



**The  
Pandemic  
Fund**

FOR A RESILIENT WORLD

**THE PANDEMIC FUND:**

# **GUIDANCE NOTE FOR APPLICANTS ON THE SECOND CALL FOR PROPOSALS**

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December 22, 2023



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# THE PANDEMIC FUND: GUIDANCE NOTE FOR APPLICANTS ON THE SECOND CALL FOR PROPOSALS

## I. Executive Summary

The Pandemic Fund<sup>1</sup> has launched its second Call for Proposals (CfP) on December 22, 2023, with an envelope of US\$500 million.

While the online application portal for the second CfP will be opened in February 2024, the purpose of this Guidance Note is to provide early information to interested applicants so that they may begin preparations and consultations around proposals, internally as well as with the Pandemic Fund Secretariat and Implementing Entities.

The second CfP continues to prioritize high-impact investments in the following priority areas, in recognition of the high demand for funding in these areas: 1) early warning and disease surveillance systems, 2) laboratory systems, and 3) strengthening human resources/public health and community workforce capacity, including workforce capacity related to human and animal health, to help countries prevent, prepare for and respond to health emergencies. Proposals submitted to the Pandemic Fund for funding under the second CfP must cover one or more of these three priority areas.

Further, regardless of priority areas for the second CfP and future rounds, the Pandemic Fund requires that particular attention be paid to community engagement, and in addition, to civil society engagement, gender equity, and other broader equity considerations, as cross-cutting areas of focus in proposal development and implementation, and be reflected clearly in the proposals submitted.

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

For the 2nd CfP, the 16 countries<sup>2</sup> that were awarded single-country grants under the first CfP are not eligible to receive single-country grants under the second CfP. However, these countries may be included in “Multi-country” or “Regional Entity” proposals. Countries that were part of successful multi-country grants and/or covered under successful Regional Entity proposals in the first CfP are eligible to apply for both single-country and multi-country grants in the second CfP.

Unsuccessful applicants from the first CfP are encouraged to re-apply for this second CfP. It is recommended that such applicants review the feedback provided to them on their previous submission before re-applying and ensure that their proposals reflect the considerations in this Guidance Note, as well as subsequent advice to be issued when the application portal is opened in late February 2024.

### Key dates and timeline:

<b>Call for Proposals Announced</b>	December 22, 2023
<b>Further guidance released on technical evaluation &amp; scoring</b>	By late February 2024
<b>Online Application Portal Opens</b>	Late February 2024
<b>Call for Proposals Closed</b>	May 17, 2024
<b>Funding Decision by the Pandemic Fund Board (exact date will be decided by the Board in June, once the number of proposals submitted is known)</b>	By end October 2024

<sup>2</sup> The countries that are not eligible for a Single-country grant under the second CfP are: Burkina Faso, Kingdom of Bhutan, Republic of Cabo Verde, Kingdom of Cambodia, Democratic Republic of Ethiopia, Republic of India, Republic of Kazakhstan, Republic of Moldova, Mongolia, Federal Democratic Republic of Nepal, Republic of Paraguay, Republic of Suriname, Togolese Republic, West Bank and Gaza, Republic of Yemen and the Republic of Zambia.

## I. INTRODUCTION

1. The purpose of this Guidance Note is to provide early information on the Pandemic Fund's second Call for Proposals (CfP) to interested applicants so that they may begin preparations and consultations on proposals, both internally as well as with the Pandemic Fund Secretariat and Implementing Entities (IEs), ahead of the opening of the online application portal for formal proposal submission in February 2024. For background information on the Pandemic Fund, please see ANNEX 1.

## II. SCOPE OF THE SECOND CALL FOR PROPOSALS (CfP)

### A. Priority Areas

2. In recognition of the high demand for funding demonstrated in the first CfP, the second CfP continues to prioritize high-impact investments in the following three priority areas: 1) early warning and disease surveillance systems, 2) laboratory systems (human and animal), and 3) strengthening human resources/public health and community workforce capacity for human and animal health, to help countries prevent, prepare for and respond to health emergencies. Proposals submitted to the Pandemic Fund must cover one or more of these three priority areas. Within each of these three priority areas, countries and regions may have different investment needs. Box 1 below provides a brief description of the types of activities that could be financed under the second CfP in each of these areas, noting that proposals may cover one or more of these priority areas and may include activities at the intersection of the three areas.
3. Grant financing provided through the second CfP is intended to help countries and regions strengthen their core capacities in the three priority areas mentioned above, which present the promise of generating visible impact in terms of prevention and preparedness to effectively detect and rapidly respond to disease outbreaks. These priority areas have been selected for their contribution to the objectives of the Pandemic Fund and are consistent with core capacities for pandemic prevention, preparedness and response (PPR) that countries are obliged to develop and maintain under the International Health Regulations (IHR) (2005), World Organization for Animal Health (WOAH) International Standards, and as articulated in the IHR (2005) State-Party Self-Assessment Annual Reporting (SPAR) Tool, Joint External Evaluation (JEE) Tool, the WOAH Performance of Veterinary Services (PVS) pathway and other tools related to One Health, and relevant national and regional health and community

systems strengthening plans, as applicable, as well as with the Pandemic Fund's [Results Framework](#). For reference, JEE and PVS indicators related to each of the priority areas in the second CfP are listed in ANNEX 2.<sup>3</sup>

### Box 1: Examples of types of activities that can be financed under the Second CfP

Within each of the three priority areas for the second CfP, countries and regions may have different investment needs. A brief description of the types of activities that could be financed under the CfP in each of these areas is presented here, noting that proposals may cover one or more of these priority areas and may include activities at the intersection of the three areas:

- 1. Early Warning and Disease Surveillance Systems:** IHR (2005) and WOAHA Standards require rapid detection of public health threats, as well as risk assessment (including understanding of drivers of emergence), notification, and response. A sensitive, collaborative surveillance system is needed to ensure early warning and to provide information for an informed decision-making process during public health events and emergencies. This involves a multisectoral and integrated health system approach, including monitoring outbreaks and emerging diseases in domestic and wild animals, antimicrobial resistance, community-based surveillance, clinical surveillance, sentinel surveillance systems and contact tracing during health emergencies, among others. The surveillance system should have the capacity to facilitate cross-sectoral analysis, coordination and communication in line with a One Health approach and based on international standards, good governance practices, guidance, and best practices, to minimize the transmission of zoonotic diseases to human populations. Investments in this area lead directly to improvements in early detection which can catalyze rapid responses. Proposed activities should build on elements of surveillance systems already in place and promote compatibility and interoperability to prevent duplication or further fragmentation.

