COMMUNITIES COUNT: TURNING FINANCE INTO FREEDOM



A Community-Led Monitoring Toolkit For Pandemic Prevention, Preparedness, And Response (PPPR) Financing

Methodology

This toolkit was informed by a desk review conducted by the African Alliance with input from EANNASO. It also draws upon the insights and reflections shared by the following experts:

1. **James Mwangi**
   (Programme Officer, PAWA Initiative, Kenya)
2. **Jane Mbughi**
   (Principal Economist, Ministry of Finance, Malawi)
3. **Kennedy Otundo**
   (Executive Director at Uganda Network of AIDS Service Organisations)
4. **Mwansa Chibamba**
   (Economist and Development Finance Expert, Zambia)
5. **Donald D Tobaiwa**
   (Executive Director, Jointed Hands Welfare Organisation, Zimbabwe)

Caveats and limitations:

One of the biggest hurdles in carrying out budget and expenditure tracking is simply getting the data. Several of our key informant interviews cautioned that budget and expenditure information is not always publicly or easily accessible and, even when it is, it may be incomplete, outdated, or scattered across multiple, hard-to-find sources. Budget documents can also be notoriously complex to analyse.

The purpose of this toolkit is not to produce a final, definitive audit report. **Its primary purpose is to give your organization a starting point for carrying out budget advocacy.** The analysis suggested is intended to result in evidence backed statements that can fuel an advocacy campaign. You don't need every single number to be perfect to make a powerful statement. What you need are trends and patterns that tell a story. The analysis will allow you to make high level claims, such *"our analysis suggests that the current PPPR budget is insufficient and an additional X amount is needed to fully support pandemic preparedness and resilience in our country."*

Implementing PPPR budget and expenditure CLM in resource constrained settings

Carrying out a full-scale community led monitoring programme of PPPR budget and expenditure tracking would require significant capacity and resources. Noting that very few civil society organizations are likely to have dedicated funding for this type of work, we propose that wherever possible the toolkit is used as an add-on to existing advocacy efforts. In addition, components of the toolkit that require minimal resources can be used in exclusion to others e.g., to carry out a quick, high-level scan ahead of a budget speech to use as a foundation for high level advocacy. The analysis may not be 100% comprehensive, but it provides a starting point for dialogue. For organizations with some funding, or dedicated volunteers, basic field visits to verify claims could yield more robust analysis. This tiered model empowers any organization to start tracking pandemic budgets regardless of its current financial situation and scale up its efforts over time.

This resource was developed with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria under the Centrally Managed Limited Investment (CMLI) on Communities in Pandemic Preparedness and Response (COPPER) through Community-led Monitoring (CLM).

September, 2025

CONTENTS



Context 1

Introduction: Empowering Communities to Track PPPR Funds 2

The accountability gap 2

The community-led monitoring (CLM) solution 2

Part 0: Laying the groundwork: Building Legitimacy and Mobilising 4

Chapter 0.1: The First Step - Community Sensitisation 4

Chapter 0.2: Building legitimacy for your work 6

Alignment and integration 6

Building domestic ownership 7

Part I: Understanding PPPR budgets 8

Chapter 1.1: The National Budget 8

Key Terminology Explained 9

The Budget Cycle 10

Chapter 1.2: Accessing budget information 13

Chapter 1.3: Finding PPPR funds and budgets 14

Chapter 1.4: How to analyse the budget 16

Part II: The PPPR budget tracker 18

Chapter 2.1: Introducing the budget tracker template 18

Chapter 2.2: A step-by-step guide to populating the tracker 19

Chapter 2.3: From data to dashboard 20

Part III: The PPPR expenditure tracker 22

Chapter 3.1: Why track expenditure? From promise to reality 23

Chapter 3.2: Community-based expenditure tracking methods 23

Part IV: Effective budget advocacy 26

Chapter 4.1: Building your advocacy strategy 27

Chapter 4.2: The advocacy action toolkit 28

Chapter 4.3: Presenting your case - making the economic argument 29

Conclusion: From Evidence to Impact 31

Annexure 1: PPPR budget report card.....32
Annexure 2: PPPR budget tracking tool.....37
Annexure 3: Example of a PPPR expenditure tracking Form 38
Annexure 4: Example - A Policy Brief 39
Annexure 5: Example - A Press Release 41
Annexure 6: Social Media Kit 42
Annexure 7: Template letter to Parliamentarian 43
Annexure 8: Useful Resources 44
Annexure 9: Key terms and concepts.....45

CONTEXT



Pandemic budgeting is less a ledger of numbers than a map of our collective will to prepare, prevent, and respond to the next outbreak. At its heart lies a paradox: communities attempting to track every dollar spent on PPE, laboratory upgrades, or training exercises often find themselves adrift in spreadsheets, detached from the very strategies those line items are meant to fortify. To wield budget data as a tool for accountability rather than an accounting relic, community monitors must first grasp the architecture of pandemic preparedness, prevention, and response (PPPR).

Expenditure tracking as a tabletop exercise or case studies without insight into pandemic frequency and scope reduces financial oversight to a box-ticking exercise. A community savvy in PPPR knows that exercises should ramp up at regular intervals, that they need to test a variety of scenarios, from zoonotic spillover to urban or rural spread. Each rehearsal demands resources calibrated to the local health system's capacity. Tracking budgets without understanding these dynamics risks mistaking sporadic workshops for robust preparedness.

We must never underestimate communities' capacity to learn and adapt. When given the right orientation, community advocates have repeatedly demonstrated a hunger for expertise that translates into real-world impact. Merging fiscal oversight with PPPR insight empowers citizens to become true stewards of health security.

Tracking budgets becomes more than a record; it becomes evidence to demand regular, scenario-based planning. Monitoring laboratory upgrade expenditures can help communities insist and advocate for diversifying testing capacity across regions, not just in capitals. And watching PPE orders with a trained eye on epidemiological data allows communities to highlight when governments are hoarding supplies in panic or, worse, letting stocks dwindle dangerously low.

This toolkit is not simply for counting dollars, but for assessing whether those dollars are being spent as best they can and are saving lives. In the end, transparency is not an end in itself. It is a means to render public health financing responsive, efficient, and anchored in evidence. As communities around the world brace for the next outbreak, equipping them with both financial oversight tools and PPPR literacy will prove indispensable.

INTRODUCTION:

EMPOWERING COMMUNITIES TO TRACK PPPR FUNDS FOR A SAFER WORLD



The global community has learned a difficult lesson: pandemics pose an existential threat to health, economies, and social stability. In response, governments have been called upon to mobilize sustained domestic financing for Pandemic Prevention, Preparedness, and Response (PPPR). A government's budget is its most powerful tool for turning policy commitments into tangible action. It is the primary instrument for meeting the needs of its people, particularly those who are most vulnerable.[1] Therefore, understanding how much funding is allocated to PPPR, where it goes, and whether it is spent effectively is not merely a technical exercise; it is a fundamental component of ensuring global health security.

The accountability gap

Despite the clear need for robust PPPR financing, a significant accountability gap persists. Systems for monitoring pandemic readiness and the financial flows that support it are often fragmented, lack transparency, or are insufficiently independent.[2] This creates dangerous blind spots. Research and interviews with experts on the ground revealed a near-universal challenge: Despite many countries having developed costed National Action Plans for Health Security (NAPHS), PPPR funding is rarely a distinct, visible line item in national budgets. Instead, it is embedded within broad health programmes, spread across multiple government ministries, or funded through off-budget donor channels, making it extremely difficult for citizens and civil society to track allocations and expenditures. This lack of transparency means we often do not know if countries are truly ready to respond to the next threat.

The community-led monitoring (CLM) solution

This toolkit is founded on the principle that communities are not passive recipients of aid, but essential actors in building resilient health systems. Community-led monitoring (CLM) is a powerful approach that can fill the accountability gap left by fragmented official systems. By empowering local organizations to track financial flows and the delivery of services on the ground, CLM strengthens community surveillance, enhances local data integration, and cultivates the trust that is vital during a health crisis. The ultimate purpose of this work is to shift power to communities, ensuring that resources for pandemic preparedness reach the clinics, health workers, and families that need them most.

1 International Budget Partnership "Learning Briefs: Building the capabilities of grassroots groups to collectively engage with fiscal governance systems available at https://internationalbudget.org/publications/learning-briefs-building-the-capabilities-of-grassroots-groups-to-collectively-engage-with-fiscal-governance-systems/.

