

The Pandemic Fund

This brief is intended to support applicants, partners, civil society, and others in developing funding requests and/or advocating for prioritization of medical oxygen, pulse oximetry, and respiratory therapies in Pandemic Fund applications.

The Pandemic Fund, hosted by the World Bank, provides long-term financing to strengthen the capacities of low- and middle-income countries to prevent, detect, and respond to future pandemics. It was established in 2022 to address gaps exposed by COVID-19 and support investments in disease surveillance systems, laboratory networks, emergency response capacity, health workforce training, and One Health systems linking human, animal, and environmental health.

Unlike disease-specific funds, it focuses on crosscutting health security systems that improve outbreak detection and response across multiple threats, including respiratory pandemics.

To date, the Fund has approved roughly US\$1.4 billion in grants in three funding rounds (2023, 2024, 2025) supporting pandemic preparedness investments in about 128 countries. These grants are designed to catalyze much larger cofinancing and domestic investment, bringing the total mobilized envelope to over US\$10 billion to US\$11 billion. In 2026, the Pandemic Fund launched a [fourth call for proposals](#) focused on strengthening pandemic prevention, preparedness, and response systems in 15 countries with the greatest preparedness gaps and outbreak risk—Afghanistan, Benin, Central African Republic, Eritrea, Guinea, Haiti, Liberia, Madagascar, Mali, Mozambique, Niger, Nigeria, Republic of Congo, Sudan, and Uganda.

As medical oxygen, pulse oximetry, and respiratory therapies are essential technologies during pandemics, especially respiratory infection pandemics like COVID-19, increased investment in the products, people, and systems needed to provide surge capacity is well-aligned with the Pandemic Fund's goals.

Tips!

- Frame medical oxygen, pulse oximetry, and respiratory therapies as **core pandemic surge infrastructure**, essential for outbreaks caused by respiratory pathogens.
- Embed oxygen within a **full emergency care pathway** (screening—triage—treatment—referral) to show direct impact on outbreak detection and mortality reduction.
- Include **clear, measurable indicators and cofinancing** to track scalable preparedness, in alignment with the Pandemic Fund's focus on building surveillance and emergency response capacity.



Eligible governments can include pulse oximetry, medical oxygen, and respiratory therapies as part of their Pandemic Fund applications by demonstrating how investments can improve [three program priorities](#):

1. **Surveillance systems:** Strengthening disease detection, early warning, and data sharing.
2. **Laboratory systems:** Expanding diagnostic capacity, lab networks, and genomic sequencing to confirm and track outbreaks.
3. **Emergency preparedness and response systems:** Building workforce capacity, emergency operations centers, supply chains, and surge capacity for outbreak response (including clinical readiness).

Governments must identify and engage one or more official “implementing entities” to finalize their online application, including the World Health Organization (WHO); World Bank (International Bank for Reconstruction and Development/International Development Association); UNICEF; Food and Agriculture Organization of the United Nations (UN); World Organisation for Animal Health (formerly Office International des Epizooties); Gavi, the Vaccine Alliance; Africa Centres for Disease Control and Prevention; Asian Development Bank; Inter-American Development Bank; European Investment Bank; Islamic Development Bank; UN Development Programme; and UN Office for Project Services. Although Pandemic Fund applications are submitted by governments, if approved, the grant agreement is signed with the implementing entity, which receives and manages the funds, supporting execution with government counterparts.

A great deal of data exists to help countries make the case for including medical oxygen in Pandemic Fund applications. The work of the [Lancet Global Health Commission on medical oxygen security](#), the [Global Oxygen Alliance's investment case](#), and a vast, peer-

Government officials should not overlook the opportunity to apply to the Pandemic Fund to strengthen oxygen systems, as medical oxygen, pulse oximetry, and respiratory therapies are **core surge infrastructure that can significantly reduce fatalities**, especially during respiratory pandemics.



Including medical oxygen in Pandemic Fund applications

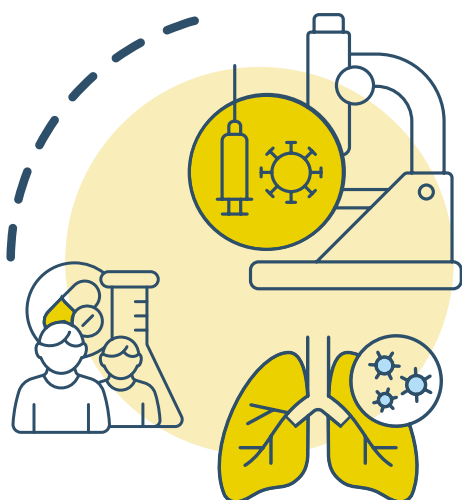
reviewed literature hosted at the [Access to Oxygen \(A2O₂\) Resource Library](#) include estimates of gaps in oxygen access for all regions and many countries, and during health emergencies, especially pandemics.

Engaging in Pandemic Fund calls

An eligible government responding to a call for proposals from the Pandemic Fund typically starts by identifying an oxygen project or projects that strengthen national or sub-national capacity in one or more of the Pandemic Fund program priorities - **surveillance and early warning systems, laboratory systems and diagnostic capacity, and health and care workforce capacity**. Pulse oximetry, medical oxygen, and respiratory therapy projects that strengthen the capacity of the health system to respond quickly and effectively to pandemics will be most competitive. Projects should align with national oxygen and pandemic preparedness plans and strategies.