The type of surveillance applied depends on the objectives of the surveillance, the available data sources and the outputs needed to support decision-making. Besides traditional epidemiological surveillance, early detection of unusual events and health event surveillance (event-based surveillance) contribute to early warning systems. Stronger surveillance systems require, for example, investments in: a) state-of-the-art digital tools to enable public health entities (including local hospitals, laboratories and veterinary services, environment protection services) and local communities to generate and share confidential data with national, regional and global public health institutions (ensuring common protocols for sharing data), and two-way information systems so that feedback mechanisms related to the communication on data are established, including domestic and wild animal and environmental health surveillance; b) strong and interconnected national and regional centers of expertise for collaborative inter-sectoral surveillance and sharing of data, building on existing, proven systems that are interconnected in a global surveillance network, including via sewage and wastewater monitoring as a sentinel surveillance tool; c) multi-sectoral genomic sequencing networks and capabilities and exchange of data mechanisms, including

<sup>3</sup> Other investment areas for the Pandemic Fund may be prioritized in future calls for proposals. <https://documents1.worldbank.org/curated/en/733191656685369495/pdf/Establishment-of-a-Financial-Intermediary-Fund-for-Pandemic-Prevention-Preparedness-and-Response.pdf>.

Box 1 continues next page...

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; d) training to help national/regional public health, animal health and environmental health agencies generate and analyze data to strengthen national capacities for public health intelligence (e.g. analysis of unstructured data for rapidly identifying and monitoring concerning health events reported in media); and e) strengthening science-society-policy dialogue relevant to surveillance issues to ensure engagement with local communities and relevant stakeholders of the civil society and to promote One Health collaboration between agencies.

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

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



4. Further, regardless of priority areas for the second CfP and future rounds, the Pandemic Fund requires applicants to pay particular attention to community engagement, and in addition, to civil society engagement, gender equity, and other broader equity considerations, as cross-cutting areas of focus in proposal development and implementation, and that these considerations be reflected clearly in the proposals submitted. In this context, proposals should demonstrate how local communities have and will be engaged, along with how Civil Society Organizations (CSOs) have and will be involved, in proposal development and implementation. In addition, gender equality and other broader equity considerations should be included as cross-cutting areas of focus in proposal development and implementation. These considerations should be reflected with evidence in the proposals.

## B. Who can apply and what types of proposals will be accepted

5. Any country that is eligible to receive funding from IBRD and/or IDA<sup>4</sup> is eligible, in principle, to receive funding from the Pandemic Fund.<sup>5</sup> It may be noted, however, that the 16 countries that were awarded single-country grants under the first CfP are not eligible to receive single-country grants under the second CfP.<sup>6</sup> However, these countries may be included in “Multi-country” or “Regional Entity” proposals, as defined in paragraph 8 below. Countries that were part of successful multi-country grants and/or covered under successful Regional Entity proposals in the first CfP **are eligible** to apply for both single-country and multi-country grants in the second CfP.
6. Funding proposals (referred to hereafter as “proposals”) may be submitted by:
  - a) An Eligible Country, groups of Eligible Countries, or a Regional Entity or Entities (as defined below), working with one or more IEs (as defined below); or
  - b) IEs (as defined below), working with a group of Eligible Countries or with a Regional Entity or Entities (as defined below), for multi-country or Regional Entity proposals.

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

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

6 The countries that are not eligible for a Single-country grant under the second CfP are: Burkina Faso, Kingdom of Bhutan, Republic of Cabo Verde, Kingdom of Cambodia, Democratic Republic of Ethiopia, Republic of India, Republic of Kazakhstan, Republic of Moldova, Mongolia, Federal Democratic Republic of Nepal, Republic of Paraguay, Republic of Suriname, Togolese Republic, West Bank and Gaza, Republic of Yemen and the Republic of Zambia.

7 Please also see ANNEX 3: Submission Process.

7. Unsuccessful Applicants from the first CfP are encouraged to re-apply during this CfP. It is recommended that applicants review the feedback provided to them on their previous submission before re-applying, and ensure their proposal reflects the considerations in this Guidance Note, as well as subsequent advice to be issued when the application portal is opened in late February 2024.
8. There are three types of proposals that will be accepted, which include:
  - a) **Single-country proposal:** This is a proposal submitted by one eligible country along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the national or sub-national level of the applying country.
  - b) **Multi-country proposal:** This is a proposal submitted by two or more eligible countries along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the national or sub-national level of **each** of the applying countries. A proposal from multiple countries in the same region would also be considered as a “multi-country proposal” and not a Regional Entity proposal.
  - c) **Regional Entity proposal:** This is a proposal submitted by a Regional Entity (or body or platform) along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the regional or sub-regional level. A Regional Entity proposal is different than a multi-country proposal because the primary grant beneficiary<sup>8</sup> is a Regional Entity, and not countries. Some examples of Regional Entities include the Caribbean Public Health Agency (CARPHA) and West African Health Organization (WAHO). Other regional bodies such as regional development communities or economic organizations may also be considered (e.g., Southern African Development Community (SADC), Economic Community of West African States (ECOWAS), Association of Southeast Asian Nations (ASEAN)). Regional arms of a global organization, generally consisting of Member States grouped within a geographical region of that global organization, would typically not be eligible.

