Technical resources for Pandemic Fund proposals development and projects implementation

> **The document in 5 lines:**
>
> WHO makes available numerous tools and processes that can support countries in implementing their Pandemic Fund projects. Some of these tools are critical, as they are linked to performance indicators in the PF Results Framework, while others are beneficial in relation to the three priorities and the four themes of the PF. This document outlines the tools available to encourage the Project Steering Committees to make use of them, with WHO support when needed.

The Pandemic Fund (PF) prioritizes investments in three programmatic priorities - **surveillance**, **laboratories systems** and **workforce** - and four themes: Community engagement; Gender equality; Health equity; and One Health.

When projects submitted to the PF board are approved, the applicants gather within a steering committee (through different modalities, depending on whether it is a country project, multi-country project, or regional entity project) and develop a detailed plan specifying the activities to be implemented, their schedule, and their costing. Progresses are monitored through indicators as described in the **Monitoring and Evaluation Guidance** and the **PF Result Framework**. There are two types of indicators: some are common to all projects **(Core Indicators)**, while others are **Project-Specific Indicators** and defined by the Project Steering Committee. Activities included in the plan should enable the monitoring of the Core Indicators and Project-Specific Indicators.

It is important that when the Steering Committee and its technical working groups develop their activity plans, they are fully aware of and of the availability of **WHO technical support**.

A preliminary analysis of detailed plans reveals than Projects Leads may not be aware of some of the resources (**tools** and **training**) available to support implementation of the plans. Some projects also don't include activities or don't secure resources to use the essential tools required for monitoring the Core Indicators. This document serves as a reminder of these tools and also suggests additional ones that may support the implementation of activities aligned with the Fund's priorities and its four thematic areas and can be proposed to the projects steering committees.

The list below is far from being exhaustive. For easier reference, they are categorized based on 1) their contribution as core or project-specific indicators in the PF Results framework, 2) their value for the project implementation, focusing on the 3 priorities: Surveillance, laboratory and Workforce and the underlying themes, especially One Health.

List of the tools suggested

Capacity assessment and planning tools, in line with the Pandemic Fund Results Framework

o Core Indicators

The Core Indicators mentioned in the **PF Result Framework** and used in the **Monitoring and Evaluation Guidance** include data from the IHR Monitoring and Evaluation Framework, mainly the JEE and the SPAR as well as the WOAH PVS. Therefore, the activities plan of the project should consider including updates of these assessments, as needed. Furthermore, considering the scores of those Indicators and the recommendations associated can guide the definition of activities to include in the plan.

While SPAR reports provide data on an annual basis, JEE and PVS assessment missions are less regular. Consequently, the PF Result framework recommend that "*during the lifetime of the Fund, countries that have not undertaken JEE or PVS evaluation within the previous five years of proposal submission are encouraged to do so*" and countries consider *"to undertake JEE and PVS assessment upon project completion to support a more comprehensive evaluation of project outcomes"*.

📑 State Party Self-Reporting (SPAR)

SPAR is used by countries to assess and report their public health capacities annually to the World Health Assembly (WHA). SPAR data are compiled by the PF Secretariat to prepare the template for annual reports. SPAR includes scores of the 35 indicators and 15 IHR capacities of the SPAR.

More information: State Party Annual Reporting tool

📑 Joint External Evaluation (JEE)

JEE is a voluntary, collaborative process between countries and external partners to review a country's capacity to prevent, detect, and respond to public health threats in compliance with the IHR (2005). The e-JEE Platform serves as a centralized repository for data collection, analysis, and reporting. It allows countries to input relevant information, including their initial self-evaluation, which are then reviewed by the external team. The platform also enables the generation of reports based on evaluation findings and peer discussions, helping countries identify priority actions for strengthening their health security capacities. The JEE includes 56 indicators across 19 technical areas.

More information: Joint External Evaluations
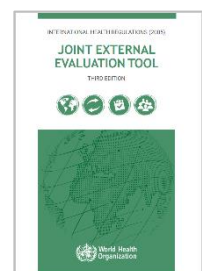
📑 Performance of Veterinary Services (PVS)

The PVS aims to sustainably improve national Veterinary Services and Aquatic Animal Health Services by providing a comprehensive evaluation of their performance and helping countries identify strengths and areas for improvement, ensuring they meet international standards for animal health and welfare. The results of PVS missions are compiled into a detailed report with recommendations for improvement, inclusion in action plans and seek targeted support for sustainable enhancement. The PVS includes 45 Critical Competencies covering the whole of the veterinary domain.