2 (i) Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response(2021) available at https://pandemic-financing.org/files/wp-content/uploads/2021/07/g20-hlip-report.pdf; and

(ii) Rebecca Katz (2023) Challenges of tracking funding for pandemic preparedness and response available at https://doi.org/10.1016/ S2214-109X(23)00017-7; and

(iii) Micah, Angela E et al "Global investments in pandemic preparedness and COVID-19: development assistance and domestic spending on health between 1990 and 2026" The Lancet Global Health, Volume 11, Issue 3, e385 - e413; and

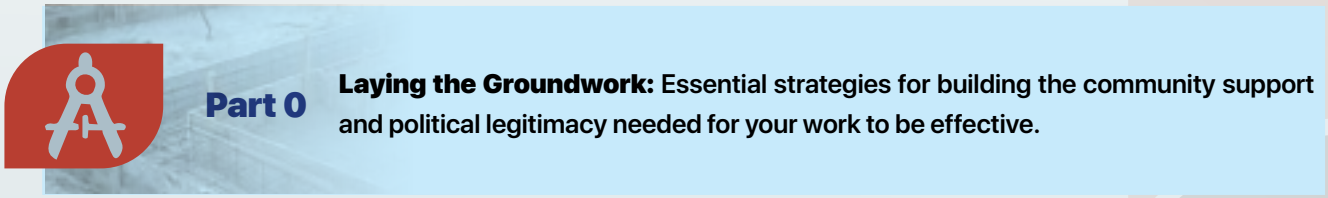
(iv) Joint Learning Network write up on Health Emergency Preparedness Collaborative available at https://jointlearningnetwork.org/what-we-do/health-financing/health-emergency-preparedness-collaborative/.

How to use this toolkit

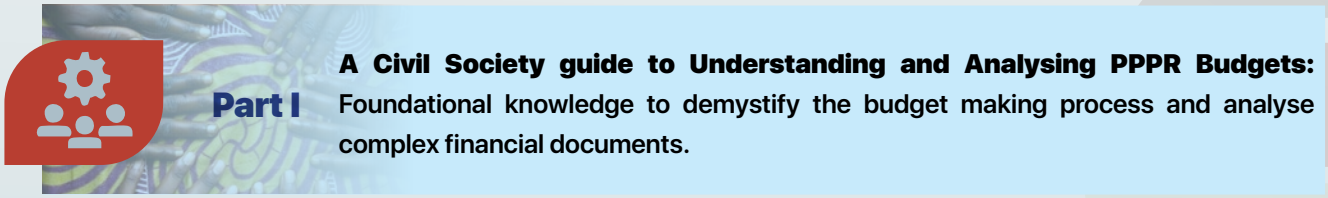
This resource is designed as a practical, action-oriented guide for civil society organisations (CSOs), community-led implementing organizations, and their partners. It is not intended as a definitive audit report. Its main goal is to provide organizations with a foundation for budget advocacy. In other words, the analysis is meant to help you uncover evidence-based insights that can be used to support your advocacy efforts. Don't worry about getting every single number right. The real power lies in identifying trends and patterns that reveal a powerful story.

The toolkit is structured to be used as a continuous cycle, moving from understanding the system to using evidence to create change. However, the various components of this toolkit can be used independently. For instance, you could carry out a quick, high-level scan ahead of a budget speech comparing an approximated PPPR budget against a defence budget. While this analysis may not be 100% comprehensive, it could provide a crucial starting point for dialogue and high-level advocacy. Efforts could be scaled up over time to include other components and to carry out more robust analysis.

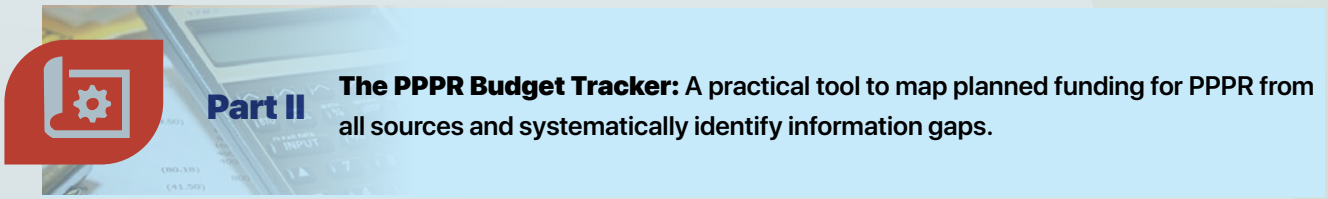
The four interrelated parts of this tool are:



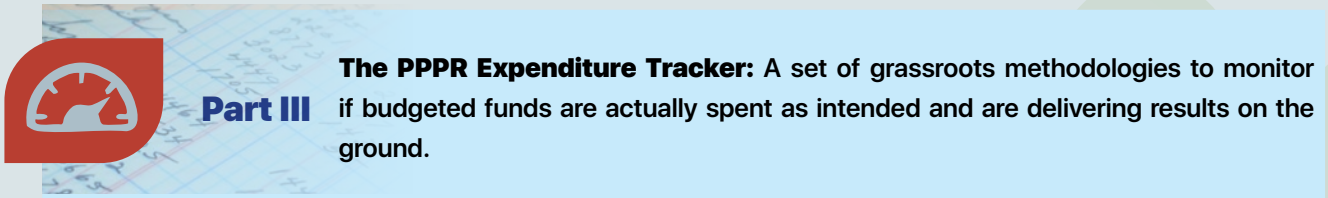
Part 0 **Laying the Groundwork:** Essential strategies for building the community support and political legitimacy needed for your work to be effective.



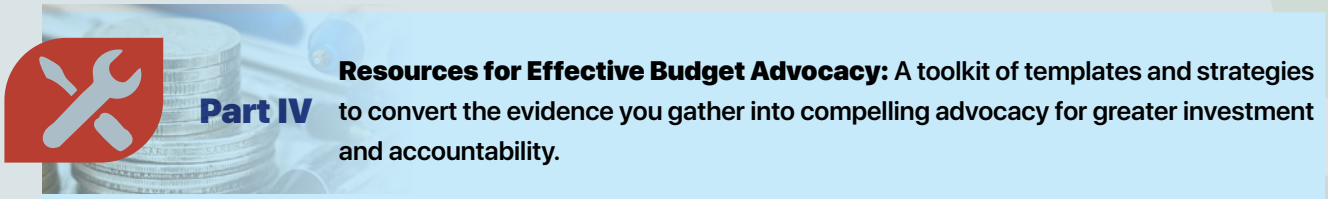
Part I **A Civil Society guide to Understanding and Analysing PPPR Budgets:** Foundational knowledge to demystify the budget making process and analyse complex financial documents.



Part II **The PPPR Budget Tracker:** A practical tool to map planned funding for PPPR from all sources and systematically identify information gaps.



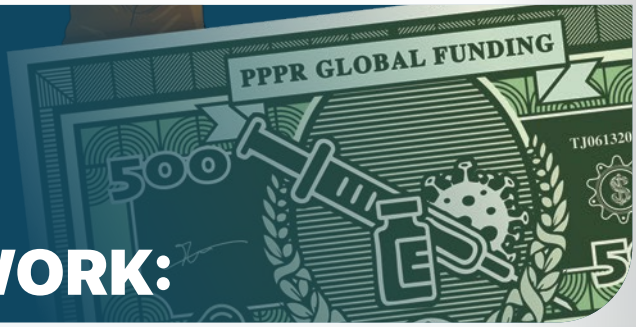
Part III **The PPPR Expenditure Tracker:** A set of grassroots methodologies to monitor if budgeted funds are actually spent as intended and are delivering results on the ground.



Part IV **Resources for Effective Budget Advocacy:** A toolkit of templates and strategies to convert the evidence you gather into compelling advocacy for greater investment and accountability.

By combining financial transparency, real-time resource tracking, and grassroots advocacy, this toolkit aims to equip communities with the means to redefine accountability and build a safer, more prepared world.

PART 0



LAYING THE GROUNDWORK:

BUILDING LEGITIMACY AND MOBILISING FOR ACTION

Experience from across multiple countries reveals a critical lesson: technically sound monitoring tools and methodologies are destined to fail if they are not built on a strong social and political foundation. Before financial resources can be tracked, CSOs must first address two fundamental prerequisites. First, the community itself must understand why PPPR financing matters to their daily lives. Second, the monitoring initiative must establish its credibility and legitimacy in the eyes of government officials and other stakeholders. In some contexts, the government may actively dismiss data generated by CSOs if the methodology is not perceived as credible or has not been officially sanctioned. In others, the topic of budget monitoring may simply fail to capture the interest of communities preoccupied with more immediate concerns. Therefore, this initial phase of sensitisation and legitimacy-building is not a preliminary step but a foundational requirement for any impactful CLM work.

