



**The
Pandemic
Fund**

FOR A RESILIENT WORLD



THE PANDEMIC FUND:
FIRST CALL FOR
PROPOSALS (CfP)

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THE PANDEMIC FUND: FIRST CALL FOR PROPOSALS (CfP)

The Pandemic Fund launched its first round of funding on February 3rd, 2023 by issuing a call for Expressions of Interest (EOI) and now seeks detailed applications for projects to be funded under its first Call for Proposals (CfP).¹ The envelope of funding for this CfP is estimated to be around US\$ 300 million.

I. BACKGROUND

A. Objectives, Value Addition, and Overall Scope of the Pandemic Fund

1. 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 Health² approach."*³
2. The Pandemic Fund is expected to add value in the following ways:⁴
 - First, it will help bring **additionality** in financial resources for pandemic PPR, including through the mobilization of non-ODA resources, for example, from philanthropies.
 - Second, financing from the Pandemic Fund could be used to **incentivize** countries to invest more in pandemic PPR, including through blending of MDB resources to further increase concessionality and matching of domestic resources.

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

2 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.

3 Source: Pandemic Fund Governance Framework (paragraph 5) and Operations Manual (paragraph 2).

4 Source: Pandemic Fund Governance Framework (paragraph 5)

- Third, by bringing together key institutions engaged in pandemic PPR and health system financing the Pandemic Fund will promote a more **coordinated and coherent approach** to pandemic PPR strengthening by linking financing with existing, country-level planning and prioritization processes, thereby strengthening alignment and complementarity of pandemic PPR and health system strengthening and reducing transactions costs for client countries. More coordinated support also creates conditions for a more systematic dialogue about domestic financing for pandemic PPR.
3. Furthermore, as stated in the Governance Framework, the following key principles underpin the Pandemic Fund's design⁵: First, it complements the work of existing institutions that provide 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 will serve as an *integrator* rather than become a new silo that only furthers fragmentation. Fourth, it has the *flexibility* to work through a variety of existing institutions and adjust over time as needs and the institutional landscape evolves. Fifth, its structure is designed to reflect *inclusivity*, while ensuring *streamlined and efficient governance and operating arrangements*. Sixth, it will operate with high standards of *transparency and accountability*.
4. The Pandemic Fund will allocate additional financing where investments are most urgently needed to bolster pandemic PPR for COVID-19 and future pandemics, addressing key capacity gaps at all levels, including, but not limited, to the following areas, as established in the Operations Manual⁶:
- Strengthen country-level pandemic PPR capacity by addressing capacity and capability gaps at country and local level in core domains of the International Health Regulations (IHR, 2005) and the World Organisation for Animal Health (WOAH) International Standards, including disease surveillance systems, laboratory systems, emergency communication, coordination and management, critical health workforce capacities, and community engagement. The Pandemic Fund will also strategically invest in health systems at community and primary health care levels to strengthen synergies between the health system and pandemic PPR capacity.
 - Build regional and global capacity by expanding support to regional and global institutions across multiple domains, including surveillance, reporting and information sharing, shared public health assets, regulatory harmonization, capacity to support public health workforce, and capacity for coordinated development, procurement, distribution and deployment of countermeasures and essential medical supplies.
 - Support technical assistance, analytics, learning and convening. Financial support to countries and regional/global institutions will be complemented by activities to elevate the pandemic PPR agenda, support cross-country learning, and promote collective accountability. This could include peer-to-peer learning, learning events, targeted technical assistance, systematic monitoring of pandemic PPR capacities and domestic spending on pandemic PPR.

5 Source: Pandemic Fund Governance Framework, paragraph 6.

6 Source: Pandemic Fund Operations Manual, paragraph 3.

B. Eligible Countries and Beneficiaries

5. Any country that is eligible to receive funding from the IBRD and/or the IDA⁷ is eligible to receive funding from the Pandemic Fund.⁸
6. Beneficiaries are defined as:
 - a) Any Eligible Country that may benefit from the Pandemic Fund through projects or activities undertaken by an Implementing Entity (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; and
 - b) Regional entities or platforms that are specialized technical institutions established by the governments of one or more Eligible Country (-ies) to support their public health initiatives and strengthen pandemic PPR capacity. Regional development communities or economic organizations may also be considered. Regional arms of a global organization, generally consisting of Member States grouped within a geographical region of that global organization, would typically not be eligible.

C. Implementing Entities (IEs)

7. The Pandemic Fund will channel its financing to Beneficiaries through Implementing Entities (IEs) that will support project implementation. IEs will serve according to their existing scope and mandate, as laid out in the Governance Framework and Operations Manual, including: a) administering the funds transferred to them from the Pandemic Fund, including the use of fund and activities carried out; b) conducting discussions with Beneficiaries of the Pandemic Fund on projects and activities; c) providing implementation and/or implementation support to Beneficiaries; d) providing financing and progress reporting to the Governing Board through the Trustee and the Secretariat; and e) cooperating on reviews and evaluations of the Pandemic Fund under terms acceptable to IEs.⁹

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

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

9 Source: Governance Framework (paragraphs 29, 30) and Operations Manual (paragraph 7)

8. The currently approved list of 13 IEs is as follows:¹⁰
 1. African Development Bank;
 2. Asian Development Bank;
 3. Asian Infrastructure Investment Bank;
 4. European Investment Bank;
 5. Inter-American Development Bank;
 6. International Finance Corporation;
 7. World Bank;
 8. Food and Agriculture Organization of the United Nations;
 9. UNICEF;
 10. World Health Organization;
 11. The Coalition for Epidemic Preparedness Innovations;
 12. Gavi, the Vaccine Alliance; and
 13. The Global Fund to Fight AIDS, Tuberculosis and Malaria.