More information: https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/
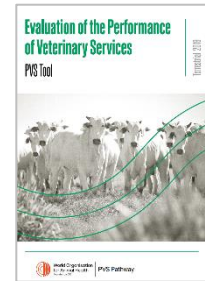
📑 Universal Health and preparedness Review (UHPR)

UHPR is a high-level, Member State-led mechanism centers on a comprehensive, strategic review of national health security capacities and priorities, guided by high-level political engagement and multi-sectoral participation. The resulting National Report is presented and discussed with peer Member States, partners, and donors, first at the regional level, and subsequently at the global level. Priorities identified are reinforced by strong country leadership and multisectoral collaboration, driving the mobilization of co-investments and co-financing to accelerate the enhancement of national and global health security capacities.

More information: https://www.who.int/emergencies/operations/universal-health---preparedness-review
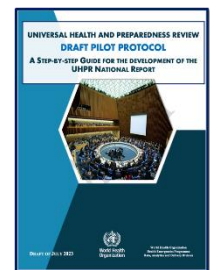
o Projects Specific Indicators and Associated Processes & Tools

📜 National Action Plan for Health Security (NAPHS)

NAPHS is a country owned, multi-year, planning process that is based on One Health for all-hazards, and whole-of-government approach. It captures national priorities for addressing capacity gaps, includes a comprehensive roadmap and resources required to accelerate development of IHR core capacities. The plan is typically informed by assessments such as the JEE and SPAR, but also NBW. The e-NAPHS online platform facilitates the development, implementation, and monitoring of NAPHS. WHO provides guidance and support to Member States in developing, implementing, and monitoring their NAPHS.
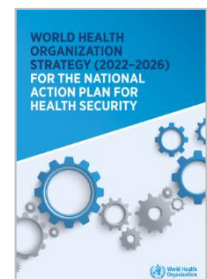
More information: National Action Plan for Health Security

💰 Resource Mapping (REMAP)

The REMAP tool and process supports Member States in identifying financial and technical resources, and needs and gaps, for the implementation of NAPHS and other country priority preparedness actions. REMAP enables the tracking and coordination of domestic and international resources available for national preparedness, providing countries with a clear picture of overall resource availability. This includes supporting the identification of Surveillance, Laboratory Systems and Workforce resources that are synergistic with Pandemic Fund investments, as well as the mapping of resources to fill gaps in other areas of preparedness that are not covered by the Fund.

More information: Resource Mapping | Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal

📜 WHO Benchmark

The Benchmark is a tool developed by the World Health Organization to help countries operationalize and implement the recommendations from the Joint External Evaluation (JEE) and other assessments (like the SPAR or After-Action Reviews). The Benchmark complements the NAPHS by suggesting concrete, actionable steps to progress in JEE technical area. WHO Benchmark helps countries prioritize actions in their National Action Plan for Health Security (NAPHS).
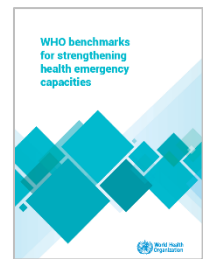
More information: WHO benchmarks for strengthening health emergency capacities

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📍 Health Resources and Services Availability Monitoring System (HeRAMS)

HeRAMS is a health information system provided to countries by the WHO. HeRAMS helps assess and continuously monitor the availability of essential health resources and services, including during emergencies. It delivers real-time data on the functionality of the health system, its infrastructure, basic amenities and the services provided and helps identify deficiencies in staff, training, supplies, equipment and finances that hinder service delivery. Within the framework of the Pandemic Fund, HeRAMS can support the identification of operational gaps—such as in surveillance and laboratory capabilities—assist in defining priority activities and help guide resource allocation in crisis-affected areas. Additionally, it can be used to monitor progress and assess the impact of the funds received. HeRAMS can easily be deployed to any country in any context on demand.

More information: https://www.who.int/initiatives/herams

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⚡ Simulation Exercises (SimEx)

SimEx are essential for strengthening public health emergency preparedness and response systems. They serve as functional assessments of national and institutional capacities, complementing other components of the International Health Regulations Monitoring and Evaluation Framework (IHRMEF), such as State Party Annual Reporting and the Joint External Evaluation. SimEx provide countries with a safe, controlled environment to test and improve the operational readiness of their emergency systems, procedures, and coordination mechanisms. By simulating real-world scenarios—from infectious disease outbreaks to natural disasters—these exercises help identify critical gaps, enhance decision-making processes, and reinforce multisectoral coordination.
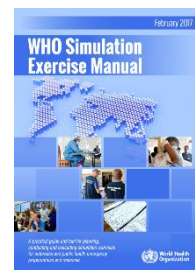
More information: https://www.who.int/emergencies/operations/simulation-exercises

