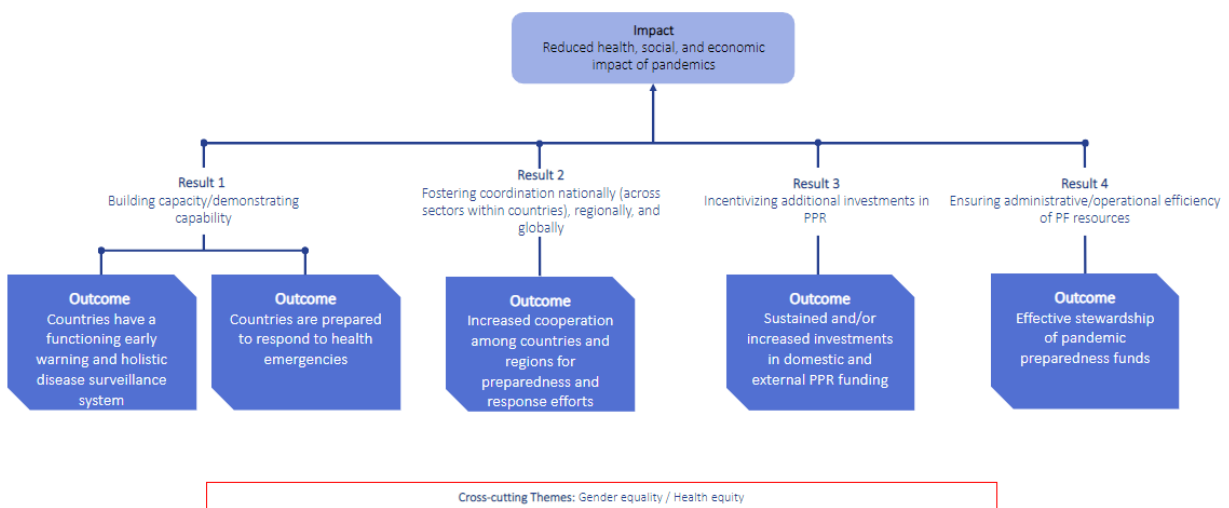


The Pandemic Fund Results Framework

This Results Framework (Framework) defines the change pathways and qualitative and quantitative metrics that the Pandemic Fund (PF) will use to: (1) help articulate overall impact, areas for improvement, and accountability for the PF and all partners in the PF partnership; (2) guide development of proposals; (3) shape which information will be collected to assess the effectiveness of the PF. The Framework will be used throughout the 8-year lifespan of the PF and will guide project level monitoring, evaluation, and learning and knowledge efforts. The results achieved and information reported from individual projects will be aggregated to articulate the overall impact of the PF. As such, all projects should advance progress against some, or all metrics outlined in the Framework. The Framework will be revised at regular intervals to ensure that it continues to effectively highlight the impact of the PF and reflects the evolution of PF objectives and connections to other components of the global health security and global health architecture.

Figure 1 – Pandemic Fund Theory of Change



Framework and associated metrics and indicators:

1. Building capacity/demonstrating capability:
 - a. Sustainment or improvement of capacity as a result of PF projects, as measured by improved or sustained scores for indicators within the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS), when available, and States Parties' Annual Report (SPAR), or other relevant assessments
 - b. Number of after/intra-action reviews or simulation exercises performed utilizing the 7-1-7 approach that identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response
 - c. Percentage of the capacities that were improved or maintained by the PF projects (in 1a), that are able to be effectively utilized during an infectious disease outbreak or other public health threat, as measured by an intra/after-action review or simulation exercise

- d. Percentage of PF projects' activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other relevant plans
2. Fostering coordination nationally (across sectors within countries), and among countries regionally and globally:
 - a. Inclusion of regional platforms, institutions, networks, and priorities in PF projects
 - b. Establishment or improvement of processes/mechanisms that allow for cross sectoral coordination within the country and between countries during a health emergency
 - c. Extent to which PF projects are implemented in coordination with multiple ministries, sectors, and stakeholders (including Implementing Entities (IEs), civil society organizations, and others)
3. Incentivizing additional investments in pandemic prevention, preparedness, and response (PPR):
 - a. Value of additional financial resources that are secured from stakeholders to support PF projects, including domestic, private and/or philanthropic financing, or as co-financing from IEs
 - b. Proportion of funding from PF that is used to complement/strengthen existing health security and health system capacity building projects, including but not limited to those funded by domestic resources, other existing development funds, other partners' global health security, health system, or PPR funds, and philanthropic or other private sector funds
 - c. Extent to which the capacities built by PF projects are sustained following completion of the project
4. Ensuring administrative/operational efficiency of PF resources
 - a. PF grant amount disbursed for projects as a proportion of total PF grant amount committed to IEs
 - b. Time for IEs to fully disburse PF grants committed to them
 - c. Of the total amount of PF grants committed to IEs, proportion used by IEs for administrative costs including project preparation, implementation, and supervision
 - d. Funds utilized for project-level M&E as a proportion of project funds initially allocated for M&E
 - e. Gender equality incorporated in activities implemented through the proposals
 - f. Extent to which PF-funded activities advance health equity across underserved populations

Narratives of the metrics and indicators:

1. Building capacity/demonstrating capability

PF projects will help improve JEE, PVS, and SPAR scores and lead to improved capability in holistic disease surveillance and preparedness to respond to health emergencies. SPAR scores (collected annually), PVS scores (collected every 4-5 years), and JEE scores (collected every 4-5 years) will be used to track progress developing critical country capacities. After action reviews, intra-action reviews, and simulation exercises utilizing the 7-1-7 approach¹ will identify bottlenecks that impede countries from achieving optimal performance and enablers to improve performance. After/intra action reviews and simulation exercises will also help validate the capacity scores reported through the SPAR, PVS, and JEE. The results from the JEE, PVS, and SPAR scores and the after/intra action reviews and simulation exercises can inform the NAPHS, or other national and/or regional plans as applicable and help countries prevent and prepare better for the next outbreak. Improvements in capacity measured by the JEE, SPAR,

¹ [7-1-7: an organising principle, target, and accountability metric to make the world safer from pandemics \(thelancet.com\)](https://www.thelancet.com)

and PVS can be coupled with after/intra-action reviews and simulation exercises to improve pandemic PPR as shown in Figure 2. Links to JEE, SPAR, and PVS assessments as well as example scoring rubrics are included in Annex 1.

2. Fostering coordination among countries globally and regionally and across sectors within countries

The objective of the PF is to provide a dedicated stream of additional, long-term funding for critical capacities through investments and technical support at the sub-national, national, regional (across countries), and global level to foster a coordinated, coherent, and community-led approach to pandemic PPR. PF projects should be developed to reinforce existing regional structures, including regional priorities, platforms, plans, networks, and institutions. The PF may also be used to create new structures of this nature provided there are demonstrated gaps to address and strong country ownership of such structures. To assess the effectiveness of the PF on coordination and collaboration, the Framework incorporates metrics that capture how PF projects complement and build upon regional and global structures. A core component of a coherent approach to pandemic PPR is coordination across sectors and stakeholders including placing community-led organizations and marginalized populations at the center of prevention, preparedness, and response. As such, the Framework also contains metrics to assess the impact of the PF on coordination across sectors/stakeholders within a country.

3. Incentivizing additional investments in PPR

The PF was established to provide a new multilateral financing mechanism to mobilize additional, long-term financing to bolster pandemic PPR efforts and complement existing mechanisms to address key capacity and capability gaps identified through IHR Monitoring and Evaluation Framework (MEF). Additionally, the PF should incentivize policy and financial commitments from countries and IEs as well as attract additional, new funds from other sources. To measure PF effectiveness in these areas, the Framework's metrics capture the extent to which PF resources complement existing pandemic PPR/global health security efforts, the value of new funding sources secured as a result of the PF including sustainable domestic investments, and the extent to which the capacities built by PF projects are sustained following completion of the project.

4. Ensuring administrative/operational efficiency of PF resources

The PF will operate with high standards of transparency and accountability to ensure that resources are used efficiently to address pandemic PPR needs. Each project should state project costs and IE costs related to project preparation and management, including efforts to monitor and evaluate the outputs and impact of the work. The Framework's metrics capture how the costs changed in the implementation of the project including adherence to monitoring and evaluation requirements. 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.

Accountability and Transparency:

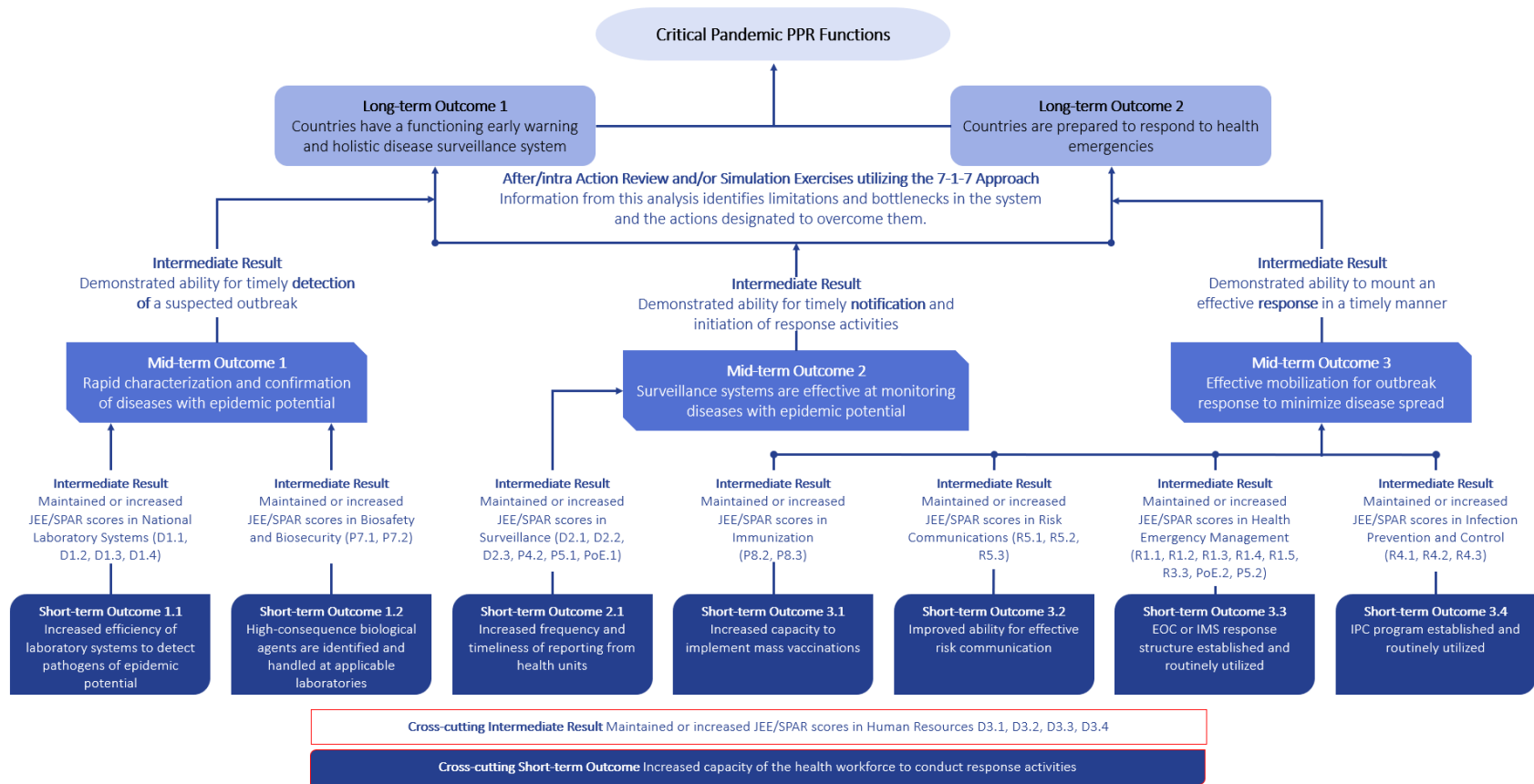
In addition to demonstrating the impact of the PF, the Framework's metrics hold IEs, countries, and the PF accountable to the objectives and principles of the PF outlined in the Operations Manual. Each funding proposal will include project- and/or country- and regional-level indicators expressed in a results

framework against which its performance will be monitored and assessed and will demonstrate alignment with the Framework. Each IE that receives funding from the PF will report annually on progress and results for all activities to the Secretariat, including reporting on all metrics of the Framework. 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 partnership-level metrics, and analyze overall progress of the PF against this 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 supported under the PF will have explicit commitments to monitoring and evaluation and learning and knowledge sharing during implementation following the standards, procedures and requirements of the IEs directly concerned. The format and contents to be used for the IE reports will be agreed upon with the Governing Board.

Updating the Framework:

The Framework will be revised throughout the duration of the PF to ensure that it continues to effectively highlight the impact of the PF and remains aligned and responsive to new elements of the global health security architecture, such as the Pandemic Agreement and IHR Amendments. The Framework will be reviewed after annual reports have been collected from the first call for proposals and again every two years. The Secretariat, in consultation with, and based on inputs from, the Technical Advisory Panel (TAP) will share a report with recommended changes and rationale to the Governing Board. The Governing Board may choose to approve the recommended changes and add other changes as it determines appropriate. Revisions should address any deficiencies identified and help the Framework adapt to the global health security architecture but should be done in a way that preserves the ability to compare impact of projects across years, to the extent possible.