9. Civil Society Organizations (CSOs), Non-governmental Organizations (NGOs), and other entities may be contracted as project delivery partners by IE(s) or Beneficiaries, per the applicable policies and procedures of the IE(s) involved.

II. SCOPE OF THE FIRST CALL FOR PROPOSALS (CfP)

A. Priority Areas

10. The first Call for Proposals prioritizes high-impact investments in: 1) disease surveillance systems, 2) laboratory systems, and 3) strengthening human resources/public health workforce capacity to help countries prevent, prepare for and respond to health emergencies. Grant financing provided through the CfP is intended to help countries and regions strengthen their core capacities in these three priority areas, which present the promise of generating a visible impact in terms of prevention and preparedness

¹⁰ Subject to IEs signing a Financial Procedures Agreement with the Trustee, prior to submitting proposals, additional IEs may be added in the future following the IE Accreditation process referred to in the Pandemic Fund Operations Manual.

to effectively detect and respond to disease outbreaks. These priority areas have been selected for their contribution to the objectives of the Pandemic Fund and are consistent with minimum core capacities for pandemic PPR that countries are obliged to develop and maintain under the IHR (2005), and as articulated in the IHR (2005) State-Party Self-Assessment Annual Reporting (SPAR) Tool, Joint External Evaluation (JEE) Tool, and the Performance of Veterinary Services (PVS) pathway. Other investment areas for the Pandemic Fund will be prioritized in future calls for proposals as resources allow.¹¹

11. Within each of these three priority areas, countries and regions may have different investment needs. Below is a brief description of the types of activities that could be financed under the CFP in each of these areas through the projects supported, noting that projects may cover one or more of these priority areas and may include activities at the intersection of the three areas:

1) Surveillance systems:

IHR (2005) requires rapid detection of public health risks, as well as risk assessment, notification, and response. A sensitive surveillance system is needed to ensure early warning and provide information for an informed decision-making process during public health events and emergencies. This involves a multisectoral and integrated health system approach, including zoonoses in animal populations, antimicrobial resistance, community-based surveillance, clinical surveillance, sentinel surveillance systems and contact tracing during health emergencies, among others. The surveillance system should have the capacity to facilitate cross-sectoral communication in line with a One Health approach and based on international standards, good governance practices, guidance, and best practices, to minimize the transmission of zoonotic diseases to human populations. Investments in this area lead directly to improvements in early detection, catalyzing rapid responses.

Stronger surveillance systems require, for example, investments in: a) state-of-the-art digital tools to enable public health entities (including local hospitals, laboratories and veterinary services) to generate and share confidential data with national, regional and global public health institutions, and two-way information systems so that feedback mechanisms related to the communication on data are established, including domestic and wild animal and environmental health surveillance; b) strong and connected national and regional centers of expertise for collaborative surveillance, building on existing, proven systems and being interconnected in a global surveillance network; c) multi-sectoral genomic sequencing networks and capabilities, including in bioinformatics, to detect new variants and pathogens as they arise in people, animals and the environment, consistent with the WHO's 10-year strategy for genomic surveillance of pathogens with pandemic and epidemic potential; and d) training to help national / regional public health, animal health and environmental health agencies generate and analyze data.

¹¹ For the full list of priority investment areas, please see pg. 12-13 on "Focus Areas for Funding": <https://documents1.worldbank.org/curated/en/733191656685369495/pdf/Establishment-of-a-Financial-Intermediary-Fund-for-Pandemic-Prevention-Preparedness-and-Response.pdf>

2) Laboratory systems:

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

3) Human Resources/Workforce Strengthening:

A multisectoral workforce is key to enabling early detection, prevention, preparedness, and response to potential events of international concern at all levels of health and community systems, as required by the IHR and PVS. The availability and accessibility of a quality health workforce as surge capacity in emergencies, including a workforce for surveillance (e.g., field investigation and contact tracing teams, logisticians, laboratory personnel, animal health experts, clinicians, communications and event managers, and experts in finance, human resources, supplies, etc.) and for early warning and awareness raising, is critical to building the resilience of communities and for the continuity of health services during an emergency. This priority requires investing in a well-educated, trained and appropriately compensated workforce, to ensure readiness for surges of workforce across sectors during public health emergencies. Training must be based on up-to-date curricula, common standards, and competencies, reflecting an interdisciplinary approach for pandemic prevention, preparedness and response. Building regional centers of expertise that can serve as hubs for education and training, as well as national and regional cadres of primary health care workers, with the necessary training on pandemic PPR and public health, could play a useful role.

For reference, JEE and PVS indicators related to each of the priority areas are listed in Section III.A. on Alignment with the Results Framework.