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⏰ Early/Intra/After Action Reviews (EAR, IAR, AAR)

The EAR, IAR, and AAR—collectively referred to as Action Reviews (ARs)—are country-led processes designed to identify challenges, best practices, and lessons learned from the response to a public health event, emergency, or humanitarian crisis. These reviews support health systems learning and provide insights that are integrated into frameworks such as National Action Plans for Health Security (NAPHS), thereby enhancing preparedness efforts and strengthening resilience. The EAR offers rapid, real-time insights during the early stages of a crisis; the IAR enables mid-response adjustments; and the AAR consolidates lessons after the event concludes. Together, these reviews promote a culture of continuous learning, accountability, and adaptive management, helping to institutionalize best practices and prevent the recurrence of avoidable mistakes.

More information: https://www.who.int/emergencies/operations/emergency-response-reviews

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👉 Strategic Toolkit for Assessing Risks (STAR)

STAR offers a comprehensive, easy-to-use toolkit and approach to enable national and subnational governments to rapidly conduct a strategic assessment of public health risks for the planning and prioritization of health emergency preparedness and disaster risk management activities. This guidance describes the principles and methodology of STAR to enhance its adaptation and use at the national or subnational levels.
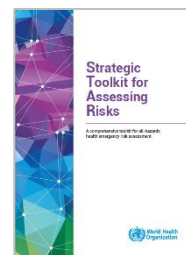
More information: Strategic Toolkit for Assessing Risks

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Support to implementation: Multisectoral One Health tools

In recent years, WHO and its animal health partners (primarily FAO and WOAH) have developed a set of tools to support the operational implementation of the One Health approach by countries. This toolkit addresses the priorities of the PF, and its logic of use is illustrated in the figure below and explained in detail in the document developed by WHO South-East Asia Regional Office (SEARO). https://www.who.int/publications/i/item/9789290211426.

🔗 The National Bridging Workshop (NBW)

NBW is a 3-day in-country event. It brings together key national actors from the human, animal, and environmental health sectors through a highly participatory and facilitated approach. The NBW enables participants to assess the strengths and weaknesses of their current One Health collaboration. Its key output is the NBW Roadmap—an operational, consensus-based plan outlining concrete steps to improve collaboration across sectors. As the recommended first step for countries, the NBW helps lay the foundation for stronger, more coordinated preparedness at the human-animal-environment interface. NBWs have been conducted in 59 countries as of March 2025.

More information: The National Bridging Workshop (NBW) Program
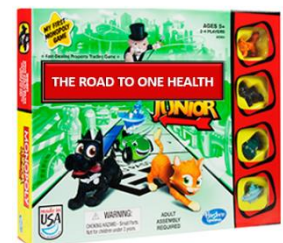
🦠 Tripartite Zoonoses Guide (TZG)

The TZG has been jointly developed by the Tripartite organizations (FAO, WHO, and WOAH). It provides principles, best practices and options to assist countries in achieving sustainable and functional collaboration at the human-animal-environment interface, particularly to address zoonotic diseases. It is flexible enough to be used for other health threats such as food safety and antimicrobial resistance (AMR). Operational tools were also developed to guide countries in implementation of these best practices for different technical areas, including coordinated surveillance and workforce. Below provides a summary of each TZG operational tool.
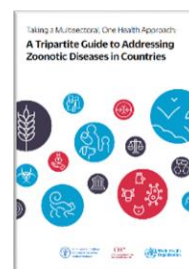
👉 Joint Risk Assessment Operational Tool (JRA OT)

The Operational Tool assists countries to jointly assess a zoonotic disease or health concern at the human-animal-environment interface. It facilitates discussion among different sectors and assessment of a given risk. The results inform common risk mitigation measures, which may include coordinated surveillance systems, and streamlined communication strategies by responsible authorities.

🌍 Multisectoral Coordination Mechanism Operational Tool (MCM OT)

MCM OT supports authorities to establish or strengthen their operational One Health platform for coordinating the management of zoonotic diseases and other threats at the human-animal-environment interface. The tool guides users through components enabling the building of the coordination mechanism.

🦆 Surveillance and Information Sharing Operational Tool (SIS OT)

SIS OT supports authorities to establish or strengthen coordination and connection between surveillance systems and timely, routine data or information sharing between sectors. This coordination is essential for early detection of disease events and integrated zoonotic disease management. The SIS OT proposes a step-by-step guidance enabling the assessment of the surveillance and information sharing capacity already in place and linking users to existing tools and resources to further develop or improve that capacity.