Figure 2: Linking capacity development to improved pandemic PPR functions



Annex 1: Health security assessment technical area, indicator, and level of capacity scoring rubrics from the JEE, SPAR, and PVS

[3rd edition of the JEE](https://www.who.int/publications/i/item/9789240051980) (https://www.who.int/publications/i/item/9789240051980)

[2nd edition of the SPAR](https://www.who.int/publications/i/item/9789240040120) (https://www.who.int/publications/i/item/9789240040120)

[PVS Pathway](https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/) (https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/)

Demonstrated Ability for Timely **DETECTION** of a Suspected Outbreak

Mid-term Outcome 1 - Rapid characterization and confirmation of diseases with epidemic potential.

Maintained or increased JEE/SPAR scores in National Laboratory Systems

Laboratories are critical to surveillance, preparedness, and response. Strengthening laboratory systems requires investments across several areas, notably 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) putting in place national biosafety and biosecurity regimes that allow for dangerous pathogens to be identified, held, secured and monitored in a minimal number of facilities according to best practices, as well as biological risk management training and educational outreach and country specific biosafety and biosecurity legislation, laboratory licensing and pathogen control measures, as appropriate; c) strengthening lab quality; d) capacity for reliable and timely testing; and e) modern, safe, secure, affordable, and appropriate diagnostic tests and devices, as well as the establishment of diagnostic networks and the timely sharing of results. These investments are needed at the national level as well as across countries to strengthen existing networks of reference laboratories and specialized centers linked to WHO, FAO UNEP and WOAH.

JEE D1.1 Specimen Referral and Transport System		
Comments	Levels of Advancement	
Midterm Outcome 1: Intermediate Result 1 Associated SPAR indicators: C4.1 Specimen referral and transport system.	1	No system in place for transporting specimens from intermediate levels/districts to national laboratories; only ad hoc transportation is available
	2	Referral and transport of specimens is organized for some priority diseases but may be restricted within districts or at the intermediate and national level

	3	Referral and transport of specimens is organized for diagnostics and/or confirmation of most priority diseases from intermediate to national level
	4	Referral and transport of specimens is organized systematically for diagnostics and/or confirmation of all priority diseases at all levels
	5	Sustainable referral and transport systems, that are exercised reviewed, evaluated and updated on a regular basis, are in place for all specimen types and requests for the diagnosis, confirmation, characterization of all specimens with complete coverage at all levels

JEE D1.2 Laboratory Quality System

Comments	Levels of Advancement	
Midterm Outcome 1: Intermediate Result 1 Associated SPAR indicators: C4.3. Laboratory quality system.	1	Method, process or mechanisms for verifying and investigating detected events is not available or under development
	2	National quality standards have been developed but not implemented
	3	National quality standards have been developed and implemented at the national level. Activities include licensing of laboratories in conformity with national quality standards
	4	National quality standards have been developed and are being implemented at national and intermediate levels, Activities include mandatory licensing of laboratories in line with basic quality requirements or national laboratory standards
	5	National quality standards are implemented at all levels including mandatory licensing of all laboratories in conformity with international quality standards and exercised, reviewed, evaluated and updated on a regular basis, as applicable

JEE D1.3 Laboratory Testing Capacity Modalities

Comments	Levels of Advancement	
<p>Midterm Outcome 1: Intermediate Result 1</p> <p>Associated SPAR indicators: C4.4. Laboratory testing capacity modalities.</p>	1	Laboratory system can support one or two testing modalities such as rapid diagnostic testing (antigen and antibody) and microscopy services for pathogen detection
	2	Laboratory system can support testing modalities including serological tests (i.e., antigen and antibody enzyme immunoassays) and quality assurance process is in place
	3	Laboratory system can perform nucleic acid amplification testing, bacterial culture with antimicrobial sensitivity testing with quality assurance process in place and have access to (or has) sequencing capacity
	4	Laboratory system can perform nucleic acid amplification testing, bacterial culture with antimicrobial sensitivity testing with quality assurance process in place and has some basic sequencing capacity and country has ability to test for all its endemic diseases and its priority diseases
	5	Laboratory system can perform tests described in previous capacities and has access to whole genome sequencing identification of unknown and high-consequence pathogens and has access to viral culture. Laboratory networks configured to support all diagnostic services that are integrated are sustainable, with maximum population coverage, and exercised, reviewed, evaluated and updated on a regular basis as applicable

JEE D1.4 Effective National Diagnostic Network		
Comments	Levels of Advancement	
<p>Midterm Outcome 1: Intermediate Result 1</p> <p>Associated SPAR indicators: C4.5. Effective national diagnostic network.</p>	1	Tier-specific diagnostic testing strategies are not available or under development.
	2	Tier-specific diagnostic testing strategies are developed.
	3	Tier-specific diagnostic testing strategies exist, but not fully implemented.

	4	Tier-specific diagnostic testing strategies are being implemented at national level.
	5	Tier-specific diagnostic testing strategies are being implemented at national, intermediate and local levels, and exercised, reviewed, evaluated, and updated on a regular basis, as applicable.

PVS II-1. Veterinary Laboratory Diagnostics		
Definition	Levels of Advancement	
<p>The authority and capability of the VS to effectively and efficiently use accurate laboratory diagnosis to support their animal health and veterinary public activities.</p> <p>A. Access to veterinary laboratory diagnosis</p> <p>The authority and capability of the VS to access laboratory diagnosis in order to identify and report pathogenic and other hazardous agents that can adversely affect animals and animal products, including those relevant to public health.</p>	1	Disease diagnosis is almost always conducted by clinical means only, with no access to or little use of a laboratory to obtain a correct diagnosis.
	2	For major animal diseases and zoonoses of national importance, and for the food safety of animal products, the VS have access to and use a laboratory to obtain a correct diagnosis.
	3	For animal diseases and zoonoses present in the country, and for animal feed safety and veterinary AMR surveillance, the VS have access to and use a laboratory to obtain a correct diagnosis.
	4	For animal diseases of zoonotic or economic importance not present in the country, but that exist in the region and/or that could enter the country, the VS have access to and use a laboratory to obtain a correct diagnosis.
	5	In the case of new and emerging diseases in the region or worldwide, the VS have access to and use a network of national or international reference laboratories (e.g. an OIE or FAO Reference Laboratory) to obtain a correct diagnosis.
<p>B. Suitability of the national laboratory system</p>	1	The national laboratory system does not meet the needs of the VS.

<p>The sustainability, effectiveness, safety and efficiency of the national (public and private) laboratory system (or network), including infrastructure, equipment, maintenance, consumables, personnel and sample throughput, to service the needs of the VS.</p>	2	The national laboratory system partially meets the needs of the VS, but it is not sustainable, as the management and maintenance of resources and infrastructure is ineffective and/ or inefficient. Laboratory biosafety and biosecurity measures do not exist or are very limited.
	3	The national laboratory system generally meets the needs of the VS. Resources and organisation are managed effectively and efficiently, but funding is insufficient for a sustainable system, and limits throughput. Some laboratory biosafety and biosecurity measures are in place.
	4	The national laboratory system generally meets the needs of the VS, including for laboratory biosafety and biosecurity. There is sufficient sample throughput across the range of laboratory testing requirements. Occasionally, it is limited by delayed investment in certain aspects (e.g. personnel, maintenance or consumables).
	5	The national laboratory system meets all the needs of the VS, has appropriate levels of laboratory biosafety and biosecurity, and is efficient and sustainable with a good throughput of samples. The laboratory system is regularly reviewed, audited and updated as necessary.
	<p>C. Laboratory quality management systems (QMS)</p>	
<p>The quality and reliability of veterinary laboratory testing servicing the public sector VS as assessed by the use of formal QMS e.g. having a dedicated quality manager and a quality manual. This includes, but is not limited to, attainment of ISO 17025 accreditation and participation in proficiency testing programmes.</p>	1	No laboratories servicing the public sector VS are using formal QMS.
	2	One or more laboratories servicing the public sector VS, including the major national animal health reference laboratory, are using formal QMS.
	3	Most major laboratories servicing the public sector VS are using formal QMS. There is occasional use of multi-laboratory proficiency testing programmes.
	4	Most of the laboratories servicing the public sector VS are using formal QMS, with regular use of multi-laboratory proficiency testing programmes.

	5	All the laboratories servicing the public sector VS are using formal QMS which are regularly assessed via national, regional or international proficiency testing programmes.
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Maintained or increased JEE/SPAR scores in Biosafety and Biosecurity

JEE P7.1. Whole-of-Government Biosafety and Biosecurity System is in Place for Human, Animal and Agriculture Facilities		
Comments	Levels of Advancement	
<p>Midterm Outcome 1: Intermediate Result 2</p> <p>Associated SPAR indicators: C4.2.</p> <p>Implementation of a laboratory biosafety and biosecurity regime</p>	1	Elements of a comprehensive risk-based assessment approach in national biosafety and biosecurity system, such as policy instruments and proper financing, are not in place
	2	<p>Some, but not all, elements of a comprehensive biosafety and biosecurity system are in place. The country is:</p> <ul style="list-style-type: none"> i. starting the process to monitor and develop an updated record and inventory of pathogens within facilities that store or process dangerous pathogens and toxins and what they house ii. developing, but has not finalized, comprehensive national biosafety and biosecurity regulatory framework to regulate their possession and use
	3	<p>Comprehensive national biosafety and biosecurity system are in place. The country is:</p> <ul style="list-style-type: none"> i. finalizing the process to support active monitoring and maintaining an up to date records and inventory of pathogens within facilities that store or process high-consequence biological agents ii. finalizing the development of comprehensive national biosafety and biosecurity framework based on risk assessment to regulate possession and use of high-consequence agents iii. finalizing the development and implementation of risk control measures, operational handling and containment failure reporting systems

		<ul style="list-style-type: none"> iv. starting the consolidation of high-consequence agents into a minimum number of facilities v. starting to put into place tools and resources to support diagnostics that do not require culturing high-consequence agents vi. starting to put in place incident and emergency and response programmes. Basic methods are in place for the safe handling, decontamination and disposal of infectious waste
	4	<p>Biosafety and biosecurity system is developed, but not sustainable. The country is:</p> <ul style="list-style-type: none"> i. actively monitoring and maintaining an updated record and inventory of pathogens within facilities that store or process dangerous pathogens and toxins ii. implementing enacted comprehensive national biosafety and biosecurity regulatory framework iii. implementing the national framework to regulate possession and use of high-consequence agents iv. implementing risk control measures, operational handling and containment failure reporting systems v. completing the consolidation of high-consequence agents into a minimum number of facilities vi. employing diagnostics that preclude culturing high-consequence biological agents vii. operating incident and emergency and response programmes viii. operating waste management practices which cover sharps, contaminated waste, chemical waste and non-hazardous general waste with full documentation of waste management
	5	<p>Sustainable multisectoral biosafety and biosecurity system is in place including information security. Ministries have made available adequate funding and political support for a comprehensive national biosafety and biosecurity system, including maintenance of facilities and equipment, as well as review and update the national framework and its effectiveness periodically. Complete disinfection, sterilization and waste management practices are in place</p>

P7.2. Biosafety and Biosecurity Training and Practices in All Relevant Sectors (including Human, Animal and Agriculture)

Definition	Levels of Advancement	
<p>Midterm Outcome 1: Intermediate Result 2</p> <p>Associated SPAR indicators: C4.2.</p> <p>Implementation of a laboratory biosafety and biosecurity regime</p>	1	No biological biosafety and biosecurity training or plans are in place
	2	Country has conducted a training needs assessment and identified gaps in biosafety and biosecurity training but has not yet implemented comprehensive training that aligns with the incumbent roles and responsibilities. General lack of awareness among the laboratory workforce of international biosafety and biosecurity best practices for safe, secure and responsible conduct is reported. Country does not yet have sustained academic training in institutions proportionate to the assessed risks, including training those who maintain or work with high-consequence agents
	3	Country has training programmes in place proportionate to the assessed risks, staff roles and responsibilities, and has begun implementation. Country has specific training programmes in place at most facilities housing or working with high-consequence agents. Training on biosafety and biosecurity has been provided to staff at some, but not all, facilities that maintain or work with high-consequence agents. Country is developing sustained academic training proportionate to the assessed risks, including the one for those who maintain or work with high-consequence agents. All training is aligned with incumbent's role and responsibilities
	4	Country has training programmes in place at all facilities and staff trained proportionate to the assessed risks, roles and responsibilities, including those that house or work with high-consequence agents. Country has in place academic training proportionate to the assessed risks, including institutions that train those who maintain or work with high-consequence agents
	5	Country has sustainable training programmes included into university/ college curricula of pre-service training and into continuing education programmes. Staff competence is assessed, and exercises are conducted periodically. Country has funding and capacity to sustain all of the above. A

		review of training needs assessment is conducted periodically and refresher training on identified needs areas are conducted. Training on emergency response procedures is provided periodically
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Demonstrated Ability for Timely NOTIFICATION and Initiation of Response Activities

Mid-term Outcome 2 – Surveillance systems are effective at monitoring diseases with epidemic potential.

Maintained or increased SPAR/JEE scores in Surveillance

IHR requires rapid detection of public health risks associated with biological, chemical and radiation events, as well as risk assessment, notification, and response. A sensitive surveillance system, including at the point of entry (PoE), 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 and may include sentinel surveillance systems and contact tracing during health emergencies. The system should have the capacity to facilitate cross-sectoral communication in line with the One Health approach and based on international standards, guidance, and best practices, to minimize the transmission of zoonotic diseases to human populations. Investments in this area lead directly to improvements in detection, catalyzing more rapid responses. Stronger surveillance systems require, for example, investments in and access to state-of-the-art digital tools to enable public health entities, including local hospitals, laboratories and veterinary services, to generate and share data with national, regional and global public health institutions, including animal and environmental health surveillance; strong and connected national and regional Centers of Expertise for Collaborative Surveillance in IDA and IBRD countries, building on existing, proven systems and being interconnected in a global surveillance network; 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 training to empower national /regional public health, animal health and environmental health agencies on data generation and analysis.

