC should map how interventions align and reinforce ongoing initiatives led by regional organizations, public health institutions, and relevant technical agencies and activities in countries. It must establish a clear link between high-level outcomes and impact indicators from the relevant core indicators of the PSRF Results Framework. Additionally, it should articulate the complementary role of the RE in enhancing coordination, leadership, efficiency, and sustainability of PPR capacities across participating countries. For an illustrative example of a project-specific ToC, please refer to examples on ToC model in the M&E Guidelines.³⁴

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

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

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

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

C. Project-Specific Results Framework (PSRF)

43. Proposals must include a PSRF,³⁵ with expected activities and outputs and intermediate outcomes for each programmatic area. Project-specific indicators are linked to activities and outputs to enable effective monitoring of the PSRF. Applicants should submit their PSRF with their proposal detailing the following:
- a) Well-defined activities corresponding to each of the indicators. The implementation of these activities will strengthen the identified programmatic priorities.
 - b) Project-specific indicators: The output indicators that will be used to measure completion of activities and, to the extent possible, outcome-level performance indicators that allow for measuring progress. A means of verification for each project-specific indicator should be identified. The Pandemic Fund Secretariat has compiled an Indicator Menu (as an Annex in the M&E Guidelines)³⁶ containing existing output and outcome indicators related to pandemic PPR. These have been adapted from other organizations and can serve as a basis for indicator selection. The M&E Guidelines³⁷ also discuss alternatives for project-specific indicator selection.
 - c) Baselines for the project-specific indicators.
 - d) Clear targets and timelines for achieving each activity/output.
44. Proposals should also include a Table detailing how and when M&E will be carried out for the project, which stakeholders will be responsible, and the costs of each of these activities (“M&E costs”). Please fill out the “Costed M&E Workplan” tab in the PSRF Excel sheet and provide detailed information on the timeline, responsible parties, and costs of data collection, report writing, dissemination, M&E training/capacity building, and other relevant activities.

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

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

37 Ibid.

V. GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER PHASE II OF THE 3RD CfP

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

45. Effective co-financing and co-investment strategies are critical for ensuring the sustainability and impact of projects funded by the Pandemic Fund. Regional Entity Funding Proposals must align their co-financing and co-investment commitments with regional priorities to maximize synergies with existing health security frameworks, avoid duplication, and strengthen system resilience at the regional or sub-regional levels.
46. Regional Entity Funding Proposals should clearly outline specific commitments that complement the proposed activities under this CfP, demonstrating alignment with ongoing regional or sub-regional initiatives. These commitments should reflect additional investments that intersect with the Funding Proposal's priority areas, such as regional laboratory strengthening (e.g., Global Fund and Pandemic Fund initiatives or MDB regional projects) or health workforce development (e.g., collaboration with global and regional institutions and organizations and Pandemic Fund collaborations). These commitments should be developed through broad discussions and negotiations among project partners. They should support regional and sub-regional planning efforts and complement national planning efforts, including the NAPHS, One Health, and other relevant national and regional frameworks. Ensuring alignment with these strategies by leveraging existing Regional Entities to build capacities will enhance the effectiveness and sustainability of the proposed interventions.
47. Regional Entity Funding Proposals should clearly outline key areas of work where co-financing and co-investments will be directed, explaining how these efforts will support the regional implementation of the proposal. The implementation plan should emphasize how co-financing and co-investment mechanisms will be structured to maximize impact, minimize duplication, and ensure efficient use of trackable resources across aligned regional and sub-regional initiatives.
48. Institutional barriers that may affect the Regional Entity's long-term financial and political commitments should be identified as potential risks. These may include uncertain domestic financing, where member states may not consistently contribute financial resources, or countries with significant debt that may be unable to allocate resources, leading to funding gaps in the RE; political instability or changing government priorities in individual countries, which can weaken or shift the support to an RE; political conflicts or strained relationships between countries in the region/sub-region that may disrupt regional collaboration; and other competing priorities that may take precedence over pandemic preparedness in country agendas, leading to changing priorities in regional agendas. The Funding Proposal should outline clear mitigation measures to address such potential risks related to mobilizing domestic and external resources, reflecting sustained and efficient financial management and tracking.