B. Who can apply, what types of proposals will be accepted and what are some of the minimum requirements?

12. Funding proposals (referred to hereafter as “proposals”) will be accepted from¹²:
- a) An Eligible Country, groups of Eligible Countries, or a Regional Entity or Entities (as defined in Section I.B above), working with one or more IEs (as defined in Section I.C above); or
 - b) IEs (as defined in Section I.C above), working with a group of Eligible Countries or with a Regional Entity or Entities (as defined in Section I.B above), for multi-country or regional proposals.
13. Proposals must identify at least one Implementing Entity from among the thirteen (13) that are currently approved. **As such, the Pandemic Fund cannot provide grants for projects that do not involve an IE.**
14. Proposals must demonstrate that project components and activities to be funded using the grant requested from the Pandemic Fund will be completed within three years from the date of approval by the IE’s relevant authority, bearing in mind that the overall project completion date may extend beyond the three-year period. Projects for which funding is being requested should be slated for final approval by the executive board or other relevant authority¹³ of the concerned IE(s) and relevant in-country/regional Pandemic PPR multi-stakeholder forum by no later than the end of Calendar Year (CY) 2023.¹⁴ Funds will be committed by the Trustee to the IE in accordance with the process detailed in the Operations Manual and the Financial Procedures Agreement (FPA).¹⁵
15. Proposals must fulfill all the requirements as set out in the Governance Framework and Operations Manual as well as those described in this document, in order to be considered.

C. Available funding

16. The envelope for this first Call for Proposals (CfP) is around US \$300 million. The Pandemic Fund has decided not to establish a ceiling on individual grant amounts that can be requested within the overall envelope.

12 See paragraph 35 below for further details.

13 For MDBs, this would be their Executive Boards.

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

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

III. ALIGNMENT WITH THE RESULTS FRAMEWORK AND GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER THE CFP

A. Alignment with the Pandemic Fund Results Framework

17. Proposals are expected to demonstrate their alignment with the Pandemic Fund’s Results Framework (Annex 1) and how the proposed activities will deliver results along with one or more of the three priority areas of this CFP, and contribute to impact as measured by the relevant associated metrics (see also Section V below on the criteria through which proposals will be evaluated). The Pandemic Fund Results Framework, and associated metrics and indicators, should be fully integrated into proposals; where specific indicators are not relevant to the proposed project or activities, an explanation should be provided for the exclusion.
18. The Results Framework covers results, and associated metrics and indicators, along four key dimensions: a) Building capacity/demonstrating capability; b) fostering coordination nationally (across sectors within countries), and among countries regionally and globally; c) incentivizing additional investments in pandemic PPR; and d) ensuring administrative/operational efficiency of Pandemic Fund resources.

a. Building capacity/demonstrating capability

19. Proposals should demonstrate how the project will help improve applicable JEE, PVS, and SPAR scores and lead to improved capabilities in comprehensive disease surveillance and preparedness to respond to health emergencies. Specifically, the proposal should articulate which, among the applicable JEE third edition indicators and PVS pathway critical competencies from those listed below, would be targeted for improvement through the project, using the grant requested from the Pandemic Fund and other associated sources, and how the project will contribute to progress towards a demonstrated level of capacity (goal of level 4 or 5) on one or more of the indicators listed below (next page):

a) Surveillance and early warning

- i. JEE D2.1 Early warning surveillance function
- ii. JEE D2.2 Event verification and investigation
- iii. JEE D2.3 Analysis and information sharing
- iv. JEE P4.2 Surveillance of AMR
- v. JEE P5.1 Surveillance of zoonotic disease

- vi. JEE PoE1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)
- vii. PVS II-3 Quarantine and border security
- viii. PVS II-4 Surveillance and early detection
- ix. PVS II-9 Antimicrobial resistance and antimicrobial use

b) Laboratory Systems

- i. JEE D1.1 Specimen referral and transport system
- ii. JEE D1.2 Laboratory quality system
- iii. JEE D1.3 Laboratory testing capacity modalities
- iv. JEE D1.4 Effective national diagnostic network
- v. JEE P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities
- vi. JEE P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)
- vii. PVS II-1 Veterinary laboratory diagnosis

c) Human Resources/Workforce Strengthening

- i. JEE D3.1 Multisectoral workforce strategy
- ii. D3.2 Human resources for implementation of IHR
- iii. D.3.3 Workforce training
- iv. PVS I-1 Professional and technical staffing of the Veterinary Services
- v. PVS I-2 Competency and education of veterinarians and veterinary paraprofessionals
- vi. PVS I-3 Continuing education

20. If applicable, proposals may also address other JEE areas listed in the Pandemic Fund Results Framework outlined below, while prioritizing areas related to surveillance, laboratory capacity, and human resource strengthening:

d) Infection Prevention and Control (IPC)

- i. R4.1 - IPC programmes
- ii. R4.2 - HCAI surveillance
- iii. R4.3 - Safe environment in health facilities

- e) Risk communication and community engagement (RCCE)
 - i. R5.1 - RCCE system for emergencies
 - ii. R5.2 - Risk communication
 - iii. R5.3 - Community engagement

- f) Additional capacities related to Zoonotic Diseases
 - i. P5.2 - Responding to zoonotic diseases
 - ii. P5.3 - Sanitary animal production practices

- g) Health Emergency Management [including Medical Countermeasures]
 - i. R1.1, R1.2, R1.3, R1.4, R1.5 - Emergency Preparedness
 - ii. R3.3 - Continuity of essential health services (EHS)
 - iii. PoE 2 - Public health response at points of entry