👷 Workforce development operational tool (WFD OT)

The tool supports authorities to review existing forces, plan for and mobilize a multisectoral, One Health workforce able to appropriately cover the critical functions for effective zoonotic disease preparedness and response. The tool provides a stepwise approach exploring these functions (which cover laboratory and surveillance components) and the associated competencies required and their distributions in existing workforce. It also links users to existing training options and tools to strengthen their workforce according to their needs.

⏰ Monitoring and evaluation operational tool (M&E OT)

The tool supports countries in their efforts to establish and strengthen multisectoral, One Health M&E practices for zoonotic disease-related activities and programs. The tool provides a stepwise approach to customize a national M&E framework, develop indicators, and utilize resources to assist the implementation of country-specific coordinated M&E processes.
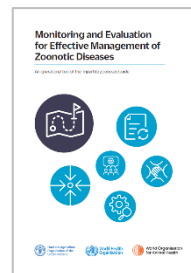
⚡ Response Preparedness Programme (REPREP)

The REPREP programme supports countries in developing an operational outbreak response framework facilitating a collaborative, joint approach for zoonotic disease outbreaks, with a clear distribution of roles and responsibilities during different phases of a zoonotic disease outbreak.

More information on TZG and operational tools: Tripartite Zoonoses Guide

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Support to implementation: Multisectoral Partner Networks

📢 Global Sustainable Preparedness Network (GSPN)

GSPN is a cross-sectoral network coordinated by WHO and consisting of more than 70 leading organizations that have committed to providing expert support to countries in strengthening health emergency preparedness through the implementation of IHR related activities such as JEE, NAPHS, UHPR and other health security planning and capacity building processes. GSPN partners can also offer support to Pandemic Fund implementation. Via a request form from the country, WHO can distribute the call to GSPN membership to identify possible partners for support to specific technical areas of Pandemic Fund implementation.

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Support to implementation: Laboratory

👩 **Global Laboratory Leadership Programme (GLLP)**

The GLLP programme is a comprehensive, competency-based learning programme on laboratory leadership, addressing the need for capacity building in leadership and management for leaders who can manage their laboratories, participate in critical decision making in complex situations, and build strong collaborative networks at every level of the health system in order to attain optimal human, animal and environmental health. The GLLP has been developed through the unique partnership of WHO with five other global organizations FAO, WOAH, ECDC, CDC and APHL, with a One Health approach.
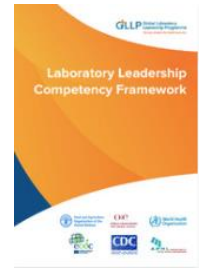
- The Laboratory leadership competency framework is the backbone of the GLLP. and highlights the essential competencies for laboratory leaders targeting professionals working in human and animal health laboratories, as well as laboratories with public health functions https://www.who.int/publications/i/item/9789241515108
- The GLLP Learning Package provides the materials to enable countries to implement leadership programmes for the national laboratory workforce. The GLLP envisages a comprehensive learning pathway including strong mentorship support, projects completion and exchanges within a community of practice, building on didactic learning. (https://extranet.who.int/hslp/gllp)

More information: https://www.who.int/initiatives/global-laboratory-leadership-programme

Support to implementation: Surveillance

👉 **Competencies for One Health Field Epidemiology (COHFE)**

COHFE framework addresses the increasing and urgent need to strengthen collaboration among the public health, animal health and environment sectors to tackle health threats at the human-animal-environment interface. Jointly developed by FAO, WHO and WOAH, the COHFE framework defines the knowledge, skills and competencies needed for field epidemiologists to implement the One Health approach. The framework is meant to guide new or existing **field epidemiology training programmes (FETP)** to build workforce capacity for multisectoral disease surveillance, outbreak investigation and response. FAO, WHO and WOAH also developed four supplemental guidance documents on curriculum development, mentorship, learning evaluation and certification, and continuing education programmes. Recently, UNEP has joined the COHFE team to make this a Quadripartite initiative.