B. Co-Financing Requirements

49. Co-financing refers to the financial contribution from IEs and/or other sources—such as bilateral aid agencies, philanthropies, and potential private sector funders—in addition to the grant requested/received from the Pandemic Fund. These additional resources support the implementation of the project or the part of the project for which a Funding Proposal has been submitted.³⁸ Co-financing may consist of new or re-programmed/restructured funding from external or international sources that the Pandemic Fund is able to mobilize to enhance the overall financial capacity for pandemic PPR.
50. The Pandemic Fund aspires to achieve a portfolio-wide leverage ratio of 1:5 (Pandemic Fund grant financing to co-financing amount, including cash and in-kind contributions). This means that every US\$1 from the Pandemic Fund is expected to draw in US\$5 from these additional sources. IEs and partners are encouraged to exceed these targets for Regional Entities, leveraging additional resources for pandemic PPR. The Pandemic Fund highly encourages co-financing provided in cash but in-kind contributions, such as human resources, technical expertise, training programs, and equipment are acceptable. While there are no mandatory minimum thresholds, co-financing is a critical evaluation criterion, as detailed in the updated scoring methodology.³⁹
51. IEs should actively mobilize **new funding** by engaging regional and global partners. This requires leveraging existing networks, fostering multi-sectoral partnerships, and strategically aligning project objectives with both national and international health security priorities. Furthermore, IEs should explore mechanisms including:
- Blended and innovative financing mechanisms:^{40,41}
 - Blended financing by combining grants, concessional loans, and impact investments to maximize resources (a mechanism that the Pandemic Fund already offers).
 - Public-private partnerships and co-financing through innovative financing mechanisms such as pandemic insurance and results-based financing.
 - Alternative and diaspora-driven financing:⁴²
 - Mobilizing remittances and contributions from global diaspora communities.
 - Private sector and philanthropic contributions:
 - Aligning projects with corporate social responsibility strategies.
 - Fostering engagement to build sustainability strategies.

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

39 The Board plans to approve the policy at a later date. Instead, please refer to the Scoring and Weighting Methodology.

40 United Nation Economist Network: Innovative financing mechanism and solutions: [innovative_fincancing_14_march.pdf](#)

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

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

52. The Funding Proposal must include a structured breakdown of co-financing sources, amounts, and types (cash and in-kind). Tables included in the Funding Proposal should detail funding sources, allocations, and durations⁴³ with commitment letters from contributing entities attached for validation. Please note that the full amount of co-financing for the project will be considered, even if the timeline for co-financing exceeds the three-year life cycle of the Pandemic Fund grant.
53. Challenges as well as shifts in the global funding landscape can impact the availability and sustainability of external resources for long-term co-financing commitments. The Funding Proposal should identify these uncertainties as potential risks, along with mitigation measures to address them. Given the evolving nature of global financing for pandemic PPR, the monitoring and evaluation of co-financing commitments should be integrated into the Pandemic Fund's annual reporting process. This will ensure ongoing tracking, accountability, and adaptability to changes in external resource availability.

C. Co-investment Requirements and Policy Commitments

54. Co-investment refers to financial resources provided by Co-investors, including on-budget government funds that are readily available (excluding funds/loans/credits that require restructuring) as well as non-monetary in-kind contributions from Co-investor(s).⁴⁴ This Co-investment is **in addition** to the grant from the Pandemic Fund. These additional resources support the implementation of the project or part of the project for which a Funding Proposal has been submitted. Co-investment could also include policy commitments and linked projects from the Co-investor(s) that would complement funding from the Pandemic Fund.
55. The Pandemic Fund aspires to achieve a portfolio-wide leverage ratio of 1:4 (e.g., for every US\$1 granted by the Pandemic Fund, an additional US\$4 should be mobilized through co-investments, including cash and in-kind contributions). **For Regional Entity Proposals, REs are expected to achieve a leverage ratio of at least 1:1.** This means that every US\$1 from the Pandemic Fund is expected to be matched with an additional US\$1 from these sources. Regional Entities with greater capacity are encouraged to exceed these targets. Co-investment provided in cash is highly encouraged, but the Pandemic Fund will also accept in-kind contributions. While there are no mandatory minimum thresholds, co-investment is a key evaluation criterion outlined in the updated Scoring and Weighting Methodology, as it contributes to the sustainability and

⁴³ Timeframe of some co-financing falls beyond the three-year duration of the project. Timeframe for each type of co-financing needs to be clearly described in the Funding Proposal template.

⁴⁴ Co-investor refers to any country that is eligible to receive funding from the World Bank's IBRD and/or IDA. See Governance Framework, vii. Glossary: [Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response](#)

institutionalization of efforts supported by the Pandemic Fund. However, REs that are unable to meet the co-investment expectations should formally request a waiver, outlining the rationale, for consideration during the eligibility process.⁴⁵

56. Regional entities are encouraged to demonstrate in-cash commitments that align with the project's objectives. Co-investment plans should outline how regional co-investments will be leveraged alongside external sources; how investments will be structured to complement Pandemic Fund financing without crowding out other critical health investments at the national, sub-regional, and regional levels; and how incentives will be created to sustain long-term financial commitments. Additionally, the plan should include strategies for REs with limited co-investment capacity, such as leveraging resources from MDBs that are already targeted at national or regional budgets for preparedness efforts.
57. REs and IEs should map and identify investments, whether in-cash, in-kind, or through policy commitments in pandemic PPR that could contribute to project objectives. This mapping should specify sources, amounts, and alignment of these investments with the project. This includes:
 - Existing financing from MDBs or donor grants to the RE and ongoing projects/initiatives that can be reprogrammed to support pandemic PPR.
 - In-kind contributions to pandemic PPR such as workforce deployment, infrastructure, and technology investments.
 - Policy commitments for enhancing pandemic PPR such as an RE's commitment to integrate pandemic PPR into regional health security frameworks.
58. Regional Entities are encouraged to incentivize **new** investments to support the Pandemic Fund project and pandemic PPR, such as:
 - a) Mobilizing additional regional domestic financing for health security and pandemic PPR, ensuring sustained financial commitment from member states or regional bodies.
 - b) Expanding in-kind contributions specifically allocated for the project and PPR, such as expanding the health workforce to support project implementation, providing infrastructure (e.g., dedicating a building or facility as a regional training center), or investing in shared technological resources.
 - c) Establishing new policy commitments such as mandating real-time data-sharing between the human, animal, and environmental health sectors under the One Health approach.

