



RESOURCE MOBILIZATION STRATEGIES

ACCESSING PANDEMIC FUND RESOURCES TO FILL GAPS & STABILIZE HIV, TB AND MALARIA SERVICES IN COUNTRY

Introduction

Abrupt, chaotic and confusing shifts in United States foreign aid overall and its disease-specific programs, including the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI), have disrupted health services and community-led programs in many countries. The impact differs by context and is shifting daily. In many communities, there are urgent gaps that require immediate action to avoid further disruption that threatens health and wellbeing. There is also a need for mid- and long-term planning and action to maintain lifesaving health services and community-led programming. Many civil society groups and governments are exploring alternative funding sources to sustain critical programs. CHANGE* has developed a series of information sheets to shed light on how resources can be reprogrammed at the country level and how civil society can engage in these processes.

Pandemic Fund: The Basics

The Pandemic Fund was launched in 2022. It is a financial intermediary fund (FIF) housed at the World Bank that pools resources from governments, philanthropies and the private sector and makes grants to countries to build pandemic preparedness and response (PPR) capacities.¹

How does it work?

- The Fund issues a call for proposals with specific parameters and evaluation criteria.
- Countries submit proposals outlining how funds will be used to build health systems' resilience.
- Grants are awarded to implementing entities, such as the World Health Organization, UNICEF, the World Bank and regional development banks, which manage the grants at the country level.
- The Pandemic Fund focuses its investments in three 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.

¹ Pandemic Preparedness and Response (PPR) is also referred to as pandemic prevention preparedness and response (PPPR). An overview of the core pillars of this approach as defined by WHO can be found here: [URL missing here](#)

- The upcoming funding round will place “additional emphasis” on strengthening two cross-cutting enablers, National Public Health Institutes (or relevant public institutions) and regional/global networks, organizations, or hubs. The Fund also states that “to ensure that these investments are truly inclusive, proposals are encouraged to integrate four underlying themes: One Health, community engagement, gender equality, and health equity.”
- Community health workers, laboratory staff, equipment and reagents, and data collection systems that collect and analyze information on new diagnoses are all crucial to pandemic preparedness and in the absence of an outbreak or other pandemic, these same capacities are maintained by responding to other diseases. The new focus on community engagement, gender equality and health equity offers opportunities to propose new activities that could, while addressing PPR, also stabilize key community services and functions.
- The Pandemic Fund does not publish details on the activities and milestones funded under its grants. Top-line information² on the country-level and regional grantees is available for the grantees in the first and second rounds.

Next Funding Opportunity: March 2025

- The third call for proposals will open in March 2025⁴ with \$500 million available for both country and regional proposals. The window for country applications opens in March. Regional and group applications will have a different submission timeline.
- More information can be found here: <https://www.thepandemicfund.org/call-for-proposals>

What’s the connection between pandemic preparedness and response and HIV, TB and malaria services to date?

Despite the clear connection between HIV, TB and malaria services and community-led responses and pandemic prevention, these three diseases have not generally been centered in the core frameworks that guide global and country-level strategy and funding for PPR. There are many reasons for these siloes:

- Until recently, there were disease-specific resources available through PEPFAR, GFATM and other sources, and PPR investments focused on other issues.

² <https://www.worldbank.org/en/news/press-release/2023/07/20/pandemic-fund-allocates-first-grants-to-help-countries-be-better-prepared-for-future-pandemics>

³ <https://www.thepandemicfund.org/news/press-release/pandemic-fund-allocates-second-round-grants-boost-pandemic-preparedness-50-countries>

⁴ <https://www.thepandemicfund.org/call-for-proposals>

- While HIV, TB, and malaria are established global pandemics, they are not presently classified as public health emergencies of international concern (PHEICs) by the WHO, nor are they presently classified as regional health emergencies by relevant authorities.
 - In comparison, mpox is presently classified as both a PHEIC and a Public Health Emergency of Continental Concern by Africa CDC.
 - Friends of the Global Fund Europe has written an excellent argument for better defining “pandemic” in a way that encompasses diseases like HIV, TB and malaria.⁵
- Other pathogens and virus families take higher priority in prioritization exercises that inform country-level PPR plans and strategies.
 - The 2024 WHO-led “pathogen prioritization” framework⁶ for viruses lists HIV as a “medium” risk for causing a PHEIC. However, many other virus families are listed as high priority.
 - Country classifications and prioritizations vary per context. As one example, the current Kenyan list includes HIV and malaria as 7 and 8 out of 15 pathogens to prioritize for surveillance. The rationale for including HIV is that it is of “public health importance” whereas other viruses like Marburg have “epidemic potential.”⁷ PPR investments prioritize the latter classification over the former.
 - HIV and malaria are defined as “endemic pathogens” by the WHO and are high priorities for vaccine research on this basis. Endemic means native to a specific region; it also means common.⁸
 - The plasmodium parasite that causes malaria is not listed as a priority pathogen in any WHO document reviewed.

What are the opportunities to connect PPR and HIV TB Malaria, including through investments from the Pandemic Fund?

- HIV and TB are both recognized within PPR frameworks. **Countries experiencing service disruptions and funding shortfalls can submit proposals based on these classifications.**
 - As described above, HIV is classified as a “medium” risk for causing a PHEIC.
 - The 2024 WHO Bacterial Priority Pathogens List⁹ added rifampicin-resistant TB (RR-TB) for the first time, placing it in the “critical group” requiring the most urgent immediate attention.