- h) Immunization [including capacity for mass vaccination]
 - i. P8.1- Vaccine's coverage (measles) as part of national programme
 - ii. P8.2 - National vaccine access and delivery
 - iii. P8.3 - Mass vaccination for epidemics of VPDs

- i) Other

21. If neither a JEE nor a PVS has been conducted, the proposal should clarify which other internationally known assessments, such as SPAR, were used and how the project will help strengthen core capacities along one or more of the identified priorities, linking to National Action Plan for Health Security (NAPHS) or other national and/or regional plans. Further, if no national assessments have been conducted, the proposal should clearly articulate its plans to undertake such assessments as part of the project and how impact will be measured.

b. Fostering coordination nationally (across sectors within countries), and among countries regionally and globally

22. One of the goals of the Pandemic Fund is to foster a coordinated, coherent, and community-led approach to pandemic PPR. Accordingly, proposals should clearly demonstrate how the project brings together key institutions, networks and regional platforms (as applicable) engaged in pandemic PPR to ensure a co-created, coordinated, and coherent approach between and among the applicant(s) and partners (e.g., by aligning support of different partners around a government strategy or national or regional plan, leveraging innovation and/or triggering new policy commitments and

actions). In this context, while the involvement of at least one IE is a requirement, proposals should highlight the engagement of other IEs that are involved in the space being covered by the proposed project and how collaboration will be achieved, as applicable. Second, proposals should articulate how various relevant sectors, including health and others, have and will contribute to the project. Third, proposals need to demonstrate that the project was developed in an inclusive and participatory manner including the involvement of CSOs, community-led organizations and populations who are marginalized, and how these groups will be involved in implementation. It should be noted, in this context, that the Pandemic Fund places a strong emphasis on ownership by Beneficiaries. Proposals must demonstrate co-ownership and co-creation of the project by all relevant parties, and joint commitment to implementation.

c. Incentivizing additional investments in pandemic PPR

23. The Pandemic Fund seeks to incentivize financial and policy commitments from countries/Regional Entities and IEs as well as attract additional, new funds from other sources. To measure the Pandemic Fund's effectiveness in these areas, the Results Framework includes metrics to capture the extent to which Pandemic Fund resources complement and/or strengthen existing pandemic PPR/global health security efforts, the extent to which new funding sources are secured as a result of the Pandemic Fund grant, and the extent to which the capacities built by Pandemic Fund - supported projects can be sustained, following project completion. To this end, proposals should articulate clearly how the project leverages the Pandemic Fund grant to catalyze financing and policy commitments from countries, Regional Entities, IEs and other sources, and how sustainability will be achieved once the project is completed. Section III.B below provides guiding principles on co-financing and co-investment.

d. Ensuring administrative/operational efficiency of Pandemic Fund resources

24. 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 IE costs related to project preparation and management as well as costs related to monitoring and evaluation of the outputs and impact of the work. The Results Framework includes metrics to capture these elements.

25. People are affected by infectious disease outbreaks differently. To build pandemic PPR capacity effectively and efficiently, projects should be developed with these differences in mind and help promote greater gender equality and broader health equity which affect and are affected by pandemic PPR. The Results Framework includes a metric that captures the extent to which Pandemic Fund - supported projects accomplish this.

B. Guiding Principles on Co-financing and Co-investment¹⁶

a. Co-financing by IEs

- 26. Co-financing for the project by at least one participating IE is required for all proposals.** IEs are encouraged to provide co-financing and impact to the project as well as to describe how they will leverage Pandemic Fund grant financing to catalyze additional co-financing and co-investments for the project from new sources. While no minimum requirement has been set for this CFP, the total amount of co-financing provided by the IE(s) and others for each project, relative to the request for grant financing, will be considered when evaluating the proposals.
- 27.** In-kind technical and operational support will be accepted from technical agencies in lieu of financial co-financing.¹⁷ However, in these cases, the proposal should demonstrate that it has attracted new financial resources from at least one other source, such as another participating IE, new governmental donors, domestic resources, a regional body, philanthropy, or the private sector.

b. Co-investment and policy commitments by country and regional entity applicants

- 28.** All applicants are required to demonstrate a focus on impact, for example, by describing new and legacy policy commitments and implementation plans related to the priority areas of this CFP, which would normally benefit from broad discussions and negotiations among project partners. Such commitments should support national planning, such as achieving the objectives of National Action Plan for Health Security (NAPHS), or other national and/or regional plans and beyond, as applicable, and be aligned with or contribute to the project's objectives more broadly.
- 29.** Applicants must demonstrate financial commitments towards the overall project for which the proposal is submitted, as per the guidelines below:
- a)** For proposals from **countries in debt distress or at high risk of debt distress** as of November 2022, financial commitments to the project are not required.¹⁸ However, where possible, countries should demonstrate how they are making complementary financial investments (e.g., leveraging funding or assets already committed) and

¹⁶ Please see Annex 4 for a set of Guiding Principles developed by a Pandemic Fund Governing Board working group.

¹⁷ Technical agencies refer to UN agencies serving as IEs.