⁴⁵ For more information on leverage ratios and examples of co-investment, see the Scoring and Weighting Methodology here: <https://www.thepandemicfund.org/key-application-documents>

- 59.** The Funding Proposal should clearly outline a structured breakdown of co-investment sources, amounts, and types (e.g., cash, in-kind, policy). Tables included in the Funding Proposal application should detail funding sources, allocations, and durations and evidence of engagement; endorsement from Co-investors should be included where applicable. Please note that the full amount of co-investment for the project will be considered, even if the timeline for co-investment exceeds the three-year life cycle of the Pandemic Fund grant.
- 60.** Macroeconomic challenges such as currency depreciation, inflation, and financial instability can impact long-term co-investment commitments. These could be identified in the Funding Proposal as potential risks along with their mitigation measures. To ensure accountability and sustainability, the monitoring and evaluation of co-investment commitments should be integrated into the Pandemic Fund's annual grantee reporting process to allow for ongoing tracking and necessary adjustments.

D. Standardizing Valuation of In-Kind Contributions

- 61.** A standardized methodology is essential for valuing in-kind contributions. Methodologies may include:
- Prorating staff salaries based on the exact number of staff and actual time dedicated to project activities.
 - Using local market rates or wages for labor costs.
 - Developing reference tables for common in-kind contributions (e.g., medical equipment, infrastructure, logistics support) attributed to the Pandemic Fund project.
 - Implementing external verification mechanisms for the valuation of the in-kind contributions, such as third-party assessments, to enhance transparency and credibility.
- 62.** Policy commitments endorsed by countries under the jurisdiction of the RE, such as expanding health workforces by strengthening NPHIs and building manufacturing capacity for diagnostics, can have significant financial implications. Assigning precise monetary values to such commitments could be challenging because of their long-term impact; however, Funding Proposals should clearly describe their expected benefits and alignment with project goals.

E. Value for Money⁴⁶

63. Ensuring Value for Money (VfM) is well described in the Pandemic Fund Funding Proposal which requires cost-effectiveness without compromising quality. IEs and Co-investors are encouraged to consider the following to ensure that VfM is demonstrated in their Pandemic Fund Funding Proposal.
- a) **Optimize Resources:** Minimize redundancy, reduce overhead costs, and leverage local expertise, prioritizing capacity-building with national governments, REs, NGOs, and academic institutions for sustainable, context-specific solutions.
 - b) **Strengthen Integration:** Align with existing regional health initiatives (e.g., initiatives supported by the World Bank, the Global Fund, or other regional bodies) and current Pandemic Fund-supported projects in the region to avoid duplication and enhance synergies, rather than creating parallel structures.
 - c) **Promote Financial Sustainability and Institutionalization:** Encourage co-financing and co-investment to complement rather than replace existing funding sources, ensuring long-term sustainability, institutionalization, and ownership of the projects.
 - d) **Optimize regional and sub-regional solutions:** Leverage regional and sub-regional approaches, such as pooled procurement and supply chain optimization to reduce costs, improve supplier negotiations, and ensure the timely and efficient delivery of medical supplies across multiple countries or regions.
 - e) **Maximize Impact through Sustainable Investments:** Focus on investments that strengthen regional health systems, such as reinforcing regional training programs and retention strategies, supporting the regional production of medical supplies and diagnostics to reduce reliance on external sources, and investing in regional digital surveillance tools for improved outbreak prevention and response.

⁴⁶ The World Bank defines VfM as the effective, efficient, and economic use of resources, which requires the evaluation of relevant costs and benefits, along with an assessment of risks, and of non-price attributes and/or life-cycle costs, as appropriate. Price alone may not necessarily represent VfM. For more information on VfM: <https://thedocs.worldbank.org/en/doc/274711479159288956-0290022017/original/GuidanceNoteonValueforMoney.pdf>

VI. PROPOSAL SUBMISSION

A. Application Portal

64. All proposals must be submitted on the Pandemic Fund’s online application portal⁴⁷ by **23:59 ET on August 22, 2025**. Applicants must complete all sections of the Pandemic Fund’s online application. The Pandemic Fund will not accept any e-mailed proposals.
65. User guides and information on how to access the application portal are available on the Pandemic Fund’s website.⁴⁸

B. Language of submission

66. Proposals, including the PSRF and all additional required and supplementary documentation, **must be submitted in English**. If full translations of longer supplementary documents, such as national plans, are not available in English, a summary of the document in English will be accepted.
67. This Guidance Note will also be available to applicants in French and Spanish on the Pandemic Fund’s website.⁴⁹ The Pandemic Fund encourages countries to seek assistance from the IE(s) with whom they are working to secure translations of proposals into English, as required.