JEE D2.1. Early Warning Surveillance Function

Comments	Levels of Advancement	
Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential	1	National strategy, guidelines and/or SOPs for surveillance are not available or under development
	2	National strategy, guidelines and/or SOPs for surveillance have been developed but not implemented. The surveillance system is functioning but

Associated SPAR indicators: C5.1. Early warning surveillance function		lacks systematic immediate reporting or weekly reporting of events and/or data
	3	National strategy, guidelines and/or SOPs for surveillance have been developed and are being implemented at the national level. The surveillance system provides immediate and weekly reporting of events and/or data with lab results integrated
	4	National strategy, guidelines and/or SOPs for surveillance have been developed and are being implemented at the national and intermediate levels. The surveillance system provides immediate and weekly reporting of events and/or data with lab results integrated and integration between IBS and EBS
	5	National strategy, guidelines and/or SOPs for surveillance for all hazards linking all sectors have been developed and implemented at national, intermediate and primary public health levels; and the system is exercised (as applicable), reviewed, evaluated and updated on a regular basis, with improvement at all levels in the country, with all components linked to one national surveillance system

JEE D2.2. Event Verification and Investigation		
Comments	Levels of Advancement	
Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential Associated SPAR indicators: C5.2. Event management (i.e., verification, investigation, analysis, and dissemination of information)	1	Method, process, or mechanisms for verifying and investigating detected events is not available or under development
	2	Method, process, or mechanisms for verifying and investigating detected events has been developed but not implemented
	3	Method, process, or mechanisms for verifying and investigating detected events has been developed and is being implemented at the national and intermediate level
	4	Method, process or mechanisms for verifying, investigating and risk assessing detected events has been developed and is being implemented at the national and intermediate levels, involving trained personnel from multiple sectors

	5	Method, process or mechanisms for verifying, investigating and risk assessing detected events is being implemented at national, intermediate and primary public health levels, involving trained personnel from multiple sectors and exercised (as applicable), reviewed, evaluated and updated on a regular basis
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JEE D2.3. Analysis and Information Sharing

Comments	Levels of Advancement	
Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential Associated SPAR indicators: C5.2. Event management (i.e., verification, investigation, analysis, and dissemination of information)	1	Surveillance data is received sporadically and analyzed on some priority diseases, or unusual events, often with delay
	2	Surveillance data is received regularly (i.e., weekly and/or monthly). An ad hoc team does some analysis of data
	3	Surveillance data is received regularly and analysed on some priority diseases, or unusual events, often with delay. Data is shared across sectors
	4	Surveillance data is received and analysed regularly. Epidemiological bulletins are generated and disseminated across sectors and internationally on regular basis. Data is shared across sectors and internationally on a regular basis
	5	Surveillance data analysis is conducted, and epidemiological bulletins are generated and disseminated across sectors and internationally on regular basis. An electronic platform and a dedicated team support data management and generation of epidemiological bulletins. Data is shared across sectors and internationally on a regular basis. Capacity for advanced data analysis is ensured

JEE P4.2. Surveillance of AMR

Comments	Levels of Advancement	
No SPAR equivalent	1	No or limited capacity for generating, collating, and reporting data (antibiotic susceptibility testing and accompanying clinical and epidemiological data)

Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential	2	AMR data are collated locally for common pathogens in hospitalized and community patients, but data collection may not use a standard approach and lacks national coordination and/or quality management
	3	AMR data are collated nationally for common pathogens, but national coordination and standardization are lacking
	4	There is a standardized national AMR surveillance system collecting data on common pathogens in hospitalized and community patients, with an established network of surveillance sites, designated national reference laboratory for AMR and a national coordinating centre (NCC) producing reports on AMR
	5	The national AMR surveillance system's data is analysed, interpreted and reported together with antimicrobial consumption and/or use data for human health, and analysis of similar data across sectors (human and animal health and agriculture) is attempted

JEE P5.1. Surveillance of Zoonotic Diseases		
Definition	Levels of Advancement	
Associated SPAR Indicator C12.1 Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential	1	No agreed list of prioritized zoonotic diseases. Capacities for the surveillance of zoonotic diseases do exist but are not coordinated between the animal health, public health and environment sectors and exchange of information is on ad hoc basis
	2	A list of priority zoonotic diseases has been agreed on between the animal health, public health and environment sectors. Coordination of surveillance activities between animal health, public health, and environmental sectors is informal, and limited to few diseases. Information sharing is not systematic
	3	Coordination of surveillance activities for listed priority emerging and endemic zoonotic diseases is formalized between the animal health, public health and environment sectors at the national level, ensuring exchange of information, joint assessment of risks, using a One Health approach
	4	Multisectoral surveillance systems for priority emerging and endemic priority zoonotic diseases are in place at the national level and formal coordination

		mechanisms between the animal health, public health and environment sectors are also established at intermediate levels, allowing the surveillance of the whole territory
	5	Coordinated surveillance of priority and emerging zoonotic diseases between animal health, public health and environment sectors is tested/assessed/reviewed and improved on a regular basis (annually)

PoE.1. Core capacity Requirements at All Times for PoEs (airports, ports and ground crossings)		
Definition	Levels of Advancement	
Midterm Outcome 2, Intermediate Result: Surveillance systems are effective at monitoring diseases with epidemic potential Associated SPAR indicators: C11.1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	1	A strategic risk assessment for the designation of individual PoEs as an integral part of a national risk assessment has not been completed
	2	Some designated PoEs are implementing some of the routine core capacities based on a completed associated strategic risk assessment
	3	Some designated PoEs are implementing all the routine core capacities and these designated PoE are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance)
	4	All designated PoEs are implementing routine core capacities with an allhazard and multisectoral approach integrated into the national surveillance system. Other non-designated PoEs are integrated into the national surveillance system
	5	Routine core capacities implemented at all designated PoEs are exercised, reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis

PVS II-4. Surveillance and Early Detection

Definition	Levels of Advancement
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<p>The authority and capability of the VS to determine, verify and report on the sanitary status of their animal populations, including wildlife, in a timely manner.</p> <p>A. Passive surveillance, early detection and epidemiological outbreak investigation</p> <p>A surveillance system based on a field animal health network capable of reliably detecting (by clinical or post mortem signs), diagnosing, reporting and investigating legally notifiable diseases (and relevant emerging diseases) in a timely manner.</p>	1	The VS have very limited passive surveillance capacity, with no formal disease list, little training/awareness and/or inadequate national coverage. Disease outbreaks are not reported or reporting is delayed.
	2	The VS have basic passive surveillance authority and capacity. There is a formal disease list with some training/awareness and some national coverage. The speed of detection and level of investigation is variable. Disease outbreak reports are available for some species and diseases.
	3	The VS have some passive surveillance capacity with some sample collection and laboratory testing. There is a list of notifiable diseases with trained field staff covering most areas. The speed of reporting and investigation is timely in most production systems. Disease outbreak investigation reports are available for most species and diseases.
	4	The VS have effective passive surveillance with routine laboratory confirmation and epidemiological disease investigation (including tracing and pathogen characterisation) in most animal sectors, and covering producers, markets and slaughterhouses. There are high levels of awareness and compliance with the need for prompt reporting from all animal owners/handlers and the field VS.
	5	The VS have comprehensive passive surveillance nationwide providing high confidence in the notifiable disease status in real time. The VS routinely report surveillance information to producers, industry and other stakeholders. Full epidemiological disease investigations are undertaken in all relevant cases with tracing and active follow up of at-risk establishments.

Demonstrated Ability to Mount an Effective **RESPONSE** in a Timely Manner

Mid-term Outcome 3 – Effective mobilization for outbreak response to minimize disease spread.

Maintained or increased SPAR/JEE scores in Immunization

This priority includes capacity building for vaccination and treatment access, delivery, and administration; strengthening mass vaccinations capabilities prior to outbreaks of vaccine-preventable diseases; strengthening the clinical trials and regulatory environment ;and promoting legal preparedness to manage liability risk during emergencies, all of which will support health equity.

JEE P8.2. National Vaccine Access and Delivery

Comments	Levels of Advancement	
<p>Midterm Outcome 3: Intermediate Result 1</p> <p>The SPAR does not contain indicators related to vaccines or medical countermeasures; JEE indicators will be used to assess progress.</p>	1	<p>No plan is in place for nationwide vaccine delivery, nor have plans been drafted to provide vaccines throughout the country to target populations. Inadequate vaccine procurement and forecasting lead to regular stock-outs at the central and district levels</p>
	2	<p>Implementation has begun to maintain a cold chain for vaccine delivery but is available in fewer than 40% of districts in the country, or vaccine delivery (maintaining cold chain) is available to less than 40% of the target population in the country. Inadequate vaccine procurement and forecasting lead to regular stock-outs at the central and district levels</p>
	3	<p>Implementation has begun to maintain a cold chain for vaccine delivery but is available in fewer than 40% of districts in the country, or vaccine delivery (maintaining cold chain) is available to less than 40% of the target population in the country. Inadequate vaccine procurement and forecasting lead to occasional stock-outs at central and district levels. Vaccine procurement and forecasting lead to no stock-outs of vaccines at central level and occasional stock-outs at district level</p>
	4	<p>Vaccine delivery (maintaining cold chain) is available in 60–79% of districts within the country or vaccine delivery (maintaining cold chain) is available in 60–79% of the target population in the country. Functional vaccine procurement and forecasting take into account global stocks, lead to no stock-outs at the central level and rare stock-outs at the district level that are within their control</p>
	5	<p>Vaccine delivery (maintaining cold chain) is available in greater than 80% of districts within the country or vaccine delivery (maintaining cold chain) is available to more than 80% of the national target population. Systems to reach marginalized populations using culturally appropriate practices are in place.</p>

		Vaccine delivery has been tested through a nationwide vaccine campaign or functional exercise. Functional procurement and vaccine forecasting results in no stock-outs
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JEE P8.3. Mass vaccination for epidemics of VPDs		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 1 The SPAR does not contain indicators related to vaccines or medical countermeasures; JEE indicators will be used to assess progress.	1	National plan for mass vaccination response to epidemics outbreaks of VPDs, including national guidelines for regulatory approval and acquisition of new and experimental vaccines, is not available or under development
	2	National plan for mass vaccination response to outbreaks of VPDs, including national guidelines for regulatory approval and acquisition of new and experimental vaccines, has been developed
	3	National plan for mass vaccination response to outbreaks of VPDs, including national guidelines for regulatory approval and acquisition of new and experimental vaccines, and relevant SOPs are disseminated and implemented at the national level
	4	National plan for mass vaccination response to outbreaks of VPDs, including national guidelines for regulatory approval and acquisition of new and experimental vaccines, and relevant SOPs are disseminated and implemented at all levels (i.e., national, intermediate and local)
	5	National plan and relevant SOPs for mass vaccination response have been applied against at least one epidemic of VPD in the country; national guidelines for regulatory approval and acquisition of new and experimental vaccines have been utilized in a real event or SimEx, and the plan and SOPs are assessed, tested and updated regularly

Maintained or increased SPAR/JEE scores in Risk Communication

RCCE have proven to be vital in all public health emergencies. Risk communication refers to real time exchange of information, advice and opinion between experts or officials and people who face a threat. Its ultimate purpose is that all who are at risk are able to take informed decisions to mitigate the effects of the threat and take protective and preventive action. Community engagement is a more focused series of

activities intended to bring communities to the center of preparedness, readiness, and response, providing voices and choices for communities in the decision-making process of community level public health measures. Investments would include developing standard operating procedures for RCCE, training of RCCE personnel, developing public communications platforms, and platforms for community engagement and monitoring.

JEE R5.1. RCCE System for Emergencies		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 2 Associated SPAR indicators: C10.1 RCCE system for emergencies	1	Mechanisms for RCCE functions and resources including relevant aspects of infodemic management, behavioural and cultural insights, are under development; implementation and coordination of RCCE activities are conducted on an ad hoc basis
	2	Mechanisms for RCCE functions and resources including relevant aspects of infodemic management, behavioural and cultural insights, are in place and coordination of activities are conducted on a regular basis
	3	National RCCE functions are established and being implemented, as well as relevant aspects of infodemic management, behavioural and cultural insights. There is dedicated but insufficient human and financial resources; and multisectoral coordination with multiple technical areas is occurring but limited
	4	National RCCE systems are fully operational; and there is harmonized coordination among all key technical areas. RCCE has adequate number of skilled and/or trained personnel and volunteers, and adequate financial resources. The national multihazard, multisectoral RCCE plans are reviewed at least every 24 months. RCCE has arrangements in place for scale up as evidenced by a SimEx or tested during a real health emergency. Evidence and data gathered from review of RCCE activities are used for measurement, evaluation, learning and continuous improvement on RCCE interventions
	5	RCCE systems and resources are operational across all levels and relevant sectors, including community-led readiness and response interventions; RCCE systems and resources are fully integrated into emergency response systems. The national level collaborates with and supports intermediate and community levels to use national and local socio-behavioural and epidemiologic data for tailored local risk communication for communities.