Chapter 0.1: The First Step - Community Sensitisation

The term "Pandemic Prevention, Preparedness, and Response" can feel abstract and distant to many people. The first task of a CLM initiative is to translate this technical concept into tangible, relatable terms that resonate with community priorities. Effective sensitisation in the context of PPPR CLM is about connecting national PPPR plans, policies and budgets to the local clinic, and answering the questions that matter to families:

Will there be enough masks and soap at the local clinic when the next disease arrives?

Why did the community health worker stop visiting our village?

Are the funds meant for our health centre actually reaching it?

Will my child be able to get a timely vaccine in an emergency?

Note: Some countries have adopted national pandemic preparedness plans and/or budgets. If your country has adopted a pandemic preparedness plan, or has received funding (for example, from the Pandemic Fund[3]) for specific pandemic preparedness activities it will be important to understand whether planned PPPR activities resonate with community priorities and have been adequately budgeted.

To mobilize the community, CSOs can employ simple but effective strategies. This includes organising community meetings with clear, accessible agendas that focus on local health services rather than complex budget jargon. Engaging trusted local leaders, such as religious figures or community elders, can lend significant weight and credibility to the initiative. Simple awareness campaigns can also be a low-cost, high-impact way to generate discussion and interest. The goal is to build a shared understanding that "following the money" is directly linked to better health and well-being for the entire community.

3 The Pandemic Fund is a multilateral financing mechanism which provides grants to low- and middle-income countries to enhance pandemic preparedness. To learn more about the Pandemic Fund, and to find out whether your country receives funding from the Pandemic Fund go to www.thepandemicfund.org.



TO MOBILIZE THE COMMUNITY, CSOs CAN EMPLOY SIMPLE BUT EFFECTIVE STRATEGIES

Chapter 0.2: Building legitimacy for your work

A CLM tool will be futile if its findings will be discredited by the very officials it seeks to influence. In political environments where there is a high degree of scepticism or hostility towards civil society data, gaining government buy-in from the outset is non-negotiable.

The most significant barrier can be a government's tendency to dismiss CSO and community reports on the grounds that the methodology lacks quality, authenticity, or official approval. In this context, the most effective strategy is to proactively engage the Ministry of Health's Health Management Information department or other relevant government bodies **before** any data collection begins. The process involves:

1. **Conceptual design:** gathering insights from government officials and other public sector stakeholders to inform the design of the tools and methodology.
2. Developing a draft of the monitoring tools and methodology.
3. Formally presenting these drafts to the relevant government officials for their technical input and feedback.
4. Incorporating their suggestions where feasible and working collaboratively to arrive at a finalized methodology.
5. Seeking a formal letter of approval or memorandum of understanding that validates the tool and the process.

While this process may require compromise, it is a pragmatic investment. By making the government a partner in the design of the methodology, it becomes politically difficult for them to discredit the findings later on.

This act of co-option can be the single most critical step for ensuring the data is accepted and acted upon.

Alignment and integration

In contexts where the challenge is less about political hostility and more about technical complexity and systemic gaps, the path to legitimacy lies in alignment. Government officials are more likely to consider data that is relevant to their own processes and speaks their language. This involves:

1. **Understanding the government's budget making processes and calendar:** CSOs must map out the national and sub-national budget and planning cycles. Aligning the release of CLM reports with key moments in the government's calendar e.g., when budgets are being formulated or reviewed, makes the information timelier and more useful.
2. **Aligning with reporting frameworks:** Where possible, CLM mechanisms should be structured to complement existing government reporting and budgeting frameworks, such as the budget outlook paper and Health Management Information systems, although note that the latter usually contain health rather than budget information.

- **Using official terminology:** Language is a political issue. Using government-accepted terminology (e.g., "priority populations" instead of "key populations") can prevent the message from being dismissed on semantic grounds.

This strategy positions the CLM initiative not as an external critique, but as a constructive partner providing valuable, real-time information that helps the government achieve its own stated goals.

Building domestic ownership

In some countries, the legitimacy of a CLM initiative can be undermined if it is perceived as being driven by foreign donors rather than by local priorities. To build authentic domestic ownership, CSOs should:

- **Build broad coalitions:** A single CSO may be easily dismissed, but a broad coalition of local CSOs, faith-based organisations, and community groups presents a stronger, more unified, and undeniably domestic voice. If you want to read up about how to build a coalition, there are some useful resources online at activisthandbook.org. You might also want to get in touch with organisations and CSOs that are working on pandemic preparedness e.g., any CSOs that are listed in country proposals submitted to the Pandemic Fund and/or CSOs working in pandemic preparedness.
- **Frame the issue nationally:** Connect the CLM findings to national development plans, constitutional rights, and the government's own commitments. This frames the advocacy not as a donor requirement, but as a call for the government to live up to its own promises to its own citizens.



PART I



UNDERSTANDING PPPR BUDGETS

The public budget making process is often perceived as a technical and opaque domain, accessible only to economists and government insiders. This perception creates a major barrier to accountability. To empower communities to "follow the money," it is first necessary to demystify the budget itself. This section serves as a foundational literacy guide, providing the essential concepts, terminology, and analytical frameworks that CSOs need to navigate the world of public finance. It directly addresses the core challenges identified in the field: the need to build CSO capacity in budget policy and analysis, and the difficulty of finding PPPR funds hidden within complex and non-transparent budget documents.[1]

Chapter 1.1: The National Budget

At its heart, a government budget is a political document.

It translates a government's policies, political commitments, and goals into decisions about how to raise money (revenue) and how to spend it (expenditure). It is the most powerful expression of a government's true priorities.



IMAGE: Rwandan Finance Minister Yusuf Murangwa presents the 2025-26 national budget before parliament. The government allocated over 8% of the budget to environmental protection and climate change.

Credit: The New Times, Rwanda

Key Terminology Explained



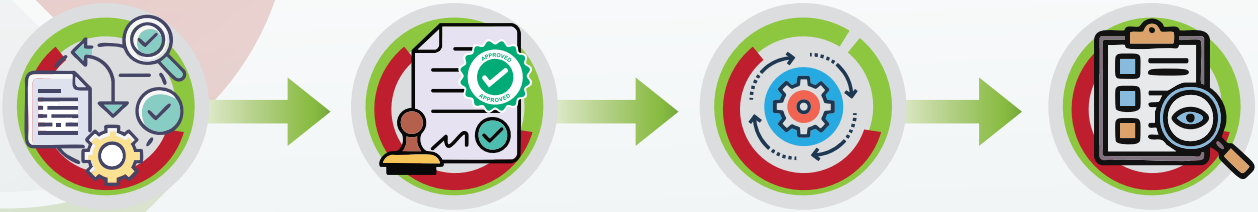
Navigating budget documents requires a basic understanding of key terms. Here are some of the most common, explained in simple language:

1. **Allocation or appropriation:** The amount of money authorized by the legislature for a specific purpose or programme. This is the **planned** spending.
2. **Expenditure:** The amount of money actually spent. A key part of budget monitoring is comparing the allocation to the expenditure.
3. **Revenue:** The income that a government receives, primarily from taxes, but also from fees, grants, and other sources.
4. **Fiscal year:** The government's 12-month accounting period. This does not necessarily align with the calendar year.
5. **Budget deficit or surplus:** A deficit occurs when a government's expenditures exceed its revenues. A surplus occurs when revenues exceed expenditures.
6. **Discretionary spending:** Spending that is determined by annual appropriations. Most health programmes, including PPPR, fall into this category.
7. **Mandatory or entitlement spending:** Spending that is required by existing law, such as on pensions or debt interest. This spending is not determined by the annual budget process.

A longer list of terms and key concepts is also included as **Annexure 9**.

The Budget Cycle

The budget process is not a single event but a year-long cycle, typically comprising four stages. Understanding this cycle is crucial because it reveals different opportunities and entry points for civil society to engage and influence decisions.



STAGE 1
Formulation

STAGE 2
Enactment or approval of the budget

STAGE 3
Execution

STAGE 4
Oversight and Audits

STAGE 1

FORMULATION

This is where the budget is born. The executive branch of government (led by the Ministry of Finance) develops the budget proposal. This stage involves translating broad policy goals into financial targets and negotiating allocations among various ministries and departments. This stage often takes place out of the public eye, but it is sometimes where the most important decisions are made.

- **Entry points for CSO engagement** at this stage of the budget cycle might involve analysing pre-budget statements and providing input on community needs before the budget is finalized. You could also organise community forums to gather inputs on PPPR priorities and prepare a community-led budget proposal. You may also want to track any statements made by political leaders in relation to PPPR and hold those leaders to account for what they promised.