C. Text Boxes

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

D. Currency of Submission

69. Funding requests, budgets, and disbursement schedules should be quoted in US dollars.

47 Please see Application portal here: https://worldbank.smaply.io/prog/CfP3_1

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

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

E. Ownership and Co-creation

70. Regional Entity proposals must provide evidence that the proposal's development process was led by the RE in close collaboration with regional/sub-regional stakeholders and actors (e.g., governments, IEs, CSOs, delivery partners, other regional entities) to ensure alignment with regional/sub-regional priorities and country needs. To ensure co-ownership and co-creation, Regional Entity proposals must be accompanied by **a cover letter** signed by high-level representatives, including from:

- The leadership of the Regional Entity.
- Identified IEs and, where possible, other key delivery partners.

This letter should acknowledge the shared commitment of all stakeholders involved in the proposal's objectives and implementation. Additionally, **evidence of engagement and endorsement**⁵⁰ from all relevant stakeholders who will benefit from the Regional Entity Proposal should be provided.⁵¹

F. Project Lead

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

G. Additional Required and Supplementary Documentation

72. As described in paragraph 70 above, applicants must submit a cover letter, signed by a high-level official in the RE and a representative of each IE (global or regional) involved in the proposal. The Pandemic Fund must receive the signed cover letter by the proposal deadline (August 22, 2025) for

⁵⁰ Such as documentation of multi-stakeholder consultations and meetings including meeting agendas, participant lists, signed minutes, or reports that reflect stakeholder discussions and feedback.

⁵¹ Where Pandemic Fund resources are being sought for a project involving the private sector, the submission should include appropriate IEs that are able to channel funding to such private-sector entity and with sign-off/endorsement from the relevant government ministries, departments, and other public-sector entity.

the proposal to be eligible for evaluation by the Pandemic Fund Technical Advisory Panel (TAP). A sample template has been provided in **ANNEX 4**.

- 73.** Additionally, **evidence of engagement and endorsement** from the countries benefiting from the Regional Entity Proposal should also be provided. If applicants cannot obtain governments' endorsements, applicants must contact the Pandemic Fund Secretariat (pandemicfundcfp@worldbank.org) before the deadline to explain the situation.
- 74.** Applicants must submit copies of the most recent regional assessments, relevant regional and national plans (e.g., NAPHS, One Health strategies, and health/community system strengthening plans), and any other relevant assessments or strategic plans, where available including progress reports of Pandemic Fund-awarded projects from participating countries.
- 75.** To demonstrate co-creation with all stakeholders, and where relevant, how CSOs, community organizations, and non-state actors were involved, applicants should provide evidence such as letters of endorsement, contact details of stakeholders, and proof of engagement (e.g., photos, meeting minutes, attendance logs) in the proposal development.
- 76.** If applicable, applicants should submit evidence of co-financing commitments, such as letters from co-financing partners, or other relevant correspondence confirming financial contributions.
- 77.** For each category of additional documentation, files should be combined into one PDF document.

H. Information Sessions

- 78.** The Pandemic Fund will organize information sessions on the requirements detailed in this Guidance Note in June and July 2025. Sign-up information will be posted on the Pandemic Fund website.⁵²

⁵² <https://www.thepandemicfund.org/call-for-proposals>

VII. PROPOSAL EVALUATION PROCESS AND CRITERIA

A. Eligibility Screening

79. The Pandemic Fund Secretariat will assess proposals for eligibility based on compliance with the requirements set out in the 3rd CfP: Phase II and described in **Section II** and on consistency with the Fund’s Governance Framework and Operations Manual. To be considered, proposals must fulfill all the requirements of the Governance Framework and Operations Manual and those described in this Guidance Note. The eligibility screening will include the following considerations:⁵³
- a) Was the proposal received before the deadline and is it complete, with all necessary supplementary documents enclosed, including cover letters signed by all relevant authorities?⁵⁴
 - b) Is the proposal and all annexes, including the PSRF excel sheet, clear, legible, and submitted in English?
 - c) Is the Regional Entity an eligible applicant under the Pandemic Fund’s criteria?⁵⁵
 - d) Within the mandate of the RE, are the majority of the member countries eligible to receive Pandemic Fund support?
 - e) Has the RE adhered to submission limits, ensuring that it has not exceeded the allowable number of proposals?⁵⁶
 - f) Does the proposal include at least one of the approved IEs to receive funds?⁵⁷
 - g) Does the proposal focus on activities addressing at least one programmatic priority?⁵⁸
 - h) Is there consistency across the financial figures reported in the various parts and tables of the application?
 - i) Has the cap on the amount requested (up to US\$40 million for Long Established Regional Entity proposals and up to US\$15 million for Newly Established Regional Entities) been respected?⁵⁹

