

Operational Playbook for **PANDEMIC RESPONSE FINANCING**





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THE WORLD BANK
Washington, D.C. 20433
+1-202-473-1000
www.worldbank.org

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Operational Playbook for **PANDEMIC RESPONSE FINANCING**

The Operational Playbook is developed by the World Bank, the World Health Organization, and the G20 Joint Finance and Health Taskforce (JFHTF) Secretariat under the auspices of the G20 JFHTF. It builds on JFHTF reports “Pandemic Response Financing Gaps and Issues: Towards a Playbook (June 2024)” and the “Operational Playbook for Pandemic Response Financing - Draft (September 2024)”. The section “Key Insights and Actions” is prepared by the JFHTF Secretariat and seeks to identify priorities for governments, international financial institutions, international organizations and other stakeholders, building on the Playbook and content from the draft Playbook and other JFHTF products and processes.

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ACRONYMS

AAM	Access and Allocation Mechanism	CSO	Civil Society Organization
ACT-A	Access to COVID-19 Tools Accelerator	DFC	United States International Development Finance Corporation
AfDB	African Development Bank	DFI	Development Finance Institution
AfEF	Africa Epidemics Fund	DMC	Developing Member Countries
AIIB	Asian Infrastructure Investment Bank	DRC	Democratic Republic of the Congo
AMC	Advanced Market Commitment	EC	European Commission
AMR	Antimicrobial Resistance	ECDC	European Center for Disease Control and Prevention
ASEAN	Association of Southeast Asian Nations	ECOWAS	Economic Community of West African States
AU	African Union	ERF	Early Response Financing
AVATT	Africa Vaccine Acquisition Task Team	EIB	European Investment Bank
AVMA	Africa Vaccine Manufacturing Accelerator	EMOPS	Office of Emergency Programmes
BARDA	Biomedical Advanced Research and Development Authority	EPF	Emergency Programmes Fund
C19RM	COVID-19 Response Mechanism	EU	European Union
CDC	Centers for Disease Control and Prevention	FTM	Financial Tracking Mechanism
CDF	Contingent Disaster Financing	G20	Group of Twenty
CfP	Call for Proposals	GDP	Gross Domestic Product
CEPI	Coalition for Epidemic Preparedness Innovations	GF	Global Fund
CERC	Contingent Emergency Response Component	GHI	Global Health Initiatives
CERF	Central Emergency Response Fund	HAC	Humanitarian Action for Children
CERP	Contingent Emergency Response Project	HERA	Health Emergency Preparedness Response Authority
CFE	Contingency Fund for Emergencies	HSIS	Health System and Immunization Strengthening
CFR	Case Fatality Rate	IASC	Inter-Agency Standing Committee
CO	Country Office	IBRD	International Bank for Reconstruction and Development
COVID-19	Coronavirus Disease 2019	ICU	Intensive Care Unit
CRW	Crisis Response Window	IDA	International Development Association

IDB	Inter-American Development Bank	PF	Pandemic Fund
IFC	International Finance Corporation	PFM	Public Financial Management
IFFIm	International Financing Facility for Immunization	PforR	Program-for-Results Financing
IFI	International Financial Institution	PHE	Public Health Emergency
IHR	International Health Regulations	PHECS	Public Health Emergency of Continental Security
i-MCM-Net	WHO interim Medical Countermeasures Network	PHEIC	Public Health Emergency of International Concern
IMF	International Monetary Fund	PLL	Precautionary and Liquidity Line
INGO	International Non-Governmental Organization	PPE	Personal Protective Equipment
IOs	International Organizations	PHECS	Public Health Emergency of Continental Security
IPC	Infection Prevention and Control	PPR	Prevention, Preparedness, and Response
IPF	Investment Project Financing	PRGT	Poverty Reduction and Growth Trust
IsDB	Islamic Development Bank	R&D	Research and Development
JFHTF	Joint Finance and Health Taskforce	R&I	Research and Innovation
LICs	Low-income countries	RCCE	Risk communication and community engagement
LMICs	Lower-middle income countries	RCF	Rapid Credit Facility
MC	Member Countries	RDBs	Regional Development Banks
MCM	Medical countermeasure	RFI	Rapid Financing Instrument
MDBs	Multilateral Development Banks	RCCE	Risk communication and community engagement
MS	Member States	RMF	Risk Mitigation Facility
MSSAs	Member States' Specialized Agencies	RO	Regional Office
MTEF	Medium-Term Expenditure Framework	RRO	Rapid Response Option
NGOs	Non-Governmental Organizations	RSF	Resilient and Sustainability Facility
NPHI/A	National Public Health Institute/ Agency	SDBs	Safe and Dignified Burials
NPI	Non-Pharmaceutical Interventions	SDR	Special Drawing Rights
NTWG	National Technical Working Group	SFF	Supply Financing Facility
PAHO	Pan American Health Organization	UN	United Nations
PBL	Policy-Based Lending	UNICEF	United Nations Children's Fund
PEEF	PAHO Epidemic Emergency Fund	U.S.	United States
		VII	Vaccine Independence Initiative
		WASH	Water, Sanitation, and Hygiene
		WB	the World Bank
		WHO	World Health Organization

EXECUTIVE SUMMARY

The Operational Playbook for Pandemic Response Financing is a non-binding reference tool that aims to enhance the speed, scale, and coordination of financing for future pandemic response. It builds on the lessons learned from the COVID-19 pandemic and previous large-scale outbreaks, as well as the inputs and feedback from various stakeholders, including governments, international organizations (IOs), international financial institutions (IFIs) including multilateral development banks (MDBs), global health initiatives (GHIs), and civil society.

The Playbook provides an overview of pandemic response financing needs and sources, covering both domestic and external financing options for essential response categories, including health, medical countermeasures, and economic and social responses. It also outlines the key principles and challenges of effective response financing, such as the need for timely and flexible financing, coordination across financing actors, and governance for transparency and accountability.

The Playbook recognizes that pandemics can vary widely in their characteristics, impacts, and optimal response strategies. Therefore, it outlines a flexible and adaptable approach that respects national sovereignty and existing governance structures. It also acknowledges that pandemic prevention, preparedness, and response are inherently interconnected, and that investments in pre-crisis capacities and health systems strengthening can significantly reduce the costs of response and the negative impacts of the event. The Playbook also acknowledges the significant interplay between climate change, antimicrobial resistance (AMR), unsafe food systems, poverty, conflict and other factors that exacerbate pandemic risk and can undermine countries' capacities to prepare for and respond to health emergencies. In the same way, this Playbook is not intended to be used to compare country's responses or guide countries to any specific measures. Differences in budgetary frameworks, regulations and national context are likely to influence how the Playbook can be applied and used for each country. To support countries to reduce vulnerabilities and speed up access to resources, international collaboration and information sharing are critical.

The Playbook adopts a scenario-based approach to illustrate financing considerations across different phases of an outbreak response. This includes guidance on identifying response needs, aligning financing sources, and coordination actions among national and international actors. It can be used to:



- Support country-level planning and stress-testing of financing arrangements.
- Improve coordination across government ministries, institutions and regional and international actors involved in response efforts.
- Identify gaps in the financing architecture that may require new or adapted mechanisms.
- Strengthen alignment between domestic budgets, external support from IFIs and other sources.

As a living document, the Playbook will require periodic updates to reflect the evolving financing environment, best practices and strategies for financing coordination, and lessons from future public health emergencies. This includes adapting to the growing impacts of climate change on health systems and pandemic risks, as well as relevant developments under international agreements such as the amended International Health Regulations and the Pandemic Agreement.

Operational Playbook: Key Insights and Actions¹

The Operational Playbook was first developed under Brazil's G20 Presidency in response to the mandate to prepare an "Operational Guide" to improve speed, coordination, and sufficiency of pandemic response financing from India's G20 Presidency. It has since been further shaped under the presidencies of Brazil and South Africa including inputs to the WHO-World Bank Global Report,² which highlighted the importance of coordinated financing tools, equitable access to medical countermeasures (MCMs), and simulation preparedness.

This "Key Insights and Actions" section sets out potential high-level actions that could be taken by specific actors at all levels to enhance the speed, sequencing and scale of pandemic response financing. It acknowledges the complexity of the financing landscape and the need for tailored approaches according to the specific circumstances and requirements of countries, as well as of other stakeholders. The aim is to provide a reference point for future discussions and to help maintain momentum in strengthening financing readiness.

The summary and recommendations are based on analysis from the Response Financing Mapping paper³ and previous iterations of the Operational Playbook (September 2024 and May 2025), as well as feedback from G20 members, invited countries, and international organizations, including regional organizations and IFIs. It also draws on

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- 1 The section "Key Insights and Actions" is prepared by the JFHTF Secretariat and is not intended to represent the views of the JFHTF technical institution leads (World Bank and World Health Organization). It seeks to identify priorities for governments, international financial institutions, international organizations and other stakeholders building on content in the Playbook.
 - 2 G20/World Health Organization/World Bank Global Report on the Framework for Health, Social, and Economic Vulnerabilities and Risks (FEVR) related to Pandemics
 - 3 World Health Organization & World Bank (2022) Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms. Prepared for the G20 Joint Finance & Health Task Force

the evaluations conducted on the response of various institutions to COVID-19 and other large-scale outbreaks such as Mpox.

Finally, they also reflect the adoption by the World Health Assembly (1 June 2024) of the amendments to the International Health Regulations and of the Pandemic Agreement. While Playbook does not take a position on Member States' ratification or implementation of these instruments, their provisions, such as the establishment of a Coordinating Financial Mechanism, are relevant to future response financing coordination.

Pandemic response financing considerations

Before declaration of a public health emergency

While the response to a pandemic requires a complex process among many actors and under high uncertainty, this section sets out some key considerations on how to speed up access to finance, both domestically and internationally, by planning and agreeing on ways of working with stakeholders and partners ahead of a declaration. This section also draws on evaluation reports for IFIs and GHIs and the Sharing of Experiences from Finance Health Institutional Arrangements.⁴

For countries

Improving the speed of access to financing can be supported by considering the following measures:

- **Health and Finance coordination:** Agreeing on appropriately resourced preparedness and response plans, having a shared understanding of:
 - Processes for sharing of information and governance for convening and decision-making.
 - Developing approaches to i) costing responses and planning for budgetary provisions that would support rapid domestic resource mobilization; ii) ensuring the availability of rapid, small quanta funding to support early actions in initial outbreak and epidemic responses; iii) reinforcing fiscal measures to build up reserves for emergencies, fiscal escape clauses and the use of prearranged mechanisms.
 - Investing in core health system capabilities and multisectoral capacities for pandemic prevention and preparedness, especially in the context of One Health and against the growing threat of climate change, including surveillance, data systems, critical infrastructure, and multisectoral workforce, which can build multi-purpose capacity towards more effective pandemic response and reduce costs overall.
 - Strengthening evidence generation and application of joint analytical approaches to inform evidence-based response strategies which assess health impacts alongside economic and social

⁴ Sharing of Experiences from Finance Health Institutional Arrangements, August 2023, under the India G20 Presidency



ones, such as epidemiological and economic modelling.

- **Engagement with external partners:** Maintaining regular discussion with IFIs and GHIs and other partners on pre-agreed access to financing, procurement and related processes as well as discussing the scope for redeploying programmed finance, access to contingent financing, and a shared understanding of alignment of triggers, conditionalities and processes that will enable faster activation of support.

For IFIs/IOs/GHI and broader stakeholders

- **Country engagement and support:** Actively supporting countries in planning and preparation for a pandemic, including, where relevant, through providing technical assistance; improving awareness and access to guidance, tools, programming and financial mechanisms to support improved preparedness and health systems strengthening (such as health and allied workforce capacity building); and performance improvement through use of early, intra, and after action reviews with timeliness metrics, and simulation exercises. Key underdeveloped capacities should be addressed, such as governance or community engagement for epidemic preparedness, which should be established and routinized from planning to implementation and monitoring as a foundation for community trust during pandemic response.
- **Information sharing:** Regularly providing countries with relevant and up to date information on the financial mechanisms and tools that could be activated in a pandemic, and, where possible, pre-agreeing the scope of terms and conditions for accessing additional support.
- **Internal preparations:** Internal planning for the resource requirements both in terms of finance as well as administrative resources, governance and assessment of the triggers and processes required to activate financial mechanisms and to ensure they are responsive to pandemic response needs.
- **Coordination and alignment:** Engaging with relevant IFIs, GHIs, IOs as well as relevant private sector representatives and Civil Society Organizations (CSOs) on a shared understanding of the roles and ways to coordinate processes and avoid duplication of effort during an emergency. This can increase predictability for countries with regards to financing sequencing and access to financing, especially for MCMs. These discussions and preparations may be needed for actors at all levels and across all relevant sectors. Examples include aligning the role of regional organizations in pooling and coordinating access to MCMs as well as working with regional development banks and other local and regional institutions on financing mechanisms.

After declaration of public health emergency

Once a pandemic or public health emergency has been declared and processes and plans have been activated, immediate further actions to support better sequencing of financing could include:

- **Financing alignment:** Where additional external finance is needed, eligible countries can engage with IFIs and other stakeholders to proactively work to agree on support for financing country response plans, including best estimates on the expected timing of flow of grant and concessional finance from all sources to develop a clear understanding of the timeliness and scale of financing for each pillar of a response plan from the start of an emergency.
- **Flexible and early-stage financing:** Considering regional and other mechanisms that enable earlier procurement and scale-up of critical products including MCMs while ensuring equitable access and coordination with other financing tools.
- **Macroeconomic support:** Seeking timely engagement with key institutions, such as the International Monetary Fund (IMF) and MDBs, to address economic impacts alongside health response needs.

This playbook indicates that despite the measures above, building on experience from the COVID-19 pandemic and others, including the SARS epidemic (2002-2004), the H1N1 swine flu pandemic (2009), West Africa Ebola epidemic (2014-2016), and Zika epidemic, as well as the more recent ongoing mpox outbreak, there is likely to be a large gap in financing critical pandemic response needs. These include mitigating the economic and social impacts of the response—some of which may be the impact of sovereign country decisions on essential public health interventions—as well as ensuring procurement of key MCMs and expansion of the MCM value chain and ecosystem. For timely financing to be effective, it is critical to have a well-capacitated enabling environment to utilize and deliver it. Strong supply chains, health systems, and community engagement (amongst others) are necessary to enable the delivery of response activities. In particular, addressing insufficient resources for rapid advance and scale up, and identifying developments to strengthen coordination platforms for research, development and financing for MCMs should be considered. For instance, there is scope to further develop the assessment of options to increase the scale and improve the timeliness of at-risk financing. Arrangements that address inequities in MCM access are also vital for the next pandemic or health emergency.

As noted, while it is a complex landscape, this is a narrow and non-exhaustive list of actions that countries and relevant institutions and organizations can take to improve the efficiency of coordination in a future pandemic emergency. The number of high-quality evaluations of institutional and country responses to COVID-19 and other pandemics or epidemics can provide a starting point to track how findings and recommendations have been implemented. These can be used to contextualize and prioritize actions to improve response financing coordination across the diversity of critical stakeholders involved in pandemic response.

Next Steps

This version of the Playbook builds successively on prior versions and incorporates input from a broad set of stakeholders including those who engaged in the JFHTF-sponsored



Day Zero and Surge Financing virtual workshop (May 2025) and the Global Outbreak Response Financing Simulation Exercise delivered during the second JFHTF meeting under the South African Presidency (July 2025).

In its current form, the Playbook is contextually appropriate at the time of publication. It sets out several considerations for end users at all levels to consider-independently or in tandem-the principles and information presented towards improving pandemic response financing coordination. In line with member views on the need to promote awareness, take up and achieving the aim of improved coordination, some targeted dissemination to reach these end user groups and incorporate their feedback may help support the consideration of the Playbook as a living document for strategic decision-making and facilitate more active assessments of its suitability in a range of contexts for different purposes.

Stakeholders, including the G20 JFHTF, may support further augmentation of the Playbook's practical usage and application by:

- **Promoting consideration of the Playbook during the design and delivery of routine joint simulation exercises** at all levels between health and finance. These may aim for continuous performance improvement at stakeholder and systems levels while also reinforcing readiness for a potential pandemic scenario
- **Applying the Playbook principles during incident action reviews** following an actual outbreak to identify coordination and response gaps experienced by countries and institutions in real life
- **Sensitizing relevant sectoral stakeholders**-not only in health and finance, but from other priority pandemic response sectors such as animal health, social protection, and water-in their respective fora to the Playbook and its considerations for response coordination using intra- and inter-sectoral decision-making
- **Soliciting and compiling lessons learned** and other experiences from the usage of the Playbook, especially in countries, which may inform **periodic updates** to ensure continuing contextualization and usability.



1 BACKGROUND

The risks of future pandemics in the next decade are stark, including an event on the scale of COVID-19 or worse.⁵ Pandemics can arise from a wide variety of pathogens, including viruses and bacteria. They can spread rapidly and cause high morbidity and/or mortality rates across wide geographic areas and populations. The impacts of a pandemic can vary in type and severity. These include health risks, economic disruption, and social and political consequences. Yet, investments in prevention and preparedness can mitigate these risks—especially when combined with timely and scaled response actions.

Prior large-scale disease outbreaks have highlighted shortcomings in preparedness and response financing. Identified deficiencies concern the speed, scale, adequacy, and coordination of financing. These have been found across health, medical countermeasures (MCM), and the economic and social response. The mobilization and deployment of financing and resources have also faced coordination challenges, observed across ministries of health and finance, financing institutions, technical agencies, and public and private sector actors.⁶

The purpose of the Operational Playbook is to enhance the speed, scale and coordination of pandemic response financing. The target audience of the Operational Playbook (herein “Playbook”) is national governments and relevant pandemic response stakeholders. However, the Playbook is most useful for countries with resource needs beyond their domestic budgets. Relevant stakeholders include entities that support global, regional, and national pandemic response efforts. These include health and finance institutions, civil society organizations (CSOs) and non-governmental organizations (NGOs), at all levels. The Playbook is a non-binding reference tool that provides information on pandemic response financing sources and coordination considerations for key stakeholders. As such, it seeks to support enhanced transparency in governance and decision-making for response financing.

5 Madhav et al. 2023. “Estimated Future Mortality from Pathogens of Epidemic and Pandemic Potential”. <https://www.cgdev.org/sites/default/files/estimated-future-mortality-pathogens-epidemic-and-pandemic-potential.pdf>

6 A full picture of the response financing landscape and key challenges have been outlined in the JFHTF report “Pandemic Response Financing Gaps and Issues: Towards a Playbook” (June 2024).



The Playbook outlines actions for policymakers to consider and adapt to their national contexts. However, it is not intended to be a normative step-by-step guide. The Playbook outlines typical response interventions, financing sources, and coordination needs. These elements can inform advance actions in preparation for a pandemic event and support rapid action during a crisis. Critically, the Playbook can inform needs assessments and resource mapping in advance of an event. Users of the Playbook should consider the actions in context of event-specific pandemic conditions and their responses. While the Playbook does not propose new financing mechanisms or coordinating bodies, it can help identify gaps that require attention and action by the G20 and other stakeholders. It can also serve as a supporting document for future functional performance exercises, including simulation exercises as well as deliberations on co-ordination of response financing. Priority actions for improving the effectiveness of response resources are outlined in the final section of the Playbook.

1.1 Developing the Operational Playbook

In October 2021, under the Italian G20 presidency and during the COVID-19 pandemic, G20 members agreed to establish a Joint Finance-Health Task Force (JFHTF). The aim of the JFHTF is to enhance collaboration and global cooperation on issues relating to pandemic prevention, preparedness, and response (PPR). Under this JFHTF agenda and during the Indonesian G20 Presidency, the World Bank and the World Health Organization (WHO) produced a paper on the “Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms”. The analysis, among other things, highlighted the need for greater coordination of preparedness and response financing.

The Playbook was developed in response to a request under the New Delhi G20 Leaders declaration. The declaration stated that the G20 “look forward to further deliberations on how financing mechanisms could be optimized, better coordinated and, when necessary, suitably enhanced to deploy the necessary financing quickly and efficiently, duly considering discussions in other global forums”. The Playbook answers a call for more action-oriented guidance. India, Brazil and South Africa G20 Presidencies and the JFHTF co-chairs Italy and Indonesia have all overseen its development. The Playbook is also situated within the context of the Lusaka Agenda, which was launched in December 2023. The Agenda provides the foundation to support the long-term evolution of Global Health Initiatives (GHIs), the broader health ecosystem, and a joint long-term vision of domestically financed health systems and Universal Health Coverage (UHC). It calls for alignment between GHIs in addressing national-level priorities.⁷

The Playbook has been prepared in a dynamic pandemic preparedness and response context. As of 2024, WHO member states agreed on several amendments

The aim of the JFHTF is to enhance collaboration and global cooperation on issues relating to pandemic prevention, preparedness, and response (PPR)

⁷ The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process. <https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/Lusaka-Agenda.pdf>

to the International Health Regulations (IHR) 2005. These include the introduction of a pandemic emergency definition, a commitment to solidarity and equity, the establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations, and the creation of National IHR Authorities to improve coordination for implementation of the Regulations within and among countries.⁸ On 20 May 2025, WHO member states adopted the world's first Pandemic Agreement.⁹ The Pandemic Agreement outlines the principles, approaches, and tools for enhanced international coordination to strengthen the global health architecture for pandemic prevention, preparedness, and response. The amended IHR and the Pandemic Agreement include a provision for Sustainable Financing, which sees the establishment of a "Coordinating Financial Mechanism". The mechanism aims to promote sustainable financing for the implementation of the Pandemic Agreement and IHR, to support strengthening and expanding capacities for pandemic prevention, preparedness and response, and contribute to the prompt availability of surge financing response necessary from initial declaration, particularly in developing countries.¹⁰ The IHR amendments will enter into force on 19 September 2025 for those State Parties that have adopted them. The Pandemic Agreement will enter into force following sixty ratifications of WHO member states.

The Playbook is a non-exhaustive and evolving reference tool informed by technical inputs, member consultations, simulation exercises, and real-world outbreak experiences such as the Mpox response. It draws on consultations held in September 2024 and May 2025; a Day Zero and Surge Financing Virtual Technical Workshop with G20 JFHTF members on March 31, 2025; and the JFHTF Global Outbreak Response Financing Simulation Exercise on July 14, 2025. The declaration of the Mpox outbreak in Africa as a Public Health Emergency of Continental Security (PHECS) by Africa Centres for Disease Control and Prevention (Africa CDC) and a Public Health Emergency of International Concern (PHEIC) by WHO in August 2024 while the Playbook was in early stages of development brought further renewed attention to the need to address the acute risks of global epidemics. The Mpox response, particularly the coordinated action across institutions, informed key aspects of the Playbook's content related to operational and financial considerations in real-world settings.

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- 8 WHO. 2024. World Health Assembly agreement reached on wide-ranging, decisive package of amendments to improve the International Health Regulations. <https://www.who.int/news/item/01-06-2024-world-health-assembly-agreement-reached-on-wide-ranging--decisive-package-of-amendments-to-improve-the-international-health-regulations--and-sets-date-for-finalizing-negotiations-on-a-proposed-pandemic-agreement>
- 9 WHO. 2025. World Health Assembly adopts historic pandemic agreement to make the world more equitable and safer from future pandemics. <https://www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics>
- 10 WHO. 2025. Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10-en.pdf



1.2 Playbook Structure

The Playbook comprises three main sections.

1. **Background, Coordination and Understanding the Playbook:** This section outlines key principles and concepts used in the Playbook. It describes what coordination might look like during a crisis and why it is so critical for the next pandemic. This section also introduces the scenario-based approach and explains when and how to use the Playbook.
2. **Responding to a Pandemic Risk:** This section describes the financing and resourcing landscape for pandemic response. It outlines the key components of the response plan and describes how financing may be available across different pandemic phases. It further outlines a sequential checklist to support national policymakers in making financing decisions. This section also serves as a reference for regional and international stakeholders to understand how they can support countries in utilizing available resources.
3. **Priority Actions for Response Readiness:** This section is informed by the mapping exercise, stakeholder consultations and simulation exercise. It outlines priority actions for improving response financing. It is targeted to stakeholders at national, regional and international levels.