¹⁸ The List of LIC DSAs for PRGT-Eligible Countries as of November 30, 2022 is based on the World Bank Group and IMF countries that have undergone a Debt Sustainability Analysis based on the **Debt Sustainability Framework**. The following countries are listed in debt distress: Chad, Republic of Congo, Grenada, Malawi, Mozambique, São Tomé and Príncipe, Somalia, Sudan, Zambia and Zimbabwe. Twenty-seven countries are listed in high risk of debt distress: Afghanistan, Burundi, Cameroon, Central African Republic, Comoros, Djibouti, Dominica, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Haiti, Kenya, Kiribati, Lao PDR, Maldives, Marshall Islands, Mauritania, Micronesia, Papua New Guinea, Samoa, Sierra Leone, South Sudan, St. Vincent and the Grenadines, Tajikistan, Tonga, and Tuvalu. The full list may be accessed here: <https://www.imf.org/external/pubs/ft/dsa/dsalist.pdf>.

detail a future pathway to financial and policy sustainability for project activities. These countries should also describe any in-kind contributions they are committing to provide, such as time of government officials, office space, office supplies, transportation, etc.

- b) For proposals from **countries not in or at high risk of debt distress**, financial commitments from the country(-ies), in the form of financial co-investment for the project, **are** required. Co-investment can be broader than the specific project, within the broader scope and determinants of pandemic PPR. It will also be important to demonstrate the additionality of this co-investment, which is key to avoiding crowding-out other health investments. This must be demonstrated in the proposal, by detailing how the domestic contribution will be financed and sustained. No minimum threshold for co-investment has been established for this first CfP. However, the amount of co-investment provided relative to the request for funding from the Pandemic Fund will be considered in the scoring methodology. Other innovative forms of co-investment, including in-kind contributions, should also be described in the proposal.

- c) For proposals from a **Regional Entity (or Entities)**, financial commitments, in the form of co-investment for the project, **are** required. Co-investment can be broader than the specific project, with the acknowledgment of the broader determinants of pandemic PPR. It will also be important to demonstrate the additionality of this co-investment, which is key to avoiding crowding out other health-related investments. This must be demonstrated in the proposal, by detailing how the Regional Entity contribution will be financed and its sustainability. No minimum requirement for co-investment has been set for this first CfP. However, the amount of co-investment provided relative to the request for funding will be considered in the scoring methodology. Other innovative forms of co-investment, including in-kind contributions, should also be described in the proposal.

IV. SUBMISSION PROCESS AND TIMELINE

A. Submission of Funding Proposals

- 30. Proposals may be for specific components of a project or for a program comprised of several projects (hereafter referred to as “project”). Applicants must complete all sections of the Pandemic Fund’s Funding Proposal Template ([Annex 2](#)).

- 31. Proposals, including all accompanying documentation, should be submitted in English. If you will have difficulties submitting the proposal and accompanying documentation in English, please contact the Secretariat by May 1, 2023 at pandemicfundcfp@worldbank.org to make alternative arrangements. **Funding requests, budgets and disbursement schedules should be quoted in US dollars.**

32. The Funding Proposal Template should be completed on the Pandemic Fund's application portal; the link to the portal will be made available on the Pandemic Fund's website in early May. If you have difficulties accessing the portal, please contact the Pandemic Fund Secretariat at pandemicfundcfp@worldbank.org by May 15, 2023 to make alternative arrangements to submit your proposal. All proposals must be submitted by **May 19, 2023 at 23:59 EDT**.
33. The Pandemic Fund will organize information sessions on the requirements detailed in this cover note in the coming weeks. Sign-up information will be posted on the Pandemic Fund website's [Funding Opportunities](#) page. Additional information sessions on how to access the application portal will also be scheduled closer to the submission deadline.
34. Applicant countries and Regional Entities and IEs should obtain the necessary internal management clearances for the proposal prior to its submission to the Pandemic Fund, where possible, however, final approval of the project by the Executive Board or other relevant authority of the concerned IE(s) should occur no later than the end of the Calendar Year (CY) 2023.
35. Furthermore, the following guidance for the submission of proposals to the Pandemic Fund should be noted:
- Single-country proposals must be submitted by the potential applicant country with the IE(s) clearly identified. Such proposals must be accompanied by a cover letter signed by (a) a representative of the Ministry of Finance, a representative of the Ministry of Health, and if applicable, other relevant Ministry/Department/entity from the applicant(s) and (b) representatives of the identified IEs, acknowledging co-ownership, co-creation, and commitment.¹⁹
 - Multi-country proposals may be submitted by one of the potential applicant countries or an IE, as long as the proposal demonstrates that it has been co-created and that there is co-ownership amongst all parties. Such proposals must be accompanied by a cover letter signed by (a) a representative from each country's Ministry of Finance, a representative from each country's Ministry of Health, and if applicable, other relevant Ministry/Department/entity from the applicants and (b) representatives of the identified IEs, acknowledging co-ownership, co-creation, and commitment.
 - Regional Entity proposals may be submitted by either a Regional Entity applicant or an IE, as long as the proposal demonstrates that it has been co-created and that there is co-ownership amongst all parties. The proposal must be accompanied by a cover letter signed by the representative(s) of the applicant entity (-ies) and representatives of the identified IEs, acknowledging co-ownership, co-creation, and commitment.

¹⁹ Where Pandemic Fund resources are being sought for a project involving the private sector, the submission should include appropriate IEs that are able to channel funding to such private sector entity, and with sign-off/endorsement from the relevant government ministries, departments and other public sector entity as outlined here.