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

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

55 Please refer to Section III.B

56 Please refer to Section III.C

57 Please refer to Section III.D

58 Please refer to Section III.A

59 Please refer to Section III.H

- j) Has the cap on IE Administrative Fees (as a percentage of the amount requested) of 7 percent been respected, and, for any amounts over 7 percent (and up to 10 percent), has justification been provided?⁶⁰
 - k) Does the proposal include evidence of consultation with national governments of the countries involved?
 - l) Does the proposal include a clear leadership role of the RE in steering project implementation and coordination?
 - m) If the proposal is from a Newly Established Regional Entity, does it include evidence of functioning for at least three years and proof of at least three years of financial audits?
 - n) If the RE is requesting a waiver from the co-investment, does the proposal include the justification and rationale to support the waiver?
- 80.** The Secretariat will forward eligible, complete proposals to the TAP within one week of the closing of the application portal. The Secretariat may reach out directly to applicants when there is a need for clarification or missing information. During the first week following the submission deadline, the Secretariat requests that applicants monitor their email inboxes daily to respond to its queries expeditiously. Only applications that are complete and contain all required documents, including signed cover letters by all relevant officials, by the end of the Secretariat eligibility screening process will be eligible for review by the TAP.

B. Technical Evaluation

- 81.** The TAP⁶¹ will undertake a technical evaluation of all eligible proposals. The updated Scoring and Weighting Methodology⁶² outlines the technical evaluation criteria, including:

⁶⁰ Please refer to Section II.I

⁶¹ Please see TAP Terms of Reference here: <https://thedocs.worldbank.org/en/doc/a6be826383791a497fd1330fa93ec1d8-0200022022/original/TAP-ToRs-Oct-13-2022-FINAL.pdf>

⁶² Please see Scoring and Weighting Methodology here: <https://www.thepandemicfund.org/key-application-documents>

Table 2: TAP Evaluation Scoring & Weighting

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

82. In addition to the core guiding principles, proposals will be assessed based on the following technical criteria. Criteria **(a) through (i)** apply to all proposals, regardless of whether the Regional Entity is newly established or existing. For **Long Established Regional Entities**, evaluation will also include criteria **(k)** and **(l)**, which assess the entity's track record and established operational capacity. For **Newly Established Regional Entities**, criteria **(k)** and **(l)** do not apply. Instead, they will be assessed based on criteria **(m)** and **(n)**, which focus on their plans for operationalization, capacity building, and political support.

Common Evaluation Criteria (applicable to all Regional Entities):

- a)** Does the proposal build **leadership capacity** at the regional/sub-regional level to ensure sustainability, ownership, and long-term impact?
- b)** Is the proposal aligned with regional/subregional initiatives and does it **ensure effective coordination**?
- c)** Have **participating countries formally endorsed the proposal** and does it provide evidence of this engagement?
- d)** Does the proposal include a **robust monitoring and evaluation** framework to ensure quality assurance and track strategic and operational criteria?

- e) Does the proposal foster **regional dialogue and collaboration**, support the advancement of the One Health agenda, and clearly define roles and responsibilities for relevant stakeholders?
- f) Does the proposal provide clear evidence that the Regional Entity **has experience supporting public health priorities**, including **One Health initiatives and pandemic PPR**?
- g) Is the proposed project feasible **within the proposed timeframe**, budget, and available resources?
- h) Can the project be **integrated with existing systems** to ensure sustainability?
- i) Does the proposal **demonstrate meaningful engagement with relevant stakeholders** throughout the project design and implementation phases?
- j) If the Pandemic Fund has previously awarded a grant to a country within the region, does the proposal include a description of complementarity with this grant(s)?

For Long Established Regional Entities Only:

- k) Does the Regional Entity have demonstrated experience and technical credibility for a minimum of five years, in managing similar projects, supported by evidence of political legitimacy and technical competence?
- l) Does the RE have proven operational capacity, for a minimum of five years, to implement the proposed project, supported by prior successful collaborations and experience with joint delivery mechanisms?

For Newly Established Regional Entities Only (*in place of k and l*):

- m) Does the Newly Established Regional Entity present a clear and realistic **plan for building internal capacity** and achieving long-term technical sustainability?
 - n) Does the Newly Established RE outline a defined **timeline for becoming fully operational**, including staffing and recruitment plans and the establishment (or development) of administrative and financial systems?
83. As occurs during the eligibility screening phase, the Pandemic Fund may request clarification and additional information from applicants during the evaluation period, which is scheduled for September 2025–October 2025. During this period, applicants will be requested to monitor their inboxes regularly and respond to requests for information expeditiously. If the TAP requests additional information, it must be submitted by the indicated deadline to be considered in the evaluation. Proposals are reviewed anonymously, and the identity of reviewers will not be revealed to applicants.