## C. Submission limits

9. An individual country may submit a maximum of one single-country proposal.<sup>9</sup>
10. There are no limits on the number of multi-country proposals that can be submitted. Furthermore, there are no limits on the number of multi-country proposals that any country may take part in. There are also no limits on the number of proposals an IE

<sup>8</sup> See paragraph 12 below.

<sup>9</sup> This does not include Multi-country or Regional Entity proposals.

may take part in.<sup>10</sup> However, evidence of coordination of, and coherence among single-country and multi-country proposals will be required when a country is involved in several proposals.

- 11.** Regional Entities may only submit a maximum of one proposal for the same geographic area (i.e., Regional Entities may submit multiple applications, but they cannot cover the same sub-region). Regional Entities awarded funding in the first CfP are not eligible to submit another proposal that covers the same geographic area that was awarded funding in the first CfP.

## **D. Definition and Role of Beneficiaries and Implementing Entities (IEs)**

- 12.** Beneficiaries are defined as:
  - a) Any Eligible Country that may benefit from the Pandemic Fund through projects or activities undertaken by an Implementing Entity (IE) to advance the objective of the Pandemic Fund; such projects or activities can involve the government/public sector and private/non-governmental sector in Eligible Countries; and
  - b) Regional Entities, bodies, or platforms that are specialized technical institutions established by the governments of one or more Eligible Country (-ies) to support their public health initiatives and strengthen pandemic PPR capacity.
- 13.** As a Financial Intermediary Fund (FIF) hosted by the World Bank, the Pandemic Fund channels its financing to Beneficiaries through its approved IEs, which provide support for project implementation. IEs serve as the “intermediaries” between the Pandemic Fund and Beneficiaries. IEs supervise the implementation of projects or programs funded by the Pandemic Fund. As per the guidelines for FIFs<sup>11</sup>, the Pandemic Fund Governing Board directs funds to Beneficiaries via IEs, on a pass-through<sup>12</sup> basis. Each IE applies its own policies and procedures (including operational, fiduciary and safeguards policies and procedures) in transferring funds to Beneficiaries and supporting Beneficiaries to implement project activities and is responsible for supervising the use of funds and activities carried out therewith. The Pandemic Fund Secretariat does not have direct supervision of the funds or activities.

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<sup>10</sup> This is grounded in the rationale that IEs are encouraged to collaborate on proposals.

<sup>11</sup> Source: FIF Management Framework, Chapter 1, Paragraph 3.

<sup>12</sup> Source: FIF Management Framework: These transfers, carried out by the trustee on instruction from the respective FIF secretariat on behalf of its governing body, are largely carried out on the basis of Financial Procedures Agreements (FPAs) typically entered into between the Trustee and an implementing entity.

- 14.** As per the Operations Manual<sup>13</sup>, the currently approved list of thirteen (13) IEs is as follows: African Development Bank; Asian Development Bank; Asian Infrastructure Investment Bank; European Investment Bank; Food and Agriculture Organization of the United Nations; Inter-American Development Bank; International Finance Corporation; UNICEF; World Bank; World Health Organization; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Coalition for Epidemic Preparedness Innovations (CEPI). Eligible IEs may participate in the Pandemic Fund as IEs by entering into a Financial Procedures Agreement (FPA) with the Trustee. After entering into FPAs, IEs may submit Funding Proposals developed with Beneficiaries to the Pandemic Fund.
- 15.** IEs will serve according to their existing scope and mandate, as laid out in the Governance Framework and Operations Manual, including:
- a) administering the FIF funds transferred to it, including the use of funds and activities carried out therewith, in accordance with (i) its applicable policies and procedures and (ii) the provisions of the Financial Procedures Agreement and the applicable terms and condition under which Allocations to the IE have been approved, including the applicable provisions of this Governance Framework and the Operations Manual;
  - b) conducting discussions with Beneficiaries of the FIF on projects and activities that can benefit from FIF support, as appropriate;
  - c) providing implementation and/or implementation support to the Beneficiaries of FIF funding, as applicable;
  - d) providing financial and progress reporting to the Governing Board through the Trustee and the Secretariat; and
  - e) cooperating on reviews and evaluations of the FIF under terms acceptable to the IEs.<sup>14</sup>
- 16.** Proposals are approved by the Governing Board on the basis of, and administered in accordance with, the applicable policies and procedures of the designated IE and its obligations under the Financial Procedures Agreement (FPA).
- 17.** CSOs, Non-governmental Organizations (NGOs), and other entities may be contracted as project delivery partners by IEs or Beneficiaries, per the applicable policies and procedures of the IEs involved. Civil society engagement will be considered within the technical evaluation criteria, and therefore it is important that these delivery partners and Beneficiaries are involved meaningfully in the proposal development process, in addition to implementation and monitoring and evaluation.

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<sup>13</sup> Source: Operations Manual, paragraph 7.

<sup>14</sup> Source: Governance Framework, paragraphs 29, 30, and Operations Manual, paragraph 7.

## **E. Each proposal must identify at least one approved IE**

- 18.** Proposals must identify at least one approved IE; the Pandemic Fund cannot provide grants for projects that do not involve at least one of the approved IEs.