1.3 Key Principles

Several key principles underpin the Playbook:

1. **Non-binding:** The Playbook supports a voluntary approach. It acknowledges the need for flexibility rather than a one-size-fits-all solution. It respects national government sovereignty in policy decision-making and prioritization, as well as existing governance structures in international organizations and institutions.
2. **Non-exhaustive:** The Playbook is a non-exhaustive reference tool, focused on strengthening response financing. It requires coordination across health and finance domains; public and private sectors; and national, regional and international levels.
3. **Living document:** The Playbook reflects the landscape and evidence at the time of its development and publication. It will require periodic review to ensure maximum relevance. Updates should reflect changes in global epidemiological contexts, the response financing ecosystem, and evolving identification of best practices or strategies in financing coordination.
4. **Action-oriented:** The Playbook supports action by identifying key response financing gaps and shortcomings. It supports progress toward closing these gaps and serves as a tool for stress testing.
5. **Broad relevance:** The Playbook primarily targets responses to outbreaks and pathogens with pandemic potential. However, it is also applicable to endemic

diseases, smaller scale but recurrent infectious disease risks, and broader health emergencies that strain national systems and require coordinated response and appropriate financing mechanisms.

6. **Importance of upstream interventions:** The Playbook recognizes that pandemic prevention, preparedness, and response are interconnected. Early prevention and preparedness can significantly reduce the potential emergence of a pandemic and the ultimate response costs before and after an outbreak reaches pandemic scale.
7. **Adaptability to different pandemic scenarios:** Much of the Playbook content uses experiences and lessons learned from COVID-19. This is an unavoidable and necessary emphasis due to the recency, size, and extensive analyses of the crisis. However, the next pandemic will be different, and so will the most effective response strategy needed to address it. The Playbook is therefore designed for use in various pandemic scenarios.

1.4 How and When to Use the Playbook

The primary purpose of the Playbook is to help speed up and enhance financing decisions in the event of an outbreak

The primary purpose of the Playbook is to help speed up and enhance financing decisions in the event of an outbreak. It supports governments, financial institutions, global health initiatives and others involved in responding to outbreaks with pandemic potential. It guides actions for directing finances and resources for response. The Playbook is designed primarily for high-impact outbreaks, particularly those that may require external financing due to their scale or transboundary nature. In such contexts, advanced coordination and planning become even more essential for mobilizing funds in a timely and effective way.

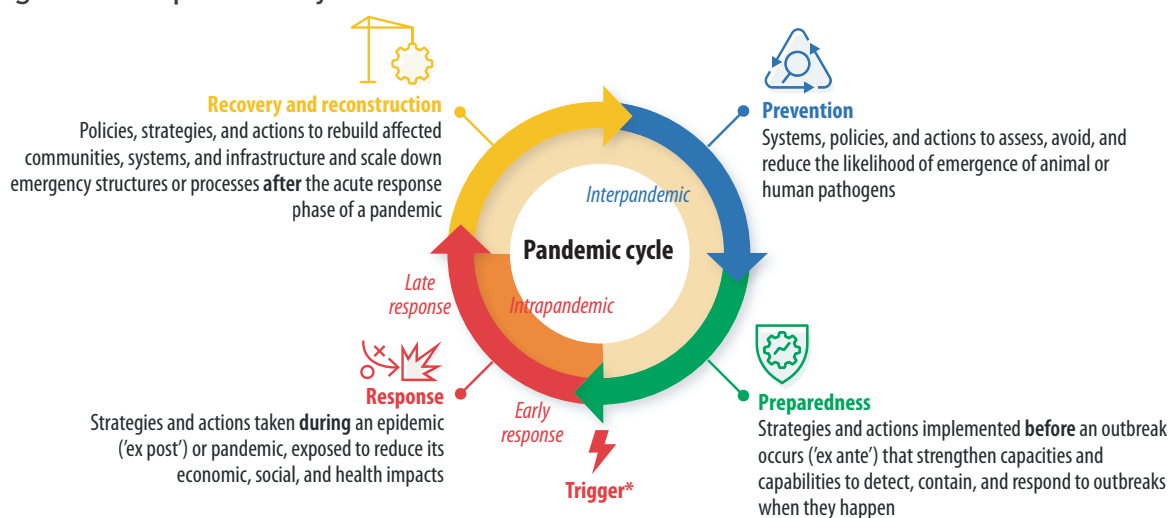
Effective response financing relies on advance preparedness efforts. While the Playbook focuses primarily on response financing, it also underscores the importance of readiness during the prevention and preparedness phases. The effectiveness of response efforts—and the utility of the Playbook itself—depend on actions taken in advance of a crisis. Routine preparedness investments, such as developing plans and legal frameworks, identifying financing sources and conducting simulation exercises, can accelerate access to response financing and support more coordinated action when a large-scale outbreak requires escalated response efforts. These efforts can also enable early containment through rapid resource mobilization before the outbreak grows in scale. Figure 1 illustrates how prevention, preparedness, and response are interconnected components of the broader pandemic cycle.

Investments in preparedness can support the effectiveness of response financing. However, in the Playbook these are distinct types of funding. Preparedness investments are drawn from existing health and sector-specific budgets, as well as externally funded programs. These investments finance programmed and planned activities, such as training healthcare workers, developing guidance for detecting health threats, strengthening laboratory and surveillance capacity before an outbreak, coordinating One Health, building National Public Health Institute/Agency (NPHI/A) capacity, and



conducting stress-testing exercises in non-crisis times. Lower-scale isolated outbreaks may not always require new or scaled response financing. Small amounts of flexible funding, which are critical for initial investigation and containment response actions during the first few days of any outbreak, may be sufficient if effective at containing these events. However, for larger outbreaks, the type of additional funds used for response often comes from emergency provisions in domestic budgets, reallocations from existing programs, or dedicated funds from external partners for emergency response. That said, there is a critical relationship between preparedness investments and response financing. Preparedness saves response costs by improving the efficiency and effectiveness of those efforts.

Figure 1 The pandemic cycle



Source: Adapted from Disease Control Priorities 4th edition, Volume 2: Pandemics.¹¹

Note: *= "Trigger" indicates the point at which an outbreak prompts activation of response actions. Specific financing triggers vary by instrument and can occur at different points within the response phase; Pandemic phases are not distinct and may overlap as appropriate to the emergency context and needs.

1.5 Coordination

With many potential financing sources and modalities, coordination is key. Since the COVID-19 pandemic, there has been an increased awareness of the need for emergency financing especially in the context of global demand. As a result, there are even more modalities and funds to prepare for and respond to future pandemics. However, even the multitude of actors, instruments, and processes available during COVID-19 presented coordination challenges. Therefore, financial readiness includes more than supporting countries in preparing and directing resources. It must also include establishing, assessing, and improving coordination arrangements. Each of these activities becomes even more challenging during an active emergency. Therefore, greater efforts on

11 Fan VY, Kim S, Pineda D, Bertozzi SM. Financing the Pandemic Cycle: Prevention, Preparedness, Response, and Recovery and Reconstruction. In: Sharma S, Bertozzi SM, Fan VY, et al., eds. Investing in Pandemic Prevention, Preparedness, and Response Volume 2. Washington DC: World Bank Group; 2026.

coordination in non-crisis times will facilitate greater transparency and efficiency in financing responses.

1.5.1 Overview of Coordination for Response

A pandemic response requires actors across sectors and at all levels. Pandemic response spans the sectors of human health, animal health, social protection and more. It also necessitates responses at community, subnational, national, regional and international levels. Operationalizing a whole-of-government and whole-of-society approach is necessarily complex. This complexity influences the response activities and the mobilization of appropriate resourcing for those activities. This section describes response coordination and outlines potential opportunities for improvement across domains. It also draws on recent experiences from the responses to Mpox and COVID-19. These response efforts provide insights into how rapid and scaled financing gets coordinated.

Pandemic response coordination covers a diverse set of areas. Coordination between funders ensures complementary and sufficient financing, and alignment on financing priorities. Technical agencies coordinate to expand knowledge and improve the quality of responses. Meanwhile, procurement and supply chain partnerships may coordinate the equitable purchase and delivery of goods. At the frontlines, non-governmental partners collaborate across actors to support timely, scaled-up provision of services. Coordination between government agencies and across centralized and decentralized authorities is vital for response, as are national central coordination mechanisms for communicating with external stakeholders and funders. Across all response pillars, information sharing is vital for the speed, efficacy and transparency of response efforts.

The composition of response actors depends on the outbreak, the regional and national context, and the response needs. There are many actors involved along the preparedness-to-response continuum. Critically, many support a wide range of preparedness efforts, including shaping policy and investing in capacities to prevent and detect outbreaks. However, for Playbook purposes, we narrowly outline the non-exhaustive landscape of actors engaged in pandemic responses as:

- **Government representatives:** Ministries of Finance, Ministries of Health, Ministries of Social Protection and other relevant line ministries, NPHI/As, national Emergency Management bodies, subnational authorities, health authorities, and others
- **International Financial Institutions (IFIs), including Multilateral Development Banks (MDBs):** African Development Bank (AfDB), Asian Development Bank (ADB), Asian Infrastructure Investment Bank (AIIB), European Bank for Reconstruction and Development (EBRD), European Investment Bank (EIB), Inter-American Development Bank (IDB), Islamic Development Bank (IsDB), World Bank (WB), and International Monetary Fund (IMF)
- **Development Finance Institutions (DFIs):** Many MDBs have branches that operate as DFIs, such as the World Bank's International Finance Corporation

A pandemic response requires actors across sectors and at all levels



(IFC). In addition, there are many regional and bilateral DFI's including British International Investment (BII), Cassa depositi e prestati (CDP, Italy); KfW Group, Deutsche Investitions- und Entwicklungsgesellschaft (DEG); U.S. International Development Finance Corporation (DFC) and others

- **Global Health Initiatives (GHIs):** CEPI, FIND, Gavi, Global Fund, Pandemic Fund, World Organization for Animal Health (WOAH, formerly OIE) and others
- **UN Agencies and bodies:** Food and Agriculture Organisation (FAO), International Organisation for Migration (IOM), United Nations Children's Fund (UNICEF), United Nations Development Program (UNDP), United Nations Environment Programme (UNEP), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), United Nations Office for Project Services (UNOPS), World Food Programme (WFP), World Health Organization (WHO), and others
- **Regional health agencies¹² and economic blocs:** Africa Centers for Disease Control and Prevention–African Union (Africa CDC–AU), the Association of Southeast Asian Nations (ASEAN), Caribbean Public Health Agency (CARPHA–CARICOM), European Centre for Disease Prevention and Control (ECDC–EU / EC), and others
- **Non-governmental organizations and implementing agencies:** International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC) and National Societies, International Medical Corps, Médecins Sans Frontières (MSF), Oxfam, Save the Children, and others
- **Bilateral government agencies and public health institutions**
- **Academic and research institutions**
- **Private sector**
- **Civil society organizations**

National-level coordination relies on mechanisms that can oversee complex needs.

The national pandemic response encompasses the organization and implementation of technical and operational responses to the outbreak, including the procurement of necessary supplies and countermeasures and the coordination of domestic and external resources to finance the response. National-level entities, such as Ministries of Health and NPHI/As, typically have responsibilities in areas including surveillance, emergency response, laboratory networks, and other technical aspects. Public health emergency operation centers (PHEOCs) and incident management teams tend to oversee public health emergencies. The National IHR Focal Point, a national office or center, oversees IHR responsibilities within countries—including the reporting of health events that may constitute a PHEIC—and maintains information sharing and communication internationally. Critically, coordination across levels of government is vital as response efforts span centrally coordinated activities all the way to community-level services and outreach.

¹² Excluding regional offices of international or multilateral agencies

Coordination mechanisms should also be multisectoral in nature, and can span animal health, human health, and non-health sectors, such as social protection.

Regional organizations play a crucial role in bridging the gap between global and national levels. Regional organizations provide context-specific technical support and support alignment of policy advice and implementation to their member countries. They also offer opportunities for aggregated or pooled support mechanisms, including surge capacities. Regional organizations provide support across all stages of preparedness and response efforts through technical expertise, coordination functions, monitoring, and other supportive activities. They can also ease the implementation of funding, acting as critical entities in early warning, request validation, and intersectoral coordination that can improve the expediency of funding to countries. Depending on the terms of institutional governance and mandate in the region, regional arrangements can improve access to financing and efficiency of procurement, coordinate aggregate demand and supply for MCMs and other products, and manage policies with cross-border implications.

Multilateral organizations play a sizable role in technical, policy and financing coordination. DFIs and IFIs including MDBs and the IMF, play a crucial role in promoting global financial stability and supporting economic development in low and middle-income countries. IFIs also provide and coordinate flexible, on-budget financing for the health, economic and social response. Global health organizations, such as the WHO, play a central role in providing policy advice and technical assistance. They also coordinate with regional organizations, IFIs, and implementing agencies. UN agencies and other response institutions also operate and coordinate emergency assistance, MCMs, and other technical, policy, and resource support. Together, these organizations coordinate and provide technical support and advice on policy and implementation issues in an outbreak

Recent relevant global developments include the proposed establishment of a Coordinating Financing Mechanism which is likely to have further implications on response coordination processes. The mechanism is outlined at high-level in the IHR Amendments adopted by the World Health Assembly on 1 June 2024, and the adoption of the Pandemic Agreement on 20 May 2025. The aim of the mechanism is to ensure a more efficient use of funds to build core capacities to prevent, prepare for, and respond to outbreaks. The mechanism shall, inter alia,

- use or conduct relevant needs and funding gap analyses;
- promote harmonization, coherence and coordination of existing financing instruments;
- identify all sources of financing that are available for implementation support and make this information available to States Parties;
- provide advice and support, upon request, to States Parties in identifying and applying for financial resources for strengthening core capacities, including those relevant for pandemic emergencies;

Critically, coordination across levels of government is vital as response efforts span centrally coordinated activities all the way to community-level services and outreach



- and leverage voluntary monetary contributions for organizations and other entities supporting States Parties to develop, strengthen and maintain their core capacities, including those relevant for pandemic emergencies.¹³

Since COVID-19, progress has been made to enhance coordination for more timely and equitable access to MCMs. Several coordination and financing mechanisms have been amended or established. Examples include:

- **Africa Vaccine Manufacturing Accelerator (AVMA):** a financing mechanism established to make up to US\$1.2 billion available over ten years commencing in June 2024 to accelerate the expansion of commercially viable vaccine manufacturing in Africa; it offers a 'pull financing mechanism' by providing downstream incentives to manufacturers to help offset initial costs of development and production.
- **CEPI's networks for Laboratories, Research and Development (R&D) and Manufacturing:** Established in 2020, CEPI's Centralized Laboratory Network aims to support CEPI-supported developers and others to evaluate CEPI priority-pathogen vaccines against common protocols to ensure alignment and information sharing when identifying the most promising candidates. CEPI also supports capability strengthening activities of selected vaccine manufacturers in Global South countries.
- **DFI Collaborative to create Financing Solutions for MCMs in Health Emergencies:** the initiative aims to enable rapid surge financing for MCMs for low-income countries (LICs) and lower-middle income countries (LMICs) on 'Day Zero' of a health emergency. It is led by IFC to create a joint DFI Facility for MCM manufacturers.
- **Gavi Day Zero Financing Facility, including the First Response Fund:** The First Response Fund is one of several financial instruments being developed under Gavi's Day Zero Financing Facility for Pandemics (DZF), which together aim to provide up to US\$2.5 billion of surge financing capacity to support a rapid vaccine response during major public health emergencies, to try and achieve more equitable outcomes in Gavi-supported countries.
- **Health Emergency Preparedness Response Authority (HERA):** responsible for procurement at the EU level for 38 countries. HERA's role under the Emergency Framework Regulation (EFR) includes overseeing the effective deployment of all pre-emergency intelligence and capacities, including delivering targeted response actions to create an efficient pipeline for crisis-relevant MCMs.
- **WHO interim Medical Countermeasures Network (i-MCM-Net):** a mechanism coordinating MCM response across stakeholders and enhancing collaboration through a 'Networks of Networks' approach. Following the Mpox PHEIC declaration, an Access and Allocation Mechanism

13 WHO. 2024. International Health Regulations (2005). Seventy-seventh World Health Assembly. A77/A/CONF./14. https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf

(AAM) was established. The AAM estimates country demand and needs, sources and secures available supplies, and allocates strategically.

- **World Bank Crisis Preparedness and Response Toolkit (CPRT).** In 2024, the World Bank introduced the toolkit to facilitate rapid financing during crises. One purpose of the toolkit is to increase the amount of ex-ante financing available in a Bank Group country portfolio, which could be activated or drawn on in a crisis, and can be used for MCMs (in addition to other response needs) during a health emergency.

Many regional organizations have also enhanced MCM coordination platforms and mechanisms. This includes Africa CDC's African Pooled Procurement Mechanism, African Medicines Agency, and the recently announced Memorandum of Understanding between Africa CDC and the African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD) among Africa's WHO Maturity Level 3 National Regulatory Authorities (NRAs).¹⁴ This is in addition to procurement coordination functions already run by regional organizations. Examples include mechanisms operated by the Pan American Health Organization (PAHO)¹⁵ and ASEAN that were mobilized during the 2022-2023 global Mpox outbreak for pooled procurement of vaccines and therapeutics. Moreover, the African Pharmaceutical Technology Foundation (APTF) established by AfDB to ensure a strong and competitive pharmaceutical sector by supporting technology transfer from private pharmaceutical labs and to build Africa's vaccine production capacity. Collectively, these efforts aim to strengthen coordination platforms across the MCM value chain, including research, development, manufacturing, procurement, last-mile delivery, and overall financing.

These developments on MCMs represent important progress towards the goals of the "100 Day Mission",¹⁶ launched by CEPI and endorsed by the G20 to address MCM gaps experienced during the COVID-19 pandemic.

A variety of other mechanisms support international, regional or domestic response coordination across a range of response activities. Examples that illustrate the plurality of mechanisms that support response include surge workforce and surveillance / health intelligence (e.g., Global Outbreak and Response Network (GOARN), GLEWS/GLEWS+ (Global Early Warning System for Major Animal Diseases and Zoonoses)), MCMs (e.g., i-MCM-Net, CEPI R&D Network and Vaccine Manufacturing Facility Network), and risk communication and community engagement (RCCE) and infodemic management (e.g., Information Network for Epidemics (EPI-WIN)).

14 Africa CDC, 2025. Landmark Agreement Among Africa's Leading National Medicines Regulatory Authorities to Foster Collaboration. <https://africacdc.org/news-item/landmark-agreement-among-africas-leading-national-medicines-regulatory-authorities-to-foster-collaboration/>

15 WHO. 2023. Mpox situation report. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20230302-mpox_external-sitrep-17.pdf

16 The '100 days mission', launched by CEPI in 2021, aims to cut vaccine development time for new pathogens to 100 days from the moment a pathogen is sequenced and/or needed to initial availability for use



1.5.2 Coordination Experiences

Outbreak responses vary across situations and contexts. Nonetheless, learning from recent experiences is crucial for addressing challenges and building on best practices, such as the response to Mpox in Africa (Box 1). The Playbook is also informed by the widespread global MCMs response to COVID-19, discussed in Appendix 2.

Box 1 Coordination during Mpox: a regional emergency



Regional planning and coordination

WHO AFRO and Africa CDC promptly developed the **Joint Continental Mpox Plan** within three weeks of a Public Health Emergency of Continental Security (PHECS)/PHEIC declaration. The Continental Plan addresses the broader risks and impacts of epidemic spread, facilitating resource planning across the African continent. It aggregated needs using common planning assumptions to support early resource mobilization. The development of the Continental Plan was a significant effort in terms of speed and coordination. It provided a unified approach to strategic planning with consistent assumptions and costing. Weekly partner coordination and information sharing updates complemented this process.



Financing access

Both the Democratic Republic of Congo (DRC) and Burundi (the most affected countries at the time) were able to access significant resourcing in less than six weeks after the PHECS/PHEIC declaration. These resources comprised domestic financing, contingent and non-contingent external financing (e.g. usage of funds from financing in relevant World Bank projects or rapid reprogramming of committed funds from AfDB, GHIs or bilateral donors), and dedicated rapid contingent financing for countries and response partners (e.g., WHO Contingent Fund for Emergencies). In many cases, accessing existing financial resources required an emergency declaration trigger-like the PHEIC emergency declaration—and a request from country authorities. Though the partner's readiness to support requests at speed expedited this process. Certain other contingent financing sources were slower to access or required a reallocation of funding from other planned activities. Such reallocation was less appealing, especially to countries at risk but without active cases. Financing and technical support for the Mpox response in DRC and Burundi came from a variety of sources, including domestic financing, MDBs, UN agencies, including UNICEF, WHO, GHIs such as Global Fund, the Pandemic Fund and the first activation of Gavi's First Response Fund, bilateral development agencies and donors, regional organizations such as Africa CDC, and non-government organizations.



Global financing coordination

The Mpox Financial Tracking Mechanism (FTM) has supported coordination of resource mobilization in the global response. The FTM fosters transparency in allocating resources, aligns contribution monitoring, and identifies funding gaps. To date, US\$948 million has been mobilized since the PHECS/PHEIC declaration. The response involved multiple layers of coordination between national, regional,

and global levels, which initially caused some challenges. However, as the response matured, coordination became more streamlined. Attempts to align cost categories to operational response pillars have also introduced some obstacles, exposing a need for more detailed monitoring and granularity of resource gaps by response pillar. Further assessments of successes and challenges encountered in the FTM process may be warranted, separate from the Playbook, as the Mpox response is still ongoing. Overall, the experience reinforced the importance of collaboration between agencies, including WHO, the World Bank, and Africa CDC.



The Joint Finance and Health Task Force (JFHTF)

The JFHTF played a central role in facilitating coordination through the FTM, following the mandate outlined in the G20 Joint Finance-Health Ministerial Declaration of September 2025, which called on the JFHTF to work in partnership with the World Bank and WHO in responding to the Mpox emergency. The improved data availability and intra-government coordination have been critical to establishing response needs and managing a multi-level response.

The Playbook draws on best practices from COVID-19 and Mpox responses, as well as challenges from past outbreaks to inform opportunities for improvement in current and future response efforts across a range of pandemic risks. **Table 1** outlines a non-exhaustive list of areas for improvement, organized by levels of intervention (national and global / regional) across domains of financing, MCMs, and technical and operational support). These are selected from lessons learned identified from past assessments and consultations with technical partners. As such, they are illustrative rather than normative. However, each area has been routinely identified across response experiences to different outbreaks, providing a reasonably robust basis for future considerations.

Table 1 Domains for improving response coordination ¹⁷

	National	Global and Regional
Financing	<ul style="list-style-type: none"> Public financial management (PFM) mechanisms for domestic financing could benefit from simpler approval arrangements or more flexible systems for emergencies, especially to support early response actions Coordination of external financing, such as with MDBs, can be expedited if there exists sectoral engagement and/or active financing before the emergency, including contingency mechanisms 	<ul style="list-style-type: none"> National response pillars and global and regional financing domains could be better aligned Financing triggers, internal approvals, processes and requirements influence the timing of funding access and impact the eventual outcome Greater certainty around the volume of grants and loans would support coordination Diverse and flexible funding sources are needed, as some funds are earmarked, in-kind or come with restrictions

Table continued on the next page

¹⁷ Repurposed from World Bank IEG report. <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/Covid-19-health-and-social-response.pdf>: Box 4.5 Independent Evaluation Group portfolio (informed by Aslam and Rawal 2021; Rodriguez et al. 2021; Muñoz-Najar et al. 2022; World Bank Group and United Nations 2021); World Bank Group 2021. Assessing Country Readiness for COVID-19 Vaccines: First Insights from the Assessment Rollout (Vol. 1 of 2) (English); and consultation with partners during technical meetings



Table 1 Domains for improving response coordination (continued)

	National	Global and Regional
MCMs*	<ul style="list-style-type: none"> • MCMs deployment at the subnational and provider levels should be done with enabling documentation, such as training materials and provider lists • Advocacy, community engagement, and risk and safety communication must be initiated far ahead of vaccine rollout • Coordination with health facilities, including preparation for optimized supportive care and/or intensive care unit (ICU) level care to reduce clinical disease severity should be enabled 	<ul style="list-style-type: none"> • Capacity for at-risk procurement, and clarity on coordination and pooled procurement are needed • Formal coordination can support MCMs deployment, particularly timely decision-making that allows for accountability, transparency and regional representation • Clearer roles and responsibilities in MCMs coordination mechanisms between governance bodies and implementing partners would improve alignment • Early engagement and coordination across partners to ensure advanced vaccine supplies and earlier vaccine preparedness would be essential for effective and efficient roll-out
Technical and Operational	<ul style="list-style-type: none"> • Capacity for response coordination is crucial, especially in response governance and public health legislation • Multisectoral coordination is necessary for response, especially to implement a One Health approach • Coordination structures should be in place before the crisis occurs • Strengthening local-level implementation with a bottom-up strategy benefits overall national response • The availability of data across agencies is necessary to inform decision-making and planning • Preparedness and response plans should be in place when the crisis occurs 	<ul style="list-style-type: none"> • Available financing instruments can be more effectively utilized when complemented by functional supply chains and alignment of efforts across stakeholders and initiatives • Duplication can be reduced by coordinating government procurement requests across development partners and financiers • Where possible, guidance, internal processes and streamlining of arrangements should be in place before the crisis occurs • Harmonization of development partners' monitoring requirements can lower the burden and transaction costs faced by governments, especially for countries in fragile situations • Efforts to coordinate with non-state actors could be enhanced

Note: *=MCMs refer to a wide range of products, including vaccines, therapeutics, diagnostics, and personal protective equipment (PPE) to prevent, diagnose, or treat disease in a health emergency. It includes investments across the MCM value chain from upstream R&D and procurement to delivery.