More information: https://www.who.int/initiatives/cohfe-framework

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Support to implementation: Workforce

👩 Community based Early Warning, Surveillance and Response

Outbreaks begin and end within communities. If not contained and controlled in a timely manner, they can escalate into larger epidemics or even pandemics. Standard surveillance systems are typically health-facility based, which often results in delayed detection of outbreaks, allowing for wider spread over time. A thorough assessment of existing community-based surveillance (CBS) efforts is essential to identify gaps and areas for strengthening early warning and surveillance systems at the community, local, and national levels. Countries should develop or strengthen a context-specific framework or model to ensure that CBS effectively interfaces with the national surveillance system. Equipping community members, volunteers, and health workers with the necessary skills and knowledge for detecting and reporting public health events is a cornerstone of the system.
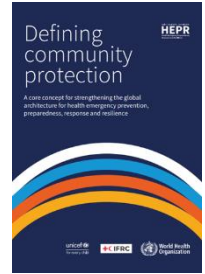
More information: CBS-Community engagement guide

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👩 Community health workforce

Strengthening the community health workforce (CHW) as part of national health workforce includes mapping of CHW and existing training programs, developing/updating context-specific training programs, national training of trainers for community health workers, implementation planning including national and local coordination mechanisms and M&E. This also includes as a first step reviewing national policies, programs, and practices aimed at engaging the community health workforce in health emergency preparedness and response. Training needs related to CHW roles and functions for health emergency management are multiple and cover, non-exhaustively, early detection, case finding, contact tracing, RCCE, community case management and IPC, PHSM or MPHSS.

More information: CBS-Community Health Workers guide

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Support to implementation: Gender-Responsive Approach

By strategically utilizing the actionable tools and strategies listed below, the PF projects can move beyond a general commitment to gender equality and present concrete, evidence-based strategies for a truly inclusive and effective response to health emergencies. This will not only strengthen the projects but also contribute to more equitable outcomes for all.

📜 WHO 2022–2026 strategy - Mainstreaming gender within the WHO Health Emergencies Programme

This strategy provides a comprehensive framework to address the distinct health risks and vulnerabilities of different genders during emergencies. Aligning with its three outcomes—gender-responsive programs, gender-balanced staffing, and accountable systems—demonstrates a commitment to embedding equality through gender analysis and building capacity for gender-sensitive interventions. Leveraging tools like the WHO Gender Responsive Assessment Scale (GRAS) and the strategy's focus on research and partnerships strengthens proposals for truly equitable pandemic preparedness and response.

More information: https://iris.who.int/handle/10665/360406

📜 Gender mainstreaming for health managers: a practical approach

This WHO manual offers practical tools like the Gender Analysis Matrix (GAM) and Gender Analysis Questions (GAQ) to analyze gender dimensions of health issues and design gender-responsive interventions. It also includes the Gender Responsive Assessment Scale (GRAS) and a checklist for gender-sensitive planning and programming. PF projects can adapt these tools for their specific context.

More information: Gender mainstreaming for health managers: a practical approach

📜 Strategy for integrating gender analysis and actions into the work of WHO

This WHO-wide strategy aims to mainstream gender across all its work, emphasizing capacity building in gender analysis, integrating gender into management, using sex-disaggregated data, and establishing accountability. Proposals should align with this

strategy by demonstrating a commitment to gender equality and outlining how their activities contribute to these goals.

More information: [Strategy for integrating gender analysis and actions into the work of WHO](#)
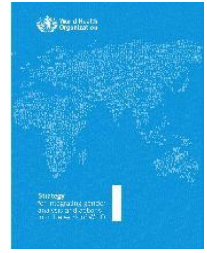
📜 Handbook for conducting assessments of barriers to effective coverage with health services

WHO handbook provides a methodology for integrating gender into health emergency proposals, aligned with GPW 13 and 14's commitment to equity. Its 8-module approach identifies barriers that prevent different genders from accessing essential health services. By utilizing this tool, proposals can highlight gender-related obstacles, allowing for the design of equitable emergency interventions that address the specific needs of all genders and improve health outcomes, in line with GPW 14's goal of leaving no one behind.

More information: [Handbook for conducting assessments of barriers to effective coverage with health services](#)

🚩 Relevant World Bank tool: World Bank Group's GENPAR (Gender in epidemic Preparedness and Response) Toolkit

The GENPAR toolkit guides the integration of gender into pandemic funding proposals, making them actionable and evidence-based for a more equitable and effective disease response. Key benefits to highlight in proposals include: i) recognizes gendered impacts: acknowledges how biological sex and gender influence health risks in epidemics; ii) provides tools: offers actions for integrating gender into IHR(2005); iii) ensures inclusive planning: guides efforts to reach marginalized populations; iv) addresses workforce gaps: advocates for women's roles and gender balance in pandemic response; v) step-by-step integration: facilitates context-specific gender incorporation; vi) enhances outbreak control: supports effective outbreak management through gender-focused planning.

More information: [Gender in Infectious Disease Epidemic Preparedness and Response (GENPAR) Toolkit](#)