

DEMOCRACY AND PANDEMIC



13 — 15.11.25

Fondazione Giorgio Cini, Venezia

From Aid to Agency: A New Paradigm for Financing Pandemic Resilience

How the Pandemic Fund model shifts the game

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Presentation at the Symposium on Democracy and Pandemics
Venice, November 14, 2025



**The
Pandemic
Fund**
FOR A RESILIENT WORLD

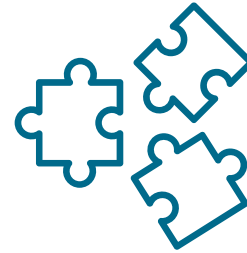
Why this matters

- The last decade has seen recurring pathogen threats (e.g., Avian Influenza, SARS, MERS, Ebola, Zika, COVID-19, mpox, Marburg etc.).
- The human, social and economic cost of pandemics is enormous, and risks are rising.
- Traditional “aid” models are not enough for long-term resilience. DAH has been delivered in a way that has created parallel structures, instead of reinforcing national systems, capacity and ownership; investments have often been disease specific; focus on short-term response.
- We need to shift from reactive aid to proactive agency: countries driving their own preparedness, with on-budget financing that supports that shift.

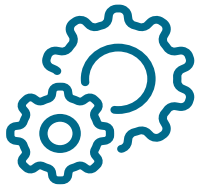
Limitations of the Traditional Aid Model for PPR



Response-driven, emergency-only funding; lacks sustainability.



Often fragmented, siloed, disease specific, donor-driven rather than country-led.



Weak alignment with national systems / domestic financing / long-term capacity; often off-budget.



Underinvestment in the “always-on” systems (surveillance, workforce, labs) that are critical to detecting, containing and preventing pandemics, rather than just responding to them.

A New Paradigm: From Aid to Agency

What do we mean by “agency”?



Country-led planning, prioritization and ownership of pandemic preparedness, prevention, response (PPR).



Financing that ownership — on budget, aligning with national strategies, leveraging domestic and international resources.



Shift from charity/aid to partnership/investment: enabling countries as agents of their resilience, not passive recipients.



Multi-sector, integrated, system-building rather than isolated interventions.

Introducing the Pandemic Fund

- ✓ Established in 2022, the Pandemic Fund is the first multilateral financing mechanism dedicated exclusively to strengthening prevention, preparedness and response (PPR) capacities in low- and middle-income countries
- ✓ Hosted by the World Bank
- ✓ As of October 2025: a portfolio of US\$7 billion across 75 countries.
- ✓ Grants awarded: ~US\$885 million through its first two rounds, mobilizing over US\$6 billion in additional domestic/international resources (about 1:7 leverage).

What Makes the Pandemic Fund Fit for Purpose

How does the Fund's model align with the "aid to agency" paradigm and the realities of the global health landscape?

- 1.** Country-led, aligned with national/regional PPR plans – Projects are anchored in national or regional priorities and systems and grants are provided on-budget.
- 2.** Catalytic financing / leverage – The Fund explicitly aims for co-financing, domestic co-investment and multiplier effects rather than just grant disbursement.
- 3.** Focus on systems, not just response – Priority areas: surveillance, laboratory systems, health workforce. These are foundational. "Disease agnostic" approach.
- 4.** Integrated, multisectoral, One Health approach – recognizing that health security intersects with animal health, environment, governance.
- 5.** Inclusive governance & global coordination – The Fund brings together donors, recipient countries, civil society, Implementing Entities (IEs), technical agencies in a coherent architecture.

Why Now? The Global Health Financing Landscape

- **Chronic under-investment in PPR:** many countries still lack minimal capacities to detect and respond to emerging threats.
- **The economic case:** pandemics cost far more than preparedness. Investing ahead is cost-effective.
- **Fragmentation of global health funding:** multiple mechanisms, duplication, weak alignment.
- **Changing donor/partner expectations:** a push for country ownership/sovereignty, sustainable financing, and integration with health systems/universal health coverage.
- We are shifting from emergency “**aid**” mindset to a **resilient** system investment mindset.



Pandemic Fund Portfolio Overview

The Pandemic Fund has moved quickly to deliver financing to where it is most needed