36. All proposals must assign an individual project leader representing the participating applicants to liaise with the Secretariat on the proposal, provide clarifications, missing information, and receive feedback on the status of the proposal submission. The project leader – if different from the person submitting the application - must be copied on the proposal submission. Project leaders, in most cases, would be a government official dedicated to the project submitted or, in exceptional cases (e.g., impossibility for a country to indicate someone due to change of governments or strong instability), a representative of an IE.
37. A country may submit a maximum of two, single-country proposals.²⁰ There are no limits on the number of multi-country or regional proposals that can be submitted. Furthermore, there are no limits on the number of multi-country or regional proposals that a country or Regional Entity may take part in or on the number of proposals an IE may take part in.²¹

B. Key dates and timeline

Call for Proposals Issued:	March 3, 2023
Call for Proposals Closed:	May 19, 2023
Funding decision by the Pandemic Fund Board:	July 2023

20 This does not include multi-country projects or regional projects; or projects with a regional body/agency.

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

V. EVALUATION PROCESS AND CRITERIA

A. Evaluation Process

- 38. Eligibility assessment by the Secretariat:** The Secretariat will assess proposals for eligibility based on compliance with the requirements set out in this Call for Proposals and laid out in section II.A, as well as consistency with the Governance Framework and Operations Manual. The Secretariat will forward the eligible, complete proposals to the Technical Advisory Panel (TAP) experts within five (5) business days.²²
- 39. Review by the Technical Advisory Panel (TAP).²³** The TAP will evaluate proposals submitted by the Secretariat, to ensure technical soundness, cost efficiency, fit within the pandemic PPR and the wider health financing architecture, relevance to the objectives of the Pandemic Fund, impact, equity, inclusivity and multisectoral/multi-stakeholder involvement, and alignment with requirements set out in the CFP (see Section V.B below). The TAP experts will have up to 15 business days to review the proposals.²⁴ Proposals are reviewed anonymously, and the identity of reviewers will not be revealed to applicants.

B. Secretariat Screening Criteria

- 40.** Each proposal will first be screened by the Secretariat for the following:
- a)** Was the proposal received prior to the deadline and is it complete with all necessary supplemental documents enclosed?²⁵
 - b)** Is the proposal clear and legible and submitted in English?²⁶
 - c)** Does the proposal fulfill all the eligibility and other requirements as set out in this CFP, Governance Framework and Operations Manual?²⁷

22 This is an estimate and may change based on the number of proposals received, at the discretion of the TAP, Secretariat and Governing Board.

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

24 This is an estimate and may change based on the number of proposals received, at the discretion of the TAP, Secretariat and Governing Board.

25 "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.

26 Unless prior arrangements have been made with the Secretariat as described in paragraph 31.

27 "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.

C. Criteria for TAP Evaluation

41. If proposals meet the above three (3) requirements, proposals will be forwarded to TAP Experts for evaluation based on the below criteria:

a. Context, rationale, objectives and demonstrated need:

1. Does the project focus on a country/region which is exposed to epidemic risks and vulnerabilities, according to internationally recognized epidemic indices?
2. Has the country (-ies) conducted a JEE and/or prepared a NAPHS, implementation roadmaps, National Bridging Workshop (NBW) Roadmaps, SPAR or other relevant national and/or regional plans, or equivalent? If no assessments have been conducted yet, were critical pandemic PPR capacity gaps identified in the country and is there a good plan being proposed to assess the gaps identified later by applying a valid methodology?
3. Does the proposal clearly articulate the objectives, in-line with the above identified gaps?
4. During the inception phase of the project, does the project clearly outline how the national priorities were aligned and coordinated with local needs, other ministries, beneficiaries, stakeholders, partners civil society, vulnerable groups, populations who are marginalized, implementing entities, etc.
5. Does the proposal complement the efforts/ongoing activities of existing actors who are engaged in pandemic PPR capacity building at the country or regional level?
6. Does the proposal clearly demonstrate how the proposed activities strengthen and build upon already existing systems and programs within the country or region's pandemic PPR agenda such as One Health, Antimicrobial Resistance (AMR), or primary health care (PHC).
7. Does the proposal provide a clear overview of how this project fits within the broader public health landscape of the country or region with specific focus of how funding from the Pandemic Fund will provide catalytic value?

b. Scope, Priority areas/Core Capacities/Alignment with and contribution to the Pandemic Fund's Results Framework/ Monitoring & Evaluation