STAGE 2

ENACTMENT OR APPROVAL OF THE BUDGET

The executive submits its budget proposal to the legislature (Parliament or Congress) for debate, amendment, and approval. This stage is typically more public, with parliamentary hearings and media coverage.

- **Entry points for CSO engagement** at this stage of the budget cycle would usually involve CSOs providing independent analysis of the budget proposal to legislators, the media, and the public, and advocating for specific changes and inclusion of specific budget line items. You could hold community hearings, where community members testify directly to parliamentary committees about the local impacts of proposed budget allocations.

STAGE 3

EXECUTION

Once the budget is approved, either by Parliament or Congress depending on the political system, and signed into law by the President, the government will then implement it. Ministries and agencies begin to spend the allocated funds to deliver public services. This is the longest stage of the cycle.

- **Entry points for CSO engagement** at this stage of the budget cycle generally focuses on monitoring spending to ensure funds are used for their intended purpose, are not delayed, and are not lost to leakages or inefficiencies. This is where expenditure tracking becomes critical.

STAGE 4

OVERSIGHT AND AUDITS

After the fiscal year ends, the government accounts for its spending. Its accounts will be audited to verify that funds were managed properly. The legislature then reviews these audit reports.

- **Entry points for CSO engagement** at this stage of the budget cycle might involve CSOs using these official audit reports to hold the government accountable for past performance. You could also use these audit reports to inform advocacy for the next budget cycle. You could also conduct your own mini audit or parallel audit, in collaboration with journalists or economists. This would be a scaled-down version of an official audit which could focus on a single budget line or even a single, tangible item, like the number of vaccine doses received versus the number recorded in official reports.

SUCCESS STORY: TIPS FOR TREVOR

The "Tips for Trevor" campaign was a pioneering public participation initiative in South Africa that invited citizens to submit budget suggestions directly to the Minister of Finance ahead of the annual Budget Speech. The "Tips for Trevor" campaign was first launched in 2002, when Finance Minister Trevor Manuel invited citizens to submit their budget suggestions directly to him on a radio show. Sustained by his successors, the campaign became a credible, community-led mechanism to surface key budgeting priorities from the public. It gained widespread attention through media outreach and official acknowledgements, with some suggestions influencing real policy decisions and some groups recognising that while the intervention was interesting it could risk being treated as PR campaign for "engagement" and not replace a platform for communities to assert their rights and demand accountability. This model demonstrated how structured public engagement can potentially strengthen transparency, responsiveness, and inclusiveness in national budget processes.

One notable example of the campaign influencing policy was the incorporation of public suggestions related to youth employment and skills development. Several submissions called for targeted government investment in youth training programmes and job creation initiatives. In response, subsequent budget speeches included increased allocations to initiatives like the Expanded Public Works Programme and support for learnerships through SETAs (Sector Education and Training Authorities). These changes reflected a direct link between citizen input and budgetary decisions, reinforcing the campaign's role as an effective tool for participatory governance and policy responsiveness.





When Communities Demand the Truth:
The HJI Case That Reopened Covid-19 Spending to Public Scrutiny

The Case of Health Justice Initiative VS The Minister of Health and Information Officer, Department of Health

In 2022, the Health Justice Initiative (HJI) in South Africa formally requested the disclosure of information relating to Covid-19 contracts from the national Department of Health (NDoH). When the request was refused, HJI launched legal proceedings in the High Court. In August 2023, the High Court ruled in favour of HJI, compelling NDoH to provide access to all Covid-19 vaccine procurement contracts, emphasizing the importance of accountability and transparency in public health matters. The Court further found that the NDoH could not use confidentiality clauses to evade its responsibilities to the public. The ruling highlighted that public interest considerations must prevail over private confidentiality in matters involving public health.

Chapter 1.2: Accessing budget information

Effective budget analysis is impossible without access to information. While many governments are becoming more transparent, accessing timely and comprehensive budget documents can still be a major challenge.

a. **Where to look:** Key budget documents, such as the Executive's Budget Proposal, the Enacted Budget (the final approved version), and in-year spending reports, are often published on the website of the Ministry of Finance or the national parliament. In some countries, "Citizens' Budgets" may also be available, which are designed to be more accessible to the general public. Although current information is crucial, information pertaining to previous years can also be very useful for example so that you can assess whether spending is increasing or decreasing. Where possible, collecting information for the previous 3 years would be very valuable.

b. **When information is not available:** In many cases, documents are not published, are out of date, or are only available in formats that are difficult to analyse (e.g., scanned PDFs instead of data files). When faced with these barriers, CSOs have several options:



1. **Form a coalition:**

Partner with other CSOs, journalists, and academics to make a collective demand for information. A joint request carries more weight than an individual one.



2. **File formal information requests:**

Many countries have Access to Information laws or parliamentary petitioning processes that give citizens the right to request government information. CSOs should learn how to use these laws to formally request specific budget data.



3. **Document everything:**

Keep a written record of every request for information made and every response (or lack thereof) from the government. This documentation can, in itself, be a powerful piece of evidence that can be used in advocacy campaigns to push for greater transparency.

Chapter 1.3: Finding PPPR funds and budgets

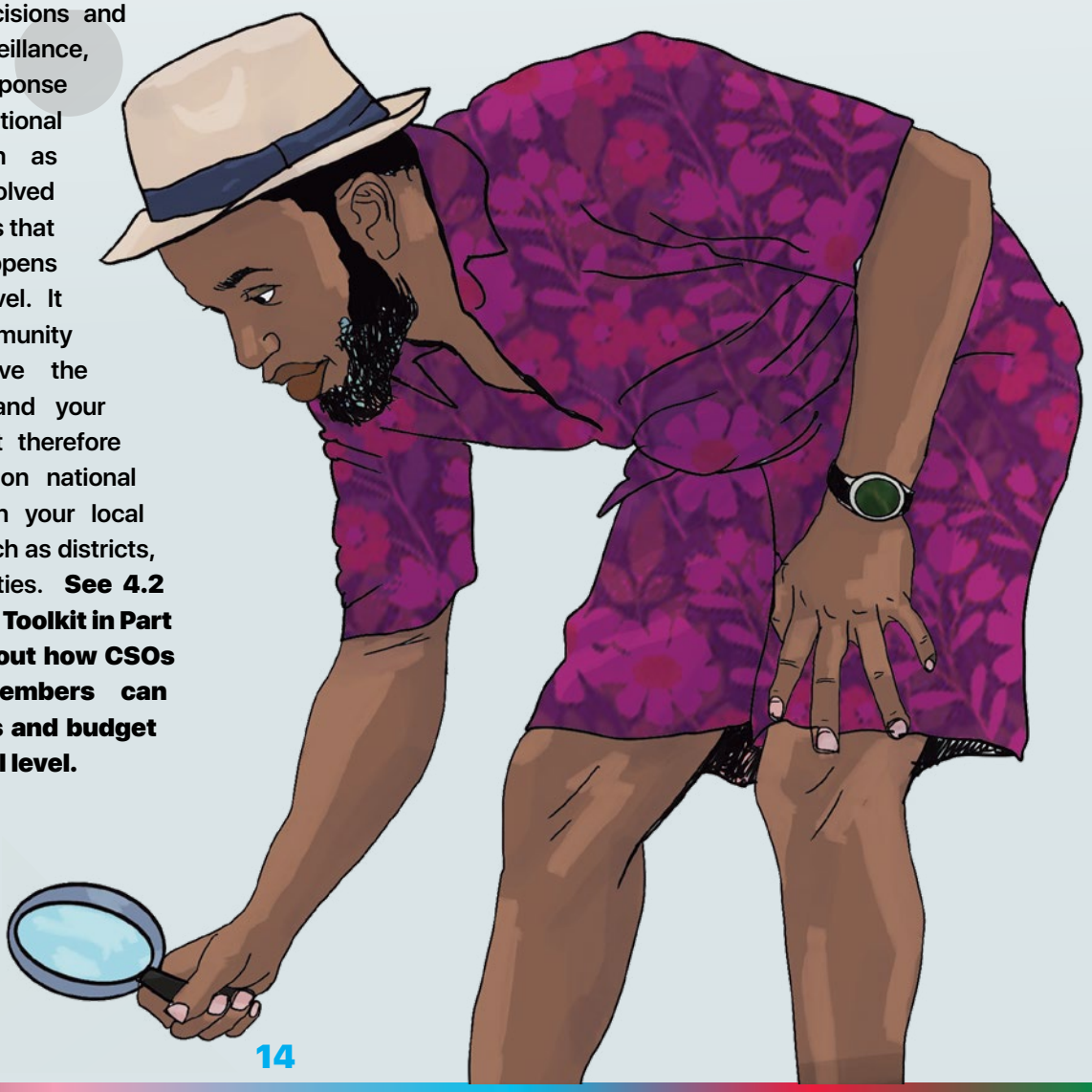
A frequent challenge in tracking PPPR funds is that they are rarely a single, visible budget line. Instead, they are often buried within broader health programmes or scattered across multiple ministries. However, a valuable starting point for communities is to use your country's National Action Plan for Health Security (NAPHS). The NAPHS is a planning process for improving a country's core capacities to prevent, detect, and respond to public health threats. NAPHS capture national priorities for health security and often contain specific, costed strategies for PPPR. As a result, NAPHS can serve as an excellent map for finding PPPR funds.