## **F. Proposal and project completion timeline**

- 19.** Proposals must demonstrate that the components and activities to be funded using the grant requested from the Pandemic Fund will be completed within three years from the date of approval by the IE's relevant authority, bearing in mind that the overall project completion date may extend beyond the three-year period. Projects for which funding is being requested should be slated for final approval by the executive board or other relevant authority<sup>15</sup> of the concerned IE(s) and relevant in-country/regional Pandemic PPR multi-stakeholder forum by no later than the end of the first quarter of Calendar Year (CY) 2025.<sup>16</sup> Funds will be committed by the Trustee to the IE in accordance with the process detailed in the Operations Manual and the Financial Procedures Agreement (FPA).<sup>17</sup>
- 20.** Proposals must fulfill all the requirements as set out in the Governance Framework and Operations Manual as well as those described in this document in order to be considered. Additional requirements are detailed in ANNEX 3.

## **G. Available funding**

- 21.** The envelope for the second CfP is US\$500 million.

## **H. Maximum amount requested per proposal (“Funding Ceiling”)**

- 22.** The Pandemic Fund Governing Board has established a ceiling on individual grant amounts that can be requested within the overall envelope for the second CfP.

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<sup>15</sup> For Multilateral Development Banks, this would be their Executive Boards.

<sup>16</sup> Projects that have already been approved by the executive boards or other relevant authorities of IE(s) and in need of additional financing can also be considered for support through the Pandemic Fund to complement the foreseen additional financing provided by the IE.

<sup>17</sup> See paragraph 15 in the Operations Manual and Section 2.2 (b) and (c) of the FPA.

Single-country proposals may request up to US\$25 million. Multi-country proposals may request up to US\$40 million for any one proposal. Regional Entity proposals may request up to US\$40 million for any one proposal. Please note that proposal budgets will be assessed in the technical evaluation, bearing in mind principles of “value for money”.

## I. Cost Recovery for IEs (“Administration Fees”)

23. Each IE will follow its own policy for the recovery of costs, including for the preparation and supervision of projects financed using Pandemic Fund funding, with a focus on maximizing efficiency and value for money.<sup>18</sup>
24. A cap on IE administrative fees at 7% (as a percentage of amount requested) has been instituted for activities related to preparation, administration and supervision of Pandemic Fund funds. However, for projects operating in Challenging Operating Environments (COE), Fragile and Conflict-Affected Situations (FCS), Small Island Developing States (SIDS) contexts or other exceptional circumstances, the cap could be up to 10% of the grant amount requested by the IE, provided that the proposal includes a clear justification of the rationale behind the higher fee and substantiate this with evidence. The appropriateness and value for money of IE costs beyond 7% will be part of proposal assessment. IE Administrative Fees should not include any Technical Expertise or Monitoring and Evaluation activities, as these should be accounted for in the project cost.

## III. ALIGNMENT WITH THE RESULTS FRAMEWORK

25. Proposals are expected to demonstrate their alignment with the Pandemic Fund’s [Results Framework](#) and how the proposed activities will deliver results along with one or more of the three priority areas of this CfP and contribute to impact as measured by the relevant associated metrics (see also Section V below on the criteria through which proposals will be evaluated). The Pandemic Fund Results Framework, and associated metrics and indicators, would need to be fully integrated into proposals; where specific indicators are not relevant to the proposed project or activities, an explanation will need to be provided for their exclusion.
26. The Results Framework covers results, and associated metrics and indicators, along four key dimensions: a) building capacity/demonstrating capability; b) fostering

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<sup>18</sup> See paragraph 25 in the Operations Manual.

coordination nationally (across sectors within countries), and among countries regionally and globally; c) incentivizing additional investments in pandemic PPR; and d) ensuring administrative/operational efficiency of Pandemic Fund resources.

## a. Building capacity/demonstrating capability

27. Proposals will be required to demonstrate how the project will help improve applicable JEE, PVS, and SPAR scores and lead to improved capabilities in comprehensive disease surveillance and preparedness to respond to health emergencies. Specifically, the proposal should articulate which, among the applicable JEE third edition indicators and PVS pathway critical competencies from those listed below, would be targeted for improvement through the project, using the grant requested from the Pandemic Fund and other associated sources, and how the project will contribute to progress towards a demonstrated level of capacity (goal of level 4 or 5) on one or more of the indicators listed in ANNEX 2.
28. If applicable, proposals may also address other JEE areas listed in the Pandemic Fund Results Framework, including in infection prevention and control (IPC), risk communication and community engagement (RCCE), capacities related to zoonotic diseases, health emergency management, and immunization, as outlined in ANNEX 2, while prioritizing areas related to surveillance, laboratory capacity, and human resource strengthening.
29. If neither a JEE nor a PVS has been conducted, the proposal should clarify which other internationally known assessments, such as SPAR, were used and how the project will help strengthen core capacities along one or more of the identified priorities, linking to National Action Plan for Health Security (NAPHS) or other national and/or regional plans. Further, if no national assessments have been conducted, the proposal should clearly articulate its plans to undertake such assessments as part of the project and how impact will be measured in alignment with JEE/SPAR/PVS indicators.
30. Proposals will be required to contain the following:
  - a) Well-defined activities clearly aligned to JEE/SPAR/PVS indicators, including latest JEE/SPAR/PVS score for each relevant indicator (where available / if known);
  - b) The output/performance indicators that will be used to measure completion of activities, and means of verification;
  - c) Baselines (where applicable), clear targets and timelines for achievement of each activity; and
  - d) To the extent possible, outcome level performance/coverage indicators that allow for measuring progress before changes of scores in JEE/SPAR/PVS can be achieved.

Additional information will be provided in the application portal and technical evaluation criteria and scoring methodology in late February 2024.

**31.** Capabilities. Where available, it would be useful for proposals to provide a clear description of the current state of implementation of the 7-1-7 approach, and use of inter-action reviews (IAR), after-action reviews (AAR), or early action reviews (EAR) for outbreak review. If these are not yet established, the application could include a clear description of any plans to implement the 7-1-7 approach and regular IAR/AAR/EAR.