The government then selects an **implementing entity** from the official list—often a multilateral development bank such as the World Bank or regional development banks, or a UN agency such as UNICEF or WHO—to co-develop and later execute the project. Together, they design a technically robust proposal that links infrastructure, workforce investment, and clinical readiness. For example, ensuring adequate supplies of pulse oximeters as diagnostic tools that can signal the arrival of a respiratory pandemic (i.e., sudden spikes in hypoxemia spreading across populations); securing reserve capacity of medical oxygen and the energy needed to power the massive quantities needed during a respiratory pandemic; and investing in a cadre of engineers and technicians trained to maintain the medical equipment needed during a pandemic. Strong coordination with ministries of health, finance, and infrastructure is usually required to ensure feasibility and alignment.

Once the proposal is finalized, the government submits it through the Pandemic Fund application portal before the deadline. The submission includes a detailed results framework showing expected outputs (e.g., equipment installed, workers trained) and outcomes (e.g., improved oxygen surge capacity). After technical review and approval, the project moves into implementation, where the government leads operational delivery while the implementing entity provides financial oversight and technical support. Throughout execution, progress is tracked through routine reporting to the Pandemic Fund, with an emphasis on functionality—not just infrastructure installed but oxygen reliably reaching patients in need.



Maximizing success: Practical tips

Engage the implementing entity early (WHO, World Bank, UNICEF, and others)

- ▶ Align oxygen design with the implementing entities' technical standards, procurement pathways, and country readiness requirements from the start.

Align tightly to the three pillars (do not treat oxygen as standalone)

- ▶ Link oxygen to surveillance (pulse oximetry for early hypoxemia detection), labs (diagnostic confirmation of severe infection), and emergency response (oxygen delivery and respiratory care capacity).

Frame oxygen as “pandemic surge infrastructure” not clinical equipment

- ▶ Position oxygen systems and pulse oximetry as essential to managing respiratory outbreaks (COVID-19, influenza, respiratory syncytial virus) and turning detection into reduced mortality and not just as routine hospital inputs.

Show system-wide integration not facility-level upgrades

- ▶ Demonstrate how oxygen connects primary care, district hospitals, referral systems, and emergency operations—creating a **national respiratory surge network and not just isolated investments**.

Quantify readiness and performance indicators

- ▶ Include measurable outcomes like facility oxygen coverage, percentage of severe cases receiving oxygen, oximetry use in triage, and system uptime—showing **preparedness + response impact and not just procurement outputs**.

Strengthen cofinancing and sustainability narrative

- ▶ Pair capital investments (pressure swing adsorption [PSA] plants or concentrators) with government or partner funding for maintenance, training, and supply chains, showing the system is **scalable, durable, and nationally owned** under World Bank–managed financing.

Examples of Pandemic Fund oxygen investments

National oxygen scale-up (liquid oxygen + PSA plants)

- ▶ Installation of PSA oxygen plants at regional hospitals.
- ▶ Liquid oxygen storage and bulk distribution systems.
- ▶ Backup power systems to ensure uninterrupted oxygen supply.

Facility-wide pulse oximetry rollout

- ▶ Provision of pulse oximeters to all primary health centers and hospitals.
- ▶ Integration into triage systems for fever and infectious disease cases.
- ▶ Training for frontline workers on hypoxemia detection.

Integrated respiratory care units in district hospitals

- ▶ Establishment of severe respiratory care corners/units.
- ▶ Equipment such as oxygen concentrators, continuous positive airway pressure, suction, flowmeters, or nebulizers.
- ▶ Protocols for managing severe pneumonia and outbreak surges.

Oxygen monitoring and data systems

- ▶ Digital tracking of oxygen availability, consumption, and system uptime.
- ▶ Linkage of facility oxygen data into national health information systems.
- ▶ Early warning dashboards for oxygen shortages during outbreaks.

Biomedical engineering and maintenance networks

- ▶ Training and deployment of regional biomedical oxygen engineers/technicians.
- ▶ Preventive maintenance systems for concentrators, PSA plants, and ventilators.
- ▶ Rapid repair and supply chains for oxygen equipment during outbreaks.

Contact information

- ▶ Country ministry of health/national pandemic prevention, preparedness, and response focal points.
- ▶ World Bank Pandemic Fund Secretariat: <https://www.thepandemicfund.org/who-we-are/secretariat>.
- ▶ Implementing entity national offices - African Development Bank Group (AfDB), Asian Development Bank (ADB), Asian Infrastructure Investment Bank (AIIB), Coalition for Epidemic Preparedness Innovations (CEPI), European Investment Bank (EIB), Food and Agriculture Organization of the United Nations (FAO), Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Inter-American Development Bank (IDB), International Finance Corporation (IFC), International Fund for Agricultural Development (IFAD), UNICEF, United Nations Development Programme (UNDP), World Bank Group, and the World Health Organization.
- ▶ WHO country/regional directors and health security advisers: <https://www.who.int/director-general/regional-directors>.

Resources

- ▶ Latest (4th) call for proposals: <https://www.thepandemicfund.org/news/announcement/pandemic-fund-launches-fourth-call-proposals-targeting-high-risk-high-need-countries>.
- ▶ Guidance Note for Applicants of the Fourth Call for Proposals: https://www.thepandemicfund.org/sites/default/files/2026-04/4th%20CfP_Guidance%20Note.pdf.
- ▶ Strategic Plan (2024-2029): <https://www.thepandemicfund.org/medium-term-strategic-plan>.
- ▶ Operations Manual: <https://www.thepandemicfund.org/sites/default/files/2026-02/Operations%20Manual.pdf>
- ▶ Investment Case (2025-2027): <https://www.thepandemicfund.org/investment-case>.
- ▶ Results Framework: <https://www.thepandemicfund.org/sites/default/files/2025-03/The%20Pandemic%20Fund%20Results%20Framework%20March%202026%202025.pdf>