VIII. FUNDING DECISIONS

84. Proposals reviewed by the TAP, along with accompanying written assessments and recommendations prepared by the TAP leadership, will be submitted to the Governing Board for funding allocation decisions. The Governing Board will make funding decisions by November 2025.
85. All TAP recommendations are considered advisory to the Governing Board, which has full control over any decisions or actions regarding proposals. The Governing Board will approve financial allocations to proposals, considering the availability of funding as reported by the Trustee, and based on an agreed set of funding allocation principles to guide prioritization.⁶³ Funding decisions for commitment by the Trustee can only be approved against currently available resources.
86. The Pandemic Fund Secretariat will contact successful applicants, including IEs at headquarters-level, and the Governing Board will announce funding decisions in a press release shortly after the Board decision. The Trustee will commit funds to the IE in accordance with the process detailed in the Operations Manual and the FPA.⁶⁴ REs that are not awarded funding will receive feedback on their proposals.
87. In the 1st CfP, the Governing Board awarded funding to 19 of the 49 proposals that the TAP recommended. The Governing Board prioritized a portfolio that was technically sound and geographically diverse and included proposals from low-income countries (LICs) and lower- and middle-income countries (LMICs). These 19 projects included the top two proposals, as technically assessed by the TAP, from each of the six World Bank geographic regions; the top three multi-country/regional proposals, as technically assessed by the TAP; and the next four highest assessed proposals from LICs and LMICs. The selection also ensured a good mix of IEs.
88. In the 2nd CfP, the Governing Board awarded funding to 28 of the 49 proposals that the TAP recommended. The projects were selected in two funding phases. In the first phase, five projects in countries affected by the mpox outbreak received grants. The Board chose these projects based on the WHO Global Mpox Strategic Preparedness and Response Plan (SPRP), focusing on countries with the highest epidemiological risk and those contaminated by clade 1. In the second phase, funding was allocated across 23 proposals based on the TAP's technical assessment and scoring, applying the same criteria used in the 1st CfP, focusing on key criteria such as geographical distribution (aiming for an equal number of supported proposals per region), income group (with a priority for LICs and LMICs), and ensuring a mix of IEs.

⁶³ The Board will develop and agree on a set of principles to prioritize the allocation of funding to proposals under this CfP.

⁶⁴ See paragraph 15 in the Operations Manual and Section 2.2 (b) and (c) of the FPA.

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

89. All projects and activities supported by the Pandemic Fund have explicit commitments to monitoring, evaluation, learning, and knowledge during implementation, following the standards, procedures, and requirements of the involved IEs. Each project that receives funding from the Pandemic Fund will report annually to the Secretariat on progress and results for all activities, including reporting on the indicators of the Results Framework and project-specific indicators for intermediate outcomes/coverage and outputs and activities, as determined in the PSRF in each proposal. For reporting guidance, please consult the M&E Guidelines.⁶⁵ IEs and project teams will use the online reporting portal to submit annual project reports on programmatic performance to the Pandemic Fund Secretariat. The Secretariat will consolidate this reporting into an annual portfolio impact/results report and submit it to the Governing Board. The accuracy of all reporting is the responsibility of the originating project and IEs. The Governing Board will determine the standardized format and contents to be used for the IE reports. IEs are also required to comply with all reporting requirements contained in the Operations Manual and FPA.
90. The Pandemic Fund provides flexibility to grantees to adjust or revise their projects to address new or changing circumstances and respond to risks and opportunities that may emerge following the Governing Board's approval of the grant and before or during a project's implementation. Projects that seek to make changes to their scope or design, timelines, outcome indicators, output level indicators, milestones or deliverables, IEs, or other allowed areas should consult the requirements and process described in the Pandemic Fund's Policy on Post-Approval Changes.⁶⁶

⁶⁵ Please see updated M&E Guidelines here: <https://www.thepandemicfund.org/key-application-documents>

⁶⁶ https://www.thepandemicfund.org/sites/default/files/2024-08/DLD626%20PF%20-%20Policy%20Document_3.2.pdf

X. DISCLOSURE OF INFORMATION

91. Information in proposals approved by the Governing Board may be publicly disclosed on the Pandemic Fund website and/or otherwise made public. Additionally, for approved proposals, reports on progress provided to the Pandemic Fund, including financial and programmatic information, will be made public through the Pandemic Fund’s Annual Impact and Progress Report.⁶⁷

XI. KEY DATES AND TIMELINE

Call for Proposals Announced	December 19, 2024
CfP3: Phase II application package released and application portal opens	June 16, 2025
CfP3: Phase II applications due in the portal	August 22, 2025
Funding decision by the Pandemic Fund Board	Early November 2025