		Evidence and data gathered are systematically used for measurement, evaluation, learning and continuous improvement of RCCE interventions
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JEE R5.2. Risk Communication

Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 2 Associated SPAR indicators: C10.2 Risk communication	1	Mechanisms for public communication, including relevant aspects of infodemic management, are under development or implemented on an ad hoc basis by non-specialist professionals with a near-exclusive focus on conventional media
	2	Mechanisms for public communication, including infodemic management, are developed but not fully implemented with significant gaps by specialists with minimal online and social media presence
	3	Risk communication plans, policies and procedures for response and coordination is in place. Risk communication function is included in the emergency response structure and appointed spokespersons are trained in risk communication. Infodemics management and insights analysis are functioning in a routine manner. There is some analysis of target audiences based on language, trusted information resources and preferred communication channels to inform risk communication interventions
	4	There is planned communication with ongoing proactive outreach through a variety of channels (e.g., hotline, complaint systems, social listening); online and offline media are monitored daily for feedback, and insights and data are used to adjust and improve risk communication strategies. There is strong infodemic management using search mechanisms for online or/and offline sources to shape messages and strategies. There is coordination of risk communication strategies and messages across sectors and levels of government
	5	Risk communication activities are implemented through a whole-of government approach, with the involvement of all actors including international and national partners, media and influencers. Communication is conducted through online and offline channels in a timely, accessible and understandable way. Evidence and data gathered through

		measurement and evaluation are used systematically for continuous learning and improvement of RCCE interventions
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JEE R5.3. Community Engagement		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 2 Associated SPAR indicators: C10.3 Community engagement	1	Mechanisms for community engagement in public health emergencies, including guidelines and/or SOPs, are in development. Community engagement activities are largely one-way information sharing activities and limited to disease control programmes – such as maternal and child health, malaria, tuberculosis, HIV/AIDS, polio, neglected tropical diseases. Community engagement efforts are not systematically linked to the emergency response
	2	Mechanisms for systematic community engagement in public health emergencies, including guidelines and/or SOPs, have been developed. Community engagement activities involve some community participation, including consulting and gathering their feedback on decisions and actions
	3	Communities are actively involved in emergency response and co-design emergency response initiatives. Stakeholders, such as community leaders, faith-based organizations and civil society are mapped and but only engaged on ad hoc basis. Formal or informal community feedback mechanisms, such as hotlines and social-behavioural research, are established and used to inform emergency responses. Community engagement coordination mechanisms exist at national and intermediate and community levels
	4	Communities are actively involved in emergency response and co-design emergency response initiatives. Stakeholders, such as community leaders, faith-based organizations, and civil society are mapped and systematically engaged. Emergency responders are trained and surge capacity mechanisms for community engagement are in place and operational. Collection and analysis of community feedback and socio-behavioural data at national, intermediate and primary public health response level is conducted on an ad hoc basis

	5	Communities are active partners in emergency response and participate in planning, design and implementation of interventions. There is systematic collection and analysis of community feedback, socio-behavioural and infodemics insights data at national, intermediate and primary public health response level. Evidence gathered from data analysis are used systematically for continuous improvement of community engagement response to health emergencies
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Maintained or increased SPAR/JEE scores in Health Emergency Management

JEE R1.1. Emergency Risk Assessment and Readiness		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 Associated SPAR indicators: C7.1. Planning for health emergencies	1	A national all hazards risk profile based on a multihazard risk assessment is not in place or has not been updated in the past five years and there is no formal mechanism for the readiness assessment for potential public health emergencies
	2	A national all hazards risk profile developed based on a multihazard risk assessment and capacity/readiness assessment for potential public health emergencies that have been conducted in the past five years is in place with priorities identified
	3	A capacity/readiness assessment for potential public health emergencies has been conducted in the past two years and a national all hazards risk profile developed based on a multihazard risk assessment that has been conducted in the past two years is in place with priorities identified
	4	National and intermediate all hazards risk profiles developed based on a multihazard risk assessments that have been conducted in the past two years are in place with priorities identified AND The readiness and/or contingency plan(s) are adequately resourced and implemented in the past two years, including at intermediate levels
	5	National and intermediate all hazards risk profiles based on multisectoral multihazard risk assessments and readiness plans are annually reviewed and

		updated to accommodate emerging threats, and are shared regularly among sectors
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JEE R1.2. Public Health Emergency Operations Centre (PHEOC)		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 No associated SPAR indicator.	1	A PHEOC has not been identified at the national level and no PHEOC handbook is in place
	2	A national PHEOC, occupying a designated permanent or ad hoc facility, has been established AND A national PHEOC handbook ^{86a} with basic content is in place AND Staff to conduct core incident management system (IMS) functions within the national PHEOC have been identified
	3	A national PHEOC, occupying a designated permanent or ad hoc facility, has been established AND A national PHEOC handbook with full content is in place AND Staff identified to conduct core IMS functions within the national PHEOC have been trained against public health emergency management (PHEM) competencies
	4	A national PHEOC, occupying a designated permanent facility, has been established and an associated PHEOC handbook with full content is in place AND An operating budget exists for the core staffing, daily operations and maintenance of the national PHEOC AND The national PHEOC is capable of activating a coordinated response within 120 minutes of receiving an early warning or other information of an emergency requiring PHEOC activation

		AND PHEOCs have been established at intermediate levels, their associated PHEOC handbooks with full content are in place, and their staff identified to conduct core IMS functions have been trained against PHEM competencies
	5	The activation operation, and deactivation of PHEOCs at all levels has been tested and PHEOC handbooks (with their associated plans and SOPs) have been updated annually AND National and intermediate PHEOCs have trained surge staff identified to sustain PHEOC operations across multiple shifts for extended periods

JEE R1.3. Management of Health Emergency Response

Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 Associated SPAR Indicators: C7.2. Management of health emergency response	1	An IMS integrated with a national PHEOC or equivalent structure, is not available or under development
	2	An IMS integrated with a national PHEOC, or equivalent structure, is developed but not operational
	3	An IMS integrated with a national PHEOC, or equivalent structure, is in place and operational at the national level
	4	An IMS integrated with a national PHEOC, or equivalent structure, is in place and operational at the national level and able to support intermediate levels
	5	An IMS integrated with a national PHEOC, or equivalent structure, is in place and operational at the national level and is able to support Intermediate and primary public health levels and is exercised reviewed, evaluated and updated, with improvements based on SimExs and lessons learned from real-world events, e.g., IARs or AARs

JEE R1.4. Activation and coordination of health personnel and teams in a public health emergency

Comments	Levels of Advancement	
<p>Midterm Outcome 3: Intermediate Result 3</p> <p>Associated SPAR Indicator: C6.2 Workforce surge during a public health event</p>	1	No national personnel surge plan has been drafted or is under development
	2	National plans that outline a system for pre-deployment, deployment and post-deployment of surge personnel and teams, including sending and receiving personnel during public health emergencies have been drafted, including the development of plans for emergency management teams (EMT) and rapid response teams (RRTs) for national response
	3	National and intermediate level plans have been drafted that outline a system for pre-deployment, deployment and post-deployment of surge personnel, including sending and receiving personnel and teams during public health emergencies have been drafted, including the development of plans for EMTs and RRTs
	4	Table top exercise(s) has been conducted to test decision-making and protocols for deployment of surge personnel and sending and receiving health personnel and teams from another country during a public health emergency, and training and equipment is available for EMTs and RRTs
	5	Table top exercise(s) has been conducted to test decision-making and protocols for deployment of surge personnel and sending and receiving health personnel and teams from another country during a public health emergency, and training and equipment is available for EMTs and RRTs. Country participates in a regional/international partnership or has formal agreement with another country or international organization that outlines criteria and procedures for sending and receiving surge personnel and has participated in an exercise or response within the past year to practice

JEE R1.5. Emergency Logistic and Supply Chain Management

Comments	Levels of Advancement	
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Midterm Outcome 3: Intermediate Result 3 Associated SPAR Indicator: C7.3 Emergency logistic and supply chain management	1	Emergency logistics and supply chain management system/mechanism is under development and/or not able to provide adequate support for health emergencies
	2	Emergency logistics and supply chain management system/mechanism is developed but not able to provide adequate support for health emergencies
	3	Emergency logistics and supply chain management system/mechanism is developed and is able to provide adequate support for health emergencies at the national level
	4	Emergency logistics and supply chain management system/mechanism is developed and is able to provide adequate support for health emergencies at national and intermediate levels
	5	Emergency logistics and supply chain management system/mechanism is implemented at national, intermediate and primary public health levels, and is exercised, reviewed, evaluated and updated on a regular basis

JEE R3.3. Continuity of Essential Health Services (EHS)		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 Associated SPAR Indicator: C8.3 Continuity of essential health services (EHS)	1	A package of EHS is not defined and there are no plans or guidelines for continuity EHS during emergency
	2	A package of EHS is defined but plans/guidelines on continuity of EHS in emergencies is not developed
	3	A package of EHS and plans/guidelines on continuity of EHS in emergencies are developed and mechanism for monitoring service continuity during emergency are in place at the national level

	4	A package of EHS and plans/guidelines on continuity of EHS in emergencies are developed and mechanism for monitoring service continuity during emergency are in place at national and intermediate levels
	5	A package of EHS, plans/guidelines on continuity of EHS in emergencies, and mechanisms for monitoring service continuity based on existing guidelines are defined and functional at national, intermediate and primary public health levels and exercised, reviewed, evaluated and updated, with improvements based on simulation exercises and lessons learned from real-world events, e.g., IARs or AARs

JEE PoE.2 Public Health Response at PoEs		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 Associated SPAR Indicators: C11.2. Public health response at points of entry	1	PoEs designated based on a strategic risk assessment are in the process of developing a PoE multisectoral public health emergency contingency plan
	2	Some designated PoEs have developed a PoE multisectoral public health emergency contingency plan for events caused by biological hazards
	3	All designated PoEs have developed PoE multisectoral public health emergency contingency plans for events caused by biological hazards and are integrated into national surveillance systems and emergency response plans. Other non-designated PoEs are integrated into the national surveillance system
	4	All designated PoEs have developed PoE multisectoral public health emergency contingency plans for events caused by all hazards and integrated into national emergency response plans. Contingency planning is conducted at some non-designated PoEs
	5	All PoE public health emergency contingency plans for events caused by all hazards all designated PoEs are exercised, reviewed, evaluated and updated on a regular basis. Some non-designated PoEs have developed PoE

		multisectoral public health emergency contingency plans for events caused by all hazards and are integrated into national emergency response plans
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JEE P5.2. Response to Zoonotic Diseases		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 3 Associated with SPAR C7.2 Management of health emergency response (for the purposes of Pandemic Fund Results Framework) and SPAR C12.1	1	Despite the existence of mechanisms for the response to certain specific diseases or pathogens, no coordination between the animal health, public health and environment sectors is organized for zoonotic diseases
	2	Multisectoral national policy, strategy and/or plan for response to zoonotic events have been elaborated and are documented. Multisectoral contingency plans following a One Health approach have been developed for the most important endemic and epidemic zoonotic diseases
	3	A multisectoral operational mechanism for coordinated response to outbreaks of endemic, emerging or re-emerging zoonotic diseases by human health, animal health and environment sectors is in place
	4	Several experiences of response to zoonotic events confirm timeliness and efficiency of the multisectoral operational mechanism, including clear definition of roles, responsibilities and procedures between sectors in charge of domestic animal, wildlife, human health and other relevant sectors
	5	The multisectoral operational mechanism for the response to outbreaks of endemic, emerging or re-emerging zoonotic diseases is regularly tested through exercises and/or real events and adjusted accordingly

PVS II-2. Risk Analysis and Epidemiology		
Definition	Levels of Advancement	
The authority and capability of the VS to base its risk management and risk communication	1	Risk management and risk communication measures are not usually supported by risk assessment.

measures on risk assessment, incorporating sound epidemiological principles.	2	The VS compile and maintain data but do not have the capability to carry out risk analysis. Some risk management and risk communication measures are based on risk assessment and some epidemiological principles.
	3	The VS compile and maintain data and have the policy and capability to carry out risk analysis, incorporating epidemiological principles. The majority of risk management and risk communication measures are based on risk assessment.
	4	The VS conduct risk analysis in compliance with relevant OIE standards and sound epidemiological principles, and base their risk management and risk communication measures on the outcomes of risk assessment. There is a legislative basis that supports the use of risk analysis.
	5	The VS are consistent and transparent in basing animal health and sanitary measures on risk assessment and best practice epidemiology, and in communicating and/or publishing their scientific procedures and outcomes internationally.

PVS II-3. Quarantine and Border Security

Definition	Levels of Advancement	
The authority and capability of the VS to base its risk management and risk communication measures on risk assessment, incorporating sound epidemiological principles.	1	Risk management and risk communication measures are not usually supported by risk assessment.
	2	The VS compile and maintain data but do not have the capability to carry out risk analysis. Some risk management and risk communication measures are based on risk assessment and some epidemiological principles.
	3	The VS compile and maintain data and have the policy and capability to carry out risk analysis, incorporating epidemiological principles. The majority of risk management and risk communication measures are based on risk assessment.

	4	The VS conduct risk analysis in compliance with relevant OIE standards and sound epidemiological principles, and base their risk management and risk communication measures on the outcomes of risk assessment. There is a legislative basis that supports the use of risk analysis.
	5	The VS are consistent and transparent in basing animal health and sanitary measures on risk assessment and best practice epidemiology, and in communicating and/or publishing their scientific procedures and outcomes internationally.

PVS II-5. Emergency Preparedness and Response

Definition	Levels of Advancement	
The authority and capability of the VS to be prepared and respond rapidly to a sanitary emergency threat (such as a significant disease outbreak or food safety emergency).	1	The VS have no field network or established procedure to determine whether a sanitary emergency threat exists or the authority to declare such an emergency and respond appropriately.
	2	The VS have a field network and an established procedure to determine whether a sanitary emergency threat exists, but lack the legal and financial support to respond effectively. The VS may have basic emergency management planning, but this usually targets one or a few diseases and may not reflect national capacity to respond.
	3	The VS have the legal framework and financial support to respond rapidly to sanitary emergency threats, but the response is not well coordinated through an effective chain of command. They have national emergency management plans for some exotic diseases, but they are not updated/tested.
	4	The VS have the legal framework and financial support to respond rapidly to sanitary emergencies through an effective chain of command (e.g. establishment of a containment zone). The VS have national emergency management plans for major exotic diseases, linked to broader national disaster management arrangements, and these are regularly updated/ tested such as through simulation exercises.