1.6 Understanding the Playbook




1.6.1 A Scenario-Based Approach

The Playbook adopts a scenario-based approach to pandemic response financing. The scenarios are structured around broad categories of high-impact pandemic- or epidemic-prone pathogen transmission types. **Table 2** describes the pandemic potential associated with each.

Each scenario is presented with differentiating practical considerations for financing coordination. Differences are especially notable in terms of the scale of resources required and the speed of pandemic phases, linked to the likely epidemic trajectory. A mapping

table in section 2.4: **Mapping Financing for Pandemic Response** is presented to allow national policymakers to assess their country's eligibility and applicability for financing by each scenario type and to inform national planning on response and financing needs. The approach allows countries to examine their response financing and resourcing options across event types.

Table 2 Modes of pathogen transmission and pandemic potential

Transmission Mode ^a	Pandemic Potential ^b	Transmission	Severity ^c	Examples	Notes
Respiratory 	High	Very high	Clinical: Low to moderate CFR: Low to moderate	COVID-19, SARSd, MERSd, pandemic and zoonotic influenzas, such as Highly Pathogenic Avian Influenzas (HPAIs), H5N1, etc.	Spreads via droplets or aerosols; transmission can occur before symptoms appear
Fluid/Contact 	Moderate	Moderate (requires close contact, sometimes including sexual transmission)	Clinical: Moderate to high CFR: Moderate to high	Mpox, Ebola, Marburg, Nipah	Requires direct contact with bodily fluids; outbreaks can be both localized due to high severity and symptom presentation and have widespread transmission in certain circumstances
Vector-borne 	Moderate to low	Moderate (depends on vector ecology)	Clinical: Moderate CFR: Low to moderate	Zika, Dengue, Yellow fever	Requires the presence of specific vectors and environmental conditions; less likely to spread globally

Note: ^a=Transmission mode is defined broadly to identify scenario archetypes. The selected categories represent the primary modes of high-consequence infectious disease transmission. Some epidemic- and pandemic-prone pathogens may span categories due to multiple transmission modes;

^b=Pandemic potential is defined here as capacity of a pathogen to spread rapidly with global or significant regional impact. For the Playbook, this was assessed based on epidemiological characteristics, population susceptibility, and other relevant factors including capacity for containment;

^c=Assessment of transmission and severity are based on the epidemiological characteristics of known pathogens and the range of likely patterns of novel pathogens in each category. Severity considers the clinical severity of disease and the case fatality rate (CFR);

^d=SARS (severe acute respiratory syndrome), MERS (Middle East Respiratory Syndrome).

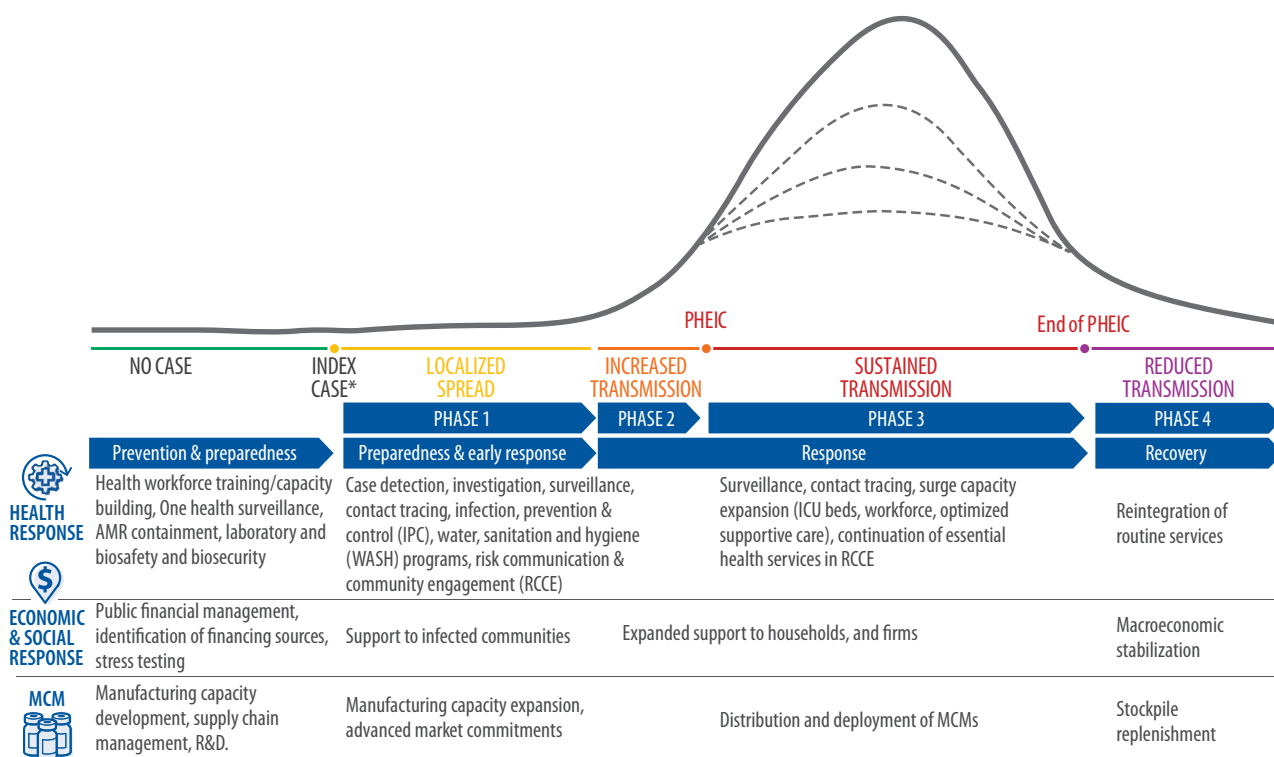
1.6.2 Stages of a Response

Every outbreak is unique, but priority response and resourcing needs can be informed, often in advance, by standard phases of a pandemic trajectory. Preparedness actions and investments made in pre-pandemic phases can mitigate the impact of an outbreak, including to mitigate the spread of disease in animals. However, for the Playbook, the stages of outbreak emergence and spread in humans serve as the basis for response financing scenarios. Several factors influence an outbreak trajectory, including pathogen



characteristics, transmission patterns, outbreak context, and cumulative response actions during each phase of the outbreak. **Figure 2** presents a generic epidemic curve depicting a pandemic. Each phase informs priority response actions and financing needs across three main critical response domains—health, economic and social, and MCMs.

Figure 2 Stages of a pandemic and financing needs



Note: *=Index case: defined here as the first documented detection of a pandemic-prone or high-priority pathogen infection in humans, including through zoonotic spillover or identification of a novel pathogen in humans. The index case may not be the first human infection in the outbreak to occur, but it is the first case to be detected which triggers recognition of the outbreak and necessary response actions; The phases and response actions in the figure above and described below are simplified. They are not intended to imply a single epidemic trajectory paradigm or prejudice any future negotiations by member states. The aim of this section is to describe how the escalating or de-escalating trends require a different scale or type of financing across response domains as the epidemiological situation develops. Each phase may span from days to months or even years, depending on the characteristics of the pathogen and outbreak.

The pandemic phases have distinct epidemiological characteristics. Certain phases can be typified by an emergency declaration, acting as a trigger that affects the availability of resources.

- **Pre-phase:** Focuses on prevention and preparedness activities that minimize the risk of outbreak emergence and prepare for future risks. It is characterized by the absence of detected pandemic-risk infections in humans.
- **Phase 1:** Index case detection and localized spread of a known pandemic-prone threat or novel pathogen. This phase requires preparedness

and early response activities. It assumes a low likelihood that an emergency trigger signaling an elevated response need is met.

- **Phase 2:** Increased transmission rates. Depending on the impact, there is a possibility of a national emergency declaration. The emergency declaration is assumed to influence certain available contingent financing sources.
- **Phase 3:** Sustained transmission that threatens international spread and/or has spread into other countries. The outbreak may be declared as a PHEIC or the equivalent regional or global emergency declaration. This phase requires sustained and scaled up surge response, including mitigating social and economic impacts that compound as the pandemic continues, as well as substantial internationally coordinated efforts. It assumes the availability of additional crisis response financing mechanisms that rely on declarations or other triggers.
- **Phase 4:** Widespread but diminishing transmission and likely varied efforts to contain the spread and minimize macroeconomic consequences.



Photo: ILRI/Geoffrey Njenga Flickr, CC BY NC ND 2.0



2 RESPONDING TO A PANDEMIC RISK

This section outlines guidance for financing and resourcing a pandemic response. It aims to support effective, transparent, and swift action by national governments, with the support of regional and international actors. It starts with the purpose and scope of an incident response plan. The response plan is a key coordinating document for response operations and financing. Countries and partner agencies can mobilize around the plan to direct timely and efficient financing at all levels. Following this, the section outlines the key sources of potential response financing, including domestic and external resource options. This section also presents three practical tools or frameworks for countries and stakeholders to enhance their readiness for response financing. The first is a high-level checklist for national policymakers to appraise their financing options during a response. The second presents different pandemic scenarios that influence the timely financing and coordination of a response. Lastly, the final section maps existing resources based on country eligibility and financing needs across scenarios.

2.1 The Response Plan

The Playbook is best used as a complement to a country's response plan. The response plan is the central document that outlines the country's actions and needs for an outbreak response. Coordination at the country level relies on the existence of response plans and protocols that are stress-tested and organized across relevant national stakeholders. The plan also serves as a reference for stakeholders to understand the domestic and external resource needs. Response plans are best developed in the preparedness phase—for model archetypes, often based on previous outbreaks and best practices—and updated based on the specific outbreak situation when it begins.

Development of a robust and timely response plan depends on early detection of the pathogen by national entities and, when appropriate, communicated to international health agencies including WHO. It also depends on a risk assessment, which evaluates the public health significance and potential impact on human health. Such assessments help define the necessary response strategy in scope and scale, and alongside the relevant preparedness plans, inform the development of the incident response plan. Response plans should be actively reassessed and adjusted to reflect new information and evidence, changing risk assessments, context, and likely pandemic phases. **Table 3** provides a generic overview of indicative response needs by domain.



Table 3 Response needs across pandemic phases, by domain

Response domain	Phase 1: Index case and localized spread	Phase 2: Increased transmission	Phase 3: Sustained transmission	Phase 4: Reduced transmission	Financing characteristics
Health	<ul style="list-style-type: none"> • Surveillance, diagnostics, contact tracing, case investigation • Case management protocols and supplies • RCCE, community feedback processes, material development and dissemination • Health and allied workforce capacity building • WASH in healthcare facilities and communities and IPC in facilities • Safe and dignified burials (SDBs), especially for fluid-transmitted diseases 	<ul style="list-style-type: none"> • Expanded epidemiological and animal / environmental surveillance, contact tracing • Laboratory and testing capacity • Optimized care and intensive care unit (ICU) capacity, essential medical supplies and oxygen • Surge health and allied workforce, including training • IPC, including personal protective equipment (PPE) and waste management • Scaled-up support for SDB • Enhanced and integrated RCCE 	<ul style="list-style-type: none"> • Scaled up healthcare capacity at all levels • Continuity of essential health services (e.g., reproductive, maternal, newborn and child health; non-communicable diseases; tuberculosis; HIV) • Mental health and psychosocial support, including for healthcare workforce • Monitoring of survivors for post-recovery transmission or clinical complications 	<ul style="list-style-type: none"> • Reintegrated and scaled down emergency capacities (e.g., mobile services) and routine health services (e.g., immunization catch-up), and rehabilitation services • Scaled up mental health support and survivor monitoring • Health and allied workforce recovery plans 	<ul style="list-style-type: none"> • Rapid deployment of funds in early phases, especially at local levels near the outbreak • Flexible for reallocation across response inputs • Domestically driven with external support as a complement in subsequent phases
Economic & Social	<ul style="list-style-type: none"> • Social protection programs for affected individuals (e.g., quarantine compensation, food packages) • Targeted support to healthcare workers and vulnerable populations 	<ul style="list-style-type: none"> • Economic stimulus measures, emergency cash transfer programs, wage subsidies, support to small businesses • Interventions to address social vulnerabilities, including food assistance • Continuity of essential services, education programming, and community-based relief funds • Digital payment infrastructure 	<ul style="list-style-type: none"> • Broader household and business support (e.g., credit guarantees, unemployment benefits, suspension of eviction policies) • Scaling up of direct and indirect financial subsidies, including tax credits and deferrals • Emergency public works programs and budget reallocation to social sectors 	<ul style="list-style-type: none"> • Structural measures as appropriate and depending on circumstances • Assessment and implementation of lessons learned for domestic financing, PFM and fiscal planning for recovery and future crises 	<ul style="list-style-type: none"> • On-demand, often tied to macroeconomic conditions • May involve non-concessional or private sector instruments • Adjustments to autonomy and flexibility for emergency funding to certain line ministries and agencies (e.g. education)

Table continued on the next page

Table 3 Response needs across pandemic phases, by domain (continued)

Response domain	Phase 1: Index case and localized spread	Phase 2: Increased transmission	Phase 3: Sustained transmission	Phase 4: Reduced transmission	Financing characteristics
MCMs	<ul style="list-style-type: none"> • Early-stage R&D investments (e.g., grant funding to research institutions) • Rapid development and/or deployment of available effective diagnostic tests • Establishment of Advance Market Commitments (AMCs) and regulatory preparedness 	<ul style="list-style-type: none"> • Public subsidies or advance purchase agreements for manufacturing • Procurement of raw materials and technology transfer support • Scaled-up R&D for vaccines and therapeutics, protocols for usage of pharmaceutical measures • Strengthened diagnostics access across laboratory networks, healthcare structures, and home-based care (if available) 	<ul style="list-style-type: none"> • Logistics planning, vaccine cold chain and distribution system set-up • Last-mile delivery financing, training of vaccination delivery teams • Safety monitoring and surveillance 	<ul style="list-style-type: none"> • Stockpile replenishment (vaccines, therapeutics, diagnostics, PPE) • Investment in flexible manufacturing platforms, post-market surveillance systems 	<ul style="list-style-type: none"> • High upfront costs, often requiring external concessional financing • Financing recipients are often beyond countries and response partners • Tied to AMCs and other purchase agreements • Timing is critical for scale-up

Note: *—This table is not exhaustive, and response needs will shift based on the scenario. Response actions are also cumulative—from Phases 1-3, activities typically either continue or further scale up, rather than replace, activities in a previous phase. Note that MCMs may be considered part of the health response as they are used to mitigate the health impacts of the outbreak and are typically deployed and used by health workers. However, for the Playbook, they are separated due to the distinct financing needs and considerations, especially in a pandemic scenario where there may be substantial uncertainty about the pathogen and effective pharmaceutical measures.



Response plans must be multisectoral, especially to incorporate a One Health

approach. One Health recognizes the interdependency between human, domestic animal, and wild animal health, as well as the health of the ecosystems they share. A One Health approach improves the ability to prevent, detect, respond to, and recover from outbreaks and pandemics, many of which are caused by pathogens which are zoonotic in origin (i.e., originating in animals). One Health is also vital for achieving development goals, including improved health and economic security, climate resilience, and food safety. While many One Health interventions have the greatest impact in prevention, response efforts should also be delivered according to One Health principles. Priority interventions include biosafety and biosecurity, animal disease surveillance and testing, good animal husbandry practices, identifying high-risk environments for disease spillover and risk mitigation for human exposure, joint risk assessments with public health and veterinary authorities,¹⁸ vector control, and much more.

Emerging and cross-cutting risks such as antimicrobial resistance (AMR) further complicate a pandemic response.

While antimicrobial resistant pathogens are typically not pandemic-prone risks themselves, the risk of AMR can affect the scale and complexity of outbreak response. AMR spreads gradually and silently within countries and across borders. Its impact intensifies the challenges faced during a pandemic or health emergency. AMR can increase the risk of opportunistic infections, limit treatment options, and reduce the effectiveness of antibiotics and other therapies. This heightens demand for costly or scarce MCMs, strains triage and healthcare capacity, and puts greater pressure on already strained health systems, particularly where surveillance and stewardship are weak. AMR has direct implications for how pandemic responses are planned and resourced. Response budgets may need to accommodate the additional costs associated with managing drug-resistant infections, including the need for alternative treatments, longer hospital stays, poorer clinical outcomes, and increased infection control efforts. Surveillance systems that track resistance trends can also play a role in informing clinical and procurement decisions.

The response plan should include costs, available sources of financing, and the gap or resource need. The total cost of a pandemic response can vary significantly and will be context specific. Several factors, including the pathogen, outbreak trajectory, response strategy, social and economic context, and preparedness levels influence response needs and costs. Moreover, robust approaches to determining costs and resourcing needs are challenging, particularly in categorizing a response-relevant ‘cost’ and the variation in unit costs across contexts. However, generating evidence-informed costs and time-bound estimates is necessary to ensure access to timely and adequate funding.

The response plan should include costs, available sources of financing, and the gap or resource need

18 European Centre for Disease Prevention and Control. 2025. Coordinated One Health investigation and management of outbreaks in humans and animals caused by zoonotic avian influenza viruses. <https://www.ecdc.europa.eu/en/publications-data/avian-influenza-coordinated-one-health-investigation-outbreaks>

2.2 Accessing Response Financing

Countries can leverage a variety of non-financial and financial resources for outbreak response. This section focuses on access to financial resources, including financing from domestic and external sources. Importantly, financing access depends on the response demands and the country's eligibility. **Table 4** presents the broad categories of response financing considered in the Playbook.

Table 4 Response financing categories

Categories of response financing	Description
Domestic emergency response financing	Domestic financing can offer speed and flexibility for financing operational costs, procurement, and other activities. Domestic financing encompasses pre-arranged financing, such as reserve funds, contingency budget lines, rapid outbreak financing, and insurance mechanisms, as well as ex-post financing options, including emergency or contingency funding, budget reallocations or new appropriations, or the issuance of new debt.
Non-contingent external financing	Existing projects and agreements with IFIs and bilateral sources may include response activities as eligible expenditures. This would allow for the immediate use of external resources to support response activities, although it may in some cases require reallocation or revisions of existing agreements.
Contingent external financing	Most MDBs have financing instruments with pre-arranged approaches to provide valuable quick-disbursing funds in the immediate aftermath of a crisis. Use of contingent grant or credit facilities requires that countries have made prior agreements, that the emergency meets agreed criteria, and that required processing steps are completed. Other contingent financing sources include grant-based facilities, such as the WHO Contingency Fund for Emergencies (CFE), which is supported by pre-committed grants and appeals.
New external financing	In the context of a large-scale outbreak, additional financing (credits and grants) may be required. In response to the COVID-19 pandemic, MDBs used existing windows and reallocations to expand support, using a range of instruments and innovations. Through re allocations and appeals, GHIs and bilateral donors also expanded support across the health response, MCMs and the economic and social response.
Budget or balance of payment support (contingent or non-contingent)	Flexible financing is essential for deploying policy tools such as direct income support measures, debt moratoria, and asset purchase programs by central banks. In the context of COVID-19, key financing instruments included concessional IMF financing using the Rapid Credit Facility (RCF) and the Rapid Financing Instrument (RFI), as well as MDB budget support instruments (both contingent and non-contingent).
Credits, guarantees and other sources for the private sector	DFIs can use a mix of long-term financing, technical assistance, risk or working capital, and advisory services to support the private sector in the context of a pandemic, including actors directly involved in the response.

Note: This section draws on the "Mapping Pandemic Response Financing Options and Gaps" paper, prepared by the WHO and the World Bank for the JFHTF meeting in August 2023, as well as the June 2024 paper, "Pandemic Response Financing Gaps and Issues: Towards a Playbook".

Importantly, financing options differ by terms of use, governance arrangements, reciprocity category and more which affect speed and volume of access during a pandemic response. Financing can come in the form of direct support to countries or be channeled to implementing agencies or specific recipients such as the private sector. Importantly, financing sources differ in their flexibility and terms. For example, budget support from IFIs provides flexible on-budget resources. Other forms of IFI financing



can be project-based and are typically implemented by the government. Project-based funds tend to have a pre-defined scope but can potentially be reprogrammed for urgent needs. Technical agencies or bilateral donors more often provide in-kind and other forms of grant assistance through implementing partners or to procure products but may also provide direct financing to governments. Non-financial resources for response can therefore also be extensive and include the provision of MCMs, supplies, human resources, and technical assistance, among others. Countries should consider the types of financial and non-financial sources most appropriate for their needs and a timely response.

2.2.1 Domestic Response Financing

Domestic financing is critical for early and rapid response. The first line of defense for outbreak response is best accessed through domestic resources in the existing budget, an essential function. Countries can augment this through reserve funds, credit lines and the issuance of new debt. Some countries also have access to strong external financing support to meet response needs. **Table 5** presents the available response financing options and considerations from a country's perspective. Broadly, the following types of response financing may be available at the national level: existing budgets as the first line of defense, the issuance of supplemental budgets, and external support. Domestic resources are also essential to quickly respond to critical needs—like a case investigation or contact tracing—which may take the form of pre-positioned funds at sub-national levels to enable rapid response actions within the first 48-72 hours. While there is some overlap between categories, sources of financing from external funders are largely described under the section External Financing.

Table 5 Domestic financing options

Type	Mechanism	Requirements	Benefits	Trade-offs
First line of defense through use of the existing government budget	Reallocation of budget	Appropriate PFM mechanism to reallocate budget	Access to resources without earmarked allocation or needing new financing source	Having to forgo planned expenditures; limits to how much you can reallocate
	Contingency budget line	Allocation within the annual budget	Access to quick funding without needing new financing source	Will always be limited to small share of budget (e.g. 1-3% of total); limited oversight
Financing a response through issuance of a supplemental budget	Issuance of new debt	Access to capital markets	No opportunity cost to park capital	Can be costly if borrowing cost is high
	Contingent financing (e.g., credit lines or grant windows)	Pre-arranged agreements with external financiers (creditors or donors), subject to eligibility criteria and agreed triggers	Provides rapid access to substantial financing without requiring upfront budget allocations; in some cases, may supplement rather than displace existing financing envelopes	May still involve opportunity cost of tying up access to financing that could otherwise be used for non-emergency development priorities

Table continued on the next page

Table 5 Domestic financing options (continued)

Type	Mechanism	Requirements	Benefits	Trade-offs
Financing a response through issuance of a supplemental budget	Reserve fund	Resources available to put aside into a reserve fund	Access to financing during emergency	Opportunity cost for investing today
	Regional insurance mechanism	Willingness to pool amongst regional peers	Quick access to resources; appropriate costing	Markets not well developed and products not widely available
Reliance on external donor support	Budget support, investment financing, or in-kind support	Credible advance commitments from donors in case of an emergency event	Grants or loans made available at concessional rates	Unpredictable, especially if health emergencies are of global scope

Source: Moritz Piatti et al. (forthcoming)

Domestic financing can enable countries to respond to crises with speed and flexibility. However, many countries do not have the appropriate arrangements to mobilize at speed or scale. In some countries, complex approval arrangements or rigid PFM systems are often not suited for the rapid mobilization of funds. This presents a challenge as an outbreak response begins with the first case detection. The 7-1-7 global framework identifies three critical benchmarks for early and effective action against outbreaks: 7 days to detect a suspected outbreak since emergence; 1 day to notify; and 7 days to mount an effective initial response. Often, the most urgent interventions to mitigating spread even must be delivered within 48-72 hours from notification. However, the availability and accessibility to immediate, flexible, low-level financing from any source is often the weakest link to mounting effective and timely early outbreak response.¹⁹ Small and flexible funds to deploy a rapid response team and deliver other essential early response actions, especially at the subnational levels close to the outbreak, are critical. Such speed and access at the site of the outbreak typically can only be achieved through domestic financing. Beyond this, LICs and LMICs with limited fiscal space and ability to absorb high costs may find further scaling domestic financing to be a challenge. To mount an adequate response would therefore require external support.