⁵ <https://friendseurope.org/2024/11/26/defining-the-first-p-in-pppr/>

⁶ <https://www.who.int/publications/m/item/pathogens-prioritization-a-scientific-framework-for-epidemic-and-pandemic-research-preparedness>

⁷ <https://knowhub.aphrc.org/bitstream/handle/123456789/803/Report%20on%20pathogen%20prioritization%20in%20Kenya%20-%20Meeting%20report%20%281%29.pdf?sequence=1>

⁸ [https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964\(24\)00460-2/fulltext](https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(24)00460-2/fulltext)

⁹ <https://iris.who.int/bitstream/handle/10665/376776/9789240093461-eng.pdf?sequence=1>

- Many activities that are eligible for Pandemic Fund resources address both traditional PPR and HIV TB malaria concerns. **Innovative funding proposals can be made to resource “dual purpose” activities that address high-priority pathogens with the potential to cause new outbreaks or pandemics and HIV, TB and malaria.**
- **Pandemic Fund leadership can explicitly craft the upcoming funding window to state that HIV, TB and malaria activities are pandemic preparedness.**

How Can Civil Society Influence the Process?

While civil society **cannot apply directly**, there are two primary ways to **ensure HIV, TB, and malaria services are funded**:



Advocate for "Dual-Purpose" and Disease-Specific Investments in Country Proposals to the Pandemic Fund

Civil society should push for the inclusion of **HIV, TB, and malaria-related services** under the Pandemic Fund's **existing funding priorities**.

Disease-specific examples:

- **Strengthening TB surveillance, diagnosis, treatment and community health workforce to detect and respond to RR-TB.**
- **Strengthening HIV programming that has been damaged or disrupted so that these disruptions do not lead to an HIV PHEIC or PHECC.**

Dual-purpose examples:

- If a country is applying for funds to **enhance lab capacity**, the proposal should explicitly **include viral load testing, TB diagnostics, and CD4 count analysis**.
- **Expanding community health worker programs**
 - If funding is requested for **workforce strengthening**, civil society should advocate for **community-based HIV, TB, and malaria services to be integrated**.



ACTION STEP:

Engage with the **MOH and proposal drafting team** to ensure that Pandemic Fund proposals include activities that will strengthen and stabilize HIV, TB, and malaria services. To do this, you can:

- Find out if your country is planning to submit a proposal - querying the Ministry of Health, civil society groups working on antimicrobial resistance or ONE health, or other PPR issues.
- Identify the proposal development working group or task force and gather information about the planned process for civil society engagement. Use this information to frame your urgent request for inclusion.

- **Review your country's National Action Plan for Health Security (NAPHS)**, which sets out country-level priority areas that the country proposal will likely focus on.
 - Country-level plans for improving PPR are called National Action Plans for Health Security. NAPHS generally have a list of priority pathogens that are in the International Health Regulations (IHR) - the foundation for the Pandemic Fund's results framework - do not recognize HIV, TB or malaria pandemic priorities.
- Develop a specific proposal for activities and areas to be included that will advance PPR goals and fill gaps in HIV, TB and malaria services, with particular attention to surveillance, labs, workforce and community engagement and equity. You can draw on rapid assessments, gap analyses, and models of the projected impact of continued service disruption.
- Bring the proposal forward for inclusion, ideally in coalition with PPR-focused civil society and MoH colleagues working on HIV, TB and malaria.

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Push for Clarity and Consensus that HIV, TB, and Malaria Activities are Priority Areas for Pandemic Prevention

Breaking down silos is critical

HIV, TB, and malaria have existing infrastructure that supports pandemic preparedness (e.g. disease surveillance, rapid response and drug resistance monitoring).

To ensure these diseases are included in country proposals:



Advocate for changes to the Pandemic Fund's guidance note (for the March 2025 call) to explicitly **allow funding for HIV, TB, and malaria services.**



Lobby at the national level to ensure MOH task forces and health security planners recognize HIV, TB, and malaria as pandemic threats.



ACTION STEP:

Mobilize civil society networks, global health advocates, and MOH representatives to push for changes in funding guidance and country health security planning.

CONCLUSION

While the Pandemic Fund **was not originally designed for HIV, TB, and malaria, civil society must push for its resources to support and stabilize these services.**

It is time to break down the silos between diseases and public health emergencies. HIV, TB and malaria are global pandemics that have, historically, had resources and programs that (sometimes) functioned well enough to avert emergencies such as surges in new infections, emergence and transmission of drug-resistant strains, and preventable disease, death and onward transmission. **With these functional systems weakened and in disarray, all these dire outcomes—and more—are possible.**



ACT NOW

Engage with your Ministry of Health, Pandemic Fund board members, and civil society networks to ensure HIV, TB, and malaria services are included in the March 2025 funding round.

For more information, contact: contact.change.2025@gmail.com

Additional Resources

The Pandemic Fund Guidance Note on the Second Call for Proposals

The forthcoming guidance note will be developed from this document, which lays out the criteria for community engagement.

<https://thedocs.worldbank.org/en/doc/8fa20db71c206d37ffbb1b8fe1f1f111-0390072023/original/Pandemic-Fund-2nd-Call-for-Proposals-Guidance-Note-Dec-22-2023.pdf>

The World Health Organization Information Page on National Action Plans for Health Security:

Includes information on the International Health Regulations (IHR) and the evaluation exercises that measure country preparedness, including the Joint External Evaluation review.

<https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security>