	5	<p>The VS have national emergency management plans for all diseases of concern (and possible emerging infectious diseases), incorporating coordination with national disaster agencies, relevant Competent Authorities, producers and other non-government stakeholders. Emergency management planning and response capacity is regularly tested, audited and updated, such as through simulation exercises that test response at all levels. Following emergency events, the VS have a formal 'After Action Review' process as part of continuous improvement.</p>
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Maintained or increased SPAR/JEE scores in Infection Prevention and Control

Investments in IPC are critical for protecting health workers and patients and preventing the emergence and spread of AMR. Investing in IPC contributes to achieving quality care, patient safety, health security and the reduction of AMR. Strong, effective IPC programs allow safe health care and essential services delivery and prevention and control of outbreaks throughout the health system. This priority requires investments in IPC minimum requirements, defined as IPC standards, that should be in place at both national and health facility level to provide minimum protection and safety to patients, health care workers and visitors, based on the WHO core components for IPC programs. Key elements include capacity for surveillance of HealthCare Acquired Infections (including pathogens that are antimicrobial resistant and/or prone to outbreaks) in health care facilities and creating a safe environment in healthcare facilities, e.g., WASH, screening, isolation areas and sterilization services. Among other things, this also requires investments in staff training.

JEE R4.1. IPC Programmes		
Comments	Levels of Advancement	
<p>Midterm Outcome 3: Intermediate Result 4</p> <p>Associated SPAR Indicators: C9.1 IPC programmes</p>	1	<p>An active national IPC programme or operational plan according to the WHO minimum requirements is not available or is under development</p>
	2	<p>An active national IPC programme or operational plan according to WHO minimum requirements exists but is not fully implemented. National IPC guidelines/standards exist but are not fully implemented</p>
	3	<p>An active national IPC programme exists, and a national IPC operational plan according to the WHO minimum requirements is available including role of IPC in outbreaks and pandemic. National guidelines/standards for IPC in health care are available and disseminated. Selected health facilities are</p>

		implementing guidelines using multimodal strategies, including health workers' training and monitoring and feedback
	4	An active national IPC programme is available according to WHO IPC core components guidelines and is leading implementation of the national IPC operational plan and guidelines nationwide using multimodal strategies, including health workers' training and monitoring and feedback in place. National IPC programme is actively engaged in health care outbreaks and pandemic planning. More than 75% of health care facilities meet WHO minimum requirements for IPC programmes, guidelines, training, and monitoring/feedback
	5	IPC programmes are in place and functioning at national and health facility levels according to the WHO IPC core components and their compliance and effectiveness are exercised (as applicable), reviewed, evaluated and published or available. Plans and guidance are regularly updated in response to monitoring and feedback. National, intermediate and local IPC programmes actively coordinate and are engaged in health care outbreaks and pandemic planning

JEE R4.2. Health Care-Associated Infections (HCAI) Surveillance

Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 4 Associated SPAR Indicators: C5.2 Healthcare-associated infections (HCAI) surveillance	1	No national HCAI surveillance programme or national strategic plan for HCAs surveillance, including pathogens that are antimicrobial resistant and/or prone to outbreaks is available or under development
	2	A national strategic plan for HCAs surveillance (including pathogens that are antimicrobial resistant and/or prone to outbreaks) is available but not implemented
	3	A national strategic plan for HCAs surveillance (including pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented through a national programme and system for data collection, analysis and feedback. Selected secondary and tertiary health care facilities

		are conducting HCAs surveillance (as specified above) and provide timely and regular feedback to senior management and health workers
	4	A national strategic plan for HCAs surveillance (including pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented nationwide in all secondary and tertiary health care facilities through a national system according to the WHO recommendations on IPC core components. Regular reports are available for providing feedback
	5	A national strategic plan for HCAs surveillance (including pathogens that are antimicrobial resistant and/or prone to outbreaks) are available and implemented nationwide in all secondary and tertiary health care facilities through a national programme and system according to the WHO recommendations on IPC core components. Data are shared and being used continuously and in a timely manner to inform prevention efforts. The quality and impact of the system are regularly evaluated, and improvement actions are taken accordingly

JEE R4.3. Safe Environment in Health Facilities		
Comments	Levels of Advancement	
Midterm Outcome 3: Intermediate Result 4 Associated JEE Indicators: C9.3 Safe environment in health facilities	1	National standards and resources for safe built environment e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and for optimization of staffing levels in health care facilities are not available or under development
	2	National standards and resources for a safe built environment e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, exist but they are not fully implemented through a national plan
	3	National standards and resources for safe built environment, e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as

		well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, exist and are implemented in selected health care facilities at a national level according to a national plan
	4	National standards and resources for safe built environment, e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan
	5	National standards and resources for safe built environment, e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and for optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan, and are regularly exercised (as applicable) and monitored and improvement actions are taken accordingly

Cross-Cutting

Cross-Cutting Short-term Outcome – Increased capacity of the health workforce to conduct response activities.

Maintained or increased SPAR/JEE scores in Human Resources

A multisectoral workforce is key to enabling early detection, prevention, preparedness, and response to potential events of international concern at all levels of the health system, as required by the IHR. The availability and accessibility of quality health workforce, surge capacity in emergencies, including workforce for surveillance (e.g., field investigation and contact tracing teams) is critical to building the resilience of communities and for continuity of health services during an emergency. This priority requires investing in a well-educated, trained and paid workforce—with a focus on early warning and disease surveillance and standards around One Health in the context of health security, as well as a public health emergency response 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 preparedness. Investments in Regional Centers of Expertise that can serve as hubs for education and training, as well as investments in national and regional cadres of primary health care workers can go a long way.

JEE D3.1. Multisectoral Workforce Strategy

Comments	Levels of Advancement	
Cross-cutting Intermediate Result No SPAR equivalent.	1	No strategy is in place to develop a multisectoral health workforce. An assessment of the requisite workforce policies, plans, programmes and investment requirements has not yet been completed
	2	Country has carried out an assessment of health workforce implications and requirements for implementation of health policies, strategies, plans and programmes to ensure sustained support and investment and optimal utilization of workers across public and private sectors. A strategy to develop health workforce exists but does not include all relevant sectors and cadres of public health professionals (e.g., epidemiologists, risk communications specialists, social scientists, IT specialists, legal/policy experts veterinarians/livestock specialists, and community health workers)
	3	A multisectoral health workforce strategy, which includes all relevant sectors and cadres of public health professionals exists, but is not routinely monitored, updated or implemented consistently
	4	A multisectoral health workforce strategy, which includes all relevant sectors and cadres of public health professionals is fully implemented and is reviewed, tracked and reported on annually
	5	Country can measure, monitor and regularly report on the national multisectoral health workforce strategy. The strategy has an adequate and sustainable domestic budget line for appropriate workforce development and to compensate for workforce attrition

JEE D3.2. Human Resources for Implementation of IHR

Comments	Levels of Advancement	
Cross-cutting Intermediate Result	1	Country does not have appropriate human resources capacity in relevant sectors required, to detect, assess, notify, report and respond to events according to IHR provisions

Associated SPAR Indicators: C6.1. Human resources for the implementation of IHR	2	Appropriate human resources are available in some relevant sectors at the national level, to detect, assess, notify, report and respond to events according to IHR provisions
	3	Appropriate human resources are available in all relevant sectors at national and intermediate levels, to detect, assess, notify, report and respond to events according to IHR provisions
	4	Human resources are available as required in all relevant sectors at the national, intermediate and primary public health levels, to detect, assess, notify, report and respond to events according to IHR provisions
	5	Country has documented policies or procedures for sustainable appropriate human resources in all relevant sectors to detect, assess, notify, report and respond to events according to IHR provisions, that are exercised (as applicable), reviewed, evaluated and updated on a regular basis and country may assist other countries in planning and developing human resources for IHR implementation, to the extent possible

JEE D3.3. Workforce Training		
Comments	Levels of Advancement	
Cross-cutting Intermediate Result No SPAR equivalent.	1	Ad hoc or informal trainings are available in country. No formal multisectoral competency-based training programme(s) is (are) in place
	2	Required workforce competencies have been mapped, aligning with the health workforce strategy. Ad hoc competency-based training programmes are in place for some professions, cadres or sectors through disease-specific or targeted initiatives
	3	Regular and routine competency-based training programmes and standards including the One Health approach are available for some professions, cadres or sectors at the national level. In addition, one level of Field epidemiology training programme (FETP) (basic, intermediate, or advanced) or comparable applied epidemiology training programme is in place in the country or in another country through an existing agreement

	4	Regular and routine competency-based training programmes and standards including the One Health approach are available for all professions, cadres and sectors at the national and intermediate levels. In addition, two levels of FETP (basic, intermediate and/or advanced) or comparable applied epidemiology training programme(s) are in place in the country or in another country through an existing agreement
	5	All competency-based training programmes are conducted using a nationally or internationally recognized competency standard, where applicable. The country routinely monitors and evaluates both the required competency and training programme delivery and outcomes and updates as needed

JEE D3.4. Workforce Surge During a Public Health Event		
Comments	Levels of Advancement	
Cross-cutting Intermediate Result Associated SPAR Indicators: C6.2 Workforce surge during a public health event.	1	A national multisectoral workforce surge strategic plan in emergencies is not available or is under development
	2	Country has conducted a gap analysis of required surge health workforce for emergencies, and a national multisectoral workforce surge strategic plan in emergencies is developed to staff, roster, ready and train the workforce to carry out the functions attributed at the national level, including the government and nongovernmental partners workforce as applicable
	3	Country has conducted a gap analysis of required surge workforce required in all sectors for emergencies, and a national multisectoral workforce surge strategic plan in emergencies is implemented with procedures to staff, roster, ready and train the workforce to carry out the functions attributed at the national level, including the government and nongovernmental partners workforce as applicable
	4	A national multisectoral workforce surge strategic plan in emergencies is implemented to carry out the functions at national and intermediate levels, with procedures to staff, roster, ready and train the workforce to and adequate capacity to send and receive multidisciplinary personnel within the

		country (shifting resources), including the government and nongovernmental partners workforce as applicable
	5	A national multisectoral workforce surge strategic plan in emergencies is implemented to carry out the functions attributed at national, intermediate and primary public health response levels, with procedures to staff, roster, ready and train the workforce to an adequate capacity to send and receive multidisciplinary personnel within the country (shifting resources), including the government and nongovernmental partners workforce, as applicable, and exercised, reviewed, evaluated and updated annually; and may provide international collaboration for assisting emergency response

PVS I-1. Professional and Technical Staffing of the Veterinary Services (VS)

Definition	Levels of Advancement	
<p>The appropriate level of staffing of the VS to allow for veterinary and technical functions to be undertaken efficiently and effectively.</p> <p style="padding-left: 20px;">A. Veterinary and other professionals (university qualified)</p> <p>The appropriate level of staffing of the VS to allow for veterinary and other professional functions to be undertaken efficiently and effectively.</p>	1	The majority of positions requiring veterinary or other professional skills are not occupied by appropriately qualified professionals
	2	The majority of positions requiring veterinary or other professional skills are occupied by appropriately qualified professionals at central and state/provincial levels.
	3	The majority of positions requiring veterinary or other professional skills are occupied by appropriately qualified professionals at local (field) levels.
	4	There is a systematic approach to defining job descriptions and formal, merit-based appointment and promotion procedures for veterinarians and other professionals.
	5	There are effective procedures for formal performance assessment and performance management of veterinarians and other professionals.

<p>B. Veterinary paraprofessionals</p> <p>The appropriate level of staffing of the VS to allow for veterinary paraprofessional (according to the OIE definition) functions to be undertaken efficiently and effectively.</p> <p>This covers OIE veterinary paraprofessional categories having trained at dedicated educational institutions with formal qualifications which are recognised by the government or the VSB.</p>	1	The majority of positions requiring veterinary paraprofessional skills are not occupied by personnel holding appropriate qualifications.
	2	Some positions requiring veterinary paraprofessional skills are occupied by personnel holding appropriate qualifications. There is little or no veterinary supervision.
	3	The majority of positions requiring veterinary paraprofessional skills are occupied by personnel holding appropriate qualifications. There is a variable level of veterinary supervision.
	4	The majority of veterinary paraprofessional positions are effectively supervised on a regular basis by veterinarians.
	5	There are effective management procedures for formal appointment and promotion, as well as performance assessment and performance management of veterinary paraprofessionals.

PVS I-2. Competency and Education of Veterinarians and Veterinary Paraprofessionals		
Definition	Levels of Advancement	
<p>The capability of the VS to effectively carry out their veterinary and technical functions, as indicated by the level and quality of the qualifications of their personnel in veterinary and veterinary paraprofessional positions.</p> <p>A. Veterinarians</p>	1	The veterinarians' knowledge, skills and practices, are of a variable standard that allow only for elementary clinical and administrative activities of the VS.
	2	The veterinarians' knowledge, skills and practices are of a uniform standard sufficient for accurate and appropriate clinical and administrative activities of the VS.
	3	The veterinarians' knowledge, skills and practices are sufficient for all professional/technical activities of the VS (e.g. surveillance, treatment and control of animal disease, including conditions of public health significance).