Optimal financing approaches will depend on the outbreak context and the respective benefits and trade-offs of each source (Table 5). Critically, many contingency mechanisms rely on advanced actions ahead of the crisis. This emphasizes the need for pre-planning to ensure that resources are available for a timely and effective response. **Table 6** presents key considerations for countries when reviewing PFM systems for emergencies.

19 Resolve to Save Lives (2024)-Rapid Outbreak Financing to Prevent Epidemics. <https://etdh.resolveetosavelives.org/wp-content/uploads/2024/04/Rapid-Outbreak-Financing-to-Prevent-Epidemics-March-2024.pdf>

The first line of defense for outbreak response is best accessed through domestic resources in the existing budget, an essential function



Table 6 Key questions for assessing emergency readiness of country PFM systems

Securing financing resources for emergencies	Enabling effective use of financing during emergencies
<ol style="list-style-type: none"> 1. Is there a plan in place for resource mobilization in case of an emergency? 2. How will the government budget be used as a first line of defense? <ol style="list-style-type: none"> 2.1. What mechanisms are in place to allow for budget reallocations in an emergency? Are virement rules appropriate? 2.2. Is there a contingency budget line in place? 3. How can you leverage a supplementary budget for funding a response? <ol style="list-style-type: none"> 3.1. Are there legal and procedural mechanisms that allow for expedited approval of supplemental budgets to ensure timely response to urgent needs? 3.2. Can the supplementary budget be financed through issuing new debt at competitive rates from capital markets? 3.3. Can the supplementary budget be drawn on contingent financing (e.g. from MDBs, a deferred drawdown option)? 3.4. Are there reserves available that can be accessed to finance the supplementary budget? 3.5. Does the country part take in a regional insurance mechanism to finance the supplementary budget? 4. Can the country count on credible donor support in case of an emergency? 	<ol style="list-style-type: none"> 1. Is there an emergency treasury protocol in place to allow for emergency spending procedures? 2. When is this protocol triggered? 3. What does the protocol trigger? 4. Are there emergency procurement rules? Do they grant emergency authority, flexible contracting arrangements, and take measures to ensure transparency? 5. Is there a streamlined payment process to prioritize critical transactions? 6. Are measures in place to ensure effective cash management? 7. Are there adequate oversight and audit mechanisms in place?

Source: Moritz Piatti et al. (forthcoming)

COVID-19 revealed significant differences in countries' capacities to quickly mobilize and use domestic financing. Many countries did not have adequate mechanisms in place for effective pandemic response. When the crisis hit, fiscal constraints and rigidities in accessing and utilizing funds were a challenge. Mobilizing external funding faced delays, in part inevitably due to the scale and scope of the crisis but also to the lack of guidance and protocols for reallocation and use of contingency and emergency funds. However, the existence of crisis instruments, repurposed projects, regional projects, trust funds, and grants, where available, supported rapid health financing. Similarly, having social protection mechanisms in place was strongly and positively correlated with protecting vulnerable populations. This crisis also underscores the importance of effective debt management, contingency financing preparation, and robust delivery systems.²⁰ Many successful use cases of domestic financing also emerged from the COVID-19 response. **Box 2** illustrates how these systems have supported outbreak response across countries.

20 World Bank Group (2025). Adaptive Social Protection Agenda: Lessons from Response to COVID-19 shock. State of Social Protection Report 2025. Background Paper #2. <https://openknowledge.worldbank.org/server/api/core/bitstreams/35faa48f-b2e3-4e14-8e53-f1de8825d146/content>

Box 2 Public Financial Management for Effective Outbreak Response - Country Examples



In Liberia's response to the 2014-2016 Ebola outbreak, the government implemented special spending rules that allowed for expedited budget reallocations and the establishment of emergency funds dedicated to responding to the outbreak. Simplified financial controls and procurement rules enabled rapid resource deployment to affected areas, medical equipment procurement, and health care workers payment.



In Rwanda's response to the 2018 Ebola outbreak and COVID-19, the government made use of the contingency budget lines and emergency spending protocols that were in place to enable rapid funding to the health sector. Coordination between the Ministry of Finance and the Ministry of Health ensured that resources were efficiently directed to where they were most needed.



In South Korea's response to COVID-19, the government activated contingency funds and streamlined budget reallocation procedures to provide immediate financial support to the health sector. Simplified procurement rules enabled the swift acquisition of medical supplies, testing kits, and personal protective equipment.

Source: Moritz Piatti et al. (forthcoming)

An appropriate enabling environment is critical for rapid resource mobilization during a crisis. Critical elements include effective governance and fit-for-purpose legal and institutional frameworks. Supportive legislation and regulatory mechanisms to enable appropriate rapid response are core components of the IHR (2005). Clear and responsive governance also means establishing defined roles and responsibilities across agencies and ministries. Gaps in these frameworks were encountered worldwide throughout the COVID-19 pandemic, compromising clear and decisive action. The ability to effectively delegate authority during emergencies can ensure swift decision-making and access to resources.

2.2.2 External Response Financing Options

Domestic financing is the best option for the first line of defense in crisis response. However, national-level responses can draw on both domestic budgets and external sources of financing, as needed. External financing can be used as a supplement to budgets, particularly in contexts with limited fiscal capacity. This section provides an overview of external response financing resources from a country-focused perspective to support governments to identify available funds. It also provides high-level process considerations for financing access. To support response planning, financing is organized across pandemic phases (**Figure 2**).

A variety of external financing sources may be available and accessed as a complement to domestic funding. **There are six principal sources of grants or loans to support pandemic response.**

1. **International Financial Institutions:** Large-scale loans and grants from IFIs are critical during preparedness and response stages. These financial resources can support countries in strengthening core capacities for detection and response, reinforcing



health systems and infrastructure, procuring and stockpiling MCMs and essential products, and supporting budgets. IFIs include global institutions such as the IMF and MDBs such as the World Bank. Regional Development Banks (RDBs)—considered a subset of MDBs—have a regional focus; these include ADB, AfDB, EIB, IDB, and IsDB.

2. **Development Finance Institutions:** DFIs tend to operate alongside MDBs. DFIs mobilize private sector investment, particularly for expanded healthcare capacity, manufacturing, and distribution of medical supplies. They also help drive private sector-led economic recovery during the response and recovery phases. DFIs can also serve as a source of rapid bridge financing for urgent needs against commitments from donors or other entities.
3. **Global Health Initiatives:** GHIs, for example CEPI, Gavi, Global Fund and Pandemic Fund, play a critical role in the prevention, preparedness and response phases. Their support spans R&D, expanding manufacturing capacity, pooling resources for procurement, ensuring the equitable distribution and deployment of MCMs, and strengthening health systems, workforce, and other critical capacities like laboratories and surveillance systems. GHIs build capacity in non-crisis times and support scale-up in response to acute emergencies.
4. **Regional mechanisms:** Regional mechanisms are often led by or are governed in partnership with regional organizations with an existing mandate or RDBs. Examples include the Africa Risk Capacity Ltd, a hybrid mutual insurer with a mandate from the AU, and the newly established Africa Epidemic Fund (AfEF) which supports the Africa CDC. These sources often aim to provide the critical “middle layer” of financing, when national resourcing is insufficient, but the outbreak may not yet have reached a level of severity to release significant financing from global entities.
5. **UN Agencies:** WHO, UNICEF and other UN Agencies offer coordination, technical assistance, and direct support to countries, and actively engage at every stage of a pandemic.
6. **Bilateral donors:** Bilateral donor funding can be flexible for deployment at any stage. Funding often aligns with the specific needs of the recipient country.

UN agencies, MDBs, GHIs, foundations, and bilateral donors mobilized more than US\$91 billion for COVID-19 response.²¹ The contributions peaked in 2021, reaching US\$39.5 billion. This reflects the intensified global efforts at the height of the pandemic, including the distribution of vaccines. **Many external financing sources also provide indirect non-financial support.** This includes technical assistance, in the form of technical expertise, surge workforce and emergency responders, supplies, and MCMs.

21 Source: Victoria Y. Fan, Sun Kim, Diego Pineda, and Stefano M. Bertozzi. 2024. “Financing the Pandemic Cycle: Prevention, Preparedness, Response, and Recovery and Reconstruction.” CGD Policy Paper 334. Washington, DC: Center for Global Development. Based on data from Institute for Health Metrics and Evaluation. (2024). Development Assistance for Health on COVID-19 Database 2020-2023.

Humanitarian assistance is also provided by a range of NGOs and CSOs that operate at local, regional, or international levels. Regional and multilateral agencies, such as Africa CDC and WHO, also offer coordination and logistical support.

Table 7 summarizes key categories of external response financing. It presents considerations for access, requirements, applicability during pandemic phases, and typical disbursement timings. The table aggregates instruments into broader operational groupings to classify similar arrangements across funders.

Figure 3 illustrates the typical availability of financing from each instrument type across the pandemic phases, across both domestic and external sources. It is important to note that virtually no instruments explicitly state a “phase” during which financing is mobilized, except when implied through triggers. However, **Figure 3** in the Playbook assigns an applicable phase based on differences in funding design applied to a typical pandemic scenario. The figure also presents funding that in principle would be available during Phase 1. However, in reality, the actual accessibility of this financing during that phase would depend on many factors including the speed of outbreak spread and institutional processes. Additional analysis that depicts this likely availability of funds in practice is presented in the section **2.4: Mapping Financing for Pandemic Response**.

Both **Table 7** and **Figure 3** are informed by desk review, stakeholder consultations, and a non-exhaustive mapping exercise among financiers and other agencies. The presentation of those inputs is based on the authors’ analysis and interpretation. It does not guarantee the existence or availability of any financing at a particular time. Users can reference more detailed information on active response financing mechanisms in **Appendix Table 1**.

Table 8 outlines a non-exhaustive set of typical roles that each regional or international external stakeholder plays during a pandemic response across each phase. It includes actions focused on mobilizing financing and facilitating access, as well as technical and operational responsibilities that facilitate or are a necessary complement to securing financing.

Table 7 External response financing options

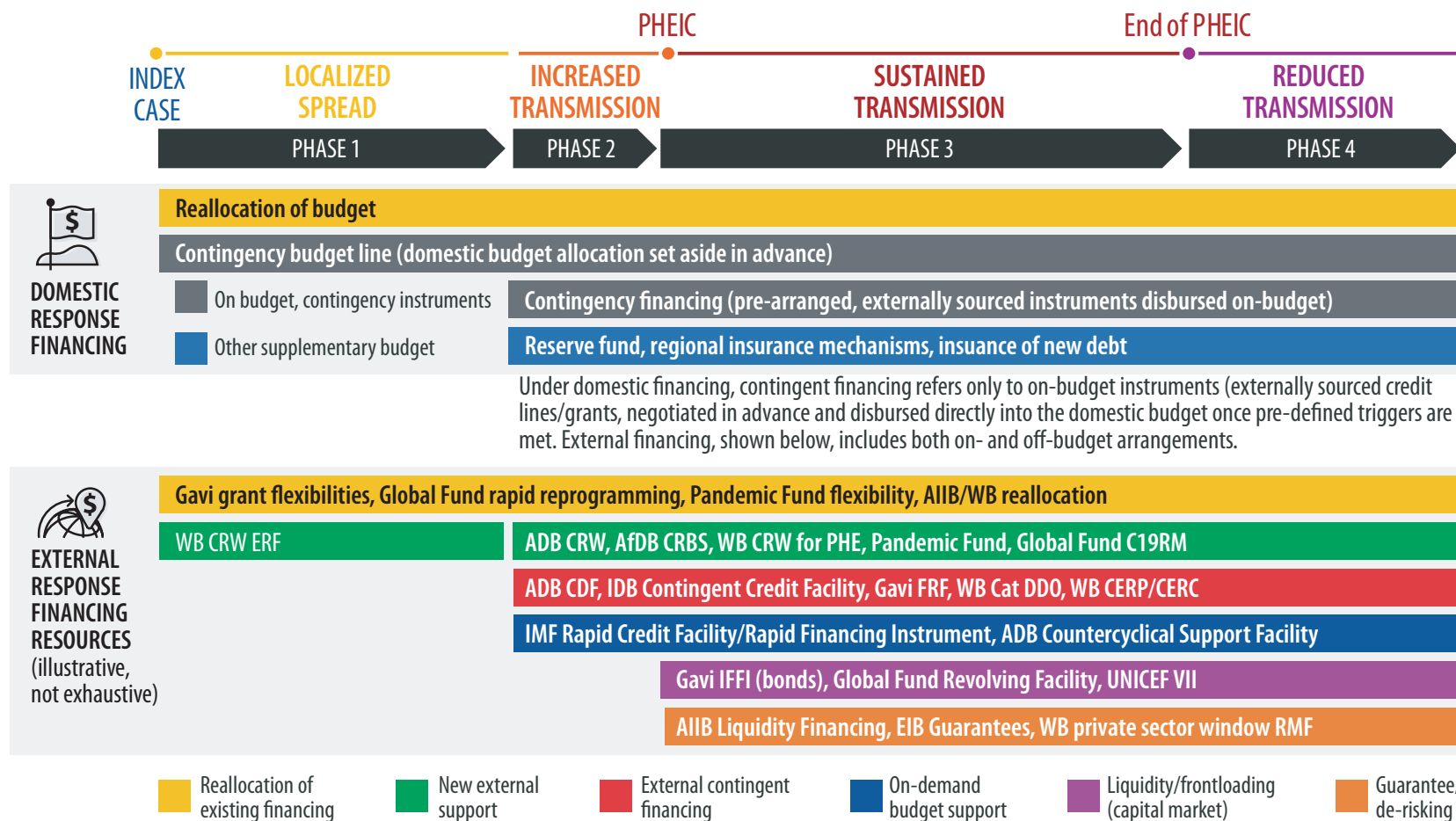
Financing mechanism	Instrument type	Examples/options	Requirements	Disbursement speed*	Typical phase(s) of use
Reallocation of existing project financing ²²	Reallocation or restructuring of undisbursed project funds	Gavi grant flexibilities, Global Fund rapid reprogramming, Pandemic Fund grant flexibility, WB lending project reallocation	Active projects with undisbursed funds and flexibility clauses	Days to weeks	Phases 1-4
Pre-arranged contingent financing ²³	Contingent credit line or embedded component	ADB Contingent Disaster Financing (CDF), WB Catastrophe Deferred Drawdown Option (Cat-DDO), WB Contingent Emergency Response Project/Component (CERP/CERC)	Pre-negotiated agreements with triggers and financing terms in place	Weeks	Phases 2-4
On-demand budget support ²⁴	Policy-based budget or balance-of-payments support	ADB Countercyclical Support Facility (CSF), IMF Rapid Credit Facility/Rapid Financing Instrument (RCF/RFI)	Macroeconomic assessment, policy commitments	Weeks to months	Phases 2-4
New external support ²⁵	Crisis-specific grant or budget window	ADB Crisis Response Window, AfDB Crisis Response Budget Support, Bilateral grants, Pandemic Fund (emergency financing procedures), WB CRW Early Response Financing (ERF)	New proposal preparation and approval processes	Weeks to months	Phases 1-4 (Variable)
Liquidity/ frontloading (capital market) ²⁶	Bond or revolving fund	Gavi International Financing Facility for Immunization (IFFIm), Global Fund Revolving Facility, UNICEF Vaccine Independence Initiative (VII)	Donor pledges in place; country access via implementing entities	Variable	Phases 3-4
Guarantee/ de-risking ²⁷	Partial credit/risk guarantee	AIIB Liquidity Financing, EIB Guarantees, WB Private Sector Window Risk Mitigation Facility (RMF)	Underlying loan/bond, borrower request, and MDB/DFI due diligence	Variable	Phases 3-4

Note: *=Disbursement speed refers to the time between meeting eligibility criteria and the point at which an institution makes a formal decision to award funds—acknowledging that actual disbursement to the country may depend on additional national processes and timelines. For instruments requiring client agreement, it reflects the time from the country's notification of intent to when funds are made available.

- 22 Flexibility of existing projects to be reprogrammed; not tied to pre-arranged triggers (i.e., non-contingent), with funds remaining at the project level rather than flowing to the government budget. May require appropriate ex ante expansive definition of project scope to avoid additional substantial restructuring processes.
- 23 Facilities or project mechanisms negotiated in advance and drawn once a predefined trigger is met; includes contingent credit line that disburses to the government budget and project-based instruments that reallocate undisbursed balances or use dedicated crisis-response projects (WB CERP/CERC), which disburse through project accounts.
- 24 Policy-based financing through existing standardized instruments; disbursement depends on policy commitments or prior actions (not on a shock trigger) and goes to the government budget or the central bank as balance-of-payments support.
- 25 Crisis-specific resources not pre-arranged at the country level; mobilized through discretionary windows or calls for proposals, often using a trigger as an eligibility criterion. Depending on the facility, funds may be channeled through projects and implementing entities, provided as concessional project or budget support, or disbursed directly to the government budget. Unlike on-demand budget support, access is discretionary and not standardized across countries. Grant opportunities are often considered last resort, and conditions may include exhausting exploration of access to other resource options.
- 26 Instruments converting donor commitments into immediate liquidity, either by 1) frontloading long-term pledges into large upfront cash through bonds; or 2) bridging short-term bridge financing against expected donor contributions. Proceeds are channeled via implementing entities, not directly to government budgets. Most often used for immediate or advance procurement of material goods, especially MCMs and essential supplies.
- 27 Guarantees shifting part of the credit or sovereign risk to MDBs or DFIs, lowering borrowing costs or enabling access to finance; typically structured as credit or risk guarantees to crow in private or institutional capital rather than disbursing directly to government budgets.



Figure 3 Illustrative mapping of response financing resources across pandemic phases



Note: C19RM=COVID-19 Response Mechanism; Cat DDO=Catastrophe Deferred Drawdown Option; CDF=Contingent Disaster Financing; CERP=Contingent Emergency Response Components; CERP=Contingent Emergency Response Project; CRBS=Crisis Response Budget Support; CRW for PHE=Crisis Response Window for Public Health Emergency; CRW ERF=Crisis Response Window Early Response Financing; FRF= First Response Fund; Gavi IFFIm=International FinanceFacility for Immunization; RMF=Risk Mitigation Facility; VII=Vaccine Independence Initiative.

The key distinction here is between domestic and external response financing. Many of the external mechanisms may remain consistent throughout the first 60-90 days of a response. The most appropriate options will depend on each country's resource mapping and existing capacities, including whether they have ongoing projects with external partners. Given the importance of mobilizing resources from the outset of a potential pandemic, this figure covers all phases of a response.



Table 8 Institutional roles and financing mechanisms across pandemic phases

Actor categories*	Phase 1 (Localized spread)	Phase 2 (Increased transmission)	Phase 3 (PHEIC, sustained transmission)	Phase 4 (Reduced transmission)
National Governments	<ul style="list-style-type: none"> Trigger contingency budget lines & reallocate existing domestic funds Utilize domestic resources (e.g., contingency budget, WB IDA CRW for ERF if eligible and timely) 	<ul style="list-style-type: none"> Mobilize additional domestic resources and escalate response Utilize reserve funds and, if eligible, trigger contingent financing (e.g., IMF RCF, WB Cat DDO, CERPs) 	<ul style="list-style-type: none"> Sustain large-scale response and social protection measures Co-finance with external partners (loans, or blended finance) and, if needed, issue new debt 	<ul style="list-style-type: none"> Transition from emergency response to recovery and system strengthening Plan and implement recovery financing
Regional Health Agencies (e.g., Africa CDC, PAHO)	<ul style="list-style-type: none"> Activate regional surveillance and alert systems Coordinate early risk assessments and technical messaging with national governments, continue throughout phases 	<ul style="list-style-type: none"> Support technical coordination across countries Facilitate regional procurement, information sharing and fund implementation via technical assistance or oversight 	<ul style="list-style-type: none"> Coordinate pooled procurement or supply chain management Assist in cross-border disease control and regional response planning 	<ul style="list-style-type: none"> Support capacity-building, reform monitoring, and integration of preparedness into long-term health strategies
Regional Economic Blocs (e.g., AU, ASEAN, ECOWAS)	<ul style="list-style-type: none"> Begin dialogue on potential use of regional pooled funds (if available) 	<ul style="list-style-type: none"> Coordinate regional appeals to donors Support access to regional contingency mechanisms 	<ul style="list-style-type: none"> Facilitate pooled procurement and fiscal coordination Serve as platforms for external financing Coordinate with external partners on resource needs 	<ul style="list-style-type: none"> Support mobilization of regional recovery funds Advocate for debt relief or restructuring if relevant
Global Health Initiatives** (e.g., CEPI, Gavi, Global Fund, Pandemic Fund)	<ul style="list-style-type: none"> Assess resource needs and readiness for rapid disbursement Strengthen surveillance, laboratory capacity and emergency health workforce via on-going projects (all phases) 	<ul style="list-style-type: none"> Deploy surge financing for MCMs*** (e.g., Global Fund's resilient and sustainable systems for health (RSSH) large-scale investments) Engage in emergency procedures for reallocating programmatic funds 	<ul style="list-style-type: none"> Finance large-scale procurement and delivery of MCMs Utilize pooled financing and AMC mechanisms to secure access to MCMs Support manufacturing scale-up and delivery infrastructure 	<ul style="list-style-type: none"> Sustain delivery of essential MCMs as part of routine systems Invest in health system strengthening and capacity building
International Technical Agencies (e.g., WHO)	<ul style="list-style-type: none"> Technical guidance and risk assessments beginning in Phase 1 and all phases Support early coordination with national authorities Augment support via CFE or emergency funds 	<ul style="list-style-type: none"> Lead or support UN-wide appeals (e.g., Central Emergency Response Fund (CERF)) Provide technical assistance Channel donor funding 	<ul style="list-style-type: none"> Support management and implementation of pooled funding mechanisms and donor-financed programs Support delivery of vaccines, health supplies, and logistics operations 	<ul style="list-style-type: none"> Provide recovery-oriented technical support Mobilize resources for health system strengthening and resilience building
International Financial Institutions (e.g., WB, IMF, RDBs)	<ul style="list-style-type: none"> Monitor fiscal space and risk exposure Assess eligibility for pre-arranged instruments Provide fresh financing (if available) 	<ul style="list-style-type: none"> Disburse pre-arranged financing or on-demand budget support (WB Cat DDO, IMF RFI/RCF) Coordinate applications for new external financing (e.g., ERF) Develop emergency projects such as Investment Project Financing (IPF) for response 	<ul style="list-style-type: none"> Scale up financing Activate or expand CERP, IMF programs, or guarantees Consider and coordinate on pooled MCM procurement, if appropriate. 	<ul style="list-style-type: none"> Provide long-term recovery loans and debt instruments

Note: *=Categories are not mutually exclusive. Many actors provide both technical support and financing; classification reflects their primary role per phase. Responsibilities are indicative examples, not exhaustive. **=Activities are indicative - not all institutions support every element within each cell. ***=MCMs include vaccines, diagnostics, and therapeutics.

2.2.3 Financing a Pandemic Response at the National Level

This section provides practical step-by-step guidance to countries to explore their response financing options. It brings together the material presented in earlier sections on response needs, financing options and availability, and other considerations. National policymakers can adapt these actions as appropriate for their country context and budgetary needs. Financing availability will also depend on country eligibility, advanced actions in non-crisis times, and the existence of projects, programs and engagement with IFIs and other agencies. The financing sources and steps align with the previously introduced Playbook pandemic phases. This reflects assumptions about speed and instrument design.



Phase 1

This phase is characterized by the detection of the index case and subsequent localized spread. The spread occurs within a matter of days and weeks. No national emergency has been declared yet. Access to rapid and flexible financing is critical.