1. Does the project provide detailed descriptions of activities which are technically strong and feasible that are aligned to country-level/regional plans and prioritizations?
2. Does the project present a clear theory of change for how the resources requested will strengthen pandemic PPR, including a set of intended results that are specific, measurable, achievable, relevant, and time-bound, aligned with the Pandemic Fund's Results Framework measured by a clear set of indicators that are sex and/or gender disaggregated (where applicable) and are clear areas of impact articulated including highlighting how the activities will impact vulnerable groups and populations who are marginalized?
3. Does the proposal provide a clear, costed plan for how and when monitoring and evaluation will be carried out for the project, including the specific activities financed by the grant, as well as how learnings will take place and what processes will be used to monitor whether progress is / is not on track?
4. Does the proposal articulate how country and/or regional investments, including those financed by Pandemic Fund grants, will help strengthen core capacities and achieve one or more of the focus technical areas of the JEE 3rd edition tool outlined in the call for proposals along one or more of the identified priorities?
5. If the country has conducted a JEE and/or PVS:
 - 5.1. How well does the proposal articulate how investments will contribute to progress towards a demonstrated level of capacity (goal of level 4 or 5) in one or more of the focus technical areas of the JEE third edition tool and/or PVS listed below:
 - a) Surveillance and early warning systems
 - i. JEE D2.1 Early warning surveillance function
 - ii. JEE D2.2 Event verification and investigation
 - iii. JEE D2.3 Analysis and information sharing
 - iv. JEE P4.2 Surveillance of AMR
 - v. JEE P5.1 Surveillance of zoonotic disease
 - vi. JEE PoE1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)
 - vii. PVS II-3 Quarantine and border security
 - viii. PVS II-4 Surveillance and early detection
 - ix. PVS II-9 Antimicrobial resistance and antimicrobial use

b) Laboratory Systems

- i. JEE D1.1 Specimen referral and transport system
- ii. JEE D1.2 Laboratory quality system
- iii. JEE D1.3 Laboratory testing capacity modalities
- iv. JEE D1.4 Effective national diagnostic network
- v. JEE P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities
- vi. JEE P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)
- vii. PVS II-1 Veterinary laboratory diagnosis

c) Human Resources/Workforce Strengthening

- i. JEE D3.1 Multisectoral workforce strategy
- ii. D3.2 Human resources for implementation of IHR
- iii. D.3.3 Workforce training
- iv. PVS I-1 Professional and technical staffing of the Veterinary Services
- v. PVS I-2 Competency and education of veterinarians and veterinary paraprofessionals
- vi. PVS I-3 Continuing education

5.2. How well does the proposal articulate how investments will contribute to progress towards a demonstrated level of capacity (goal of level 4 or 5) in any additional areas outlined in the Pandemic Fund Results Framework, linked and those outlined below (as applicable). This is not the primary objective but demonstrates the cross-cutting nature of the proposal.

d) Infection Prevention and Control (IPC)

- i. R4.1 - IPC programmes
- ii. R4.2 - HCAI surveillance
- iii. R4.3 - Safe environment in health facilities

e) Risk communication and community engagement (RCCE)

- i. R5.1 - RCCE system for emergencies
- ii. R5.2 - Risk communication
- iii. R5.3 - Community engagement

- f) Additional capacities related to Zoonotic Diseases
 - i. P5.2 - Responding to zoonotic diseases
 - ii. P5.3 - Sanitary animal production practices
 - g) Health Emergency Management [including Medical Countermeasures]
 - i. R1.1, R1.2, R1.3, R1.4, R1.5 - Emergency Preparedness
 - ii. R3.3 - Continuity of essential health services (EHS)
 - iii. PoE 2 - Public health response at points of entry
 - h) Immunization [including capacity for mass vaccination]
 - i. P8.1- Vaccine's coverage (measles) as part of national programme
 - ii. P8.2 - National vaccine access and delivery
 - iii. P8.3 - Mass vaccination for epidemics of VPDs
 - i) Other
6. If a JEE has not been conducted, were other internationally known assessments such as SPAR used and how well does the proposal articulate how investments, including those financed by Pandemic Fund grants, will help strengthen core capacities along one or more of the identified priorities?
- a. Policy, Legal and normative Instruments to implement IHR
 - b. IHR Coordination, National IHR Focal Point functions and advocacy
 - c. Financing
 - d. Laboratory
 - e. Surveillance
 - f. Human Resources
 - g. Health emergency management
 - h. Health services provision
 - i. Infection prevention and control (IPC)
 - j. Risk communication and community engagement (RCCE)
 - k. Points of entry (PoEs) and border health
 - l. Zoonotic diseases
 - m. Food safety
 - n. Chemical events

7. If there are currently no national assessments conducted, does the proposal clearly articulate its plans to do this as part of the proposal including how they will measure impact?

c. Ownership, Commitment and Co-investment:

1. Was the project developed in a way that the country owned and led the process and is it clear that the country will continue to lead the process moving forward through implementation?
2. Does the project incentivize countries / Regional Entities to increase and sustain their own investments in pandemic PPR and health (e.g., is the applicant country/entity providing a clear plan for co-investment)?
3. Are new and legacy policy commitments clearly articulated in the proposal with a view of ensuring sustainability of impact (through continued financial and/or policy commitments)?
4. Financial and policy/in-kind contributions: If a country is not in debt distress or at risk of being in debt distress, are there clear plans for financial co-investment and in-kind co-investment to support the activities over the project period? If the country is in debt distress or at risk of being in debt distress, are there clear plans for policy/ in-kind co-investment to support the activities over the project period?
5. Is the co-investment amount (s) clearly indicated in the cost tables and if available, clearly linked to JEE, PVS-GAP, SPAR, 7-1-7 and other assessments and metrics?

d. Co-financing and overall available funding:

1. Does the project demonstrate how Pandemic Fund grants will be leveraged to mobilize new, additional resources through co-financing? (i.e., what is the leverage ratio of the Pandemic Fund grant amount to MDB loans/credits mobilized?)
2. Are co-financing commitments clearly described by entity, components, and activities across the project life cycle?
3. Does the proposal clearly articulate how co-financing for the project will be mobilized from various sources (in addition to the Pandemic Fund grant), including new financing, reprogramming of financing, and/or a combination of both?
4. Is there adequate funding available to fulfill all short-term and long-term objectives of the project to ensure financial sustainability (this includes all sources of funding including co-financing, co-investment and financing from the Pandemic Fund)?