This references the OIE recommendations on the Competencies of graduating veterinarians ('Day 1 graduates') to assure National Veterinary Services of quality, and OIE guidelines on Veterinary Education Core Curriculum.	4	The veterinarians' knowledge, skills and practices are sufficient for specialised technical activities (e.g. higher level epidemiological analysis, disease modelling, animal welfare science) as may be needed by the VS, supported by postgraduate level training.
	5	The veterinarians' knowledge, skills and practices are subject to regular updating, and are internationally recognised such as through formal evaluation and/or the granting of international equivalence with other recognised veterinary qualifications.
B. Veterinary paraprofessionals This references the OIE Competency Guidelines for Veterinary Paraprofessionals and OIE Curricula Guidelines for Veterinary Paraprofessionals.	1	Positions requiring veterinary paraprofessional skills are generally occupied by those having no formal training or qualifications from dedicated educational institutions.
	2	The training and qualifications of those in positions requiring veterinary paraprofessional skills is of a variable standard and allows for the development of only basic competencies.
	3	The training and qualifications of veterinary paraprofessionals is of a fairly uniform standard that allows the development of some specific competencies (e.g. vaccination on farms, meat hygiene control, basic laboratory tests).
	4	The training and qualifications of veterinary paraprofessionals is of a uniform standard that allows the development of more advanced competencies (e.g. blood and tissue sample collection on farms, supervised meat inspection, more complex laboratory testing).
	5	The training and qualifications of veterinary paraprofessionals is of a uniform standard and is subject to regular evaluation and/ or updating.

PVS I-3. Continuing Education (CE)		
Definition	Levels of Advancement	
The capability of the VS to maintain, update and improve the knowledge, attitudes and skills of	1	The VS have no access to veterinary or paraprofessional CE.

their personnel, through an ongoing staff training and development programme assessed on a regular basis for relevance and targeted skills development.	2	The VS have access to CE (internal and/or external training) on an irregular basis but it does not take into account needs, or new information or understanding.
	3	The VS have access to CE that is reviewed and sometimes updated, but it is implemented only for some categories of veterinary professionals and paraprofessionals.
	4	The VS have access to a CE programme that is reviewed annually and updated as necessary, and is implemented for all categories of veterinary professionals and paraprofessionals.
	5	The VS have up-to-date CE that is implemented or is a requirement for all relevant veterinary professionals and paraprofessionals and is subject to dedicated planning and regular evaluation of effectiveness.

PVS I-4. Technical Independence		
Definition	Levels of Advancement	
The capability of the VS to carry out their duties with autonomy and without undue commercial, financial, hierarchical and political influences that may affect technical decisions in a manner contrary to the provisions of the OIE (and of the WTO SPS Agreement where applicable).	1	The technical decisions made by the VS are generally not based on scientific considerations.
	2	The technical decisions consider scientific evidence, but are routinely modified based on non-scientific considerations.
	3	The technical decisions are based on scientific evidence but are subject to review and occasional modification based on nonscientific considerations.
	4	The technical decisions are made and generally implemented in accordance with scientific evidence and the country's OIE obligations (and with the country's WTO SPS Agreement obligations where applicable).

	5	The technical decisions are based on a high level of scientific evidence, which is both nationally relevant and internationally respected, and are not unduly changed to meet non-scientific considerations.
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PVS I-5. Planning, Sustainability and Management of Policies and Programmes

Definition	Levels of Advancement	
<p>The capability of the VS leadership and organisation to develop, document and sustain strategic policies and programmes, and also to report on, review and evolve them, as appropriate over time.</p>	1	Policies and programmes are insufficiently developed and documented. Substantial changes to the organizational structure and/or leadership of the VS frequently occur (e.g. annually) resulting in a lack of sustainability of policies and programmes.
	2	Some basic policy and programme development and documentation exists, with some reporting on implementation. Sustainability of policies and programmes is negatively impacted by changes in the political leadership or other changes affecting the structure and leadership of the VS.
	3	There is well developed and stable policy and programme documentation. Reports on programme implementation are available. Sustainability of policies and programmes is generally maintained during changes in the political leadership and/or changes to the structure and leadership of the VS.
	4	Policies or programmes are sustained, but also reviewed (using data collection and analysis) and updated appropriately over time through formal national strategic planning cycles to improve effectiveness and address emerging concerns. Planning cycles continue despite changes in the political leadership and/or changes to the structure and leadership of the VS.
	5	Effective policies and programmes are sustained over time and the structure and leadership of the VS is strong and stable. Modification to strategic and operational planning is based on a robust evaluation or audit process using evidence, to support the continual improvement of policies and programmes over time.

PVS I-6. Coordination Capability of the Veterinary Services

Definition	Levels of Advancement	
<p>A. Internal coordination (chain of command)</p> <p>The capability of the Veterinary Authority to coordinate their mandated activities with a clear chain of command, from the central level (the Chief Veterinary Officer or equivalent), to the field level of the VS, as relevant to the OIE Codes (e.g. surveillance, disease control, food safety, emergency preparedness and response).</p>	1	There is no formal internal coordination and the chain of command is not clear.
	2	There are internal coordination mechanisms for some activities but the chain of command is not clear.
	3	There are internal coordination mechanisms and a clear and effective chain of command for some activities, such as for export certification, border control and/or emergency response.
	4	There are formal, documented internal coordination mechanisms and a clear and effective chain of command for most activities, including surveillance (and reporting) and disease control programmes.
	5	There are formal and fully documented internal coordination mechanisms and a clear and effective chain of command for all activities, and these are periodically reviewed/audited and updated to re-define roles and optimise efficiency as necessary.
<p>A. External coordination (including the One Health approach)</p> <p>The capability of the Veterinary Authority to coordinate its resources and activities at all levels with other government authorities with responsibilities within the veterinary domain, in order to implement all national activities relevant to the OIE Codes, especially those not under the direct line authority of the Chief Veterinary Officer (or equivalent).</p> <p>Relevant authorities include other ministries and Competent Authorities, such as government</p>	1	There is no external coordination with other government authorities.
	2	There are informal external coordination mechanisms for some activities at national level, but the procedures are not clear and/ or external coordination occurs irregularly.
	3	There are formal external coordination mechanisms with clearly described procedures or agreements (e.g. Memoranda of Understanding) for some activities and/or sectors at the national level.
	4	There are formal external coordination mechanisms with clearly described procedures or agreements at the national level for most activities (such as for One Health), and these are uniformly implemented throughout the country, including at state/provincial level.

partners in public health (e.g. zoonoses, food safety, drug regulation and anti-microbial resistance), environment (e.g. wildlife health), customs and border police (e.g. border security), defence/intelligence (e.g. bio-threats), or municipalities/local councils (e.g. local slaughterhouses, dog control).

5

There are external coordination mechanisms for all activities, from national to field, and these are periodically reviewed and updated to re-clarify roles and optimise efficiency

Pandemic Fund Results Framework Indicator Reference Sheets
Element 1: Building capacity/demonstrating capability

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Element 1: Building capacity/demonstrating capability	
Indicator 1a: Sustainment or improvement of capacity as a result of Pandemic Fund (PF) projects, as measured by improved or sustained scores for indicators within the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS), when available, and States Parties' Annual Report (SPAR), or other relevant assessments	
Rationale/description	Outputs of PF projects should directly contribute to capacity that can be used to better prepare for, prevent, and promptly respond to infectious disease threats. These capacities are codified in the technical areas included in the WHO's JEE and SPAR assessments. All countries are required to complete a SPAR each year and countries may elect to complete a JEE or PVS (generally on a 4–6-year timeframe). Outputs of PF projects should improve country capacity which will result in progressively higher scores (or maintenance of existing scores) reported in these assessments. The technical areas, indicators, and level of capacity scores and definitions for the JEE, SPAR, and PVS pathway are available online. Relevant sections of each assessment are included in annex 2 of the Results Framework.
Definitions	Joint External Evaluation (JEE) – a voluntary assessment of health security capacity validated by team of international experts. States Parties Annual Report (SPAR) – a mandatory annual self-report completed by WHO Member States that assesses health security capacity. WHO asks countries to complete by February or March each year. Both the JEE and SPAR are divided into sections called 'technical areas' that focus on specific capacities needed to manage infectious disease outbreaks and other health threats. Technical areas are sub-divided into components called indicators. Indicators are scored on a 1-5 scoring system (1-low, 5-high). Each score has a specific set of capacities that countries need to attain to justify the score.
Data source	<ol style="list-style-type: none"> 1) Relevant JEE and SPAR scores and/or PVS indicator scores (posted online); 2) PF proposal submission; 3) Project annual report
Data Collection Methods	<ol style="list-style-type: none"> 1) JEE and SPAR scores can be accessed online. SPAR scores are published annually in May for the previous year. JEE scores are published as reports in an <i>ad hoc</i> fashion as countries complete the assessment. 2) Pandemic Fund proposals should designate which technical areas and indicators within the SPAR and JEE are improved (or maintained) by the project. 3) The annual report should contain a narrative description of how the outputs of the project impacted the JEE, SPAR, and PVS scores for the indicators noted in the proposal. The levels of capacity definitions (included in the Results Framework) should be used as a guide.
Data Type	Quantitative – JEE and SPAR scores Qualitative – List of deliverables from PF project and narrative capturing impact of activities on JEE, SPAR, and PVS scores

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Analysis	<p>A country's JEE and/or SPAR scores from before the project is implemented and after the project is completed will be compared to assess improvements in numerical value of the scores for the technical areas and indicators referenced in the PF proposal and annual report. The narrative provided by the IE in the annual report that justifies how the PF project contributed to the score increases (or maintenance) will be used to attribute score improvements, or maintenance of a score to PF projects. The narrative can also capture incremental changes to capacity that may not result in a full score change but may lead to it in the future. By aggregating across projects, the PF can articulate collective impact of PF projects on SPAR/JEE/PVS scores globally, by country, by technical area, or by specific indicator over time. This analysis can be completed annually based on annual reports and posting of SPAR scores.</p> <p>*The JEE and SPAR are updated periodically by the WHO, changes to these assessments may complicate comparison of scores over time.</p>
Responsible	<p>Secretariat (consolidation of information, pulling JEE and SPAR scores, and analysis), implementing entities (proposal submission and annual report), co-investor countries (submission of SPAR/JEE scores to WHO)</p>

Indicator 1b: Number of after/intra-action reviews or simulation exercises performed utilizing the 7-1-7 approach that identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response	
Rationale/description	<p>After/intra action reviews and simulation exercises can help countries identify capacities that are able to be used effectively during a real-life or simulated emergency, those that are not able to be used effectively, and gaps in capacity or bottlenecks/issues that prevent capacity from being used effectively. PF projects should build capacity that is able to be used effectively in a real-life or simulated emergency. Committing to undergo utilize after/intra-action reviews and simulation exercises, if executed effectively, can identify issues to address in future PF projects, or other capacity building efforts, and help validate capacity built in PF projects as measured by increases in JEE, SPAR, and PVS indicator scores.</p>
Definitions	<p>Capacity: systemic ability level to prevent detect, assess and notify and report events, and to respond promptly and effectively to public health risks.</p> <p>Capability: Ability to utilize capacity effectively when needed – for instance during a disease outbreak or other health threat.</p> <p>Intra action review: periodic reviews conducted during a public health event, project, or intervention that aims to identify aspects that could be improved or need more attention.</p> <p>After action review: qualitative review of actions taken to respond to a public health event, project, intervention at end of the timeline.</p> <p>Simulation exercise: imitation of a situation/process to which a described or similar response is made.</p>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

	7-1-7: performance bottleneck analysis to determine factors which prevent countries' capability to detect, notify, and respond to a disease as rapidly and effectively to new potential major health threats; a timeliness metric.
Data source	Summary of the after/intra action review or simulation exercise report
Data Collection Methods	The summary of the after/intra-action review or simulation exercise will include 1) a section to designate which capacities (as identified by JEE, SPAR, or PVS indicator number) were able to be used effectively during a real-life or simulated event, 2) which capacities were not able to be used effectively, 3) gaps in capacity, and issues/bottlenecks that prevented capacity from being used effectively.
Data Type	Qualitative
Analysis	The after/intra action review and/or simulation exercise reports will be reviewed for the four categories listed above, all reports that contains the four elements will be counted toward the total number of reports submitted.
Responsible	Secretariat (information consolidation and analysis), IEs (annual report), and co-investor country (summary of the after/intra action review report)

Indicator 1c: Percentage of the capacities that were improved or maintained by the PF projects(in 1a), that are able to be effectively utilized during an infectious disease outbreak or other public health threat, as measured by an intra/after-action review or simulation exercise	
Rationale/description	Co-investor countries will commit to complete at least one after/intra action review or simulation exercise annually utilizing the 7-1-7 approach to 1) assess if capacities built by PF projects are able to be utilized effectively during a real-life or simulated event, and 2) to identify challenges/hurdles impairing or delaying the ability to detect an outbreak, notify appropriate stakeholders, and mount an effective response. These challenges/hurdles can be used in conjunction with JEE/SPAR/PVS assessment findings and scores to develop a NAPHS and proposals for the PF or as the basis for other health security capacity building projects.
Definitions	Capacity: components in place needed to prevent, detect, assess, report and notify events, and to respond promptly and effectively to public health risks. Capability: Ability to utilize capacity effectively when needed – for instance during a disease outbreak or other health threat.