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

**32.** One of the goals of the Pandemic Fund is to foster a coordinated, coherent, and community-led approach to pandemic PPR. Accordingly, proposals will be required to clearly demonstrate how the project brings together key institutions, networks and regional platforms (as applicable) engaged in pandemic PPR to ensure a co-created, coordinated, and coherent approach between and among the applicant(s) and partners (e.g., by aligning support of different partners around a government strategy or national or regional plan, leveraging innovation and/or triggering new policy commitments and actions). In this context, while the involvement of at least one IE is a requirement, proposals will be required to: i) highlight the engagement of other IEs that are involved in the space being covered by the proposed project and how collaboration will be achieved, as applicable; ii) articulate how various relevant sectors, including health and others, have and will contribute to the project; iii) demonstrate, with supporting evidence, the co-ownership and co-creation of the project by all relevant parties, and their joint commitment to implementation. In this context, it may be noted that the Pandemic Fund places a strong emphasis on ownership by Beneficiaries. It also places a strong emphasis on the participation of CSOs, community-led organizations and populations who are marginalized, in the development and implementation of proposals.

**c. Incentivizing additional investments in pandemic PPR**

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



Regional Entities, IEs and other sources, and how sustainability will be achieved once the project is completed. Section IV provides guiding principles on co-financing and co-investment.

#### **d. Ensuring administrative/operational efficiency of Pandemic Fund resources**

34. The Pandemic Fund will operate with high standards of transparency and accountability to ensure that resources are disbursed in a timely manner and used efficiently to address pandemic PPR needs. To this end, each project should include schedules for the commitment and disbursement of resources to projects and present project costs, including the cost of monitoring and evaluation of the outputs and impact of the work, and IE costs related to preparation, administration and supervision. The Results Framework includes metrics to capture these elements.
35. 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. They should help promote greater gender equality and broader health equity given that gender equality and broader health equity affect and are affected by pandemic PPR. The Results Framework includes a metric that captures the extent to which Pandemic Fund – supported projects accomplish this.

## **IV. GUIDING PRINCIPLES ON CO-FINANCING AND CO-INVESTMENT UNDER THE SECOND CFP**

### **A. Co-financing requirements for IEs**

36. Co-financing is defined as “*the financial resources required from Implementing Entities (IEs) and/or other sources (e.g., bilateral aid agencies, philanthropies and potential future private sector sources of funding), in addition to the grant requested/received from the Pandemic Fund, to implement the Project or the part of the Project for which a Funding Proposal has been submitted.*”<sup>19</sup>
37. Applicants are highly encouraged to identify co-financing for projects and to present this clearly in their proposals. While co-financing may take the form of financial or in-kind contributions, IEs are encouraged to provide financial co-

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<sup>19</sup> Source: Guiding Principles on Co-financing, Co-investment, and Country Ownership, page 4.

financing for the project from their own resources as well as to help mobilize additional financial co-financing for the project from other sources (e.g., bilateral aid agencies, philanthropies). IEs are also encouraged to work with applying countries or Regional Entities, as applicable, to encourage co-investments (see below). While no minimum co-financing amount has been set for this CfP, the total amount and nature of co-financing for each project, relative to the request for grant financing, will be considered when evaluating the proposals, which will be detailed in the updated evaluation criteria and scoring methodology. This document will be available on the Pandemic Fund’s website by late February 2024.

## B. Co-investment requirements and policy commitments by countries and Regional Entities

38. Co-investment is defined as “*financial resources and linked non-monetary policy commitments from Co-investor(s)<sup>20</sup>, in addition to the grant from the Pandemic Fund, to implement the Project or the part of the Project for which a Funding Proposal has been submitted; Co-investment could also include policy commitments and linked projects from the Co-investor(s) that would complement funding from the Pandemic Fund.*”<sup>21</sup>
39. All applicants will be required to demonstrate a focus on impact, for example, by describing new and legacy policy commitments and implementation plans related to the priority areas of this CfP, which would normally benefit from broad discussions and negotiations among project partners. Such commitments should support national planning, such as achieving the objectives of National Action Plan for Health Security (NAPHS), One Health and other related national and regional health and community systems strengthening plans, or other national and/or regional plans and beyond, as applicable, and be aligned with or contribute to the project’s objectives more broadly.
40. Co-investor and Regional Entity applicants are strongly encouraged to also demonstrate financial commitments towards the overall project in the form of financial co-investment for the project. Co-investment plans should explain how national co-investments will be leveraged along with how investments from donors and other sources will be leveraged, incentivized and complement Pandemic Fund funding. It will also be important to demonstrate the additionality of this co-investment, which is key to avoiding crowding-out other health investments. This must be demonstrated in the proposal, by detailing how the financial co-investment will be financed and sustained. However, the Pandemic Fund understands that financial co-investment can be challenging in certain country contexts (e.g., for countries in debt-distress) and high-risk settings. For countries with less ability to co-invest with domestic financing, to complement Pandemic

<sup>20</sup> Co-investor is defined as a Beneficiary country. See Governance Framework, vii. Glossary.

<sup>21</sup> Source: [Guiding Principles on Co-financing, Co-investment, and Country Ownership](#), page 4.

Fund funding, countries could, for example, include plans to leverage national investments and incentivize the use of Multilateral Development Bank country lending for preparedness.<sup>22</sup> This will be further elaborated on and considered in the evaluation criteria and scoring methodology, which will be released in February 2024.

41. No minimum threshold for co-investment has been established for this CfP. However, the amount and nature of co-investment provided relative to the request for funding from the Pandemic Fund will be considered in the evaluation criteria and scoring methodology; this document will be available on the Pandemic Fund's website by late February 2024.