⁶⁷ Please see <https://www.thepandemicfund.org/annual-progress-report>

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

1. The Pandemic Fund is a collaborative partnership among sovereign and non-sovereign donors, Co-investor countries, and CSOs. It was established in September 2022 as a joint undertaking of the World Bank and the WHO. It was established as a FIF, and the World Bank hosts the Secretariat and serves as Trustee. The Secretariat is based in Washington, D.C. and provides program management and administration services, including support to the Governing Board in the delivery of its responsibilities.
2. As per the Pandemic Fund’s [Governance Framework](#) and [Operations Manual](#), approved by the Pandemic Fund’s Governing Board in September 2022, “*the objective of the Pandemic Fund is to provide a dedicated stream of additional, long-term funding for critical pandemic prevention, preparedness, and response (PPR) functions in International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries, through investments and technical support at the national level, as well as at the regional and global levels. The Pandemic Fund is expected to support and reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR) (2005) and other internationally endorsed legal frameworks, consistent with a One Health⁶⁸ approach.*”⁶⁹
3. The Pandemic Fund is expected to add value in the following ways: ⁷⁰
 - First, it will help bring **additionality** in financial resources for pandemic PPR, including through the mobilization of non-official development assistance (ODA) resources, for example, from philanthropies.
 - Second, financing from the Pandemic Fund could be used to **incentivize** countries to invest more in pandemic PPR, including through blending of MDB resources to further increase concessionality and matching of domestic resources.
 - Third, by bringing together key institutions engaged in pandemic PPR and health system financing and linking financing with existing country-level planning and prioritization processes, the Pandemic Fund promotes a more **coordinated and coherent approach** to pandemic PPR strengthening. This approach bolsters alignment and complementarity of pandemic PPR and health system strengthening and reduces transaction costs for client countries. More coordinated support also creates conditions for a more systematic dialogue about domestic financing for pandemic PPR.
4. Furthermore, as stated in the Governance Framework, the following key principles underpin the Pandemic Fund’s design:⁷¹ First, it complements the work of existing institutions that provide

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

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

70 Source: Pandemic Fund Governance Framework, paragraph 5.

71 Source: Pandemic Fund Governance Framework, paragraph 6.

international financing for pandemic PPR, drawing on their comparative advantages. Second, it is designed to *catalyze* funding from private, philanthropic, and bilateral sources. Third, it serves as an *integrator*, rather than a silo that only furthers fragmentation. Fourth, it has the *flexibility* to work through a variety of existing institutions and adjust over time as needs and the institutional landscape evolve. Fifth, its structure is designed to reflect *inclusivity*, while ensuring *streamlined and efficient governance and operating arrangements*. Sixth, it operates with high standards of *transparency and accountability*.

5. The Pandemic Fund allocates additional financing where investments are most urgently needed to bolster pandemic PPR for COVID-19 and future pandemics, addressing key capacity gaps at all levels, including, but not limited to, the following areas, as established in the Operations Manual:⁷²
 - Strengthen country-level pandemic PPR capacity by addressing capacity and capability gaps at country and local level in core domains of the 2025 IHR and WOA International Standards, including disease surveillance, laboratory systems, emergency communication, coordination and management, critical health workforce capacities, and community engagement. The Pandemic Fund also strategically invests in health systems at community and primary health care levels to strengthen synergies between health systems and pandemic PPR capacity.
 - Build regional and global capacity by expanding support to regional and global institutions across multiple domains, including surveillance, reporting and information sharing, shared public health assets, regulatory harmonization, capacity to support public health workforces, and capacity for coordinated development, procurement, distribution, and deployment of countermeasures and essential medical supplies.
 - Support technical assistance, analytics, learning, and convening. The Fund complements its financial support to countries and regional/global institutions through activities to elevate the pandemic PPR agenda, support cross-country learning, and promote collective accountability. This includes peer-to-peer learning, learning events, targeted technical assistance, systematic monitoring of pandemic PPR capacities, and domestic spending on pandemic PPR.
6. On July 19, 2023, the Pandemic Fund’s Governing Board awarded a first round of grants totaling US\$338 million, mobilizing over US\$2 billion in additional financing to help 37 countries strengthen their capacity to prevent, prepare for, and respond to pandemics. Every dollar awarded in this first round leveraged an additional US\$6.4 in co-financing and co-investments. Higher-income countries and multi-country projects had an even higher combined leverage ratio of 1:8.7. For more information, please see the Pandemic Fund’s Annual Results Report 2024.⁷³
7. On October 17, 2024, as part of the 2nd CfP, the Pandemic Fund’s Governing Board awarded US\$547 million in grants to help 50 countries strengthen disease surveillance and early-warning systems, upgrade laboratories, and build health workforces. These 28 projects will mobilize nearly \$4 billion in additional financing, resulting in a leverage ratio of 1:7.3.

⁷² Source: Pandemic Fund Operations Manual, paragraph 3.

⁷³ Please see the Annual Results Report <https://www.thepandemicfund.org/annual-progress-report>

ANNEX 2: GLOSSARY OF TERMS

Beneficiary: For Phase II, a Beneficiary is any Eligible Entity that may benefit from the Pandemic Fund through projects or activities undertaken by an IE to advance the objectives of the Pandemic Fund. Such projects or activities can involve the government/public sector and private/non-governmental sector in Eligible Countries.

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

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

Co-investor: This is the same as «Regional Entity» under Phase II.

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

Delivery partner: A delivery partner supports project execution and delivery on the ground. Delivery partners cannot submit proposals themselves nor receive direct funds from the Pandemic Fund. Instead, they are sub-contracted by the IEs or the Regional Entity, per the applicable policies and procedures of the IEs involved. Delivery partners may include CSOs, NGOs, private sector entities, academic institutions, and individuals. Prospective delivery partners should be consulted during the proposal development process and included in the proposal documentation when possible.