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

	<p>Intra action review: periodic reviews conducted during a public health event, project, or intervention that aims to identify aspects that could be improved or need more attention.</p> <p>After action review: qualitative review of actions taken to respond to a public health event, project, intervention following the event.</p> <p>Simulation exercise: imitation of an outbreak/emergency to which a response is made.</p> <p>7-1-7: performance bottleneck analysis to determine factors which prevent countries' capability to detect, notify, and respond to a disease as rapidly and effectively to new potential major health threats; a timeliness metric.</p>
Data source	<ol style="list-style-type: none"> 1) Project annual report; 2) Summary of co-investor country after/intra action review report
Data Collection Methods	<ol style="list-style-type: none"> 1) The annual report should contain a narrative description of how the outputs of the project impacted the JEE, SPAR, and PVS scores for the indicators noted in the proposal. The levels of capacity definitions (included in the Results Framework) should be used as a guide to justify how the PF project improved or maintained these capacities. 2) The summary of the after/intra action review report should include a subsection on how the technical areas and indicators from the PF project fared in the assessment of capability.
Data Type	<p>Quantitative –Number of JEE, SPAR, and PVS indicators that were improved or maintained as a result of the PF project</p> <p>Qualitative – Narrative from the annual report that captures the impact of the PR project on JEE, SPAR, and PVS indicator scores either to improved them (incrementally or by a full point) or maintain them</p>
Analysis	<p>A narrative will be provided in the annual report that will describe which indicators from the JEE, SPAR, and/or PVS were improved (or maintained) by the PF project. The narrative will also include how the deliverables of the project specifically improved or maintained these scores.</p> <p>The intra/after action review or simulation exercise summary report will include a section to designate which capacities (as identified by JEE, SPAR, or PVS indicator number) were able to be used effectively during a real-life or simulated event.</p> <p>The list of indicators improved or maintained the PF project in the annual report will be compared to the list of indicators able to be used effectively from the intra/after action reviews or simulation exercises report.</p> <p>The number of indicators where capacity was noted as being able to be effectively utilized from the after/intra action review report or simulation exercise report* will be divided by the total number of indicators improved (or maintained) by PF-funded activities to arrive at a percentage.</p>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

	*Not all outbreaks will test all capacities built through PF-funded activities. Some allowances will need to be provided to accommodate this.
Responsible	Secretariat (information consolidation and analysis), IEs (annual report), and co-investor country (summary of the after/intra action review report)

Indicator 1d: Percentage of PF projects' activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other relevant plans	
Rationale/description	<p>PF projects should support existing gaps in PPR, reflect countries' priorities, and reinforce existing elements of the global health security infrastructure.</p> <p>Many countries used National Action Plans for Health Security (NAPHS) to articulate key long terms goals for building health security capacity based on the results of health security assessments including but not limited to the JEE, SPAR, and PVS. NAPHS are sometimes complemented by short term operational plans focused on activities that can be implemented in the next 6-12 months that help address gaps in capacity and improve JEE, SPAR, and/or PVS scores. The NAPHS and shorter-term operational plans represent country priorities. All these components – JEE, SPAR, PVS, NAPHS – are codified in the World Health Organization's International Health Regulations Monitoring and Evaluation Framework.</p> <p>By supporting activities identified in the NAPHS and shorter-term operational plans, PF projects will reinforce components of the existing global health security architecture, reflect country priorities, and address validated gaps in capacity.</p>
Definitions	<p>National Action Plans for Health Security (NAPHS): articulate a country's priorities for building capacity to manage infectious disease outbreaks. NAPHS are based on health security assessments like the JEE, SPAR, and PVS and may contain short/long-term objectives and activities for addressing the gaps in capacity identified through assessments. The NAPHS is sometimes accompanied by an operational plan that contains a small number of activities that are meant to be implemented in the next 6-12 months to drive progress toward the objectives outlined in the NAPHS.</p> <p>Operational plans can be developed as part of a process to implement a NAPHS, or independently based on the results of a SPAR, JEE, and/or PVS assessment.</p>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Data source	1) Country NAPHS, operational plan, or related plan; 2) PF annual report
Data Collection Methods	The annual report submitted by the IE should contain a list of activities that have been completed and if/how those activities are reflected in the country's NAPHS, operational plan, or similar health security plan.
Data Type	Qualitative
Analysis	The total number of activities completed in the PF project that appear in the NAPHS, operational plan, or other relevant health security plan will be divided by the total number of activities completed in the PF project to arrive at a percentage of activities in the PR project that appear in the NAPHS, operational plan, or similar health security plan.
Responsible	Secretariat (for aggregating data from across projects) and IE (for submitting the annual report with the relevant section referenced above)

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Pandemic Fund Results Framework Indicator Reference Sheets

Element 2: Fostering coordination among countries globally and within countries across sectors

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Pandemic Fund	
Element 2: Fostering coordination nationally (across sectors within countries), and among countries regionally and globally	
Indicator 2a: Inclusion of regional platforms, institutions, networks, and priorities in PF projects	
Rationale/description	PF projects, including those implemented at a country level(s), should, where relevant, be linked with regional platforms, institutions, and networks to support the goal of promoting a more coordinated approach to PPR. Projects should also be aligned to any relevant regional priorities to support greater coherence with other PPR programmes and health system strengthening programmes.
Definitions	Regional: relevant to a geographic region of the world. Regional platforms and networks: formal and informal groups of individuals working towards common regional goals. Regional institutions: organization with a membership and/or mandate that spans multiple countries in a region, including small and large institutions.
Data source	<ol style="list-style-type: none"> 1) Pandemic Fund proposal submission; 2) Project annual report; 3) PF final project monitoring and evaluation reports
Data Collection Methods	<ol style="list-style-type: none"> 1) PF proposals should outline how regional platforms, institutions, and networks will be included in the activities proposed, and how activities proposed align with regional priorities. 2) Project annual reports should summarise how regional platforms, institutions, networks were included in the activities undertaken, and how these activities aligned with regional priorities. 3) All final monitoring and evaluation reports for projects should include a qualitative description of how regional platforms, institutions, networks, and priorities were included in the implemented project and any associated outcomes.
Data Type	Qualitative
Analysis	A narrative about how regional platforms, institutions, and networks and regional priorities were included in the lifetime of a project, and a comparison of the planned and implemented activities will be generated. This information could encourage including regional priorities by identifying examples of PF projects which have promoted coordination and coherence at the regional level and their associated outcomes.

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Responsible	Secretariat (information consolidation and analysis.), IEs and co-investor countries (providing information in proposal submission, annual report, and to support monitoring and evaluation of projects)
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Indicator 2b: Establishment or improvement of processes/mechanisms that allow for cross sectoral coordination within the country and between countries during a public health emergency							
Rationale/description	PF projects should consider how they contribute to enhancing capacity for cross-sectoral and cross-country coordination with respect to health threats. Projects do not have to be focused on emergency response in order to contribute to improved coordination.						
Definitions	Processes/mechanisms: organized series of actions, procedures or an established system of working towards a specific goal. Public health emergency: any adverse event that compromises the health of the population and has the potential to cause widespread illness.						
Data source	<ol style="list-style-type: none"> 1) PF proposal submission; 2) Project annual report; 3) PF final project monitoring and evaluation reports 						
Data Collection Methods	<ol style="list-style-type: none"> 1) PF proposals should outline if projects are intended to establish or improve processes/mechanisms for cross sectoral coordination within and/or between countries during a public health emergency. 2) The project annual report should contain a narrative description of how processes/mechanisms for cross sectoral coordination within and/or between countries for public health emergency response were improved and any associated outcomes. 3) All final project monitoring and evaluation reports should include an assessment of the degree to which processes/mechanisms for cross sectoral coordination within and/or between countries during a public health emergency were improved. 						
Data Type	<ol style="list-style-type: none"> 1) Qualitative – narratives describing improvements to of establishment of processes/mechanisms for coordination based on improvements in the rating system described below 2) Quantitative – 3-level rating as described below <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Level</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>No coordination</td> <td> <ul style="list-style-type: none"> • Organizations are aware of each other’s activities and attempt not to overlap or duplicate </td> </tr> <tr> <td>Moderate Coordination</td> <td> <ul style="list-style-type: none"> • Shared operational goals and objectives • Policy coherence and alignment </td> </tr> </tbody> </table>	Level	Description	No coordination	<ul style="list-style-type: none"> • Organizations are aware of each other’s activities and attempt not to overlap or duplicate 	Moderate Coordination	<ul style="list-style-type: none"> • Shared operational goals and objectives • Policy coherence and alignment
Level	Description						
No coordination	<ul style="list-style-type: none"> • Organizations are aware of each other’s activities and attempt not to overlap or duplicate 						
Moderate Coordination	<ul style="list-style-type: none"> • Shared operational goals and objectives • Policy coherence and alignment 						

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

		<ul style="list-style-type: none"> • Ad hoc communications and structures • Informal networks of stakeholders • Management level support and buy in
	Strong coordination 4)	<ul style="list-style-type: none"> • Shared strategic goals and objectives • Joint policy setting, planning, and operating • Codified multi sectoral/level/stakeholder coordination structures (ex: MoUs) • Executive level support and buy in
Analysis	<p>Information collected through narrative descriptions will be aggregated to provide examples of how the PF projects improved or established cross sectoral coordination mechanisms/processes. The narratives may also provide examples of coordination and help encourage proposals which seek to improve in-country and/or between country coordination.</p> <p>Project level rating data will be aggregated across all projects. An average of ratings for cross sectoral coordination within and between countries from PF projects can be used to demonstrate the impact of projects as a group.</p>	
Responsible	Secretariat (information consolidation and analysis.), IEs and co-investor countries (providing information in proposal submission, annual report, and to support monitoring and evaluation of projects)	

Indicator 2c: Extent to which PF projects are implemented in coordination with multiple ministries, sectors, and stakeholders (including IEs, civil society organizations, and others)	
Rationale/description	PF projects should support collaboration across sectors and strengthen alignment with national priorities and strategic plans and complementarity of PPR and health system strengthening within countries. This indicator captures the level of coordination across sectors, ministries, and stakeholders for PF projects.
Definitions	<p>Sectors: one of the areas into which the economic or social activity of a country is divided (examples – human health, animal health, environment, defense/security, etc.).</p> <p>Ministries: department of the government led by a Minister.</p> <p>Relevant stakeholders: organizations or individuals with relevant expertise or interests, including civil society and community organizations, non-governmental organizations, private sector organizations and multilateral organizations.</p>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Data source	1) Project annual report								
Data Collection Methods	1) Annual report contains a rating and narrative description to justify rating of coordination across sectors, Ministries, and relevant stakeholders during the implementation of the activities and any associated outcomes								
Data Type	Quantitative rating (described below) with qualitative justification <table border="1" data-bbox="579 492 1822 959"> <thead> <tr> <th>Level</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>No coordination</td> <td> <ul style="list-style-type: none"> Organizations are aware of each other's activities and attempt not to overlap or duplicate </td> </tr> <tr> <td>Moderate Coordination</td> <td> <ul style="list-style-type: none"> Shared operational goals and objectives Policy coherence and alignment Ad hoc communications and structures Informal networks of stakeholders Management level support and buy in </td> </tr> <tr> <td>Strong coordination</td> <td> <ul style="list-style-type: none"> Shared strategic goals and objectives Joint policy setting, planning and operating Codified multi sectoral/level/stakeholder coordination structures (ex: MoUs) Executive level support and buy in </td> </tr> </tbody> </table>	Level	Description	No coordination	<ul style="list-style-type: none"> Organizations are aware of each other's activities and attempt not to overlap or duplicate 	Moderate Coordination	<ul style="list-style-type: none"> Shared operational goals and objectives Policy coherence and alignment Ad hoc communications and structures Informal networks of stakeholders Management level support and buy in 	Strong coordination	<ul style="list-style-type: none"> Shared strategic goals and objectives Joint policy setting, planning and operating Codified multi sectoral/level/stakeholder coordination structures (ex: MoUs) Executive level support and buy in
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No coordination	<ul style="list-style-type: none"> Organizations are aware of each other's activities and attempt not to overlap or duplicate 								
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Strong coordination	<ul style="list-style-type: none"> Shared strategic goals and objectives Joint policy setting, planning and operating Codified multi sectoral/level/stakeholder coordination structures (ex: MoUs) Executive level support and buy in 								
Analysis	Project level rating data will be aggregated across all projects. An average of ratings for cross sectoral coordination within and between countries from PF projects can be used to demonstrate the impact of projects as a group.								
Responsible	Secretariat (for pooling ratings across projects to generate aggregate average ratings), IEs (for including ratings and descriptive justifications in the annual report)								

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Pandemic Fund Results Framework Indicator Reference Sheets
Element 3: Incentivizing additional investments in PPR

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Element 3: Incentivizing additional investments in PPR	
Indicator 3a: Value of additional financial resources that are secured from stakeholders to support PF projects, including domestic, private and/or philanthropic financing, or as co-financing from IEs	
Rationale/description	The PF should bring additional in financial resources for pandemic PPR and incentivize countries to invest more in pandemic PPR. This indicator captures the value of additional funds (beyond those provided by the PF) that were successfully secured to support the PF project.
Definitions	Additional funds – funds used to support the activities in the PF proposal or added after proposal development (beyond those funds provided by the PF) that were secured by the country or implementing partner. These are new funds, not funds redirected from other health work. These funds could include (but aren't limited to) new funds from private or philanthropic partners, co-investment from an IE, or provision of new domestic funds.
Data source	Project annual report
Data Collection Methods	The annual report for each project should contain a section dedicated to capturing the value of additional funds recruited including the period of time that those funds will be available (i.e., one year, two years, indefinitely, etc.).
Data Type	Quantitative
Analysis	This data (collected by project, by country) will be consolidated to articulate the total value of additional funds that have been secured to support PF projects. This will help articulate the PF's significance in catalyzing investment in pandemic PPR.
Responsible	IEs and countries (responsible for working together to provide this information by country and project in the annual report) and Secretariat (for data consolidation and analysis)

Indicator 3b: Proportion of funding from PF that is used to complement/strengthen existing health security capacity building projects, including but not limited to those funded by domestic resources, other existing development funds, other partners' global health security/PPR funds, and philanthropic or other private sector PPR funds

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Rationale/description	The PF should serve as an integrator rather than become a new silo that furthers fragmentation in pandemic PPR efforts. PF projects should address gaps in PPR, align with/be informed by country priorities, and complement other health security/PPR efforts ongoing in the country. This indicator captures the extent to which PF funds complement ongoing work in the country.
Definitions	Complement/strengthen – activities are considered ‘complementary to’ or ‘strengthening’ existing work in the country if they support progress toward the objectives of that work, or use the existing work/capacities built and advance it further/augment it.
Data source	Project annual report
Data Collection Methods	The annual report should contain a template that allows IEs to indicate what percentage of the PF’s project budget was directed toward efforts that are complementary to/build upon existing/ongoing work in the country. The template should include fields for value/percentage of funds (of the total project budget) and a description of the existing/ongoing work that is being complemented/built upon.
Data Type	Mixed – qualitative/quantitative
Analysis	The data collected for this indicator will be summarized across projects to articulate the total value of resources that have been complemented/built upon by the PF as a method of articulating the responsiveness of the fund to existing/ongoing work in each country and globally. The PF may use this data to identify types of activities that are well supported by PF funds.
Responsible	IEs (for provision of data in the annual report, and coordination with other IEs, stakeholders, and the country if necessary) and the Secretariat (for consolidation and analysis of the data from the annual report)

Indicator 3c: Extent to which the capacities built by PF projects are sustained following completion of the project	
Rationale/description	The PF should have a lasting impact on country capacity after the project has ended. Therefore, the PF should build capacity that can be sustained by the country or other stakeholders in some fashion following the conclusion of the PF proposal. This includes both the financial and technical resources needed to sustain the capacity developed. This indicator will help demonstrate that sustainment of capacity has been addressed in advance of the end of the PF project.