## V. PROPOSAL EVALUATION PROCESS AND CRITERIA

### A. Evaluation Process

42. Eligibility assessment by the Secretariat: The Secretariat will assess proposals for eligibility based on compliance with the requirements set out in this CfP and laid out in Section II, as well as consistency with the Governance Framework and Operations Manual. The Secretariat will forward the eligible, complete proposals to the Technical Advisory Panel (TAP) within three weeks of the closing of the application submission portal. The Secretariat may reach out directly to applicants when there is a need for clarification or there is missing information. During the weeks following the submission deadline, the Secretariat requests applicants to monitor their e-mail inboxes daily for correspondence from the Secretariat and to respond to queries in an expeditious manner.
43. Review by the TAP.<sup>23</sup> The TAP will evaluate proposals to ensure technical soundness, cost efficiency, fit within the pandemic PPR and the wider health financing architecture, relevance to the objectives of the Pandemic Fund, impact, equity, inclusivity and multisectoral/multi-stakeholder involvement, and alignment with requirements set out in the CfP. TAP members may request clarification and additional information from applicants during the review period, which is tentatively scheduled for June – August 2024. During this period, applicants will be requested to monitor their inboxes regularly and respond to requests for information in an

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<sup>22</sup> Source: *Guiding Principles on Co-financing, Co-investment, and Country Ownership*, page 5.

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

expeditious manner. Proposals are reviewed anonymously, and the identity of reviewers will not be revealed to applicants.

## B. Secretariat Screening Criteria

44. Each proposal will first be screened by the Secretariat for the following considerations:<sup>24</sup>
- a) Was the proposal received prior to the deadline and is it complete with all necessary supplemental documents enclosed?<sup>25</sup>
  - b) Is the proposal clear and legible and submitted in English?
  - c) Is the applicant eligible?<sup>26</sup>
  - d) For single and multi-country proposals, does it include at least one eligible country as a Beneficiary?<sup>27</sup>
  - e) Have the submission limits been respected?<sup>28</sup>
  - f) Does the proposal include at least one of the approved IEs to channel funds?<sup>29</sup>
  - g) Does the proposal focus on activities addressing at least one priority area?<sup>30</sup>
  - h) Is there consistency across the figures reported in various parts and tables of the application?
  - i) Has the cap on amount requested (up to US\$25M for Single-country proposals and up to US\$40M for Multi-country and Regional Entity proposals) been respected?<sup>31</sup>
  - j) Has the cap on IE administrative fees (as a percentage of amount requested) of 7% been respected, and for any amounts over 7% (and up to 10%), has justification been provided?<sup>32</sup>

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

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

26 Please refer to Section II.B

27 Please refer to Section II.B

28 Please refer to Section II.C

29 Please refer to Section II.D

30 Please refer to Section II.A

31 Please refer to Section II.H

32 Please refer to Section II.I

## C. Technical Evaluation of Proposals

45. Eligible proposals will be forwarded to the TAP for evaluation. The technical evaluation criteria and scoring methodology, which will be similar to those of the first Call for Proposals, is currently being strengthened and updated and will be released alongside the opening of the portal in February 2024.

## VI. FUNDING DECISIONS

46. Proposals reviewed by the TAP, along with accompanying written assessments and recommendations prepared by the TAP, will be submitted to the Governing Board for funding allocation decisions. The Governing Board will make funding decisions by the end of October 2024. The exact date will be agreed on by the Board in June 2024 after the number of proposals received is known.
47. All recommendations from the TAP are advisory to the Governing Board, which has full control over any decisions or actions regarding any proposals. The Governing Board will approve allocations to proposals, considering the availability of funding as reported by the Trustee, and based on an agreed set of funding allocation principles to guide prioritization.<sup>33</sup> Funding decisions for commitment by the Trustee can only be approved against Currently Available Resources.
48. The announcement of funding decisions by the Governing Board will be made in a press release shortly after the Board decides on funding decisions, and successful applicants will be contacted by the Secretariat. Proposals not awarded funding will be provided feedback on their proposals.

## VII. RESULTS MONITORING AND REPORTING

49. All projects and activities supported under the Pandemic Fund have explicit commitments to monitoring, evaluation, learning and knowledge efforts during implementation following the standards, procedures and requirements of the IEs directly concerned. Each project that receives funding from the Pandemic Fund will report annually to the Secretariat on progress and results for all activities, including

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<sup>33</sup> The Board will develop and agree on a set of principles to prioritize the allocation of funding to proposals under this CFP.

reporting on core indicators of the Results Framework as well as project level indicators. A core set of project level indicators and the reporting template are being developed, and the same template will be used by all projects to ensure a streamlined reporting process. 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 project and IEs. The standardized format and contents to be used for the IE reports will be agreed upon with the Governing Board. IEs are also required to comply with all reporting requirements set out in the Operations Manual and Financial Procedures Agreement (FPA).

## VIII. DISCLOSURE OF INFORMATION

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

## IX. KEY DATES AND TIMELINE

<b>Call for Proposals Announced</b>	December 22, 2023
<b>Further guidance released on technical evaluation &amp; scoring</b>	By late February 2024
<b>Online Application Portal Opens</b>	Late February 2024
<b>Call for Proposals Closed</b>	May 17, 2024
<b>Funding Decision by the Pandemic Fund Board</b> (exact date will be decided by the Board in June, once the number of proposals submitted is known)	By end October 2024

- 51.** Information about the application submission process will be released at the time that the portal is opened but has also been included as Annex 3 to this document.