e. Coordination, Collaboration, and Co-creation:

1. Does the proposal bring together key institutions and actors, including Implementing Entities, civil society and non-state actors engaged in pandemic PPR (including human, animal and environmental health) to ensure a co-created, coordinated and coherent approach between and among the applicant(s) and partners (e.g., by aligning support of different partners around a government strategy or plan, leveraging innovation and/or triggering new government commitments and actions), with a strong explanation of how this coordination was done and how it will be carried through to implementation?
2. Does the proposal involve collaboration between one or more Implementing Entities?
3. Was the project developed in a way that included multiple relevant sectors in the development process and implementation and were these sectors clearly explained?
4. Was the project developed in an inclusive and participatory manner including the involvement of CSOs, community organizations, vulnerable groups and populations who are marginalized in proposal development, including details of how all actors have been involved in the proposal preparation?
5. Was the project developed in a way that integrates considerations around gender, populations who are vulnerable and marginalized, human rights and broader equity considerations?

f. Implementation

1. Does the project detail a plan with intended results that are operationally feasible, linked to the Pandemic Fund Results Framework and Co-investment/Co-financing principles and can be implemented within the timeframe?
2. Does the project clearly articulate how during the project implementation process, there will be a division of labor for activities and costs including accountability within and across countries (as necessary), IEs, stakeholders, sectors, civil society, etc. Including describing the roles, such as delivery partner?
3. Does the project ensure and prioritize the use of resources in an efficient manner, adhering to principles of “value for money”, e.g., are administrative costs related to preparation, implementation, and supervision by involved Implementing Entities kept to a minimal level?²⁸
4. Does the project clearly identify opportunities it plans to maximize / leverage within the project?

28 “Value for money” is 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.” – 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>

5. Does the project clearly identify key risks related to implementation including presenting how they will be managed and mitigated? (i.e., financial risks such as misuse and wasteful use of funding, fraud, corruption, terrorist financing; operational risks, political and governance risks)
6. Does the project clearly outline how it will ensure safeguards including environmental, social, gender-related, populations who are vulnerable and marginalized, data-sharing, governance and other relevant safeguards?
7. Does the proposal clearly indicate how CSOs, community organizations and vulnerable groups and populations who are marginalized will be involved in implementation?
8. Does the proposal adequately describe how it will build capacity, structures, and processes, that will lead to institutionalization and long-term change within the country and/or region?

VI. FUNDING DECISIONS

42. Proposals reviewed by the TAP, along with accompanying written assessments and recommendations (using 3-5 categories expressing how much the project fulfils the criteria of the Pandemic Fund) prepared by the TAP will be submitted to the Governing Board through the Secretariat for approval or rejection.
43. All recommendations from the TAP are advisory to the Governing Board, which has full control over any decisions or actions regarding any proposals. The Governing Board will approve allocations to proposals, considering the availability of funding as reported by the Trustee, and based on an agreed set of funding allocation principles to guide prioritization.²⁹ Funding decisions for commitment by the Trustee can only be approved against Currently Available Resources.
44. Proposals are approved on the basis of, and administered in accordance with, the applicable policies and procedures of the designated IE and its obligations under the Financial Procedures Agreement (FPA). Funding to the applicant(s) will be channeled through one or more IEs.

²⁹ The Board will develop and agree on a set of principles to prioritize the allocation of funding to proposals under this CFP.

VII. RESULTS MONITORING AND REPORTING

45. As per the Pandemic Fund's Operations Manual, each IE that receives funding from the Pandemic Fund will report annually to the Secretariat on progress and results for all activities, including reporting on core indicators of the Results Framework as well as project level indicators. A core set of project level indicators will be standardized across IEs to ensure streamlined reporting processes. The Secretariat will consolidate 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 IE. The Secretariat will review, consolidate, and analyze individual reports from the IEs, aggregate data on project level and partnership-level indicators, and analyze overall progress against its Results Framework. If the IE reports do not include required information, the Secretariat will request the IE to send additional information or a revised report. All projects and activities supported under the Pandemic Fund will have explicit commitments to monitoring, evaluation, learning and knowledge efforts during implementation following the standards, procedures and requirements of the IEs directly concerned. The standardized format and contents to be used for the IE reports will be agreed upon with the Governing Board. IEs are also required to comply with all reporting requirements set out in the Operations Manual and Financial Procedures Agreement (FPA).

VIII. DISCLOSURE OF INFORMATION

46. All information in proposals submitted to the Pandemic Fund and approved by its Governing Board will be publicly disclosed on the Pandemic Fund website and/or otherwise made public. Additionally, if a proposal is approved, all progress reports provided to the Pandemic Fund, including all financial and programmatic information, will be made public.

IX. ANNEXES

ANNEX 1: Pandemic Fund Results Framework

ANNEX 2: Funding Proposal Template

ANNEX 3: TAP Evaluation Scoring and Weighting Methodology

ANNEX 4: Guiding Principles on Co-financing, Co-investment, and Country Ownership