47*
Grants

75
Countries

\$885M
Funds Allocated

\$3.7B
Co-Financing

\$2.4B
Co-Investment

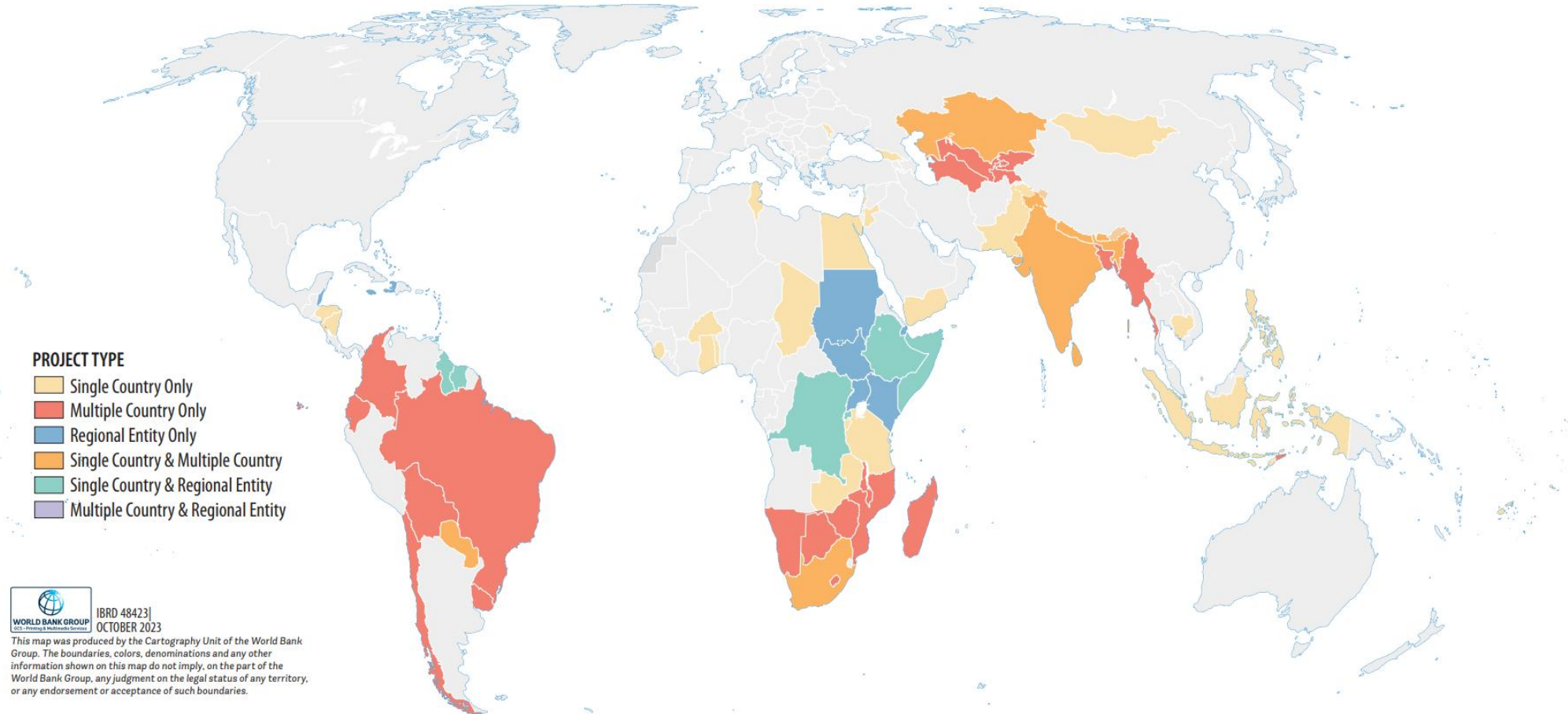
6.96B
Total amount mobilized

7x
Leverage ratio

Geography			Income Level*			Implementing Entities (IEs)	Mpox projects	Tags
Region	% of Proposals	% Funding Allocated	IC	% IC	% \$\$	<p>85% 2 or more IEs</p> <p>45% mix of IEs/MDBs</p>	<p>5 Projects awarded under mpox fast-track</p> <p>10 Beneficiary countries</p> <p>30% amount of grant allocated to emergency response</p>	<p>91% Projected that include One Health</p> <p>94% Projects that include Community-Led Interventions</p>
SSA	34%	43%	LIC	26%	35%			
ECA	8%	7%	LMIC	49%	45%			
LAC	19%	15%	UMIC	25%	20%			
MNAP	15%	14%	<p>*Only includes single-country grants</p> <p>80% of grants to LIC/LMICs</p>					
SAR	11%	10%						
EAP	13%	11%						

*Of the 47 projects currently in the portfolio, three are Regional Entity projects (IGAD, CARPHA, Greater Virunga Transboundary Collaboration).

The Pandemic Fund's Global Footprint



The Fund in Practice

Case Studies

INDIA

Transforming Laboratory Infrastructure in the Animal Health Sector



Grant amount	Co-financing	Co-investment
\$25,000,000.00	\$259,100,000.00	\$82,000,000.00

- Two national lab networks, **INGeS** (for genomic surveillance) and **INTEZ** (for TADs/EIDs/Zoonoses), have been established, comprising over 30 laboratories in a hub-and-spoke model
- Upgrading a **Laboratory Information Management System (LIMS)** and developing an Animal Health Data Warehouse
- National effort to upgrade animal health labs to the National Accreditation Board for Testing and Calibration Laboratories standards – seven labs are currently being upgraded.