Entry points for using NAPHS to find PPPR funds and budgets

NAPHS are generally publicly available on government ministry websites or via the World Health Organization (WHO) website. You can use the NAPHS to see what specific activities have been outlined and what they will cost. For example, the NAPHS might state that training 100 community health workers for surveillance will cost X amount. You can use the costed plan in the NAPHS to cross reference against a budget: instead of searching for PPPR funds broadly, you can now look for specific allocations e.g., for community health worker training, procurement of PPE or upgrading of laboratory systems. Using the NAPHS should provide a structured way to access specific plans which you can use to engage strategically with national-level plans and budgets.

If your country does not have a NAPHS, you will need to hunt for PPPR funds. These could be situated in the health budget, or embedded within broader health programmes or even embedded in the budgets of non-health ministries. This is because PPPR is a crosscutting, multi-sectoral issue and critical funds could appear under agriculture (e.g. zoonotic surveillance), education (risk communication), immigration (border health), justice (emergency legal powers), ICT (data systems), or climate and environment (disaster preparedness).

To track PPPR funding effectively, you also need to go beyond the national level. In many countries, like Kenya with its counties, and Tanzania with its municipalities, key decisions and funding for health, surveillance, and emergency response happen at the sub-national level. This is known as decentralised or devolved budgeting, and it means that the real action often happens at the subnational level. It is also where community engagement can have the most direct impact and your advocacy efforts must therefore be focused not just on national ministries, but also on your local government bodies, such as districts, municipalities, or counties. **See 4.2 The Advocacy Action Toolkit in Part IV for some ideas about how CSOs and community members can engage with budgets and budget processes at the local level.**



A checklist for PPPR budget hunting

To find PPPR funds, think broadly and examine the entire government budget. PPPR is a multi-sectoral effort. Use this checklist to guide your search but remember that these are only some of the ministries that may have budget line items relevant to PPPR, and budget line items may also be found in other ministries' budgets.

Ministry of Health

Look for programmes related to: Public Health, Epidemiology and Surveillance, Laboratory Services, Health Systems Strengthening, Community Health Services, Immunisation Programmes, and Emergency Response.

National Public Health Institutes (NPHI) and disaster management bodies

In some countries, a National Public Health Institute may be responsible for the PPPR budget and/or may be the custodian of the NAPHS. Also consider whether any funding is directed towards national disaster management bodies.

Ministry of Finance

Look for Contingency Funds or Emergency Reserves that could be deployed during a public health crisis.

Ministry of Security/Ministry of Home Affairs or Ministry of Internal Affairs

Funds for border control, quarantine enforcement, or security personnel involved in a response may be located here.

Ministry of Defence

Military budgets may contain allocations for medical personnel, logistics, or infrastructure that would be used in a national emergency.

At the sub-national level

After funds have been allocated at the national level, they are then decentralized to sub-national levels e.g., passed on to districts and counties. There are also separate subnational level funds, that are independent of national funding, as subnational structures can also generate their own income. For these reasons, it is also important to look at subnational budgets (provincial, county, district, or local government budgets, as significant health funds are often managed and spent at this level. Think of it like this: The national budget is a promise from the government. The decentralized budget at the county or municipality level is where that promise either becomes a reality or gets lost. Your role is to monitor that final step, ensuring the money allocated for a new clinic or for stock of PPE that actually materializes on the ground where it is needed most. Look for line items at the subnational level related to health, surveillance, emergency response, and social protections.

Chapter 1.4: How to analyse the budget

Once you have key budget documents and have identified PPPR funds and budgets, the analysis can begin. The goal is to use the data to answer critical questions about the PPPR budget. A simple but powerful framework for this analysis focuses on four key dimensions, derived from best practices in budget monitoring.

1. **Adequacy:** Is the budget sufficient? What is the per capita (per person) spending on PPPR?

- What is the PPPR budget as a percentage of the total government budget?
- What is the PPPR budget as a percentage of the total health budget?
- What is the trend in PPPR budget allocation over the past three years? Is it increasing or decreasing or stagnant?

See **Annexure 1** for ideas of graphs and reports that illustrate this kind of information in visual ways for greater advocacy impact.

Adequate vs Effective?

Adequate vs effective: If a country allocates enough funds to build a healthcare facility, but does not plan for ongoing staff training, equipment maintenance, or ensuring access for marginalised populations, you could conclude the budget is adequate but not effective. It meets the minimum needs but may not achieve the best health outcomes.



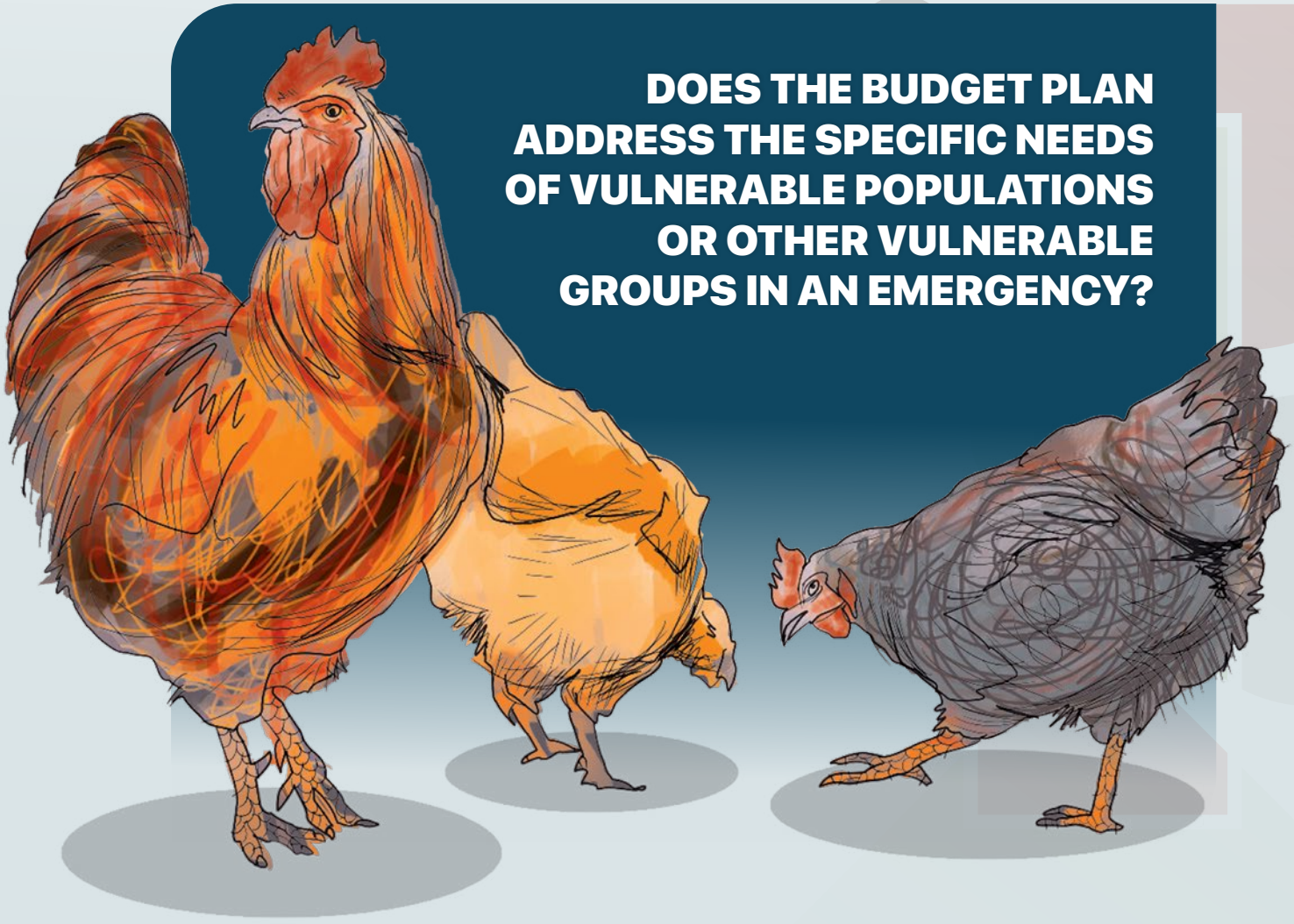
2. **Priority:** How important is PPPR relative to other government priorities? What is the ratio of PPPR spending to spending on maternal and child health? (e.g., "for every R1 spent on PPPR, R10 is spent on maternal and child health")

- How does the PPPR budget compare to spending on other health priorities, like maternal and child health?
- How does the PPPR budget compare to spending in other sectors, infrastructure, or debt servicing? A stark comparison can be a powerful advocacy tool.
- See **Annexure 1** for ideas of how you can use this information and present it visually to advocate for different budget priorities.