1. Countries should establish whether there is domestic pre-arranged financing for emergency response. This can come in the form of a **contingency budget line**—a typically small allocation of the annual budget. If not,
2. Countries can explore domestic ex-post financing mechanisms. This can be achieved through rapid **budget reallocations** towards response, provided the appropriate virement and other necessary procedures are in place. If insufficient or too delayed,
3. Countries can explore non-contingent external financing, such as **reprogramming development funds** towards response activities. Countries should review the portfolio of programmed spending and explore with the financier whether response activities are considered eligible expenditures. In some cases, this requires reallocations or revisions of existing agreements. If applicable, countries can coordinate with the respective donor agencies. Countries can also make formal requests for engagement and support from implementing partner agencies, such as WHO or Africa CDC. This invitation or request is typically a requirement for partners to pursue access to institutional contingency support, such as the WHO CFE or the Africa CDC AfEF, which facilitate **augmented support from implementing agencies**.
4. *Additionally, if further external resources are needed or preferred, countries can consider **external early response grants, concessional loans or budget support** from MDB early response options. Access to early response financing is typically fastest when a response plan is available and the necessary pre-arrangements have been made with the financier. It also requires meeting the eligibility criteria for the financing arrangement.*



Phase 2

This phase is characterized by accelerated disease spread, which requires access to financing on a greater scale. Access to scaled resources is often needed rapidly depending on the outbreak trajectory. In addition to steps 1–4, countries can consider **newly available sources of financing** that are typically contingent on a certain trigger being met such as exceeding a threshold of confirmed cases or a national emergency declaration.



5. If early response financing options are not available or sufficient, countries should explore whether triggers or preconditions have been met for **pre-arranged domestic financing** in the form of a **reserve fund** to supplement the budget.
6. *Additionally*, countries benefiting from risk pooling or insurance-based mechanisms can explore their eligibility for funding. For example, countries may participate in a **regional insurance mechanism**.
7. *If domestic, pre-arranged and regional sources are insufficient and further external financing is required*, countries can explore access for **pre-arranged grants, non-concessional loans and concessional loans through contingent financing** with IFIs if the condition(s) for triggering have been met. Often, this requires a national declaration of an emergency and signed contingent agreements. Other mechanisms include **budget or balance of payment support** for deploying policy tools such as direct income support measures, debt moratoria, and asset purchase programs by central banks. In addition, countries can explore GHI and UN agency mechanisms that support countries with procurement and **bridge financing** for manufacturing and purchasing countermeasures for response.



Phase 3

This phase is characterized by increased or sustained transmission. The impact at the national level is substantial and the outbreak has spread, or risks spreading, internationally or regionally. This requires financing at-scale. This phase assumes the declaration of a PHEIC or equivalent, which influences the demand for and availability of external financing. In addition to steps 1-7:

8. *If eligible*, countries can apply to **external financing of last resort**, such as concessional financing and grants through later response windows at MDBs and IFIs. The speed of disbursement typically depends on pre-allocation or a contingency mechanism being in place.
9. *If eligible, and MCMs are part of the response plan*, countries can participate in **financing, procurement arrangements and allocation mechanisms** with IFIs and GHIs that may be made available following a PHEIC declaration.²⁸
10. *In addition to dedicated response funds*, countries should consider specialized funds for macroeconomic stability, including **credits, guarantees and other sources for the private sector**.

If the appropriate mechanisms are not in place and cannot meet the response financing requirements at any stage, the country can communicate with bilateral donors and consider other ex-post financing options of last resort. This includes the issuance of new debt.



Phase 4

Financing for Phase 4 will vary significantly across countries. The composition of financing depends on the availability of domestic resources, external resources, and

²⁸ Arrangements for accelerated development and mechanisms for large-scale procurement and distribution of such MCMs, if not already available, may have been initiated earlier in Phase 2 by IFIs, GHIs, and other stakeholders. However, direct access by countries to these mechanisms and products likely may not occur until Phase 3 given the scale of need and product development timeline.

debt burden and restructuring options. **Box 3** discusses the types of financing packages recommended for LICs during the COVID-19 pandemic. It also discusses PFM to address fiscal resilience and recovery from shocks. The later section **2.3.4: Sequential Checklist for Pandemic Response Financing** presents a visual checklist for financing at the national level.

Box 3 Phase 4 recovery financing and PFM²⁹



The final stage of a pandemic sees decreased case transmission and smaller, more localized outbreaks. The focus at this stage, Phase 4, is on mitigation and recovery. The scale and volume of resourcing needs may reduce, though far more slowly than the speed at which they needed to be scaled up in earlier phases. However, they should also shift across response domains towards social and economic recovery. Recovering from a protracted and global pandemic requires the reintegration of routine services and macroeconomic stabilization measures. This often requires additional financing, particularly in strained fiscal environments.

Meeting the financing requirements of Phase 4 is particularly challenging for LICs. During COVID-19, the main components outlined as supportive for recovery were i) the availability of equitable and affordable medical countermeasures, ii) a domestic reform agenda that included strengthening the business climate, domestic revenue mobilization, and improved economic and financial management, iii) enabling reforms that could support the domestic private sector and draw external private financing, and iv) external support in the form of concessional resources and debt relief support, where needed. Examples of the latter include the IMF's expanded access to concessional resources under the Poverty Reduction and Growth Trust (PRGT); debt service relief through the Catastrophe Containment and Relief Trust; and the extension of the G20 Debt Service Suspension Initiative (DSSI).

A multifaceted financing package is one part of the path to recovery. Strong public financial management is also necessary during difficult financial times. One tool that can support transitions in post-crisis recovery is the Medium-Term Expenditure Framework (MTEF), which is an institutionalized framework for multi-year budgeting. MTEFs are particularly useful for governments facing immediate deficit challenges, high debt service burdens, and trying to improve fiscal sustainability. MTEFs can support fiscal adjustments and planning during shocks, such as the COVID-19 pandemic and the 2008/09 Financial Crisis. The future-looking and multi-sectoral nature of MTEFs can also build in preparedness spending and plan for future crises.

2.3 Outbreak Scenarios

The Playbook aims to support decision-making across different pandemic contexts. There has been considerable attention to the COVID-19 pandemic as a template for pandemic response. For good reason, it represented an event of global scale that rapidly overwhelmed health systems. However, not all outbreaks will follow this dynamic, as

²⁹ Note: Recovery Financing during COVID-19 is adapted from Chabert, Gregory and Pierre (2021). Funding the Recovery of Low-income Countries After COVID. IMF. <https://www.imf.org/en/Blogs/Articles/2021/04/05/blog-funding-the-recovery-of-low-income-countries-after-covid>. Use of MTEFs is adapted from World Bank (2024) Mid-term Expenditure Frameworks Revisited. <https://documents1.worldbank.org/curated/en/099103123092041103/pdf/P171051-d8f0fb26-7ed0-4e19-9e38-309624bbb7e9.pdf>



has already been demonstrated by the Mpox outbreak and other emerging events. This section describes how the pandemic scenario archetype influences financing availability and scale. The information presented in the visualizations derives from desk review, stakeholder consultations, and a mapping exercise among funders. Based on this information, the authors conceptualize the visual mapping but do not guarantee the existence or availability of any financing at any time. The reference list of financiers and available response financing options considered is in the **Appendix Table 1**.

The Playbook is contextualized through three pandemic archetypes: **Scenario A** - a respiratory pathogen outbreak; **Scenario B** - a fluid-transmitted pathogen outbreak; and **Scenario C** - a vector-borne pathogen outbreak, with any of these potentially representing a 'Disease X' scenario. The following sections describe how each scenario influences response needs and financing options. These can inform the stress-testing of the financing landscape and support Playbook users to engage in epidemiologically informed planning. Each scenario presents an archetypal epidemic curve that demonstrates the likely trajectory. These figures are not intended to replicate any single outbreak, but are indicative of the likely scale, speed, and shape of new infections.



2.3.1 Scenario A: Respiratory Pathogen

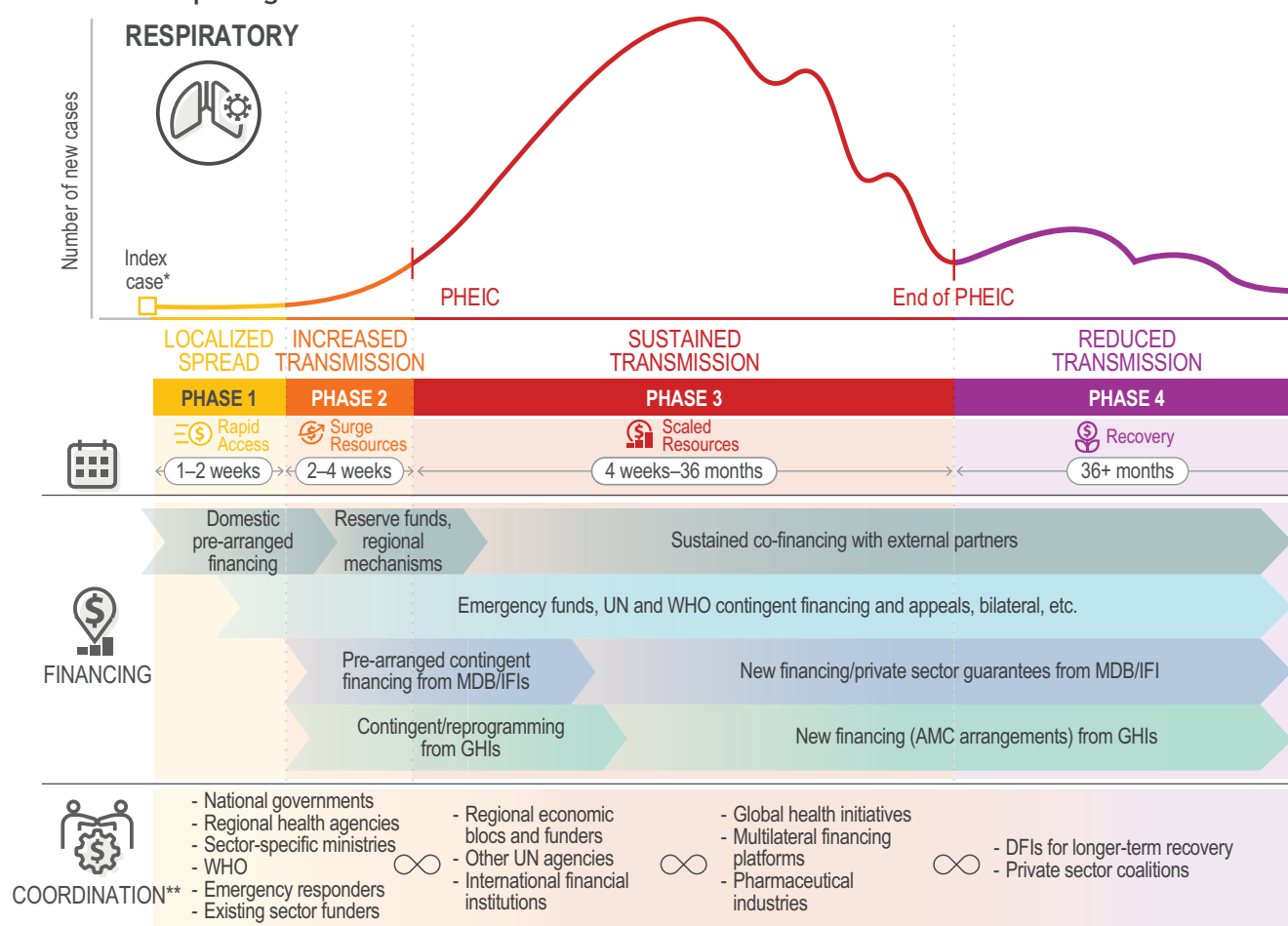
Outbreak characteristics and pathogen prototype: This scenario assumes a virus with respiratory transmission. Its characteristics include high transmissibility, low to moderate clinical disease severity and case fatality rate, and a most likely zoonotic origin. It is comparable to coronavirus diseases (e.g. MERS, SARS, COVID-19) and highly pathogenic avian influenzas (e.g. H5N1). It is assumed that there are no licensed vaccines or scientifically approved therapeutics.

Outbreak trajectory: This outbreak moves rapidly from Phase 1 to Phase 3, in comparison to Scenarios B and C. It assumes high transmission rates and limited detection capacity in the early stages. Infections may be asymptomatic or only mildly symptomatic for many people, mimicking more common respiratory diseases and leading to continuing spread. This in turn limits the ability to determine response needs at the appropriate scale and speed. Implementing wide-ranging non-pharmaceutical interventions (NPIs) during early phases would be challenging and likely ineffective at containment without strong disease surveillance capabilities. Delays in mobilizing a full response are especially likely where shock-responsive systems aren't already in place. This scenario will likely be highly protracted and only reduce slowly in intensity over a long period with several peaks in infections. It may become globally endemic over a period of several years.

Response needs: A range of low to high stringency non-pharmaceutical measures is needed, particularly in the absence of immediately available and effective MCMs. These will be informed, amongst many other factors, by the surge capacity of the health system infrastructure to withstand the volume of healthcare demands, including improving triage and referral systems to avoid hospitalization when possible. This necessitates rapid MCM development and investments in economic and social support as the pandemic duration continues, alongside health response measures. Even absent minimal disruption

to manufacturing and trade, the procurement of supplies will require augmenting supply capacity in the face of high-volume global demand. Highly sensitive diagnostic tests that can be used in clinical and community settings will be critical to develop in Phase 1–2 to monitor the true scale of the outbreak. While an effective vaccine will be the most valuable pharmaceutical tool to end the emergency, an effective therapeutic that reduces the severity of infections can be equally significant to allow reduction of public health measures and alleviate economic impact without further healthcare strain. Sequencing response actions will be fast-paced and require a diversity of actors at all levels.

Figure 4 Financing and coordination for Scenario A. Pandemic response to a respiratory pathogen



Source: World Bank; Visualization based on desk review, stakeholder consultations and financial mapping.

Note: *=Gradient reflects the difference between the time at which an instrument may be eligible to access and time at which funds may actually be disbursed; **=The coordination of entities reflects the addition of actors at different phases of the response; CFE = Contingency Fund for Emergencies; DFI = Development Finance Institution; GHI = Global Health Initiative; IFI = International Financial Institution; MDB = Multilateral Development Bank; PHEIC = Public Health Emergency of International Concern; UN = United Nations; WHO = World Health Organization.

Figure 4 presents the epidemic curve for Scenario A. The initial trajectory is characterized by a rapid and uncontrolled spread over a four-week period. The rapid



transmission will test the affected country's ability to mobilize funds in Phase 1. There are also likely to be challenges around the speed of funding following the PHEIC declaration in Phase 3, considering the volume of resourcing needs for such a regional or global pandemic. This is especially challenging concerning mobilization of contingent measures at the required scale, and the speed needed for response coordination.



2.3.2 Scenario B: Fluid-transmitted Pathogen

Outbreak characteristics and pathogen prototype: This scenario assumes a pathogen with primary transmission through direct contact with bodily fluids. These outbreaks are often localized due to their moderate to high severity and mortality, and the disease's detectable symptom profile. It is comparable to Mpox, Ebola, Marburg, and Nipah. Effective MCMs are not licensed or available worldwide, but may be in advanced R&D.

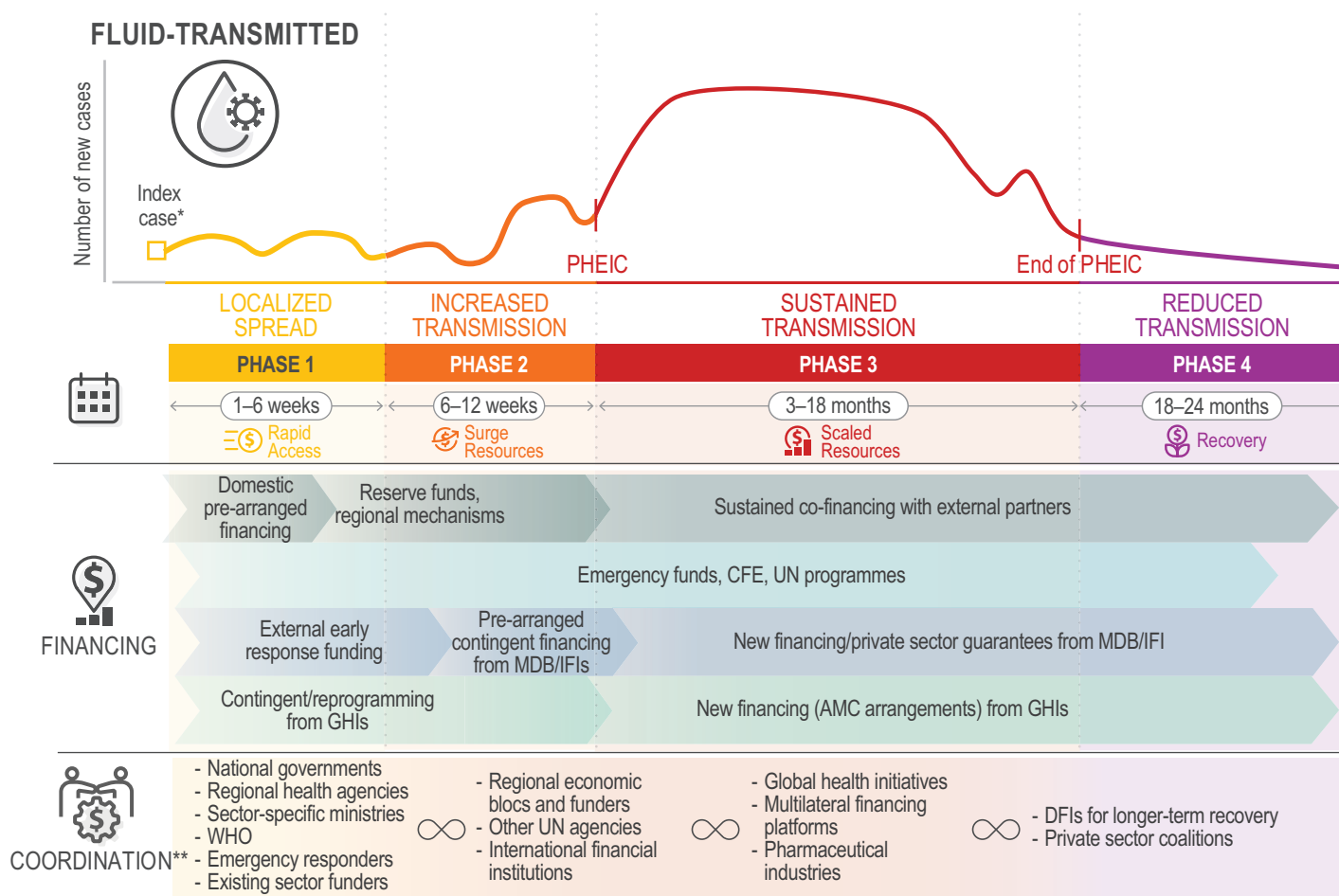
Outbreak trajectory: This type of outbreak is likely to have a protracted period of localized spread following detection of the index case in Phase 1. It is likely to spread more slowly than Scenario A. However, a response requires intensive surveillance, community outreach, and individual case-based containment due to the severity of the disease. Uncontrolled spread across borders may take several months to resolve. Early phases will also involve scaled preparedness efforts in at-risk countries. It also puts pressure on the scale of pre-emergency or pre-PHEIC declaration funding, as the scale of the outbreak may only reach regional spread but require a high intensity response in the affected countries where there is substantial impact.

Response needs: Early response, such as deploying rapid response teams to investigate and contain the spread, is key to containing onward transmission. Due to the lower casual transmissibility and initial localized spread of the virus, it should necessitate lower to medium levels of NPIs at a population-wide level, rather targeting those at high risk and in close contact with infected people. The health response to treat those who are ill, isolate them, and deploy effective MCMs will be substantial in tandem with dedicated community engagement measures. Support to survivors and monitoring may be necessary, due to potential persistence of the virus even after recovery and the possibility of transmission if reactivated. The accelerated development, production, procurement and deployment of MCMs at speed and appropriate scale is a priority, both for an effective therapeutic that reduces the high fatality rate and a vaccine for high-risk groups. Animal health surveillance and interventions to detect and prevent spillover transmission should be conducted in parallel. The scale of the response is to address a protracted, regional outbreak with pandemic risk. This requires coordination of regionally active actors and funders, especially in scaling preparedness for neighboring countries, and coordinating actors, including IFIs, for procurement and deployment of MCMs.

Figure 5 presents the epidemic curve for Scenario B. In this scenario, the pre-PHEIC period is longer than in Scenario A. This means access to financing, conditional on PHEIC declaration, is limited. Phases 1 and 2 financing options are domestic funds,

national emergency-triggered contingency measures and early response funding options. Smaller rapid response financing amounts are critical in Phase 1. There is likely to be a greater impact on the outbreak trajectory in the first few weeks compared to other pandemic scenarios. Regional agencies will be active in supporting preparedness and response efforts in affected and at-risk countries, complementing national and international coordination. Due to the likely availability of MCMs, though possibly still in development, dedicated financing for production and allocation at scale is key.

Figure 5 Financing and coordination for Scenario B. Pandemic response to a fluid-transmitted pathogen



Source: World Bank; Visualization based on desk review, stakeholder consultations and financial mapping.

Note: *=Gradient reflects the difference between the time at which an instrument may be eligible to access and time at which funds may actually be disbursed; **=The coordination of entities reflects the addition of actors at different phases of the response; CFE = Contingency Fund for Emergencies; DFI = Development Finance Institution; GHI = Global Health Initiative; IFI = International Financial Institution; MDB = Multilateral Development Bank; PHEIC = Public Health Emergency of International Concern; UN = United Nations; WHO = World Health Organization.



2.3.3 Scenario C: Vector-borne Pathogen³⁰

Outbreak characteristics and pathogen prototype: This scenario assumes the presence of specific vectors and environmental conditions that are necessary for disease spread. It is therefore less likely to spread globally, although climate drivers have already had a substantial impact on known patterns of vector habitat and will continue to affect this outbreak risk. The pathogen has moderate to low transmissibility. Disease severity is assumed to be moderate with low to moderate mortality, but this profile depends heavily on the vector ecology and human immune responses, especially to reinfections as the pathogen evolves. It is comparable to Zika, Dengue, Chikungunya, and Yellow fever. For more commonly known pathogens in this category, there may be a licensed or pre-licensure vaccine or clinically approved therapeutic, but these may not be widely available. This scenario assumes no approved effective MCMs at the time of detection.

Outbreak trajectory: This scenario assumes a slower growth rate than Scenarios B and C. However, it also risks becoming prolonged as the vector is likely commonly present in the area and may be impossible to eradicate or disrupt at scale. Case detection may be challenging and will likely inhibit speed of mobilizing targeted interventions in Phase 1, though this can be alleviated by an effective diagnostic that can be used in healthcare settings and in communities at home. This pathogen is often seasonally or temporally linked, due to the varying activity of vectors at different times of year. If patients recover from infection, reinfections can be possible and may result in similar or even worse severity. It risks becoming endemic if no countermeasures are developed.