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Data source	Project final report								
Data Collection Methods	The final report should contain a rating of the level of sustainment of the capacity/ies developed by the PF project at the time the project concludes. The rating should include text that justifies the rating.								
Data Type	<p>Quantitative/qualitative</p> <p>The rating system below will be used to describe the status of sustainability of the capacity/ies developed by the PF project at the conclusion of the project.</p> <table border="1"> <thead> <tr> <th>Level</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1 – No sustainment</td> <td> <ul style="list-style-type: none"> There is no plan in place for sustainment of capacity either technical or financial </td> </tr> <tr> <td>2 – Options identified for sustainment</td> <td> <ul style="list-style-type: none"> The country and IE have identified potential options for the financial and technical resources needed to sustain the capacity/ies developed by the PF project (these can be domestic or external) </td> </tr> <tr> <td>3 – Sustainment achieved</td> <td> <ul style="list-style-type: none"> The country and IE secured any financial and technical resources needed to sustain the capacity/ies developed by the PF project for at least one year following conclusion of the project </td> </tr> </tbody> </table>	Level	Description	1 – No sustainment	<ul style="list-style-type: none"> There is no plan in place for sustainment of capacity either technical or financial 	2 – Options identified for sustainment	<ul style="list-style-type: none"> The country and IE have identified potential options for the financial and technical resources needed to sustain the capacity/ies developed by the PF project (these can be domestic or external) 	3 – Sustainment achieved	<ul style="list-style-type: none"> The country and IE secured any financial and technical resources needed to sustain the capacity/ies developed by the PF project for at least one year following conclusion of the project
Level	Description								
1 – No sustainment	<ul style="list-style-type: none"> There is no plan in place for sustainment of capacity either technical or financial 								
2 – Options identified for sustainment	<ul style="list-style-type: none"> The country and IE have identified potential options for the financial and technical resources needed to sustain the capacity/ies developed by the PF project (these can be domestic or external) 								
3 – Sustainment achieved	<ul style="list-style-type: none"> The country and IE secured any financial and technical resources needed to sustain the capacity/ies developed by the PF project for at least one year following conclusion of the project 								
Analysis	Ratings collected across projects will be aggregated and averaged to articulate the overall sustainability of the capacity/ies developed through PF projects.								
Responsible	IE (for supplying the rating of sustainment and narrative justification) and the Secretariat (for consolidation of the data)								

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Pandemic Fund Results Framework Indicator Reference Sheets
Element 4: Ensuring administrative/operational efficiency of PF resources

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Element 4: Ensuring administrative/operational efficiency of PF resources	
Indicator 4a: PF grant amount disbursed for projects as a proportion of total PF grant amount committed to IEs	
Rationale/description	This indicator assesses the amount of the funds received from donors with the amount that has been dispersed to grantees in order to measure the efficiency with which the PF is managing its grants.
Definitions¹	Grants: transfers made in cash, good or services for which no repayment is required.
Data source	Trustee
Data Collection Methods	Annual financial reports from Trustee
Data Type	Quantitative
Analysis	Total funds dispersed will be divided by the total funds received from donors by fiscal year.
Responsible	Secretariat

Indicator 4b: Time for IEs to fully disburse PF grants committed to them	
Rationale/description	This indicator tracks how quickly IEs utilize funds for a given project to ensure activities are undertaken in a reasonable amount of time and are not held up by avoidable delays. This is important to (1) build trust amongst co-investor countries that PF resources are a reliable source of PPR funding, and (2) ensure timely reporting of results to the Board and broader PPR community.
Definitions²	Disbursement: the transaction of providing financial resources, in this case from the IEs to any partners for implementation.
Data source	IE financial reports

¹ <https://stats.oecd.org/glossary/detail.asp?ID=1143>

² <https://stats.oecd.org/glossary/detail.asp?ID=3798>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Data Collection Methods	Project annual report – financial section, project timeline/critical path descriptions.
Data Type	Quantitative
Analysis	Total funds disbursed will be divided by the total funds received by fiscal year.
Responsible	Secretariat (for aggregating the data) and IEs (for providing financial data in annual report)

Indicator 4c: Of the total amount of PF grants committed to IEs, proportion used by IEs for administrative costs including project preparation, implementation, and supervision	
Rationale/description	This indicator tracks the administration costs incurred for preparing, implementing, and supervising a given project as compared to the amount of resources provided by the PF for said project. Each IE has a standard fee for project administration, which should be kept as low as possible. A lower proportion of funds being directed towards project administration would suggest an efficient use of funds by IE.
Definitions	Administration costs: Costs the implementing organization incurs that are not directly tied to specific project activities. Administrative costs include (but aren't limited to) salaries, rent, utilities.
Data source	Implementing Entities
Data Collection Methods	Project annual report: financial section
Data Type	Quantitative
Analysis	Total administrative expenditures divided by the total grant expenditures by fiscal year.

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Responsible	Secretariat (for aggregating the data) and IEs (for providing financial data in annual report)
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Indicator 4d: Funds utilized for project-level M&E as a proportion of project funds initially allocated for M&E	
Rationale/description	Monitoring and evaluation (M&E) integral components of the project/program life cycle and contribute to learning, accountability, and program improvement. Monitoring assesses stakeholders' understanding of the project as well as implementation progress, helping to minimize the risk of project failure. Evaluation determines the degree to which program objectives have been achieved, the problems associated with program planning and implementation; contributes to better program design and management; and enables improved impact assessment. Despite the integral nature of M&E, it is often the first budget line to be decreased or cut when project implementation costs increase.
Definitions³	Monitoring: a continuous process of collecting and analyzing information to better understand how well a program is operating against expected outputs. Evaluation: an objective assessment of program relevance, effectiveness, efficiency, sustainability and impact; uses specialized methods to determine whether a program meets its objectives, to estimate its net results or impact, and/or to identify whether the benefits the program generates outweigh its costs.
Data source	Implementing Entities
Data Collection Methods	1) Annual project reports 2) End of project evaluation reports
Data Type	Quantitative
Analysis	Total M&E expenditures divided by the total M&E budget by fiscal year.
Responsible	Secretariat (for aggregating the data) and IEs (for providing financial data in annual report)

³ http://web.worldbank.org/archive/website01506/WEB/IMAGES/10_ME.PDF

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Indicator 4e: Gender equality incorporated in activities implemented through the proposals	
Rationale/description⁴	Disease outbreaks and pandemics affect women and men differently, and tend to worsen existing gender inequalities, sexual and gender-based violence, and discrimination due to increased tensions in the household, economic stress, including unpaid care work, and disruption or collapse of systems and structures that protect women and girls. Girls and women are often in vulnerable situations, but they continue to hold positions to provide care, services and leadership in their communities. For example, 70% of healthcare workers are women, and women and girls also dominate the social and service sectors globally. This can result in high exposure to viruses and limited access to critical diagnostics, therapeutics, vaccines, and other health interventions.
Definitions	<p>Gender: refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.</p> <p>Gender Equality: gender equality means that women and men enjoy the same status and have equal opportunity to realize their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results. The concept of equality acknowledges that women and men may sometimes require different treatment to achieve similar results, due to different life conditions or to compensate for past discrimination.</p>
Data source	Implementing Entities
Data Collection Methods	<p>Project proposals, project reports</p> <p>Answers the following questions:</p> <ul style="list-style-type: none"> • Who is the target (both direct and indirect) of the proposed policy, program or project? Who will benefit? Who will lose? • Have women been consulted on the 'problem' the intervention is to solve? How have they been involved in development of the 'solution'? • Does the intervention challenge the existing gender division of labor, tasks, responsibilities and opportunities?

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

	<ul style="list-style-type: none"> • What is the best way to build on (and strengthen) the government's commitment to the advancement of women? • What is the relationship between the intervention and other actions and organizations — national, regional or international? • Where do opportunities for change or entry points exist? And how can they best be used? • What specific ways can be proposed for encouraging and enabling women to participate in the policy/program/project, despite their traditionally more domestic location and subordinate position? • What is the long-term impact in regard to women's increased ability to take charge of their own lives, and to take collective action to solve problems?
Data Type	Qualitative
Analysis	<p>Projects will be qualitatively assessed using a three-level scale:</p> <p>Gender sensitive: gender-sensitive approaches include identifying gender gaps. The actions supported by this approach remain at the level of raising people's awareness of gender issues and gender inequalities without questioning and transforming social norms.</p> <p>Gender responsive: interventions are developed with the consideration of gender norms, roles and inequalities with measures taken to actively address them; through gender-responsive programming, gender gaps in decision-making, access, control, and rights can be reduced.</p> <p>Gender transformative: interventions go beyond gender responsiveness; they aim to transform unequal gender relations to promote shared power, control of resources, decision making, and support for the empowerment of women and girls.</p>
Responsible	Secretariat

⁴ [Make it the Last Pandemic](#); [WHO Gender and Health](#); [Gender Equality Glossary \(unwomen.org\)](#); [Feminist International Assistance Gender Equality - Toolkit for Projects](#); [Policy Brief: The Impact of COVID-19 on Women](#);

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Indicator 4f: Extent to which PF-funded activities advance health equity across underserved populations.	
Rationale/description⁵	Disease outbreaks and pandemics affect groups of people differently based on demographics, socioeconomic status, and geographics. Often, disease outbreaks worsen the existing inequities within a population through disruption or collapse of systems and structures that protect underserved people. As a consequence of added economic stress and resource constraints, discrimination in allocation of resources is exacerbated. For example, limited access to critical diagnostics, therapeutics, vaccines, and other health interventions can result in high exposure to viruses. During the COVID-19 pandemic, the world witnessed the most suffering endured by groups of underserved people.
Definitions	<p>Health equity: health equity is the absence of unfair, avoidable and remediable differences in health status among groups of people based on geographic location, rurality, economic status or social standing. Health equity is achieved when everyone can attain their full potential for health and well-being. Allocation of resources. For the Pandemic Fund, we define equity as, communities that are underserved.</p> <p>Underserved population: underserved relates to limited access to services that are accessible, acceptable, and affordable, including healthcare.</p>
Data source	Implementing Entities
Data Collection Methods	<p>Project proposals, project reports</p> <ul style="list-style-type: none"> • Answer the question: In what ways has your implementation incorporated equity (as defined)? (500 words or less). • Your description should answer the following questions: <ul style="list-style-type: none"> • Describe the specific policy, program, or project that will incorporate communities that are unserved and underserved. • Describe opportunities for change or entry points that exist. How can they best be used in this policy, program, or project?

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

	<ul style="list-style-type: none"> • Describe the target audience(s) (both direct and indirect) of the proposed policy, program, or project? Who will benefit? Who will lose? • How, if at all, have communities that are normally unserved and underserved been consulted on the 'problem' the intervention is to solve? If yes, how have they been involved in development of the 'solution'? • In what ways does this policy, program, or project challenge the existing inequities of labor, tasks, responsibilities and opportunities between communities that are unserved and underserved, and those who are adequately served? • In what ways does this policy, program, or project build on (and/or strengthen) the government's commitment to the advancement of communities that are unserved and underserved? / or government's commitment to improve health equity • Describe the relationship between the intervention and other actions and organizations working in the health equity space — they can be national, regional or international. • Describe the specific ways the policy, program, or project encourages and enables communities that are unserved and underserved to participate? • In what ways will the policy, program, or project provide long-term impact in regard to unserved and underserved communities' increased ability to take charge of their own lives, and to take collective action to solve problems?
Data Type	Qualitative
Analysis	<p>Projects will be qualitatively assessed using a three-level scale:</p> <p>1: No evidence provided that IEs PF-funded activities were developed or implemented with health equity and advancing equitable access to capacity as a principle.</p> <p>2: Some evidence provided by the IE that the PF-funded activities were developed and implemented with equity and advancing equitable access to capacity as a principle across at least one dimension of equity.</p> <p>3: Significant evidence provided by the IE that the PF-funded activities were developed and implemented with equity and advancing equitable access to capacity as a principle across two or more dimensions of equity.</p>

*Note: The WG requests the Secretariat to collaborate with the Results Framework Working Group in the analysis phase for all indicators.

Responsible	Secretariat
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