3. **Equity:** Is the budget fair? Are there specific budget lines for hard-to-reach populations or high-risk areas?

- Does the budget plan address the specific needs of vulnerable populations such as women, children, people with disabilities, or other vulnerable groups in an emergency?
- What is the community's perception of the fairness of resource distribution between different districts or facilities

4. **Efficiency:** Are resources allocated to achieve the best results? What is the ratio of spending on prevention and preparedness versus reactive response measures (e.g., 20% prevention vs 80% response).Is money that is set aside for a specific, high-impact intervention (e.g., community health worker training) reaching the intended recipients in a timely manner? By systematically working through these four dimensions, you can begin to build a compelling, evidence-based narrative about the strengths and weaknesses of the government's PPPR budget.



PART II



THE PPPR BUDGET TRACKER

Having understood the fundamentals of the budget process, the next step is to systematically collect and organize the financial data. Your country might already have a PPPR budget and/or budget breakdowns for specific pandemic preparedness activities. If so, you can use these as the base of your budget analysis, and you will not need to populate a budget tracker.

If your country does not have a PPPR budget or budget breakdown, the PPPR Budget Tracker attached as **Annexure 2** is a practical tool designed to achieve this. However, its purpose is twofold. Given the pervasive challenge of fragmented and non-disaggregated data, the tracker is designed not only to create a consolidated picture of all planned resources for PPPR but also to methodically document the gaps. An empty cell, a low data confidence score, or a note detailing an assumption made due to a lack of clarity is not a failure of the tool: it is a critical piece of evidence. It transforms a simple accounting tool into a powerful instrument for transparency advocacy.

Chapter 2.1: Introducing the budget tracker template

The PPPR budget tracker template attached as **Annexure 2** is intended to bring together information from different ministerial budgets into a single, coherent view. This allows for a comprehensive analysis of the total resource envelope for PPPR and helps identify which actors are responsible for which parts of the budget.

The core principle of the tracker is to be as detailed and transparent as possible. Every piece of data entered should be accompanied by a source, and every assumption made should be clearly documented. This rigour is essential for building the credibility of the data and defending it against potential criticism.

Chapter 2.2: A step-by-step guide to populating the tracker

Filling the tracker is an investigative process. The following steps might guide you in populating the template.



1. **Gather your sources:** Collect all available budget documents. This includes the national budget proposal, the enacted budget law, and reports from the Ministry of Health and other relevant government departments.



2. **Start with the clearest lines:** Begin by entering the most obvious PPPR-related budget lines from the Ministry of Health budget.



3. **Hunt for embedded funds:** Use the budget line hunting checklist from Part I to search for PPPR-relevant funds in other ministries (e.g., Agriculture, Security) and in broader health programmes.



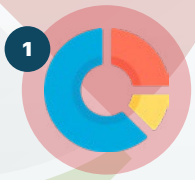
4. **Estimate and document:** When you find a broad budget line (e.g., "Communicable Disease Control"), you will need to estimate the portion relevant to PPPR. Base this estimate on programme descriptions, performance targets, or even past expenditure reports if available. For example, you might determine that 20% of the programme's activities are PPPR-related. Crucially, you must document this assumption in the "Notes/ Assumptions" column of the tracker. This transparency is vital.



5. **Assign a confidence level:** Not all data is equal. For each line item, assign a confidence level (e.g., High, Medium, Low). A "High" confidence level would apply to a specific, dedicated PPPR budget line. A "Low" confidence level might apply to a rough estimate of a portion of a very broad, non-health budget. This helps users understand the reliability of the overall picture.

Chapter 2.3: From data to dashboard

Raw data in a spreadsheet is not a compelling advocacy tool. The final step is to visualize the data to tell a clear and simple story. Effective visualizations include:



A pie chart showing the sources of PPPR funding (e.g., 60% Ministry of Health, 30% Ministry of Finance, 10% donors). This can powerfully illustrate over-reliance on donor funds or significant transparency gaps.



A bar chart comparing the total PPPR allocation to another sector, such as the military. This visual can create a strong public message about government priorities.



A trend line graph showing the PPPR allocation over the last several years. This can reveal whether investment is growing, stagnating, or declining.

See **Annexure 1** for examples of budget visualisations. Also note that these visualizations can feed into the **PPPR Budget Report Card** or **Scorecard, a template of which is also included in Annexure 1**.

This is a highly effective, one-page advocacy product that summarizes the key findings of the budget analysis in an accessible, visually engaging format. Using a simple traffic light system (Red/Orange/Green), can give stakeholders an immediate visual cue of performance against key metrics, such as adequacy, transparency, and equity.

THINKING ABOUT PPPR FUNDING TARGETS

There is no single, universally accepted percentage of a government budget allocated to Pandemic Preparedness, Prevention, and Response (PPPR). Instead, guidelines exist in the form of recommended spending targets, per-capita costs, and strategic priorities. The main guidance for PPPR funding does not rely on a percentage of the national budget but instead recommends an amount based on a country' s economic output or population.

1% of GDP for National Health Spending

The High-Level Independent Panel (HLIP) recommends that governments increase health spending by an additional 1% of GDP, including funds for pandemic preparedness. This aims to strengthen health systems, which are essential for effective PPPR.[4]

4 The costs of improving health emergency preparedness: A systematic review and analysis of multi-country studies. Clarke, Lorcan et al. eClinicalMedicine, Volume 44, 101269

UNDERSTANDING GDP

Gross Domestic Product (GDP) is like a giant calculator that adds up the value of all the goods and services produced in a country over a year. Think of it like adding up all the stuff a country makes: food, cars, buildings, and even the work people do, like doctors treating patients or teachers teaching kids.

There are three main ways to think about GDP:

1. **Production:** It's the total value of everything made in the country. Imagine everyone working in different factories or businesses, this adds up to GDP.
2. **Income:** It's all the money people earn. This includes wages, rent, and profits businesses make. If you add up all the money people in the country make, that's part of GDP.
3. **Expenditure:** This is how much money everyone spends. When people buy things like clothes, cars, and food, or when the government spends money on roads and schools, it all counts towards GDP.

When a country's GDP goes up, it usually means the country is doing well—people are buying and selling more stuff, businesses are growing, and people are earning more. If GDP goes down, it might mean things aren't going as well, like fewer people buying things or businesses slowing down.

In short, GDP is like the country's "score" for how much it is making, earning, and spending over the year!

If you want to see how your country's GDP compares to the GDP of other countries, the World Bank has reports on GDP since 1960 which you can view here: **https://data.worldbank.org/indicator/NY.GDP.MKTP.CD.**

Per Capita Spending

The **World Health Organization (WHO) and the World Bank** estimate that annual costs for comprehensive PPPR capacities range from $3 to $5 per person. A minimal set of capacities can be achieved with at least $1 per person annually.[5]

Global Funding Gap

Current investments fall short of needs. **WHO and the World Bank** estimate that about $ 31. 1 billion annually is needed, with a gap of roughly $ 10. 5 billion per year that could be covered through international funding. [6]

Budget Analysis and Allocation

After analyzing budgets, most guidance suggests focusing resources on key areas to maximize PPPR effectiveness. The Pandemic Fund, for example, emphasizes the importance of investments in:

- Early warning and disease surveillance- strengthening health systems to detect outbreaks quickly.
- Laboratory systems- ensuring capacity for testing and sequencing.
- Human resources- building a strong public health workforce.
- Strengthening institutions- supporting information sharing, coordination, and rapid response.
- Risk Communication and community engagement (this is a high priority).