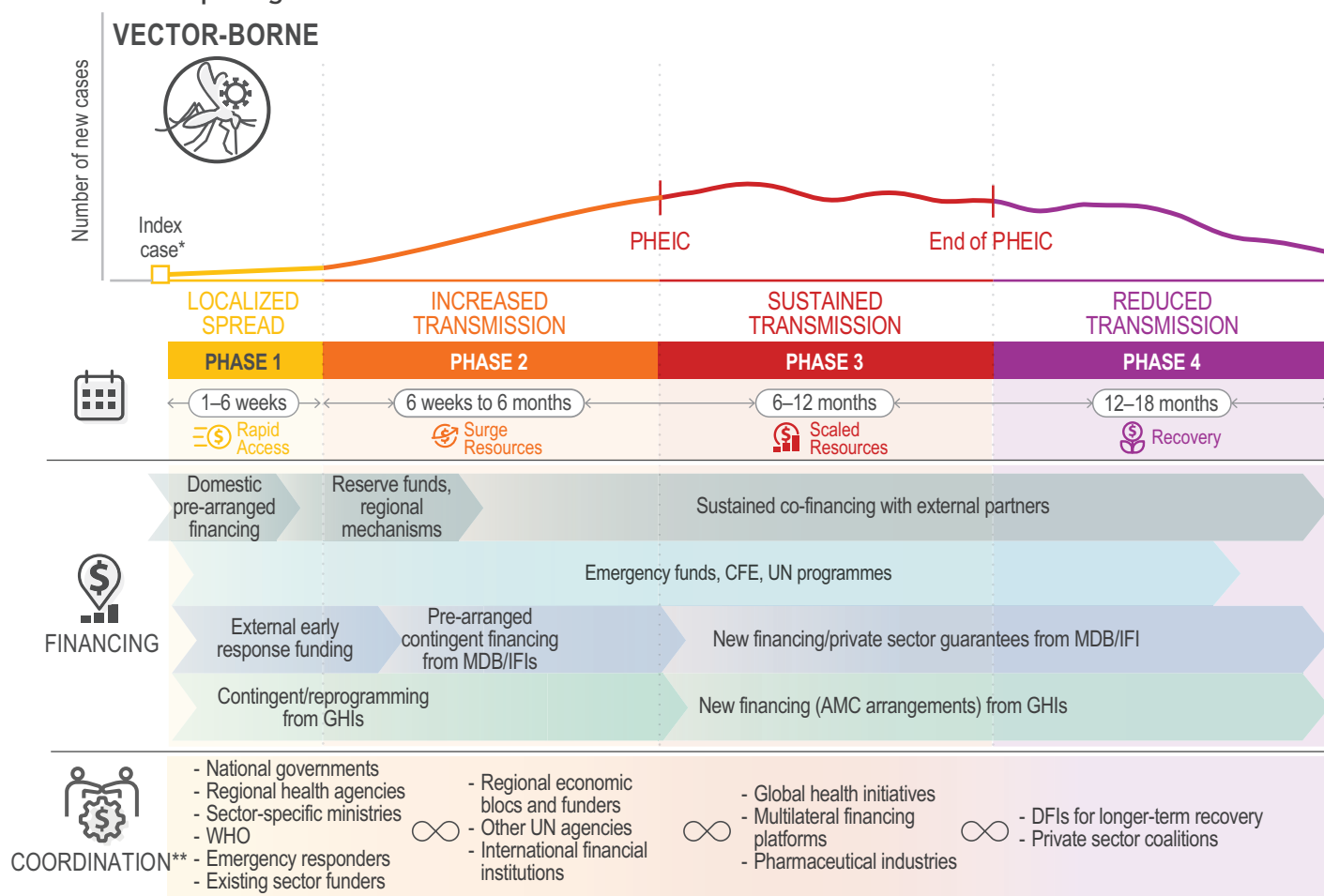
Response needs: This archetype requires an augmented health response for vector management, effective development and usage of diagnostic tests, and risk communication that supports containment through public awareness and behavioral change. It may require flexible expansion of clinical care to treat those affected, depending on the symptoms. The need for stringent NPIs, particularly to restrict mobility or trade, is unlikely given very limited human-to-human transmission. However, vector surveillance and control—targeting both animal and human populations, often through environmental management—is essential but labor-intensive, and often requires decentralized management of staff in affected regions. Investments to minimize economic losses for the affected region and impacts during seasonal periods are likely to be critical. Despite limited global risk, coordination and information sharing across different regions may be critical to monitor pathogen evolution, understand human and vector immunology, and pre-empt changing vector habitats. Effective vaccines may be more difficult to develop or less effective than in Scenarios A and B, especially without significant vector surveillance. However, financing for R&D will still be critical to reduce infections or make the disease clinically manageable.

Figure 6 presents the epidemic curve for Scenario C. It sees a much lower growth rate than Scenarios A and B. The longer pre-PHEIC period may be similar to Scenario B.

³⁰ Vector-borne pathogens include viruses, parasites, and bacteria; arboviruses (mosquito/tick-borne viruses) are among the most relevant for pandemic risk.

However, a distinct challenge in Scenario C is that the emergence of the outbreak is likely to be opaque. This is especially true when the symptom profile presents similarities to other common diseases in the region, or if it is a novel presentation. This is likely to slow down response efforts and coordination when the bounds of the outbreak's extent and origin are not understood early on. The uncertainty around risks and effective interventions can negatively impact economic activity, such as through disruptions to travel and tourism. Macroeconomic stabilization measures and support to certain industries in pre-PHEIC periods are therefore key.

Figure 6 Financing and coordination for Scenario C. Pandemic response to a vector-borne pathogen



Source: World Bank; Visualization based on desk review, stakeholder consultations and financial mapping.

Note: * Gradient reflects the difference between the time at which an instrument may be eligible to access and time at which funds may actually be disbursed; ** The coordination of entities reflects the addition of actors at different phases of the response; CFE = Contingency Fund for Emergencies; DFI = Development Finance Institution; GHI = Global Health Initiative; IFI = International Financial Institution; MDB = Multilateral Development Bank; PHEIC = Public Health Emergency of International Concern; UN = United Nations; WHO = World Health Organization.



2.3.4 Sequential Checklist for Pandemic Response Financing

Across scenarios, policymakers can consider a set of high-level actions to finance their response at national levels. **Figure 7** presents a sequential checklist that policymakers can use within each phase of an outbreak. It applies to a generic pandemic template. The various options depend on outbreak characteristics and country eligibility, as well as capacity and readiness. Whether specific financing sources are considered available or accessible across phases and outbreak scenarios is covered in the next section Mapping Financing for Pandemic Response.

Figure 7 Sequential checklist for pandemic response financing

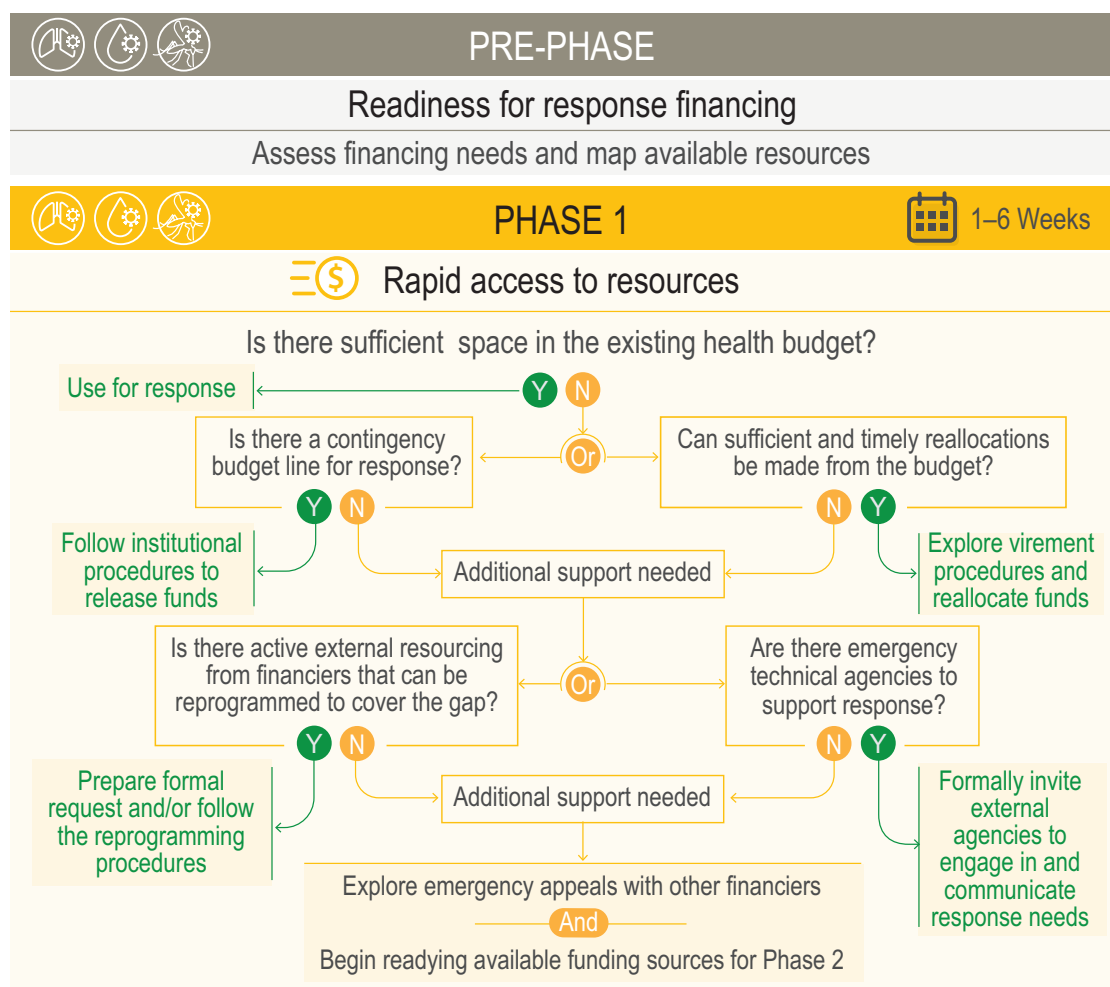


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Figure 7 Sequential checklist for pandemic response financing (continued)

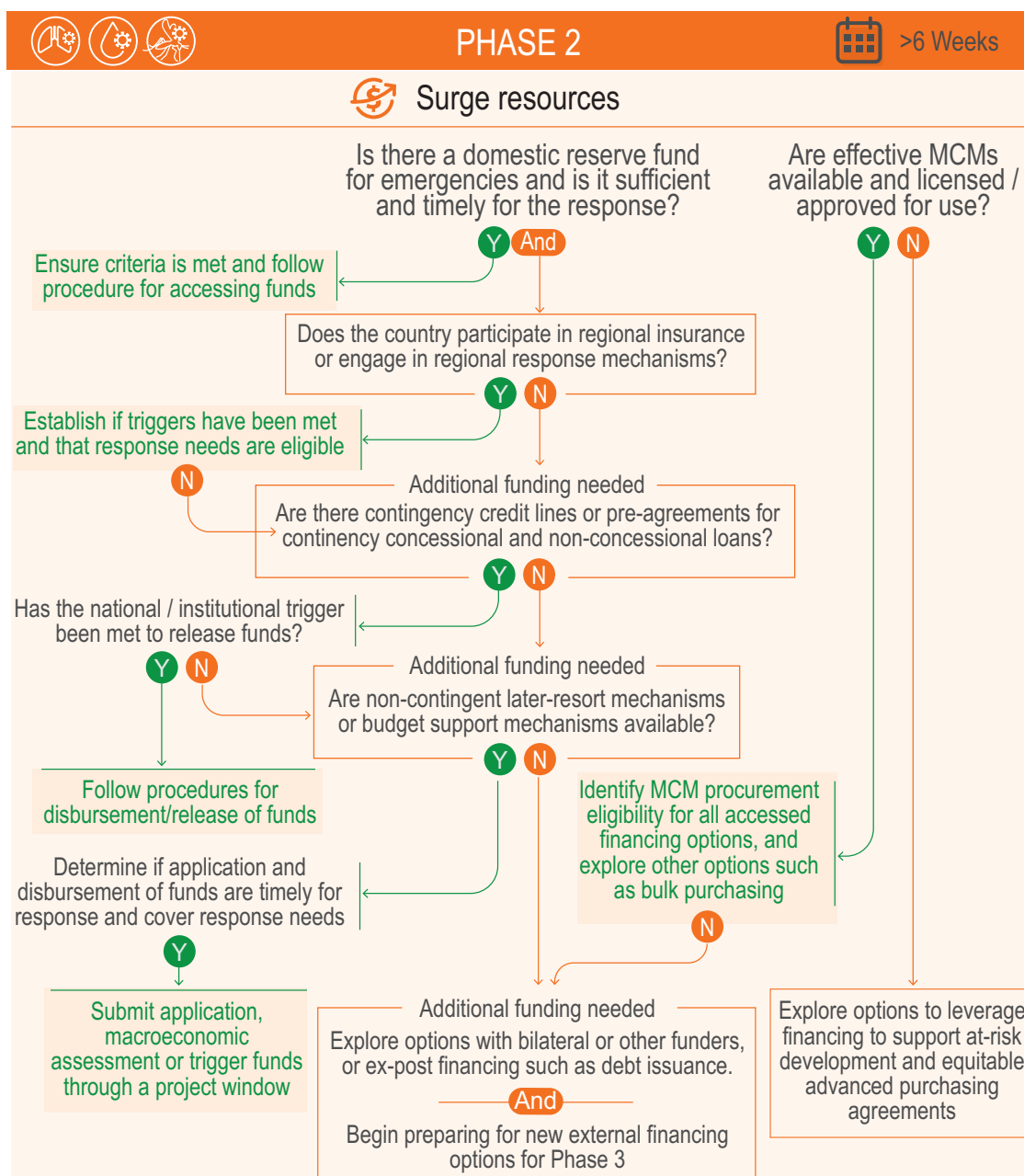
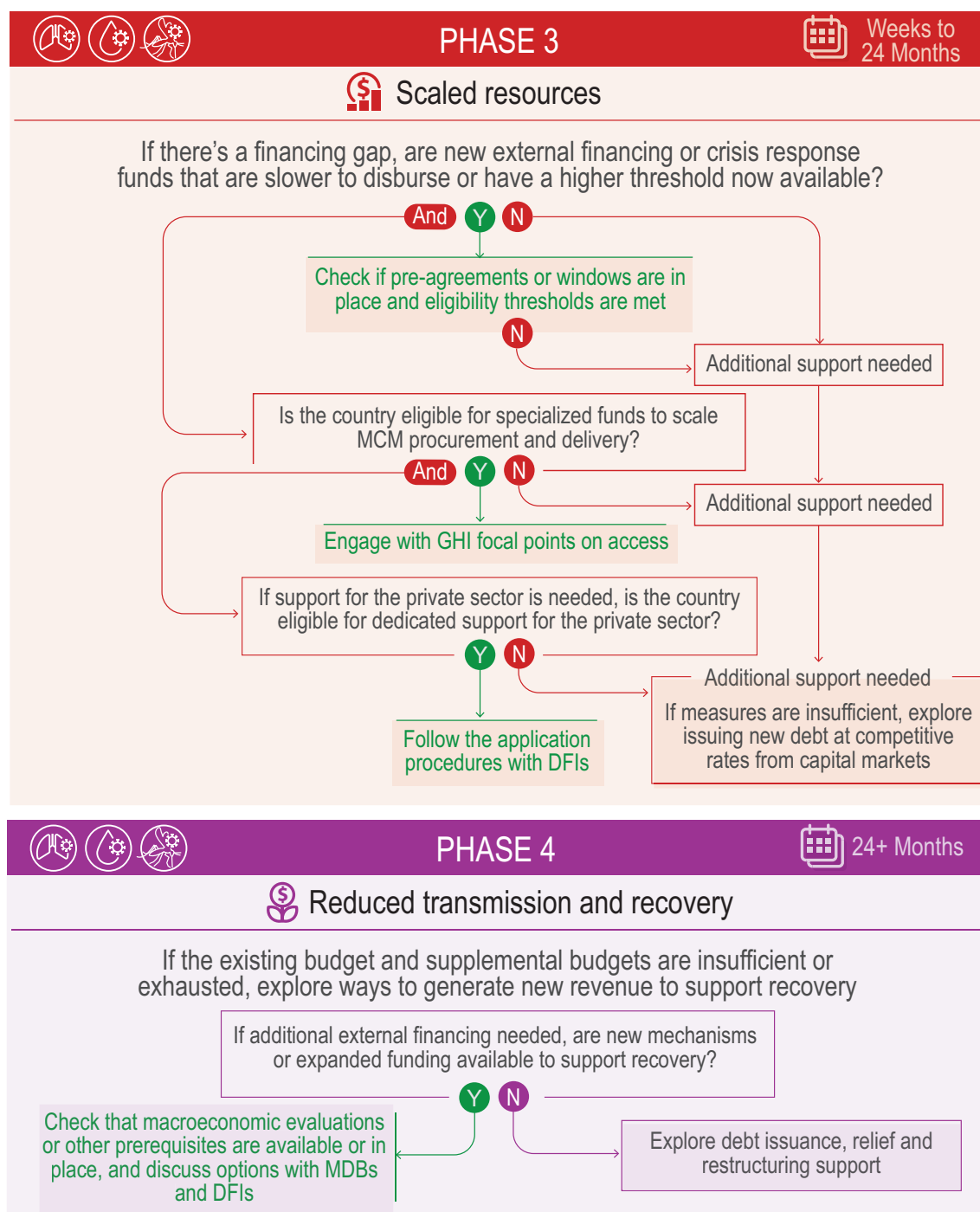


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Table 7 Sequential checklist for pandemic response financing (continued)



2.4 Mapping Financing for Pandemic Response

This section consolidates the checklists, financial mapping, and scenario-based approach. As noted earlier, the financial mapping exercise (**Appendix Table 1**) reflects a diverse landscape of financing for pandemic response. **Table 9** maps active financing

instruments and resources to the three scenario archetypes and their phases to support countries to assess appropriate financing options. The table aims to represent the likely availability and accessibility of each instrument for a given phase in scenarios A, B and C, represented by color coding to denote where: (i) financing is available and accessible within the timeframe with few prerequisites; (ii) financing typically requires advanced actions before the crisis; and (iii) financing is potentially available, but there are considerations around speed; (iv) not accessible (due to triggers not being met or instrument design). The recipient category denotes the entity to which the funds are channeled to (i.e., the country (directly or in-kind/indirectly) or GHIs/implementing agencies or the private sector which supports country response needs) and specifies the category of country eligibility. Domain relates to the eligible expenditure categories across the Playbook response domains ("Health", "Economy and Social", and "MCM"). Product type refers to the instrument category across domestic budgets, grants, loans, credits, guarantees and bridge financing.

The tables are based on information received in the financial mapping exercise and further assessed on the authors' interpretation³¹. It does not confirm the availability or absence of financing options, nor the explicit eligibility of activities within the response domains by these funds.³² It also relies on some necessary simplification, for example, in categorizing funds by product type, some grants require domestic co-financing. Further, certain countries' financing can also support implementing agencies. Accurate and context-specific information should be sought from the financier as appropriate.

Table 9 Financing resources for outbreak archetypes and phases³³

Outbreak Archetype	Duration of Pandemic Phases				Color key (Legend)	
	Phase 1	Phase 2	Phase 3	Phase 4		
A (Respiratory)	1-2 weeks	2-4 weeks	1 month-36 months	36+ months	Available and accessible within the timeframe with few prerequisites	
B (Fluid-transmitted)	1-6 weeks	6-12 weeks	3 months-18 months	18+ months	Typically accessible if advanced action is taken	
C (Vector-borne)	1-6 weeks	6 weeks-6 months	6 months-12 months	12+ months	Potentially accessible but with considerations for speed ³⁴	
					Not accessible (i.e., due to triggers not being met or instrument design)	

Table continued on the next page

31 Tables reflect available public data and broad active outreach to financing institutions; however, this may not be comprehensive. All financiers listed in the tables were consulted to provide input and validate entries.

32 For specifics on funding terms and eligibility, please refer to the fund's respective hosting financing institution.

33 It is assumed that this matrix applies at the country level. While a trigger (e.g., PHEIC) may also unlock additional financing for other countries earlier in their disease trajectory, applying this globally would undermine the purpose of the exercise—since every instrument would then appear available in every phase.

34 The availability of the funding depends on the timeframe of the outbreak spread and respective phases. It means funding is available during a particular phase, however the ability to apply, draw down and use funds in the timeframe may be limited by the speed of the outbreak. However, the financing should be available for subsequent phases, as indicated.



Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient ³⁵	Domain ³⁶	Financing Instrument/Mechanism ³⁷		Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
All Countries	Health & Economic/ Social & MCM	Domestic	Domestic contingency budget lines	Domestic budget	A					Pre-arranged contingent line
					B					
					C					
			Domestic budget reallocation	Domestic budget	A					Virement rules or supportive legislation can help expedite budget reallocation
					B					
					C					
			Domestic Reserve Funds, Contingent financing	Domestic budget (grant/credit)	A					Reserves require resources put aside; contingent financing is also pre-arranged and externally sourced (on-budget)
					B					
					C					
	Economic/ Social	IMF Rapid Financing Instrument	Loan	A					Rapid financing, takes weeks to months	
				B						
				C						
		IMF Stand-by-Arrangement	Loan	A					Takes weeks to months	
				B						
				C						
		IMF Short-term Liquidity Line, Flexible Credit Line, or Precautionary Liquidity Line	Loan	A					Requires pre-qualification and strong macroeconomic frameworks	
				B						
				C						

Table continued on the next page

- 35 **Recipient** category corresponds to the entity to which the financing or funds are channeled. **1) Countries (all, by income group, by region):** Direct financing to governments), provided on-budget or as programmatic support (e.g., through a lending project). Eligibility may vary by income group or region, as indicated in parenthesis. **2) Countries (in-kind/indirect support):** Financing for country needs that does not go directly on-budget, but is provided through procurement facilities, multilateral agencies, or via financial instruments (e.g., guarantees, de-risking) that either facilitate access to goods and services or free up fiscal space by reducing immediate financial obligations. **3) Implementing agencies:** Funds provided directly to technical or operational agencies (e.g., WHO, UNICEF) to implement activities in support of country response efforts. This is also considered a form of **in-kind/indirect support**. **4) Private Sector:** Financing aimed at supporting industry actors.
- 36 **Domain** corresponds to the response domains of the Operational Playbook (health, MCMs, and economic & social). Domain categories do not imply that all response activities within them are eligible for funding. Countries and recipients should confirm the specific eligibility for each fund (see **Appendix Table 1** for more information) when engaging with the respective financier.
- 37 **Financing Instrument/Mechanism** includes a mix of financing instruments, mechanisms, and financial products (e.g., grants, loans, credits).

Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism		Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Countries by income group	Health & Economic/ Social & MCM	WB CRW Early Response Financing (ERF) (IDA eligible)		Credit, grant	A					Faster if pre-allocated
					B					
					C					
		WB Crisis Response Window (CRW) for Public Health Emergencies (IDA-eligible)		Credit, grant	A					Faster if pre-allocated or triggered prospectively
					B					
					C					
		Reallocation/ Repro-gramming	WB reallocation / restructuring of existing lending operations (IDA and IBRD eligible) ³⁸	Loan, credit, grant	A					Speed will depend on advance design of lending operation to cover response scope
					B					
					C					
			WB Contingent Emergency Response Components (CERC)	Loan, credit, grant	A					To be set up in advance; reallocation of unused funds from existing WB project (IPF or Program-for-Results financing (PforR))
					B					
					C					
			WB Contingent Emergency Response Project (CERP)	Loan, credit, grant	A					To be set up in advance; IPF projects can be repurposed through RRO ³⁹
					B					
					C					
		WB DPF Catastrophe Draw-Down Option (DPF Cat DDO) (IBRD-eligible)		Loan, credit, grant	A					To be set up before the crisis occurs; also allows for funds to be repurposed from projects using RRO
					B					
					C					
		WB IPF with a Deferred Drawdown Option (IPF DDO)		Loan, credit	A					IPF DDO needs to be established before the crisis
					B					
					C					
		WB Climate Resilient Debt Clause (CRDC) (IBRD and IDA small states and small island economies)		Pause in debt service	A					Pause in debt service for up to 2 years
					B					
					C					

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38 WB's fast-track facility (FTF) for expedited project approval and adjustments to IDA windows have been facilitated in the past under extraordinary need, but they are not likely to be rapidly available.

39 Rapid Response Option (RRO): Repurposing flexibility (up to 10% of undisbursed IPF/PforR balances); can be applied to IPF CERP or DPF Cat DDO.



Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism	Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Countries by income group	Health & MCM ⁴⁰	Pandemic Fund (PF) Post-Approval Changes to Projects	Grant	A					Requires PF grants under implementation
				B					
				C					
		PF Emergency Financing Procedures (EFP) - Accelerated approval of PF proposals during an ongoing Call for Proposals (CfP) or EFP - Post-Approval Change Request	Grant	A					PHEIC declaration; requires PF grants in process of approval under CfP or already in implementation
				B					
				C					
	Economic/Social	IMF Rapid Credit Facility (PRGT-eligible countries)	Credit	A					Rapid, takes weeks to months
				B					
				C					
		IMF Stand-by-Credit Facility (PRGT-eligible countries)	Credit	A					Typically takes months
				B					
				C					
Countries by other institutional eligibility ⁴¹	Health/MCM	Global Fund (GF) Emergency Fund (GF-eligible countries)	Grant	A					Grant financing when in-country reprogramming is exhausted or not feasible. Takes weeks.
				B					
				C					
		GF COVID-19 response mechanism (GF-eligible countries)	Grant	A					Weeks to months. Board-approved earmarked funding stream for large scale rapid response, faster if pre-committed.
				B					
				C					

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40 Pandemic Fund resources may be used to procure MCMs, primarily diagnostics and therapeutics. In the event of an EFP activation, any country requests to reallocate funds toward vaccine procurement would be considered by the Board on a case-by-case basis.

41 Defined as countries meeting the eligibility criteria of the institution, based on income level, disease burden, and program readiness.

Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism		Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Countries by other institutional eligibility	Health/ MCM	Reallocation/ repro-gramming	GF Rapid reprogramming of HIV/ TB/Malaria Country Allocations (GF-eligible countries)	Grant	A					Reprograms existing funds within country allocations; option to optimize portfolio to add new funding to existing grants. Takes days.
					B					
					C					
			Gavi grant flexibilities/ Gavi outbreak response program (Gavi-eligible countries)	Grant	A					Reallocation of unspent Gavi cash grants
					B					
					C					
		Gavi First Response Fund (Gavi-eligible)		Grant	A					Contingent at-risk
					B					
					C					
		Gavi Day Zero Financing Facility (Gavi-eligible)		Grant	A					Contingent external; contingent on donor pledges
					B					
					C					
Countries by regional institutions	Health & Economic/ Social & MCM	ADB Contingent Disaster Financing (CDF) (ADB Group B and C member countries)	Loan, credit	A						Disbursements made upon satisfaction of pre-agreed condition(s), rapid if prepared in advance
				B						
				C						
		ADB Asian Development Fund Crisis Response Window including CDF (ADB Group A MCs)	Credit, grant	A						Declaration of a public health emergency by the relevant government (or PHEIC); disbursement in weeks
				B						
				C						
		ADB Asia Pacific Disaster Response Fund (ADB developing MCs)	Grant	A						An emergency has been officially declared of a scale beyond the capacity of the country
				B						
				C						
		ADB Emergency Assistance Loan (ADB developing MCs)	Loan, credit	A						Requires official request; economic, social and governance needs identified in post-disaster needs assessment; and other criteria (see Appendix table 1)
				B						
				C						
		ADB Disaster Resilience Improvement Program (DRIP) (ADB developing MCs)	Loan, credit	A						Needs to meet pre-agreed criteria
				B						
				C						

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Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism		Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations	
Countries by regional institutions	Health & Economic/ Social & MCM	ADB Countercyclical Support Facility (ADB developing MCs)		Loan, credit	A					Disbursement takes weeks to months	
					B						
					C						
		ADB Small Expenditure Financing Facility (ADB developing MCs)		Loan, credit	A					Disbursement via a pre-established facility that defines the use of funds for an emergency event; takes weeks	
					B						
					C						
		AfDB Special Relief Fund (SRF) (AfDB regional MCs)		Grant	A					General appeal from UN agencies or a request from concerned government; disbursement in weeks	
					B						
					C						
		AfDB Crisis Response Budget Support (AfDB regional MCs)		Loan, credit, grant	A					General appeal from UN agencies or a request from concerned government; disbursement in weeks	
					B						
					C						
		Reallocation/ reprog- ramming	AfDB Budget Reallocation/ Reprogramming within ongoing Operations (AfDB regional MCs)		Loan, credit grant	A					Requires ongoing project that can be reallocated to address the crisis; and general appeal from UN agencies or request from concerned government
						B					
						C					
			AIIB Regular Financing - Immediate Emergency Response Support (AIIB members)		Loan, guarantee	A					Eligible crises satisfy pre-defined characteristics; immediate access to a portion of the undisbursed balances of approved projects and reallocation of unused funds; weeks to months
						B					
						C					
		AIIB Regular Financing - Additional Financing (AIIB members)		Loan, guarantee	A					Additional financing in approved projects; crises that satisfy predefined characteristics; disbursement takes months	
					B						
					C						
		AIIB Regular Financing - Emergency Infrastructure Sector Support or Regular Financing - Special Policy Provisions Applicable to Emergency Response (AIIB members)		Loan, guarantee	A					Eligible for pre-defined crises; disbursement takes months; financing eligible recurring or crisis-related expenditures on reconstruction, maintenance or upgrade of infrastructure	
					B						
					C						

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Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism	Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Countries by regional institutions	Health & Economic/ Social & MCM	AIIB Policy-Based Co-financing in Eligible Crises or Regular Financing and Policy-Based Cofinancing - Streamlining Processes for Crisis Response (AIIB members)	Loan, guarantee	A					Eligible crises; policy-based loans co-financed with other MDBs and simplified and expedited project preparation and management approval process; disbursement takes months
				B					
				C					
		European Commission Emergency support instrument (ESI) (EU Member States (MS))	Grant	A					Grants, public procurement contracts, advance financing for emergency in one or more EU MS
				B					
				C					
		European Commission Union Civil Protection Mechanism (EU MS and participating states)	Grant	A					Allows for co-financing of operations (transport and operational costs) and purchase of MCMs
				B					
				C					
		IDB Contingency Credit Facility (Modality II) (IDB borrowing countries)	Loan	A					Countries eligible, provided they are up to date in their reports in compliance with the IHR reporting
				B					
				C					
Countries (in-kind or indirect support)	MCM	Global Fund (GF) Revolving Facility (GF-eligible countries)	Bridge financing ⁴²	A					Secure supplier capacity, including advance commitments for MCMs; takes weeks to months.
				B					
				C					
		UNICEF Supply Financing Facility (SFF) (any country holding a valid Procurement Service MoU with UNICEF)	Grant	A					Depending on the circumstances funding from the SFF can be released upon request
				B					
				C					
		European Commission (EC) purchase, innovation and deployment of medical countermeasures in emergency situations (EU MS, Iceland, Ukraine, Moldova, Montenegro, Bosnia, and Herzegovina)	Grant	A					Reallocation of unused funds for the purchase or reservation of production and supply of relevant medical countermeasures
				B					
				C					
		Gavi International Finance Facility for Immunisation (IFFIm) (Gavi eligible)	Bond	A					Contingent on donor pledges
				B					
				C					

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⁴² **Bridge financing** is a financing mechanism that provides short-term liquidity through a grant, loan, or in-kind support to cover urgent needs until committed funds are received, helping to close timing gaps between funding availability and expenditure requirements.



Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism	Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Countries (in-kind or indirect support)	MCM	UNICEF The Vaccine Independence Initiative (VII)	Bridge financing	A					Requires a Basic Cooperation Agreement with country, bridging short-term funding gaps for purchase of supplies pending a country's transfer of ultimate funding source
				B					
				C					
		UNICEF VII Public Health Emergency (PHE) window	Bridge financing	A					Requires a Basic Cooperation Agreement with country; thematically driven risk-absorbing financing. Can support both pre-financing, special contracts, and all risk-absorbing financing use cases needed in PHE response.
				B					
				C					
		UNICEF VII Special Contracts Modality (UNICEF partnered suppliers)	Bridge financing	A					Commitments to suppliers (based on specific quantities and prices) in advance of funded country demand
				B					
				C					
		EIB Human Development Window Guarantee (EIB priority countries)	Guarantee	A					De-risking/guarantee instrument, demand-driven envelope; usually takes months
				B					
				C					
	Economic/Social	EIB Sovereign and Sub-Sovereign Guarantee	Guarantee	A					Not for rapid response; suited for pre-identified, risk-sensitive investments
				B					
				C					
Global Health Initiatives/ implementing agencies	Health	PAHO Epidemic Emergency Fund (PEEF) (PAHO country offices)	Bridge financing	A					Small internal reserve with allocation of funds to PAHO country office(s); requires declared emergency but disbursement quickly
				B					
				C					
		UNICEF Emergency Programme Fund (EPF) (UNICEF country offices)	Bridge financing	A					Internal emergency funding mechanism which is designed as revolving loan fund in anticipation of receiving donor contributions
				B					
				C					

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Table 9 Financing resources for outbreak archetypes and phases (continued)

Recipient	Domain	Financing Instrument/Mechanism	Product Type	Outbreak Archetype	Phase 1	Phase 2	Phase 3	Phase 4	Pre-requisites / Considerations
Global Health Initiatives/ implementing agencies		UNICEF Humanitarian thematic funding / Other Resources - Emergency (ORE) (UNICEF team)	Grant	A					Funded by voluntary donor contributions for rapid and strategic responses by UNICEF to humanitarian crises
				B					
				C					
	Health	WHO Contingency Fund for Emergencies (CFE) (WHO emergency teams)	Grant	A					Up to US\$500,000 can be requested and fast-tracked within 24 hours, higher requests may take longer
				B					
				C					
		European Commission Humanitarian Implementation Plans (HIPs) (third countries and as a priority developing countries based on humanitarian need)	Grant	A					Requests for assistance by humanitarian partners only (UN, IOs, International NGOs (INGOs), Member States' Specialized Agencies (MSSAs)); weeks to months to disburse; grants to partners
				B					
				C					
Private Sector	Economic /Social	AIIB Regular Financing - Liquidity Financing (AIIB members - financial institutions and infrastructure-related companies)	Loan	A					Financing urgent working capital needs for business continuity
				B					
				C					
		WB Private Sector Window Risk Mitigation Facility (RMF) (IDA-eligible countries)	Guarantee	A					De-risking/guarantee instrument, demand driven envelope; Not for rapid response; suited for pre-identified, risk-sensitive investments
				B					
				C					



2.4.1 Practical Implications of Financing for Different Pandemic Responses

Mapping the direct and indirect financial resources to different scenarios and recipients provides practical insights into the financing landscape.

First, much of the financing requires advanced actions in non-crisis times to ensure timely access in an emergency

These include budgetary actions, such as establishing contingency budget lines, setting aside reserve funds and ensuring pre-positioned funds at subnational levels. Other actions involve engagement with external partners; for example, incorporating contingencies into lending and grant projects, signing pre-agreements with funders, and ensuring that response expenses can be covered from existing project grants. The actions are diverse, but most critically must be undertaken ex-ante—before the outbreak starts, as part of preparedness actions.

Second, the speed of disbursement remains a critical contributor to the gap between the availability and accessibility of financing

This is especially evident in Scenario A, where the speed of transmission from Phase 1 to 3 is likely to be a matter of weeks. Other scenarios may also experience financing delays in Phase 1, especially when external resources are required. This emphasizes the importance of flexible domestic funding and the importance of ensuring the speed of financing rather than just the volume. Domestic budgets are often the fastest source of financing when proper arrangements are in place. However, not all countries have the fiscal space or capacity to execute those funds at each pandemic phase at speed and at scale. Engaging in financing readiness with external partners is imperative. Likewise, institutional processes, such as fast-track procedures, can help narrow that disbursement gap.

Third, scale and sufficiency dynamics differ by scenario

Scenario A may quickly face scale issues in the context of widespread demand for external support. Balancing equity between countries and sufficiency is key. Scenarios B and C are comparatively reliant on earlier contingent financing instruments. This can put greater pressure on financing available during the pre-PHEIC period. Substantial resources may still be needed before PHEIC-triggered measures are available, particularly in affected countries with low fiscal space or administrative capacity. Across scenarios, scale issues can also arise quickly in relation to MCMs. The return on investment is significant given their influence on outbreak trajectories. Still, MCMs, where available, represent significant cost components and time to maturity. Depending on the stage of development, investing in advanced market MCMs can also require significant at-risk financing across a diversified portfolio of products. Countries will need to assess trade-offs between the speed of development and potential public health impact of different product types and candidates (with resultant alleviation of economic and social

impacts). Overall, countries can plan for scale challenges under different pandemic conditions by assessing financing sources across the continuum of outbreak phases.

Fourth, the pandemic context plays a crucial role in determining the optimal financing package, with the optimal composition of financing varying for each scenario

Scenario A sees pressure on all financing types. In Scenario B, the ratio of health response spending to economic stabilization may be higher than in Scenarios A and C. In a vector-borne outbreak (C) with no available MCM, financing may skew towards macroeconomic and budget support in a longer-term scenario. Different country archetypes may also experience both the risks and impacts differently, from small states to substantial global economies. This ratio is dependent on many other factors, including the strength of the health system and surge capacity to meet increased healthcare demands.

Fifth, the financing landscape is shaped by a variety of characteristics of financing, which pose different barriers to use

Response financing differs in their flexibility, concessional status, volume, speed, governance arrangements, and terms of use. Volume alone is therefore inadequate for determining whether a response financing mechanism can be mobilized and funds can be deployed effectively to fill the gaps. Many of the funds are earmarked for certain activities or require different administrative processes, including reporting, application processes, and criteria for use. This requires pre-planning to understand the practical availability of funds, including understanding the nature of the different funding sources, assessing their applicability to potential pandemics, and ensuring the administrative capabilities at all levels to access funds.



Photo: World Bank / Vincent Tremeau



3 PRIORITY ACTIONS FOR RESPONSE READINESS

Priority actions reflect lessons from financial mapping, simulation exercises, and other stakeholder consultations.

3.1 Countries: Readiness for Response Financing

Emergency response is faster and more effective when domestic financing is arranged in advance. The best first line of defense is through domestic budgets. Domestic finance can support early response actions, particularly when arrangements are in place. Actions include establishing emergency financing protocols, developing outbreak funds, and strengthening contingency mechanisms that are responsive to the unique needs of outbreak response. These measures can enable the quick reallocation or release of funding; predictable financing of this kind can alter the course of the eventual pandemic. Guidance to prepare for domestic response financing is outlined in the Playbook. Options for developing emergency PFM systems have been detailed under the section **2.2.1: Domestic Response Financing**.

Countries should assess the accessibility and eligibility conditions of external resources for response. At a minimum, countries should utilize the emergency financing mechanisms at their disposal. Low-cost preparedness actions include incorporating contingency windows into lending projects or signing pre-agreements to repurpose grant funding for response. Accessing new external financing in an emergency is often faster with advanced actions. To begin their assessment, countries can map available resources and the prerequisites using **Table 7** in the Playbook. For funding with prerequisites, countries can initiate discussions with the respective financier on how to access financing in an emergency. Engaging early with external financing partners is key for financial readiness. A comprehensive list of these funders and their respective funds is included in **Appendix Table 1** for reference.

Estimating future response needs supports resource planning. Projecting financing needs requires an understanding of epidemiological and social and economic vulnerabilities. Taking a risk-based approach to optimize response strategies starts with routine hazard risk assessments that identify the likelihood and type of potential

Emergency response is faster and more effective when domestic financing is arranged in advance



pandemic risks and other health hazards.⁴³ Countries also differ social protection vulnerabilities and exposure to macroeconomic losses, such as those resulting from travel and trade restrictions. These vulnerabilities should be assessed in complement to epidemiological and health-focused risks, to inform ex-ante preparations and ex-post response strategy. Tools like the Framework for Economic Vulnerabilities and Risks (FEVR), developed under the G20 JFTHF agenda, and other assessment approaches may aim to support countries to consider these vulnerabilities in relation to pandemic risks and other external shocks. But the package of resources to address these risks across countries therefore differs. Resource planning is essential to meet these diverse needs. Evidence generation and usage of epidemiological-economic analyses, such as joint risk modelling and cost-benefit analyses across a range of sectoral interventions, are important for future planning. Routine evidence-to-policy mechanisms will facilitate literacy with the findings and foster an evidence-based decision-making environment before a pandemic occurs.

Developing budgeted preparedness plans and pre-event response plans with identified financing sources can streamline early response efforts

An effective response requires preparedness. Response financing readiness is an outcome of preparedness actions. Developing budgeted preparedness plans and pre-event response plans with identified financing sources can streamline early response efforts. Preparedness activities also build the capacity to execute response plans. Investments in core capacities to deliver on the IHR mandate to “respond promptly and effectively to public health risks”⁴⁴ requires strengthening government capacity for mobilizing domestic and external financing. Regular monitoring and improvement of response capacities across sectors to epidemics can be monitored through IHR tools, as well as other assessment frameworks. Routine functional performance measures like simulation exercises and incident action reviews also ensure that all of the necessary critical capacities are operational. These should be performed regularly, and where possible, be done jointly with health and finance alongside other relevant government and external stakeholders. Taken together, commitments in preparedness can accelerate action to ultimately save lives, reduce financial losses, and preserve livelihoods.

3.2 Regional and International Actors: Improving Speed, Sufficiency of Financing, Coordination and MCMs

Several key areas of financing have emerged as critical for attention. These concern speed, sufficiency, coordination, and MCMs.

External response financing should ensure timeliness in disbursement speeds. There has been progress in the availability and timeliness of response financing. However, in the event of rapid and uncontrolled global spread, speedy access to financing is imperative. Early financing of this kind may be required within a couple of weeks, and

43 WHO, 2005, International Health Regulations, [Accessed 8 June 2023: <https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf>]

44 This section draws on the “Mapping Pandemic Response Financing Options and Gaps” paper, prepared by the WHO and the World Bank for the JFHTF meeting in August 2023, as well as the June 2024 paper, “Pandemic Response Financing Gaps and Issues: Towards a Playbook”.

with low barriers to access. External financiers can support governments to ensure that mechanisms, processes, and plans are in place. Conversely, institutional processes, such as fast-track emergency procedures, must facilitate rapid financing and be explicitly designed to ensure they are responsive to the unique nature of pandemic risks. Optimal systems will balance swift fund disbursement and appropriate oversight, recognizing that timeliness means everything during rapid spread of an outbreak.

Assessing financing sufficiency can help address potential scale issues. Possible scale issues appear across pandemic and response contexts. COVID-19 demonstrated that an uncontrolled global pandemic requires enormous resource mobilization. However, even national and regional crises with pandemic risk face resource challenges particularly where financing triggers have not been met. Financing for specific response components, such as MCMs, can also face resourcing and coordination issues. Estimates of financing needs based on risk modelling and improving costing approaches can inform these deliberations. The mapping of funds in this Playbook can complement this process.

Coordination can reduce fragmentation and address gaps in the existing financing landscape. Coordination between IFIs, regional, and international organizations is needed to improve access to the existing domestic and external financing landscape. This is vital to ensure sufficiency and transparency in response financing. Coordination efforts should address the shortfalls identified during previous health emergencies by improving the rapid sharing of information; clearly defining roles and responsibilities; aligning triggers and processes where possible between financiers; and involving relevant financing stakeholders within the routine response structure. Regional and international institutions can support countries to administer prerequisites for response funding and strengthen the capacity to access necessary funds during a crisis. This is particularly critical in fragile settings and small island contexts where regional resource sharing is vital for implementing IHR capacities.

Equitable access to MCMs requires specialized financing and arrangements. Incorporating MCMs into national and global responses presents several challenges and depends on the availability of countermeasures, their stage of development, and their potential public health value. Preparedness for MCM development and deployment is also key. Ensuring system readiness to develop countermeasures against a novel pathogen, or even a known one that has spread significantly, requires production and deployment capacities, regulatory capacities, and procurement arrangements. Like other financing challenges, sufficiency and timeliness are critical. Yet, countries will need at-risk financing options and purchasing arrangements to ensure equitable access. Developing appropriate mechanisms for at-risk financing, supporting appropriate securing of AMC, coordinating procurement, and risk sharing are vital.



Photo: World Bank



4 CONCLUSION

The Operational Playbook provides an overview of financing and resources for pandemic response. The Playbook outlines practical guidance for national governments and stakeholders to strengthen their financing readiness and respond to a pandemic-level risk. It also forwards a scenario-based approach to illustrate how different pandemic conditions affect response. Playbook end users—including national stakeholders and regional and international partners—should keep in mind that the content of the Playbook should be adapted to the user’s context, recognizing that each country’s needs and responses will differ and there is no one-size-fits-all approach.

The Playbook should be viewed as a “living document,” which is recommended to be updated periodically. The ecosystem of response financing is dynamic. Even alongside the Playbook’s development, there have been landmark changes. These include IHR amendments, the adoption of the Pandemic Agreement, further preparatory work to facilitate the ratification of the Agreement, the development and roll-out of new financing instruments and reforms across many institutions, and active national agendas to address lessons from the COVID-19 pandemic. While the impact of these developments is uncertain and continues to evolve, users must not neglect to consider how they will affect response financing considerations.



5 APPENDICES

Appendix 1: External Response Financing Resources

Appendix Table 1 Mapping of external response financing resources⁴⁵

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed ⁴⁶
ADB	Contingent Disaster Financing (CDF) ⁴⁷	Countries: ADB Group B and C member countries	Health & Economic/ social & MCM (and governance)	Envisages that loan processing and essential Developing Member Countries (DMC) policy dialogue and reforms are completed before a natural hazard occurs, with disbursements made upon satisfaction of pre-agreed disbursement condition(s).	<ul style="list-style-type: none"> Available financing based on development financing needs and past and forecast fiscal or economic costs of the emergency/disaster. CDF for regular ordinary capital resource (OCR) operations are not capped. CDF for concessional ordinary capital (COL) operations are capped as per the corporate ceiling. 	Weeks to months to establish as per standard Policy Based Loans Funds immediately available when pre-agreed conditions are met
	ADB's Asian Development Fund (ADF) 14–Crisis Response Window including Contingent Disaster Financing ⁴⁸	Countries: ADB Group A member countries—eligible for concessional assistance only Period: 2025–2028	Health & Economic/ social & MCM	Declaration of a public health emergency through the relevant government department or PHEIC	<ul style="list-style-type: none"> Health emergency: up to 100% of a country's annual allocation or up to \$100 million (whichever is lower). Contingent disaster financing operations: capped at 50% of the annual country allocation or \$25 million, whichever is lower. 	Weeks

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- 45 This consolidated table is based on inputs from relevant financing entities, global health initiatives, and other partners, using information received as of August 29, 2025. Any missing details reflect information that was not available at the time of finalization.
- 46 Disbursement speed refers to the time between meeting eligibility criteria and the point at which an institution makes a formal decision to award funds—acknowledging that actual disbursement to the country may depend on additional national processes and timelines. For instruments requiring client agreement, it reflects the time from the country's notification of intent to when funds are made available.
- 47 Provide quick-disbursing and flexible financing for DMCs impacted by disasters triggered by natural hazards or health emergencies or to strengthen disaster and emergency preparedness.
- 48 Relief, early recovery, and reconstruction following natural disasters, public health emergencies, including epidemics and pandemics, and large cross-border movements of displaced persons. Plus, contingent disaster financing (CDF) and other ex-ante financing instruments to strengthen disaster and emergency preparedness. (Non-debt risk transfer and risk-sharing solutions may be approved in the future as a component of CDF including catastrophe bonds, disaster relief bonds, and regional risk pool arrangements.)



Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
ADB	Asia Pacific Disaster Response Fund (APDRF) ⁴⁹	Countries: All ADB Developing Member Countries	Health & Economic/ social & MCM	An emergency has been officially declared that is of a scale beyond the capacity of the country and its own agencies to meet the immediate expenses necessary to restore life-saving services to the affected populations	Up to \$3 million per event	Days
	Disaster Resilience Improvement Program (DRIP) ⁵⁰	All ADB Developing Member Countries	Health & Economic/ social	Meet pre-agreed criteria related to the direct impacts of health emergency	Concessional and regular loans Variable within the annual country allocations and the ADB corporate ceilings for Policy Based Loans	Weeks to months to establish as per standard PBLs
	Emergency Assistance Loan (EAL) ⁵¹	All ADB Developing Member Countries	Health & Economic/ social & MCM	Five conditions need to be met (see footnote) ⁵²	Concessional and regular loans Variable \$ but historically have exceeded the average project size for a given country	Weeks to months (typically 12-16 weeks)
	Countercyclical Support Facility ⁵³	All ADB Developing Member Countries	Economic/ social	Non-health measures	Concessional and ordinary loan Variable within the annual country allocations	Weeks to months
ADB	Small Expenditure Financing Facility (SEFF)	All ADB Developing Member Countries	Health & Economic/ social	Disbursement via a pre-established facility that defines the use of funds for an emergency event	Financed by regular ordinary capital resources or Asian Development Fund with ceilings set by ADB member country classification. Individual activities can be up to \$15 million.	Weeks

Table continued on the next page

- 49 Incremental grant resources to member countries for the restoration of life-preserving services to communities immediately after a disaster triggered by natural hazards, including disease outbreaks.
- 50 A policy-based loan (PBL) that supports medium- to long-term health-related policy reforms that go beyond the immediate aftermath of the COVID-19 pandemic and enhance future financial and institutional preparedness for health-related emergencies.
- 51 Emergency support for early recovery activities in the aftermath of disasters triggered by natural hazards, health emergencies, food insecurity, technological and industrial accidents, and post-conflict situations.
- 52 1. The government has made an official request for assistance 2. The potential impact on the economic, social, and governance needs and priorities have been identified in a post-disaster needs assessment 3. The event involves significant economic dislocation, and the EAL is intended to address immediate needs, expedite the preparation of a regular project, or both 4. The security of ADB staff undertaking operations in conflict-affected areas is guided by United Nations security norms and clearances 5. the level of burden and risk sharing among partners is appropriate.
- 53 Budget support for fiscal stimulus for growth following an exogenous shock, such as a health emergency, in the form of countercyclical development expenditures.

Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
AfDB	Special Relief Fund (SRF)	AfDB regional member countries	Health, Economic and Social, MCM	General appeal from UN Agencies to the international community or a request from the Government of the country concerned	<ul style="list-style-type: none"> Grants (up to US\$1 million per operation/ project) The number of operations financed per country will be a maximum of two in any one year. 	Weeks
	Crisis Response Budget Support	AfDB regional member countries	Health, Economic and Social, MCM	General appeal from UN Agencies to the international community or a request from the Government of the country concerned	<ul style="list-style-type: none"> Grants/ Concessional and non-concessional Loans Amount is dependent on country allocations and requests. 	Weeks
	Budget Reallocation/ Reprogramming within Ongoing Operations	AfDB regional member countries	Health, Economic and Social, MCM	General appeal from UN Agencies to the international community or a request from the Government of the country concerned	Reallocation of funds within an ongoing project to address the crisis,	Weeks
AIIB	Regular Financing - Immediate Emergency Response Support	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Immediate access to a portion of the undisbursed balances of approved projects and reallocation of unused funds	Weeks to months
	Regular Financing- Additional Financing	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Additional financing in approved projects	Months
	Regular Financing - Liquidity Financing	Members (financial institutions/ infrastructure companies)	Economic/ social	Eligible crises which satisfy predefined characteristics	Financing urgent working capital needs for business continuity	Months
	Regular Financing - Emergency Infrastructure Sector Support	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Financing eligible recurring or crisis-related expenditures	Months

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Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
AIIB	Regular Financing - Special Policy Provisions Applicable to Emergency Response	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Construction, reconstruction, maintenance, or upgrade of infrastructure	Months
	Policy-Based Cofinancing in Eligible Crises	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Policy-based loans co-financed with other MDBs	Months
	Regular Financing and Policy-Based Cofinancing - Streamlining Processes for Efficient Crisis Response	Members	Health & Economic/ social & MCM	Eligible crises which satisfy predefined characteristics	Simplified and expedited project preparation and management approval process	Months
European Commission	Purchase, innovation and deployment of medical countermeasures in emergency situations	EU MS, Norway, Iceland, Ukraine, Moldova, Montenegro, Bosnia, and Herzegovina	MCM	Varies (in case of a cross-border public health emergency or potential development of a serious cross-border public health threat or recognised public cross-border health emergency, including caused by any of the priority threats identified by HERA in its threat assessment)	Reallocation of unused funds for the purchase or reservation of production and supply of relevant medical countermeasures, including their deployment; and/or for intelligence gathering of medical countermeasures	Weeks to months
	Emergency support instrument (ESI)	EU MS	Health & Economic/ social & MCM	Emergency in one or several EU MS	Grants, public procurement contracts, advance financing	Weeks to months
	Union Civil Protection Mechanism	Countries: All countries/ EU Member States (MS) -Participating States (PS)	Health & Economic/ social & MCM	Request for Assistance by national authorities	Direct grants to EU MS-PS allowing for co-financing of operations (transport and operational costs)/purchase of MCMs	Weeks to months

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Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
European Commission	Humanitarian Implementation Plans (HIPs)	Humanitarian partners only (no direct funding to countries) Coverage: Third countries and as a priority developing countries based on humanitarian needs	Health (Humanitarian Aid)	Requests for assistance by humanitarian partners only (UN, IOs, INGOs, MSSAs)	Direct grants for the delivery of humanitarian assistance	Weeks to months
	Sovereign guarantee	Global	Economic/ social	Varies, can cover PPR, primary healthcare, national emergency, research, and innovation (R&I)	De-risking/guarantee instrument, demand driven envelope	Not for rapid response; suited for pre-identified, risk-sensitive investments
EIB	Human Development Window Guarantee	DG INTPA (Directorate-General for International Partnerships) countries	Health, Economic and Social, MCM	R&I, emergencies, market risk, market shaping products	De-risking/guarantee instrument, demand driven envelope	Months
	Sub-sovereign guarantee	Global	Economic/ social	Varies, can cover PPR, primary healthcare, national emergency, R&I	De-risking/guarantee instrument, demand driven envelope	Not for rapid response; suited for pre-identified, risk-sensitive investments
	First Response Fund	Countries: Gavi eligible	MCM (Vaccine response)	WHO Grade 2/3/PHEIC	Contingent, at-risk: Up to \$500 million in pre-funded response financing	Within 50 days

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Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
GAVI	Day Zero Financing Facility	Countries: Gavi eligible	MCM (Vaccine response)	Contingent on donor pledges	Contingent external: Up to \$2.15 billion in surge financing liquidity secured against donor pledges	50-100 days
	IFFIm	Countries: Gavi eligible	MCM (Health & immunisation resilience)	Contingent on donor pledges	Contingent external: Additional financing capacity secured against long term donor pledges	>100 days
	Gavi grant flexibilities (supported via the Fragility, Emergencies and Displaced Persons Policy)	Countries: Gavi eligible	Health & MCM	National / multi-country emergency or acknowledged fragile setting	Reallocation of unspent Gavi cash grants	Weeks
	Gavi outbreak response programmes (including vaccine stockpiles)	Countries: Gavi eligible	Health & MCM	Confirmed outbreak, approval of application by relevant mechanism	Gavi core funding / grants	Weeks to months
Global Fund	Rapid reprogramming of HIV, TB, Malaria Country Allocations	Countries: All eligible Global Fund countries with allocations	Health and MCM (inc. Pandemic preparedness and response)	Existing funds within country allocations reprogrammed for approved use as a result of disease outbreak event materializing; a national emergency; other	Grants (based on unutilized available grant funding at the time of the reprogramming)	Days (Budget revisions of existing grants), Weeks (portfolio optimization to add new funding to existing grants)
	Emergency Fund	Countries: All eligible Global Fund countries	Health & MCM (inc. Pandemic preparedness and response)	Conflict, Natural disasters, forced displacements, Disease outbreak event materializing	Grants (funded through a separate funding channel only as a last resort, when in-country reprogramming of existing funding has been exhausted or is not feasible).	Weeks

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Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
Global Fund	Covid 19 Response Mechanism	Countries: All eligible Global Fund countries	Health & MCM	Disease outbreak event materializing; national emergency; varies	Grants	Weeks to months (Board-approved earmarked funding stream, faster if pre-committed) ⁵⁴
	Revolving Facility	Countries: All eligible Global Fund countries	Health & advance commitments for MCMs	New health product introduction needed at scale; disease outbreak event	Flexible financing mechanism to secure supply capacity with suppliers ahead of country demand	Weeks to months
IDB	Contingent Credit Facility (Modality II for Public Health Emergencies)	Countries: IDB borrowing member countries, provided they are up to date in their reports in compliance with the IHR.	Health & Economic/ social & MCM	Declaration of a national public health emergency. Eligibility requires country to present a plan for the specific emergency, consistent with WHO guidelines.	Lending program and/or automatic redirection of available undisbursed balances. Maximum amount: US\$100 million or 1% of GDP, whichever is less.	Disbursement within a month of eligibility verification.

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54 Suited for rapid response, urgent health systems investments and procurement at scale once MCMs are made available



Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
IMF	Rapid Credit Facility	Countries: All PRGT-eligible member countries facing an urgent balance of payments need. Higher income countries not PRGT-eligible can use the Rapid Financing Instrument (RFI).	Economic/ social Urgent balance of payments need/ emergency financing assistance	<i>Four windows:</i> 1. Regular: Urgent balance of payments needs caused by sources including domestic instability, emergencies, and fragility. 2. Exogenous shock: Urgent balance of payments needs caused by a sudden, exogenous shock. 3. Large natural disaster: Urgent balance of payments needs from natural disasters where damage is assessed to be equivalent to or exceed 20 percent of the member's GDP. 4. The Food Shock Window expired at end-March 2024.	<ul style="list-style-type: none"> • Repayment: Grace period of 5½ years, and a final maturity of 10 years • Interest rate: Tiered interest rate structure effective for all programs approved on or after May 1, 2025. • Access: <ul style="list-style-type: none"> - Regular: Access up to 50 percent of quota per year and 100 percent of quota on a cumulative basis, with the annual access subject to a norm of 25 percent of quota. A per disbursement limit of 25 percent of quota. - Exogenous shock: Access up to 50 percent of quota per year and 100 percent of quota on a cumulative basis. (Cumulative access limit temporarily raised to 150 percent of quota until end-2025) - Large natural disaster: Access up to 80 percent of quota per year and 133 percent of quota on a cumulative basis. (Cumulative access limit temporarily raised to 183.3 percent of quota until end-2025) 	Weeks to months; single disbursement
	Rapid Financing Instrument	Countries: All member countries. For those eligible for the Poverty Reduction and Growth Trust (PRGT) there is the concessional Rapid Credit Facility (RCF).	Economic/ social Urgent balance of payments need/ emergency financing assistance	<i>Two windows:</i> 1. Regular: urgent balance of payments needs caused by sources including domestic instability, exogenous shocks, and fragility. 2. Large natural disaster: urgent balance of payments needs arising from natural disasters where damage is assessed to be equivalent to or exceed 20 percent of the member's GDP.	<ul style="list-style-type: none"> • Repayment: Within 3¼ to 5 years. • Interest rate: Market-determined special drawing rights (SDR) rate + 60 bps margin, (if applicable) surcharges, commitment fee. • Access: One-off use, in general. 200 percent of IMF quota annual/600 percent of IMF quota cumulative. Details here. 	Weeks to months; single disbursement

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Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
IMF	Stand-by Credit Facility	Countries: All PRGT-eligible countries facing a balance of payments need that is expected to be resolved within two years and in any event not more than three. ⁵⁵	Economic/ social Present, prospective, or potential balance of payments need	Single window	<ul style="list-style-type: none"> • Repayment: Grace period of four years and a final maturity of eight years. • Interest rate/fee: Tiered interest rate structure effective for all programs approved on or after May 1, 2025. Availability fee also applies. • Access: 200 percent of IMF quota annual/600 percent of IMF quota cumulative. Access is also guided by the access norm, currently set at 145 percent of quota for an 18-month SCF, prorated for longer and shorter duration, up to a 2-year SCF. 	Typically, months Duration: 12 to 36 months
	Stand-By Arrangement (SBA)	Countries: All member countries facing actual/potential/ external financing needs. ⁵⁶	Economic/ social Respond flexibly to countries' external financing needs by supporting their adjustment policies with short-term financing.	Single window	<ul style="list-style-type: none"> • Repayment: Due within 3¼-5 years of disbursement. • Interest rate/fee: Market-determined SDR rate + 60 bps margin, (if applicable) surcharges, commitment fee. • Access: Exceptional and front-loaded access are decided on a case-by-case basis under applicable Fund policies. Rapid access can be envisaged under the Emergency Financing Mechanism. Precautionary access: precautionary arrangements are used when countries do not intend to draw on approved amounts but retain the option to do so should they need it. 	Typically, months Duration: Flexible. Typically covers a period of 12-24 months, but not more than 36 months.

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⁵⁵ A member country with a potential but not immediate balance of payments need can use it on a precautionary basis.

⁵⁶ Most often used by advanced and emerging market countries, but some better-off low-income countries use the SBA together with the Standby Credit Facility (SCF), blending Fund concessional and non-concessional financing.



Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
IMF	Short-term Liquidity Line (SLL)	Countries: All IMF members	Economic/ social	Pre-qualification required based on very strong fundamentals and institutional frameworks	<ul style="list-style-type: none"> Market-determined SDR rate + margin, surcharges, commitment fee. Access up to 200 percent of quota on a revolving basis. Provide support to countries facing potential, moderate, short-term balance of payment needs related to capital account pressures that could arise from external developments. 	The entire requested access is available since inception.
	Flexible Credit Line (FCL)	Countries: All IMF members	Economic/ social	Pre-qualification required based on very strong fundamentals and institutional frameworks	<ul style="list-style-type: none"> Market-determined SDR rate + margin, surcharges, service charge commitment fee. No access cap. Provide financial support to countries with very strong economic fundamentals and sustained policy track records to help them meet actual or potential balance of payments needs and boost market confidence during a period of heightened risks. 	Entire amount of access available upon approval and remains available throughout the arrangement period, subject to the completion of the mid-term review for two-year arrangements.
	Precautionary and Liquidity Line (PLL)	Countries: All IMF members	Economic/ social Provide financial support to meet actual or potential balance of payments needs of countries with sound policies that may have some remaining vulnerabilities.	Qualification is based on strong performance in three out of five qualification areas	<ul style="list-style-type: none"> Market-determined SDR rate + margin, surcharges, service charge commitment fee. Access cap of 150 percent of quota for 6-months arrangements, with a higher limit of 300 percent of quota⁵⁷ if a country faces an actual or potential larger short-term balance of payments need resulting from the impact of an exogenous shock, including heightened regional or global stress. 	No phasing is envisaged for six-month arrangements. For one- and two-year PLL arrangements, see footnote. ⁵⁸

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57 PLL arrangements of one to two years are subject to an annual access limit of 300 percent of quota (net of scheduled PLL repurchases) and to a total of 600 percent of quota for the entire arrangement.

58 (i) For non-precautionary PLLs, access is phased subject to the completion of semi-annual reviews; (ii) for precautionary PLLs, an initial amount of up to 300 percent of quota is made available upon approval for the first year, with the remaining amount made available at the beginning of the second year of the arrangement, all subject to completion of semi-annual reviews.

Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
PAHO	PAHO Epidemic Emergency Fund (PEEF)	Countries: All of PAHO Member States	Health	Declared emergency due to epidemic disease outbreak (national or internal (PAHO))	Small internal reserve with allocation of funds to PAHO country office(s) in affected country(ies) to support response operations	Days to weeks
Pandemic Fund ⁵⁹	Policy Document on Post-Approval Changes to Projects	Countries: All IDA or IBRD eligible countries with current PF grants under implementation	Health, MCM	Country driven based on need	Grants that leverage co-investment and co-financing	Weeks (4-8 weeks)
	Emergency Financing Procedures - Accelerated approval of Pandemic Fund proposals during an ongoing CfP	Countries: All IDA or IBRD eligible countries affected by the PHEIC	Health, MCM	WHO's declaration of a PHEIC	Grants that leverage co-investment and co-financing	Weeks (8-9 weeks)
	Emergency Financing Procedures - Post-Approval Change Request	Countries: All IDA or IBRD eligible countries with current PF grants under implementation	Health, MCM	WHO's declaration of a PHEIC	Grants that leverage co-investment and co-financing	Weeks (7 weeks)

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⁵⁹ Pandemic Fund resources may be used to procure MCMs, primarily diagnostics and therapeutics. In the event of an EFP activation, any country requests to reallocate funds toward vaccine procurement would be considered by the Board on a case-by-case basis.



Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility& Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
UNICEF	Emergency Programme Fund (EPF)	Any UNICEF Country Office (CO) facing an emergency	Health ⁶⁰	<ul style="list-style-type: none"> Country Office (CO) submits proposal to Regional Office (RO) and the Office of Emergency Programmes (EMOPS) outlining the nature of the emergency situation and needs; no typology restriction, natural, human-caused disasters, or disease outbreaks. Following approval by EMOPS, the Division of Financial and Administrative Management (DFAM) issues a Programme Budget Allocation 	<ul style="list-style-type: none"> Internal emergency funding mechanism which is designed as revolving loan fund in anticipation of receiving donor contributions. If no such donations are received the UNICEF Director of EMOPS may authorise the conversion of the original EPF loan into a permanent, non-reimbursable grant from the EPF. Current ceiling US\$90m subject to UNICEF Executive Board decisions and approvals for adjustments. 	Speed depends on CO clarification of needs. Once the Request is received in EMOPS we have a 24 -48 hours turnaround from receipt, review, and allocation of funds to the CO.
	Humanitarian thematic funding / Other Resources-Emergency (ORE)	Any country facing a humanitarian crisis aligned with the IASC definition in footnote ⁶¹	Health Rapid and strategic responses by UNICEF to humanitarian crises.	The determination of the level of an emergency is made based on scale; urgency; complexity; and capacity of the RO and COs affected by the crisis. No typology restriction, natural, human-caused disasters, or disease outbreaks.	<ul style="list-style-type: none"> Funded by voluntary donor contributions mobilized through Humanitarian Action for Children (HAC) appeals, which are annual humanitarian appeals to mobilize resources and to present a high-level overview of UNICEF's planned humanitarian action at global, regional, and country level. HAC Appeals are aligned with inter-agency Humanitarian Needs Overview (HNO) and Response Plans (HRP). 	Funding allocations based on HAC prioritisation but can also be used within 24 hours if needed (like the EPF).

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⁶⁰ Cash and supply requirements for initiating actions in emergencies; Interim emergency needs when no inter-agency appeal has been launched; UNICEF participation in inter-agency assessment missions to identify emergency needs when the field offices are unable to provide full support; Emergency staff and administration.

⁶¹ Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multisectoral response is needed, with the engagement of a wide range of international humanitarian actors.

Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility& Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
UNICEF	The Vaccine Independence Initiative (VII) - Country Pre-financing modality; five-year extension of the VII approved by UNICEF Executive Board (2026-2030).	Any country holding a valid Basic Cooperation Agreement	MCM (Focus on health commodities ⁶²)	Documented and evaluated need, e.g. risk of vaccine or other supply stockout, delayed financing impeding access to essential supplies	Revolving fund to support countries in bridging short-term funding gaps for purchase of supplies pending a country's transfer of ultimate funding source. Financing is available from the VII capital base.	Bridge financing (pre-financing) can be deployed rapidly if preconditions are met.
	The Vaccine Independence Initiative (VII) Special Contracts modality	Any supplier working with UNICEF	MCM	Documented need and documented expected impact, e.g., can achieve better prices, accelerated access to supplies, shorter lead times.	Commitments to suppliers (based on specific quantities and prices) in advance of funded country demand. This can include advance payments to suppliers. Quantities are "settled" through country projects when funded demand materializes. Financing is available from the VII capital base.	Can be deployed within a few days or weeks, depending on urgency, scope, amounts etc.
	The Vaccine Independence Initiative (VII) Public Health Emergency (PHE) Window	Any country with a UNICEF Basic Cooperation Agreement (BCA)	MCM New window; the modus operandi is still being designed. ⁶³	PHEIC or anticipation of a PHEIC	Thematically driven risk-absorbing financing. Can support both pre-financing, special contracts, and all risk-absorbing financing use cases needed in PHE response. At the end of the response, the PHE-event window would be wound down and remaining financing would be returned to financing partners.	Weeks to mobilize resources & Days to execute transactions, once financed.

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⁶² Rapid supply response for COVID-19, nutrition crises and mpox. Expanded in 2015 to include non-immunization commodities and special contracting, while also increasing the size.

⁶³ New VII windows which can be created to respond to specific PHE events, with dedicated resources including at scale.



Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
UNICEF	Supply Financing Facility (SFF)	Any country holding a valid Procurement Service MoU with UNICEF	MCM	No trigger	Grants from public and private partners to the SFF modality, which can be used to fulfil requests for procurement of supplies from UNICEF Procurement Services partners	Depending on the circumstances funding from the SFF can be released upon request. ⁶⁴
World Bank	Crisis Response Window (CRW) for early response financing (ERF)	Countries: IDA countries	Health & Economic/ social & MCM	Disease outbreak event materializing (pathogen-specific threshold)	<ul style="list-style-type: none"> Grants & concessional loans US\$25 million per country per event or the cost of the country's response plan 	Weeks to months (if triggered prospectively) faster if pre-allocated
	Crisis Response Window (CRW) for public health emergencies (PHE)	Countries: IDA countries	Health & Economic/ social & MCM	National emergency and PHEIC	Grants & concessional loans	Weeks to months (if triggered prospectively) Faster if pre-allocated
	Contingent Emergency Response Components (CERC)	Countries: IBRD countries & IDA countries w prearrangements	Health & Economic/ social & MCM	Official national emergency	Reallocation of unused funds from existing WB project (any IPF or PforR within an IPF component)	Weeks to months
	Contingent Emergency Response Project (CERP)	Countries: IBRD-eligible countries & IDA countries w prearrangements	Health & Economic/ social & MCM	National emergency	<ul style="list-style-type: none"> Non-concessional loan (IBRD) & concessional (IDA) PF project through which emergency response expenditures can be financed with funds repurposed through RRO⁶⁵ 	Weeks

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⁶⁴ To receive funding into the SFF, a Standard Contribution Agreement (SCA) will have to be signed with a donor. Depending on earmarking or other conditionalities from donors, financing can be released when requested by procurement services partners following standard procurement services processes.

⁶⁵ Rapid Response Option (RRO): Repurposing flexibility (up to 10% of undisbursed IPF/PforR balances); can be applied to IPF CERP or DPF Cat DDO.

Appendix Table 1 Mapping of external response financing resources (continued)

Institution	Instrument	Eligibility & Coverage	Domain	Trigger design	Financing Type & Envelope	Disbursement Speed
World Bank	Development Policy Financing with Catastrophe Deferred Drawdown Option (DPF Cat DDO)	Countries: IBRD-eligible countries	Health & Economic/ social & MCM	National emergency	IBRD flexible loan (non-concessional), US\$1 billion or 0.5% of GDP. Can be repurposed through RRO.	Weeks
	Investment Project Financing with a Deferred Drawdown Option (IPF DDO)	Countries: IBRD-eligible countries & IDA countries using IDA credits	Health & Economic/ social & MCM	Varies (parametric, or a defined event), but pre-specified	IBRD regular loan (non-concessional) & concessional (IDA)	Weeks
	Climate Resilient Debt Clause (CRDC)	IBRD countries & IDA-eligible small state economies	Health & Economic/ social	National emergency	Pause in debt service for up to 2 years	Months
	Private Sector Window Risk Mitigation Facility (RMF)	Countries: IDA countries	Economic/ social	If existing WB instruments are insufficient	De-risking/guarantee instrument, demand driven envelope	Not for rapid response; suited for pre-identified, risk-sensitive investments
WHO	Contingency Fund for Emergencies (CFE) Pre-arranged contingent financing instruments	WHO emergency teams at headquarters, regional and country level to support WHO Member States and frontline relief partners	Health	Health emergency including natural disaster, complex crisis, and disease outbreak	Immediate allocations (grants) with envelopes in 2024 ranging from US\$15,000 to US\$7,595,000, emergency teams are requested to reimburse allocations to the extent possible by seeking other donor funding and returning all unspent funds	Up to US\$ 500,000 can be requested and fast-tracked within 24 hours. Amounts above that can be requested and can take longer than 24 hours to process.



Appendix 2: Brief Overview of MCM Coordination During COVID-19

National level coordination

To deploy COVID-19 countermeasures, most countries established a National Coordinating Committee (NCC) for COVID-19 and set up a National Technical Working Group (NTWG) for COVID-19 vaccine introduction. Several countries established NTWG subcommittees to assess progress on service delivery, cold chain & logistics, demand generation & communication, etc. Before the rollout, vaccine access was planned through COVAX as well as through bilateral purchase agreements. National Deployment and Vaccination Plans (NDVP) were developed with specifics related to regulation, planning and coordination, deployment and more. Having dedicated staff and technical experts, data availability across government departments, working with global and regional technical partners, and prior experience supported faster evaluation of vaccines readiness.

Global coordination

Several global and regional efforts sought to improve equitable and timely access to new vaccines. Efforts to establish pooled procurement arrangements like COVAX, the vaccine pillar of the Access to COVID-19 Tools Accelerator (ACT-A)⁶⁶ and AVATT, the Africa Vaccine Acquisition Task Team were mounted at speed. However, these platforms were established ex post, leading to challenges in timely and sufficient financing procurement, production, and delivery.

COVAX

Coordinated and administered by Gavi, CEPI, WHO, and UNICEF, COVAX aimed to accelerate the development and manufacturing of COVID-19 vaccines and guarantee fair and equitable access worldwide. COVAX mobilized more than US\$12 billion in donor funding, which was used to negotiate Advance Purchase Agreements with vaccine manufacturers even before any vaccines received regulatory approval and ultimately provided nearly 2 billion vaccine doses to LICs. However, it took time for COVAX to mobilize financing at scale: in December 2020, when high-income countries had already placed many purchase orders through early advance market commitments for more than their fair share of the population, COVAX had raised only US \$2 billion putting LICs and LMICs at the back of the queue. Moreover, except for limited at-risk financing for R&D and manufacturing capacity by CEPI/COVAX, there was no agreed mechanism for COVAX or other entities to enter into at-risk contracts with manufacturers with the exception of at-risk financing by high-income to secure sovereign purchases with few concerns for global equity.

⁶⁶ ACT-A was established at the end of April 2020, bringing together a diverse group of stakeholders, including governments, philanthropists, the World Bank, and global health organizations such as Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and WHO.

Beyond the collective: Many development and financing institutions also independently supported vaccine procurement. For instance, in October 2020 the World Bank made US \$12 billion available to help countries purchase and deploy vaccines through additional financing to the initial COVID-19 response projects, including through COVAX and the Africa Vaccine Acquisition Trust with additional resourcing throughout the pandemic. However, this support also faced challenges with some commitments ultimately being cancelled due to changing country needs and circumstances.