Eligible Regional Entity: Regional or sub-regional entities, bodies, platforms that are specialized technical institutions, agencies, multi-country networks, organizations or hubs, established by the governments of more than one Eligible Country(-ies) to support their public health priorities including One Health initiatives and strengthen pandemic PPR capacities. The majority of countries served by such entities must be eligible for support from the Pandemic Fund. Further, these entities must possess a legal status that enables their establishment and effective functioning in a manner that serves the interests of the benefiting Member States. They must also be legally registered in their host country. Regional arms of a global organization that include Member States grouped within a geographical region of that global organization are not eligible.

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

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

Funding Ceiling: The maximum grant amount that Regional Entity proposals may request, up to US\$40 million for Long Established Regional Entities and up to US\$15 million for Newly Established Regional Entity proposals.

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

Implementing Entity: An entity that is approved or accredited in accordance with the Operations Manual and has signed the FPA. There are currently 13 approved IEs: the African Development Bank; the Asian Development Bank; the Asian Infrastructure Investment Bank; the European Investment Bank; the Food and Agriculture Organization of the United Nations; the Inter-American Development Bank; the International Finance Corporation; UNICEF; the World Bank; the World Health Organization; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI). Please note that only approved IEs that have signed the FPA by June 16, 2025 are eligible to apply for Pandemic Fund grants in the 3rd CfP: Phase II.

IE administrative fee: The amount of Pandemic Fund grant resources allocated to the IE as a fee to cover the IE's costs for services it performs in connection with managing the IE Trust Fund/Account and the project for which an allocation is made. These services can include the preparation and supervision of projects financed using Pandemic Fund funding, including staff costs related to these activities (e.g., project management). IE Administrative Fees should not include any Technical Expertise or Monitoring and Evaluation activities, as these should be accounted for in the project cost.

Monitoring & Evaluation costs: These include project funds spent on M&E activities such as data collection, data analysis, preparing progress reports, strengthening electronic information systems, dissemination of results to key stakeholders, M&E capacity building, and M&E staff salaries.

One Health:⁷⁴ “One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change, and contributing to sustainable development.”

Pandemic Fund Results Framework: This Results Framework defines the change pathways and qualitative and quantitative metrics that the Pandemic Fund will use to: 1) help articulate overall impact, areas for improvement, and accountability for the Fund and all partners in its partnership; 2) guide the development of proposals; and 3) determine which information will be collected to assess the effectiveness of the Pandemic Fund. The Framework is designed around four results areas: 1) improved capacity for the prevention, detection, notification, and response to pandemics; 2) improved

⁷⁴ Source: One Health High-Level Expert Panel (OHHLEP), Adisasmito, W.B., Almuhairei, S., Behraves, C.B., Bilivogui, P., Bukachi, S.A., et al. (2022) One Health: A new definition for a sustainable and healthy future. PLoS Pathog 18(6): e1010537. <https://doi.org/10.1371/journal.ppat.1010537>

coordination nationally (across sectors within countries), regionally (across countries), and globally; 3) incentivized additional investments in pandemic PPR; and 4) improved efficiency in the use of Pandemic Fund resources. These four areas are complemented by two cross-cutting enablers and four underlying themes. Please see the Pandemic Fund’s Strategic Plan⁷⁵ for additional information.

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

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

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

Regional Entity proposal: Proposals from Regional Entities should target public health priorities and challenges affecting a geographic region or sub-region, with emphasis on harmonizing and coordinating approaches across countries. Proposed activities should align with regional or sub-regional priorities and contribute to the broader pandemic PPR agenda. Crucially, the proposal must clearly demonstrate how it will primarily serve eligible countries. Activities should complement and build on existing PPR efforts, including previously awarded Pandemic Fund grants and current proposals, while ensuring alignment with shared goals and addressing common challenges faced by the eligible countries in the region/sub-region.

Value for money: The effective, efficient, and economic use of resources, which requires the evaluation of relevant costs and benefits, along with an assessment of risks and non-price attributes and/or life cycle costs, as appropriate.⁷⁶

⁷⁵ Pandemic Fund Strategic Plan 2024-2029 <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

⁷⁶ From World Bank Guidance on Value for Money: Achieving VfM in Investment Projects Financed by the World Bank <https://thedocs.worldbank.org/en/doc/274711479159288956-0290022017/original/GuidanceNoteonValueforMoney.pdf>

ANNEX 3. TEMPLATE FOR COVER LETTER

[Date]

Dear Pandemic Fund,

On behalf of [Insert the names of the Regional Entity that will be a Beneficiary of the project], we are pleased to submit this signed commitment letter for the proposal [Insert name of the project].

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

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

We thank the Pandemic Fund for considering our proposal.

Sincerely,

[Insert here the signatures and stamps from a representative of the Regional Entity and the signatures of at least one representative from each Implementing Entity involved (for all projects). If available, you may also add relevant signatures from CSOs, Delivery Partners, and others]