

Medical oxygen and pulse oximetry financing

Pandemic Fund opportunities

The **Pandemic Fund**—hosted by the World Bank—was created in September 2022 to provide a dedicated stream of additional, long-term funding for critical pandemic prevention, preparedness, and response (PPPR) in eligible low- and middle-income countries. The Pandemic Fund launched its third Call for Proposals (CfP) in December 2024 with a funding envelope of US\$500 million. The 3rd CfP will occur in two phases: the first phase (Phase I) closed in June 2025 for the submission of single and multi-country proposals and the second phase (Phase II) is open until 22 August for Regional Entity proposals.

Recognizing the high demand for funding demonstrated in the first and second CfP, the third CfP continues to prioritize high-impact investments in: 1) early warning and disease surveillance systems; 2) laboratory systems; and 3) strengthening human resources and public health and community workforce capacity to help countries prevent, prepare for, and respond to health emergencies. Proposal development and implementation should give particular attention to two cross-cutting enablers and the four underlying themes of the Pandemic Fund's Strategic Plan.¹

Rationale

According to [expert forecasts](#), there is a 66 percent chance of another COVID-like respiratory pandemic with a death toll of more than 10 million in the next 25 years. To prepare, countries must strengthen their health systems to identify, diagnose, and treat respiratory infections. Tools like pulse oximeters, which detect hypoxemia (low oxygen saturation in the blood), can provide critical data that a respiratory pandemic is emerging. And medical oxygen and related therapies are essential to treatment, as the recent COVID-19 pandemic demonstrated. An adequate supply of clinical and biomedical engineers and technicians trained to operate and maintain both is a critical plank of PPPR.

The table below outlines key information and resources for pursuing funding for medical oxygen and pulse oximetry through the Pandemic Fund.

👉 It is intended for use by **Beneficiaries, partners, civil society, and others** in developing funding requests and/or advocating for prioritizing medical oxygen and pulse oximetry in Pandemic Fund proposals.

Tips!

- Proposals must be submitted by Beneficiaries—an eligible country or group of countries or a Regional Entity or Entities—or their Implementing Entities (IE, see below). Identify these stakeholders and start a dialogue right away.
- Global health nonprofit organizations may be contracted as project delivery partners and can serve in catalyzing the proposal development process, gathering needed evidence, creating compelling evidence materials, and supporting overall implementation.

HOW

There are three types of proposals that will be accepted:

- Single-country proposal** that is submitted by one eligible country along with one or more approved IEs. An individual country may submit a maximum of one proposal during Phase I, with a budget ceiling of US\$25 million.
- Multi-country proposal** that is submitted by two or more eligible countries along with one or more approved IEs. An individual country may take part in a maximum of one multi-country proposal during Phase I of the third CfP. *Each proposal has a budget ceiling of US\$40 million.*
- Regional Entity proposal** that is submitted by a Regional Entity, body, or platform—a specialized technical institution established by the government of one or more country to support their public health initiatives and strengthen PPPR capacity—along with one or more approved IEs.

WHEN

- Call for proposals: 19 December 2024.
- Launch of online application portal for Phase I: 26 March 2025.
- Deadline to submit applications for Phase I: 6 June 2025.
- Deadline to submit applications for Phase II: 22 August 2025.**
- Eligible proposals reviewed: between June and October 2025.
- Funding decisions announced: end of November 2025.

WHO

Any country that is [eligible to receive funding from the International Bank for Reconstruction and Development \(IBRD\) and/or the International Development Association \(IDA\)](#) is eligible.

- The 39 countries that were awarded single-country grants under the first or second CfP are not eligible to receive single-country grants under the third CfP. These countries may be included in a maximum of one multi-country proposal during Phase I or Regional Entity proposals during Phase II.
- Countries that were part of successful multi-country grants and/or covered under successful Regional Entity proposals in the first or second CfP are eligible to apply for both single-country and a maximum of one multi-country grant in the third CfP.
- Where a country is applying for an additional grant, the country must clearly demonstrate how the new proposal complements and/or contributes to the implementation of the previously awarded Pandemic Fund project.



Proposals must identify at least one Implementing Entity (IE)—the “intermediary” between the Pandemic Fund and Beneficiaries—from the approved list of 13: African Development Bank; Asian Development Bank; Asian Infrastructure Investment Bank; European Investment Bank; Inter-American Development Bank; International Finance Corporation; World Bank; FAO; UNICEF; WHO; the Coalition for Epidemic Preparedness Innovations; Gavi; and the Global Fund.



The 39 non-eligible countries: Bhutan, Burkina Faso, Burundi, Cabo Verde, Cambodia, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Georgia, Guyana, Honduras, India, Indonesia, Jordan, Kazakhstan, Lebanon, Moldova, Mongolia, Nepal, Nicaragua, Pakistan, Paraguay, Philippines, Rwanda, Samoa, Sierra Leone, South Africa, Sri Lanka, Suriname, Tanzania, Togo, Trinidad and Tobago, Tunisia, West Bank and Gaza, Yemen and Zambia.

¹ The two cross-cutting enablers would be National Public Health Institutes (or relevant public institutions) or regional/global networks, organizations, or hubs aimed at bolstering the institutional foundations that support information sharing, coordination across public health and One Health systems, and rapid action. The four underlying themes for all the Pandemic Fund's work are One Health, community engagement, gender equality, and health equity.

What can partners do to ensure medical oxygen and pulse oximetry are prioritized in a Pandemic Fund proposal?