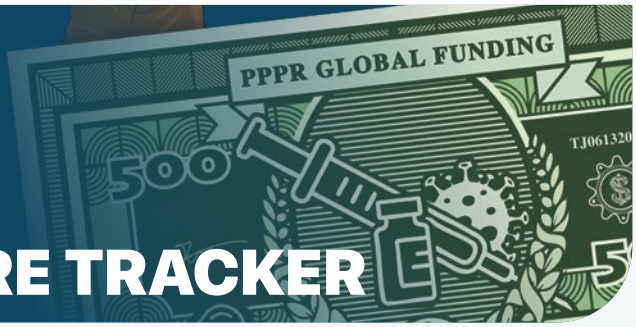
SOMETHING TO REMEMBER

While there is no specific recommended percentage of the total government budget, global health and financial leaders agree that countries should significantly increase domestic health investments, particularly in critical PPPR areas, to prevent much higher human and economic costs. The emphasis should be on building resilient health systems and funding a few targeted, high-impact areas rather than aiming for a specific budget percentage.

5 Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms. Prepared for the G20 Joint Finance & Health Task Force Paper prepared by the World Health Organization & the World Bank. 22 March 2022. https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf.

6 Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms. Prepared for the G20 Joint Finance & Health Task Force Paper prepared by the World Health Organization & the World Bank. 22 March 2022. https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf

PART III



THE PPPR EXPENDITURE TRACKER

If a budget is a promise, expenditure is the proof. The critical gap between what is allocated and what is actually spent is where funds can be delayed, diverted, or otherwise unaccounted for. While central governments may track high-level financial flows, community-led monitoring is uniquely positioned to bridge the last mile gap.

The overall objective of CLM is to verify whether the resources promised in the capital city were actually (i) allocated, (ii) disbursed and (iii) spent and actually materialize as goods and services in the local clinic, school, or community. Of course, tracking actual spending in real time is difficult but communities can use indicators to assess whether resources are flowing as they should. This section provides simple, grassroots methodologies for CSOs to track expenditure, comparing the reality on the ground with the promises in the budget.



Ayanda Ndamane/Independent Media.

Residents of Cape Town South Africa, march to Parliament in protest against budget cuts ahead of the 2025 budget speech

Chapter 3.1: Why track expenditure? From promise to reality

Tracking expenditure is about answering a simple set of questions:

1. **Are funds being spent on time?** Is the supply of essential items (e.g., PPE, vaccines) consistent and timely?

- At a facility level, you can ask: "When was the last delivery of [item]?" or "Have there been any periods in the past three months when the facility ran out of this item?"

2. **Are funds reaching the frontline?** Is there a gap between the planned resources and the reality on the ground?

- Compare the official budget allocation for a local clinic with a physical check of the facility. For example, if the budget included funds for new handwashing stations, verify if they are present and functional.

3. **Are funds being used for the intended purpose?**

- Are the procured goods and services being used for their stated purpose?You could consider using a social audit to verify official records. For example, if a budget line item was for "vaccine procurement," ask community health workers if they have received the vaccines and if they are being administered. You can also verify that the items match the purpose. For instance, is the money allocated for vaccines being spent on vaccines and not on other uses.

By collecting data that addresses these questions, you can move beyond analysing the budget to evaluating whether it it being used for its intended purpose.

Chapter 3.2: Community-based expenditure tracking methods

The questions formulated above can be answered using a variety of practical, community-based methods. This section outlines some of the most effective ways for CSOs to track expenditure and resource delivery on the ground, ensuring that the resources promised in the capital city actually materialize as goods and services in the local clinic, school, or community.

Method 1: The Social Audit

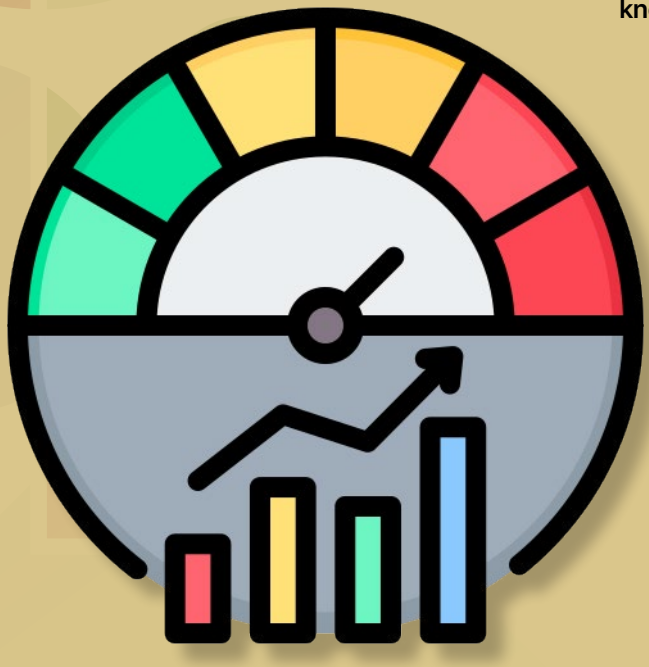
A social audit is a collective process where community members come together to review and verify official information about public spending and projects. In the context of PPPR, a social audit could involve:



1. **Obtaining information:** The CSO obtains official documents about resources allocated to specific provinces or districts or to a specific local health facility (e.g., a list of medical supplies that were supposed to be delivered, or the budget for a community outreach campaign).
2. **Community review:** The CSO convenes a public meeting where this official information is shared with the community in a simple, accessible format.
3. **Verification and testimony:** Community members, health workers, and local leaders provide testimony, comparing the official record with their real-world experience. For example, a nurse might testify that only half of the promised PPE supplies arrived.
4. **Documenting findings:** The results of the audit i.e., the discrepancies between the official record and the community's testimony are documented and used as evidence for advocacy. The findings could also be used to assess equity in the distribution of resources between provinces, districts, and/or facilities.

Method 2: The Community Scorecard

The community scorecard is a powerful and highly recommended tool for gathering citizen feedback on the quality and availability of public services. It is particularly effective because it generates quantitative data from qualitative experiences. The process involves:



1. **Developing indicators:** The community collectively decides on a small number of key indicators to measure service delivery. In the context of PPPR, examples could include, for example, the availability of COVID-19 tests, the number of functional handwashing stations at a health facility and/or the proportion of community healthcare workers knowledgeable about preventative measures. For a guide on developing PPPR indicators see **[link to the tool developed by CLAW].**
2. **Scoring:** Community members individually score the performance of the local clinic or health post against these indicators, often using a simple scale (e.g., 1 to 5).
3. **Consolidating scores:** Scores are collected and aggregated to generate an overall performance rating for each indicator.
4. **Interface meeting:** A CSO facilitates a meeting between the community and the clinic or district health officials to present the information, and a constructive dialogue is held to identify problems and collaboratively develop solutions.

Method 3: Simplified Public Expenditure Tracking Surveys (PETS)

A Public Expenditure Tracking Survey (PETS) is a methodology used to track the flow of resources through the various layers of government down to the service delivery unit. While a full-scale PETS can be complex, CSOs can conduct a simplified version focused on a single, tangible resource. For example, a CSO could decide to track money intended to be spent on PPE:



1. **Start with the budget:** Find out how much money was allocated for PPE, either at the national level or, if data is available, at the provincial, county, local or district level .
2. **Follow the trail:** Visit the target clinic.
3. **Verify at the facility:** At the clinic, ask whether there is stock of PPE to verify that masks were received . You can also interview staff at the facility to ask about any challenges e.g., if there are often PPE stock outs or if the quality of the PPE is very poor.
4. **Assess whether money allocated for PPE is being spent as intended:** By comparing the amount budgeted for PPE and the stock and quality of PPE at the facility level, you can try to draw conclusions about whether money is being spent as intended or if there are leakages or discrepancies in the quantity, quality, or timing of the delivery.

The goal is not to count every physical item, but to verify whether the money allocated for those items was actually spent as intended. Use the social audit and simplified Public Expenditure Tracking Surveys (PETS) sections to highlight this point, explaining how communities can identify discrepancies or "leakages" between what was budgeted and what was delivered.

Proposed Tool: Community-Level Expenditure Tracker

The simple community level expenditure tracker tool attached as **Annexure 3** is designed as a simple, paper-based form or a basic mobile data collection tool that community monitors can use during visits to local health facilities. Its purpose is to structure their observations and facilitate a direct comparison between what was promised in the budget and what is happening on the ground.



PART IV



EFFECTIVE BUDGET ADVOCACY

Data alone does not create change. The entire process of budget analysis and expenditure tracking culminates in one critical activity: advocacy. The evidence gathered is only as valuable as the action it inspires. The research is unequivocal on this point: CLM initiatives must be designed to convert evidence into action by linking data to clear advocacy pathways and feedback mechanisms. CSOs are often most effective when they move beyond presenting anecdotal information and instead ground their demands in hard, credible evidence, making their participation in policy debates more meaningful and influential. This final section provides a set of practical resources, including strategies, templates, and frameworks, to help CSOs transform their findings relating to budget and expenditure data into strategic, persuasive, and impactful advocacy campaigns.