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

1. The Pandemic Fund is a collaborative partnership among sovereign and non-sovereign donors, co-investor countries, and CSOs. It was established in September 2022 as a joint undertaking of the World Bank and the World Health Organization (WHO). It is a Financial Intermediary Fund (FIF), and the World Bank hosts the Secretariat and serves as Trustee.
2. As per the Pandemic Fund’s Governance Framework and Operations Manual, approved by the Pandemic Fund’s Governing Board in September 2022, “*the objective of the Pandemic Fund is to provide a dedicated stream of additional, long-term funding for critical pandemic prevention, preparedness, and response (PPR) functions in International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries, through investments and technical support at the national level, as well as at the regional and global levels. The Pandemic Fund is expected to support and reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR) (2005) and other internationally endorsed legal frameworks, consistent with a One Health<sup>34</sup> approach.*”<sup>35</sup>
3. The Pandemic Fund is expected to add value in the following ways:<sup>36</sup>
  - First, it will help bring additionality in financial resources for pandemic PPR, including through the mobilization of non-ODA resources, for example, from philanthropies.
  - Second, financing from the Pandemic Fund could be used to incentivize countries to invest more in pandemic PPR, including through blending of MDB resources to further increase concessionality and matching of domestic resources.
  - Third, by bringing together key institutions engaged in pandemic PPR and health system financing the Pandemic Fund will promote a more coordinated and coherent approach to pandemic PPR strengthening by linking financing with existing, country-level planning and prioritization processes, thereby strengthening alignment and complementarity of pandemic PPR and health system strengthening and reducing transaction costs for client countries. Better coordinated support also creates conditions for a more systematic dialogue about domestic financing for pandemic PPR.

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<sup>34</sup> One Health is collaborative, multisectoral, and transdisciplinary approach – working at the local, regional, national, and global levels – with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

<sup>35</sup> Source: Pandemic Fund Governance Framework, paragraph 5, and Operations Manual, paragraph 2.

<sup>36</sup> Source: Pandemic Fund Governance Framework, paragraph 5.

4. Furthermore, as stated in the Governance Framework, the following key principles underpin the Pandemic Fund’s design<sup>37</sup>: First, it complements the work of existing institutions that provide international financing for pandemic PPR, drawing on their comparative advantages. Second, it is designed to *catalyze* funding from private, philanthropic, and bilateral sources. Third, it will serve as an *integrator* rather than become a new silo that only furthers fragmentation. Fourth, it has the *flexibility* to work through a variety of existing institutions and adjust over time as needs and the institutional landscape evolve. Fifth, its structure is designed to reflect *inclusivity*, while ensuring *streamlined and efficient governance and operating arrangements*. Sixth, it will operate with high standards of *transparency and accountability*.
5. The Pandemic Fund will allocate additional financing where investments are most urgently needed to bolster pandemic PPR for COVID-19 and future pandemics, addressing key capacity gaps at all levels, including, but not limited, to the following areas, as established in the Operations Manual<sup>38</sup>:
  - Strengthen country-level pandemic PPR capacity by addressing capacity and capability gaps at country and local level in core domains of the International Health Regulations (IHR, 2005) and the World Organisation for Animal Health (WOAH) International Standards, including disease surveillance, laboratory systems, emergency communication, coordination and management, critical health workforce capacities, and community engagement. The Pandemic Fund will also strategically invest in health systems at community and primary health care levels to strengthen synergies between the health system and pandemic PPR capacity.
  - Build regional and global capacity by expanding support to regional and global institutions across multiple domains, including surveillance, reporting and information sharing, shared public health assets, regulatory harmonization, capacity to support public health workforce, and capacity for coordinated development, procurement, distribution and deployment of countermeasures and essential medical supplies.
  - Support technical assistance, analytics, learning and convening. Financial support to countries and regional/global institutions will be complemented by activities to elevate the pandemic PPR agenda, support cross-country learning, and promote collective accountability. This could include peer-to-peer learning, learning events, targeted technical assistance, systematic monitoring of pandemic PPR capacities and domestic spending on pandemic PPR.
6. On July 19, 2023, the Pandemic Fund’s Governing Board awarded a first round of grants totaling US\$338 million that will mobilize over \$2 billion in additional financing to help 37 countries strengthen their capacity to prevent, prepare for, and respond to pandemics. Over 30% of the grants allocated are for projects in sub-Saharan Africa

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<sup>37</sup> Source: Pandemic Fund Governance Framework, paragraph 6.

<sup>38</sup> Source: Pandemic Fund Operations Manual, paragraph 3.



and over 75% of the projects supported by the first Call are in low and lower-middle income countries. The selected projects will receive funding to strengthen early warning and disease surveillance systems, laboratory systems, and human resources and health workforce.

## ANNEX 2: JEE AND PVS INDICATORS

Please find below some of the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) indicators related to each of the priority areas and other areas of the Pandemic Fund Results Framework.

### **JEE and PVS indicators related to the three priority areas:**

- a) Surveillance and early warning systems
  - i) JEE D2.1 Early warning surveillance function
  - ii) JEE D2.2 Event verification and investigation
  - iii) JEE D2.3 Analysis and information sharing
  - iv) JEE P4.2 Surveillance of antimicrobial resistance (AMR)
  - v) JEE P5.1 Surveillance of zoonotic disease
  - vi) JEE PoE1 Core capacity requirements at all times for Points of Entry (PoEs) (airports, ports and ground crossings)
  - vii) PVS II-3 Quarantine and border security
  - viii) PVS II-4 Surveillance and early detection
  - ix) PVS II-9 AMR and antimicrobial use
  
- b) Laboratory systems
  - i) JEE D1.1 Specimen referral and transport system
  - ii) JEE D1.2 Laboratory quality system
  - iii) JEE D1.3 Laboratory testing capacity modalities
  - iv) JEE D1.4 Effective national diagnostic network
  - v) JEE P7.1 Whole-of-government biosafety and biosecurity system in place for human, animal and agriculture facilities
  - vi) JEE P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)
  - vii) PVS II-1 Veterinary laboratory diagnosis