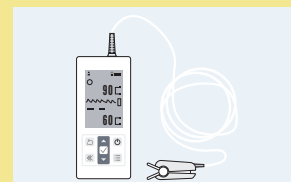
- Advocate with government partners (e.g., ministries of health and finance, public health institutions, etc.) to include medical oxygen and pulse oximetry in their single-country proposals and to collaborate with other governments to submit multi-country proposals that include both.
- Engage IEs and Regional Entities to support Pandemic Fund proposals that include medical oxygen and/or pulse oximetry, sharing evidence and any other data that would strengthen the proposals, and demonstrating the value for money that comes from investing in this area.
- Be a thought partner for compiling proposal materials, including costed work plans and other evidence, such as assessments to support intervention prioritizations.
- Establish an advocacy plan for continued Pandemic Fund engagement to secure long-term grant funding for medical oxygen and pulse oximetry care in your country or region.

Proposals are expected to demonstrate their alignment with the [Pandemic Fund's Results Framework](#) and how the proposed activities will deliver results along with one or more of the three priority areas of this CfP and contribute to impact. Below are ideas on how proposals can prioritize pulse oximetry and medical oxygen:

Priority area 1: **Early warning and disease surveillance systems**

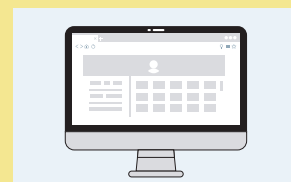
A sensitive, collaborative surveillance system is needed to ensure early warning and to provide information for an informed decision-making process during public health events and emergencies. To ensure a successful response to a respiratory pandemic, beneficiaries should consider:

- ✓ Investing in pulse oximeters at all levels of the health system—to serve as “state-of-the-art digital tools” to monitor and track hypoxemia incidence as part of early warning systems and to adequately diagnose, treat, and monitor patients needing medical oxygen therapy.
- ✓ Strengthening health information and/or clinical surveillance systems to include data on the incidence of hypoxemia—to support early warning systems and surge planning by tracking rapid changes in the number of hypoxemic patients in certain health facilities or districts.
- ✓ Ensuring interconnected national and regional centers of expertise for collaborative inter-sectoral surveillance and sharing of data, including on hypoxemia—building on existing, proven systems that are interconnected in a global surveillance network.



Priority area 2: **Laboratory systems**

Laboratories are critical to surveillance, detection, and response to a pandemic or health emergency. While not directly applicable to strengthening health systems to provide pulse oximetry and medical oxygen access for respiratory pandemics, it is vital that the hypoxemia data generated at all levels of the health system is connected to national laboratory information systems so that health systems are aware of sudden spikes in hypoxemia and can take action to investigate.



Priority area 3: **Strengthening health and community workforce capacity**

A multisectoral workforce is key to enabling prevention, early detection, and rapid response to potential events of concern at all levels of health and community systems. To ensure a successful response to a respiratory pandemic, Beneficiaries should consider:

- ✓ Investing in a well-educated, trained and appropriately compensated workforce, to ensure readiness for surges of workforce across sectors in the case of a respiratory pandemic and for constant, sustained effort on prevention and surveillance between emergencies. These include community health workers, nurses, clinicians, biomedical engineers and technicians, pandemic surveillance staff, Ministry of Health staff, among others.
- ✓ Improving the capacity of health workers at all levels to accurately use pulse oximetry to diagnose hypoxemic patients, and refer for treatment, including during emergencies when the need surges.
- ✓ Improving the capacity of biomedical engineers and technicians at all levels to install, monitor, and maintain pulse oximeters, medical oxygen devices, and related therapies, including during emergencies when the need surges.
- ✓ Building centers of expertise that can serve as hubs to educate and train for both clinicians and biomedical engineers and technicians on the use of pulse oximetry, medical oxygen, and related therapies. Standard training curricula should include pulse oximetry, all relevant sources of medical oxygen in the region, and related therapies.
- ✓ Ensuring supplemental training is based on up-to-date curricula, common standards, and competencies for both clinical and biomedical staff, reflecting an interdisciplinary approach for PPPR. Training content and materials should include pulse oximetry, medical oxygen, and related therapies (e.g., ventilators) to ensure that countries have a ready supply of health workers able to respond rapidly to the escalating need during a respiratory pandemic.



Relevant resources

- Pandemic Fund website: <https://www.thepandemicfund.org/>
- Pandemic Fund Guidance Note (available in English, French, and Spanish)
- Pandemic Fund Online application portal for Phase I: https://worldbank.smapply.io/prog/CfP3_1
- Third Call for Proposals Phase I Frequently Asked Questions: <https://www.thepandemicfund.org/pandemic-fund-third-call-proposals-phase-1-frequently-asked-questions>
- Pandemic Fund Call for Proposal Scoring and Weighting Methodology: https://www.thepandemicfund.org/sites/default/files/2025-03/DLD647%20PANDEMIC%20FUND%20-%203rd%20CfP%20-%20Scoring%20and%20Weighting%20Methodology_5.pdf
- Pandemic Fund Monitoring and Evaluation Guidelines: <https://www.thepandemicfund.org/sites/default/files/2025-03/The%20Pandemic%20Fund%20M%26E%20Guidelines%20March%2027%202025.pdf>
- Project Specific Framework and Associated Costs Excel Template: <https://www.thepandemicfund.org/sites/default/files/2025-03/Copy%20of%20Pandemic%20Fund%203rd%20CfP%20-%20Project%20specific%20framework%20and%20associated%20costs%20Excel%20Template%20Feb%2028%202025.xlsx>
- Pandemic Fund Strategic Plan: <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>
- Pandemic Fund Results Framework: <https://www.thepandemicfund.org/sites/default/files/2025-03/The%20Pandemic%20Fund%20Results%20Framework%20March%2026%202025.pdf>