The Fund in Practice

Case Studies

INDONESIA



Grant amount	Co-financing	Co-investment
\$24,946,200.00	\$21,624,668.00	\$227,521,269.00

- Multi-island, high-risk context, strengthening surveillance, labs, and workforce development
- The project is establishing a **One Health surveillance network**, procuring new laboratory equipment for animal diagnostics, and providing training to health workers
- Establishment of the **Emergency Operations Centers (EOC)** and **Incident Management Systems (IMS)** structures in the country

The Fund in Practice

Case Studies

LEBANON



Grant amount	Co-financing	Co-investment
\$11,440,000.00	\$17,804,000.00	\$5,302,600.00

- **Strengthening surveillance & early warning**, developing accredited laboratory network, enhancing workforce.
- **Establishing a One Health platform**, and delivering cross-sector training (human, animal, environmental health).
- **Multisector collaboration:** Ministry of Public Health, Agriculture & Finance, implementing partners such as UNICEF, World Health Organization (WHO), Food and Agriculture Organization (FAO).

The Fund in Practice

Case Studies

RWANDA

Technical Advances in Disease Outbreak Response (Mpox & Marburg)

Grant Amount	Co-financing	Co-investment
\$24,963,101.00	\$5,826,220.00	\$154,000,000.00

- Launch of the new **Impuruza digital event-based surveillance system** that enabled timely confirmation of Marburg and mpox cases – including procurement of nearly 19,000 pieces of equipment, testing and sequencing kits
- Use of an **Artificial Intelligence surveillance tool at border crossing locations** – detecting potential cases on mpox before they entered the country
- Launch of the groundbreaking **Health Intelligence Center**, a digital platform designed to collect, process and analyze real-time health data to strengthen evidence-based decision-making.



The Fund in Practice

Case Studies

CARPHA

Enhancing Regional Surveillance Connectivity



Grant amount	Co-financing	Co-investment
\$16,036,961.00	\$139,580.00	\$8,506,028.00

- Launched a **novel real-time Mass Gathering Surveillance System (MGSS)** – implemented in 6 countries and reported immediate notification of 146 cases
- Development of a **digital Regional Integrated Early Warning Surveillance System** and training tools
- Established the Caribbean’s first integrated **One Health Platform** in 2025
- Enhancement of regional referral labs – including BSL-3 certification of the Caribbean Medical Microbiology Laboratory referral lab, launching three AMR referral labs, and expanding safe sample transport of infectious material to labs.

How the Model Enables Agency



By aligning with national plans & systems, recipient countries retain ownership of priority setting and implementation.



By supporting national and regional public health institutions as enablers, it ensures that the capacities built are owned and sustained



By leveraging domestic investments & co-financing, the Fund helps countries invest sustainably (moving beyond pure donor support).



By including multisectoral, all of governments, all of society approaches (One Health, community engagement etc.), it positions countries and communities as active agents of interconnected resilience



By focusing on foundational capacities (surveillance, labs, workforce), the Fund empowers countries to act before the next pandemic emerges—not just react.



By establishing a results/monitoring framework, the Fund supports accountability and transparency, reinforcing country-led management.

Challenges & Considerations

- Ensuring sustained national political commitment and domestic financing, even after initial catalytic grants.
- Measuring long-term impact of preparedness investments is complex (what is the preventive value of something that didn't happen?).
- Reaching the most vulnerable countries, communities and populations.
- Aligning with countries' broader development agendas, avoiding siloing PPR away from health systems or other sectors.
- Maintaining focus on prevention/tooling the “always-on” capacities rather than just response.



Opportunities & Strategic Shift for the Future

- Continue diversification of financing sources (philanthropy, private sector, blended finance).
- Strengthen linkages between PPR financing and broader health systems/universal health coverage—so preparedness is embedded in routine health infrastructure.
- Foster transitional financing models: supporting countries as they shift from donor dependence to domestic investment.
- Further enhance coordination with other financing mechanisms (e.g., MDBs, global health funds) to reduce overlap and increase coherence.
- Invest in measurement, data and accountability frameworks to demonstrate impact and build trust.



Conclusion

- The world cannot afford to wait for the next pandemic to begin financing. We must shift from aid-centered reactive funding to agency-centered investment in resilient systems.
- The Pandemic Fund presents a compelling model of this shift: country-led, catalytic, system-focused, aligned with national priorities.
- If leveraged well, it can play a central role in building a pandemic-resilient world—one where countries have the agency and resources to prevent, detect and respond to health threats.
- The question now: how do we scale and sustain this paradigm across the global health financing landscape?



<https://www.thepandemicfund.org/>
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