- c) Human resources/workforce strengthening
  - i) JEE D3.1 Multisectoral workforce strategy
  - ii) D3.2 Human resources for implementation of IHR
  - iii) D.3.3 Workforce training
  - iv) D3.4. Workforce surge during a public health event
  - v) PVS I-1 Professional and technical staffing of the Veterinary Services
  - vi) PVS I-2 Competency and education of veterinarians and veterinary paraprofessionals
  - vii) PVS I-3 Continuing education

JEE and PVS indicators related to other areas of the Pandemic Fund Results Framework:

- d) Infection prevention and control (IPC)
  - i) R4.1 – IPC programmes
  - ii) R4.2 – Healthcare associated infections (HCAI) surveillance
  - iii) R4.3 – Safe environment in health facilities
- e) Risk communication and community engagement (RCCE)
  - i) R5.1 – RCCE system for emergencies
  - ii) R5.2 – Risk communication
  - iii) R5.3 – Community engagement
- f) Additional capacities related to zoonotic diseases
  - i) P5.2 – Responding to zoonotic diseases
  - ii) P5.3 – Sanitary animal production practices
- g) Health emergency management [including medical countermeasures]
  - i) R1.1, R1.2, R1.3, R1.4, R1.5 – Emergency preparedness
  - ii) R3.3 – Continuity of essential health services (EHS)
  - iii) PoE 2 – Public health response at PoEs
- h) Immunization [including capacity for mass vaccination]
  - i) P8.1- Vaccine coverage (measles) as part of national programme
  - ii) P8.2 - National vaccine access and delivery
  - iii) P8.3 - Mass vaccination for epidemics of vaccine-preventable diseases (VPDs)
- i) Other

## ANNEX 3: SUBMISSION PROCESS

1. Proposals will need to be submitted on the Pandemic Fund’s online application portal, which will open in February 2024. Applicants must complete all sections of the Pandemic Fund’s online application portal, once released. The link to the application portal will be made available on the Pandemic Fund’s website in late February 2024. Applicants should note that there will be word count limits for each of the application sections, which will be stipulated in the application portal.
2. Proposals, including all accompanying documentation, will need to be submitted in the application portal in English. However, the Pandemic Fund will release this Guidance Note in French and Spanish. The Pandemic Fund encourages countries to seek assistance from the IE with whom they are working to secure translation of proposals into English, as required.
3. Funding requests, budgets and disbursement schedules will need to be quoted in US dollars.
4. The Funding Proposal Template will need to be completed on the Pandemic Fund’s application portal; the link to the portal will be made available on the Pandemic Fund’s website in late February 2024. All proposals will need to be submitted by May 17, 2024 at 23:59 ET.
5. The Pandemic Fund will organize information sessions on the requirements detailed in this announcement following the release of the application portal and template and updated technical evaluation criteria and scoring methodology in late February 2024. Sign-up information will be posted on the Pandemic Fund website. Additional information sessions on how to access the application portal will also be scheduled closer to the submission deadline.
6. Applicants from countries, Regional Entities and IEs will be required to obtain the necessary internal management clearances for the proposal prior to its submission to the Pandemic Fund, where possible. Final approval of the project by the relevant authority of the concerned IE(s) will need to occur no later than the end of the first quarter of Calendar Year (CY) 2025.
7. Furthermore, the following guidance for the submission of proposals to the Pandemic Fund should be noted:
  - Single-country proposals must be submitted by the potential applicant country with the IE(s) clearly identified. Such proposals must be accompanied by a cover letter signed by (a) a representative of the Ministry of Finance, a representative

of the Ministry of Health, and other relevant Ministry/Department/entity from the applicant(s) and (b) representatives of the identified IEs, and where possible, other delivery partners, acknowledging co-ownership, co-creation, and commitment.<sup>39</sup>

- Multi-country proposals may be submitted by one of the potential applicant countries or an IE, as long as the proposal demonstrates that it has been co-created and that there is co-ownership amongst all parties. Such proposals must be accompanied by a cover letter signed by (a) a representative from each country's Ministry of Finance, a representative from each country's Ministry of Health, and other relevant Ministry/Department/entity from the applicants and (b) representatives of the identified IEs, and where possible, other delivery partners, acknowledging co-ownership, co-creation, and commitment.
  - Regional Entity proposals may be submitted by either a Regional Entity applicant or an IE as long as the proposal demonstrates that it has been co-created and that there is co-ownership amongst all parties. The proposal must be accompanied by a cover letter signed by the representative(s) of the applicant Regional Entity (-ies) and representatives of the identified IEs, and where possible, other delivery partners, acknowledging co-ownership, co-creation, and commitment.
8. The Pandemic Fund Secretariat acknowledges that there are some cases in which it may be challenging to obtain cover letters in time. If this is the case, the Secretariat encourages applicants to write to the Secretariat at [pandemicfundcfp@worldbank.org](mailto:pandemicfundcfp@worldbank.org) to inform if there will be delays in attaching these letters following the closing of the application portal on May 17, 2024.
  9. Applicants will also be required to submit copies of their most recent JEE, PVS, SPAR scores along with any NAPHS, One Health and other related national and regional health and community systems strengthening plans, or other national and/or regional plans and beyond to facilitate review by the Technical Advisory Panel (TAP). Applicants are also welcome to submit additional information to substantiate their proposals.
  10. All proposals must assign an individual project leader representing the participating applicants to liaise with the Secretariat on the proposal, provide clarifications, missing information, and receive feedback on the status of the proposal submission. The project leader – if different from the person submitting the application – must be copied on the proposal submission. Project leaders, in most cases, would be a government official dedicated to the project submitted or, in exceptional cases (e.g., impossibility for a country to indicate someone due to change of governments or strong instability), a representative of an IE.

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<sup>39</sup> Where Pandemic Fund resources are being sought for a project involving the private sector, the submission should include appropriate IEs that are able to channel funding to such private sector entity, and with sign-off/endorsement from the relevant government ministries, departments and other public sector entity as outlined here.