Chapter 4.1: Building your advocacy strategy

Effective advocacy is planned, not improvized. Before launching a campaign, it is essential to develop a clear strategy that defines what you want to change, who you need to influence, and how you will do it. This process turns raw data into a targeted plan for action.

Defining your objective

The first step is to translate your monitoring findings into a clear and realistic advocacy objective. Your overall goal might be broad (e.g., "Improve PPPR financing in our country"), but your objective must be specific, measurable, achievable, relevant, and time-bound (SMART). For example, based on your findings, a SMART objective could be: "To persuade the Parliamentary Health Committee to recommend a 10% increase in the national surveillance budget during the 2025 budget debates." You should also give thought to whether you want your advocacy objective to be at the national level or aimed at a subnational level e.g., engaging with your county, local government or district.

Stakeholder mapping

Stakeholder mapping is the process of identifying the key individuals and institutions that have power over your objective. For each stakeholder, you should analyse their interests, their level of influence, and their current position on your issue (e.g., are they an ally, opponent, or neutral). Key stakeholders in PPPR budget advocacy often include:

1. **Primary targets:** The decision-makers who can give you what you want (e.g., the Minister of Finance, the Chair of the Parliamentary Budget Committee).
2. **Secondary targets:** The influencers who have the ear of the primary targets (e.g., other parliamentarians, leaders of opposition parties, influential journalists, donor agencies, senior civil servants, traditional leaders).
3. **Allies:** Other CSOs, academic institutions, or professional associations that share your goals and with whom you can form a coalition.

Crafting key messages

Your audience is busy and may not have time to read a long report. You must distil your complex findings into a few clear and powerful messages. A good message has three parts:

1. **The problem:** A clear statement of the issue, backed by your strongest piece of evidence (e.g., "**Our government's investment in pandemic preparedness is critically low, at less than 1% of the total health budget.**").
2. **The Solution:** Your specific, actionable recommendation (e.g., "**We call for the creation of a dedicated, transparent budget line for PPPR.**").
3. **The Justification:** Why your solution is the right one (e.g., "**This will ensure accountability and demonstrate a real commitment to protecting citizens' health.**").

Tailor your messages to each audience. A message for a Ministry of Finance official might focus on the economic return on investment, while a message for the public might focus on the human impact of underfunding.

Chapter 4.2: The advocacy action toolkit

This chapter provides a library of adaptable templates that CSOs can use to package and deliver their advocacy messages. These tools are designed to translate data and evidence into persuasive advocacy messages.

Entry points for CSO advocacy at the national level

Here are some ways community members can use the PPPR data they have gathered in advocacy:



Template 1: The Policy Brief.

A concise (typically 2-4 page) document designed for policymakers. It should include an executive summary, a brief background of the problem, a summary of your key findings (using charts and graphs), and a set of clear, concrete policy recommendations. See Annexure 4 for an example of a short policy brief.

Template 2: The Community Budget Report Card.

A visually engaging, one-page summary of your findings, perfect for sharing with the media and the public. It could use a simple scoring or traffic light system (Red/Amber/Green) to rate the government's performance on key PPPR financing indicators like adequacy, transparency, and expenditure effectiveness. See **Annexure 1** for an example of a community budget report card.

Template 3: The Press Release.

A formal statement for the media announcing your key findings and advocacy demands. It should be written in a journalistic style with a compelling headline, a summary of the most important information in the first paragraph, and quotes from your organisation's leadership. See **Annexure 5** for an example of a press release.

Template 4: Social Media Kit.

A ready-to-use package for digital advocacy, including simple infographics and relevant hashtags to join a wider conversation. See **Annexure 6** for some examples of social media messages.

Template 5: Letter to a Member of Parliament.

A formal letter template that CSOs can use to present their evidence to their local elected representative, explain the impact on their constituency, and request specific action (e.g., asking a question in Parliament, raising the issue in a committee meeting). See **Annexure 7** for an example of a letter to a member of parliament.

Entry points for CSO advocacy at the subnational level

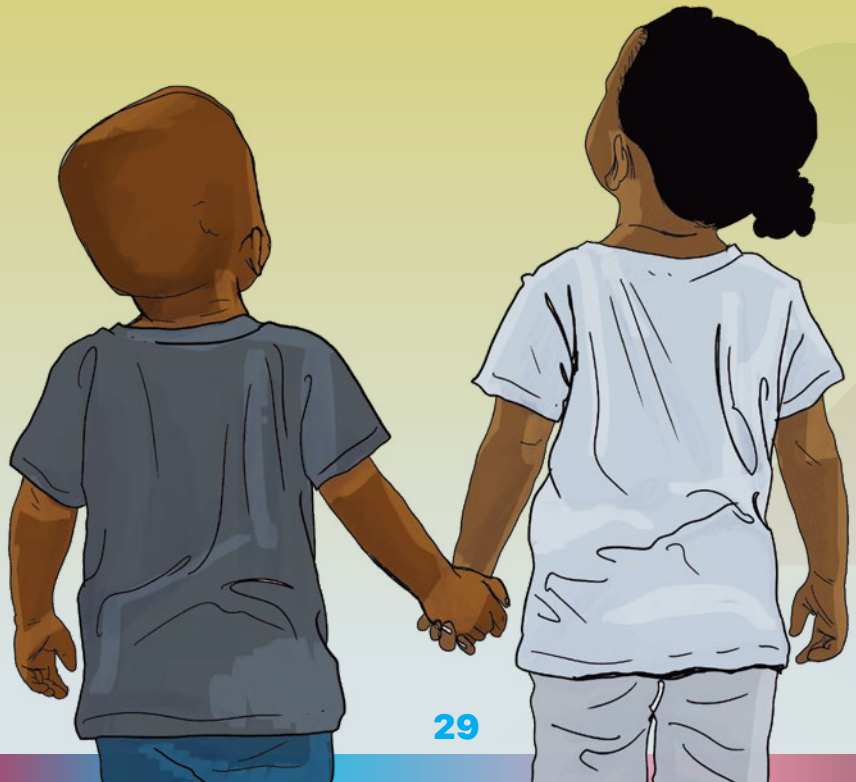
Here are some ways community members can engage with PPPR budget and expenditure processes at the decentralised or devolved level:

1. **During budget formulation:** Actively participate in public budget forums or town hall meetings organized by your municipality or county. This is your chance to demand that PPPR priorities, like funding for local health facilities or community health workers, are included in the draft budget before it is finalized.
2. **Tracking expenditure:** Use the community-level expenditure tracker (**Annexure 3**) to monitor if subnational budgeted funds are reaching your local health facility and being spent for their intended purpose. For example, if the county budget allocated money for new ambulances, you can visit your local clinic to verify whether new ambulances have been delivered and are in use. You can also check if there is a consistent supply of essentials like fuel for the ambulance.
3. **Interrogating local reports:** Access and review local government financial reports, like budgets or spending reports to investigate how funds were used and spent. Assess whether this matches the priorities identified by the community.

Chapter 4.3: Presenting your case - making the economic argument

In contexts where health is competing with other priorities like infrastructure and debt servicing, it is crucial to frame PPPR as a smart economic investment, not just a social cost. Policymakers, especially in Ministries of Finance, are often persuaded by cost-benefit arguments. CSOs can strengthen their case by including talking points such as some common arguments used by international health organizations, such as the World Health Organization (WHO) or the World Bank, to persuade governments and financial bodies to allocate resources to health security are:

1. **"The World Bank estimates that the cost of preparedness is cents per person per year, while the cost of a severe pandemic can run into the trillions of dollars. Investing now saves money later."**
2. **"A healthy population is a productive workforce. Investing in disease surveillance protects our economy from the disruption and loss of productivity caused by major outbreaks."**
3. **"Robust PPPR attracts international investment and tourism by signalling that our country is a safe and stable place to do business."**





4. Chapter 4.4: Closing the loop - demanding feedback and action

Publishing a report is not the end of an advocacy campaign; it is the beginning. The final step is to create platforms for dialogue and to consistently follow up to ensure that commitments lead to action. In some contexts, it might be possible to leverage existing platforms for engagement, such as local 'citizen engagement forums' or 'community development councils.' as an entry point for communities to discuss budget monitoring and hold local officials accountable. Alternatively, you can try to create platforms for engagement, which could involve:

- **Multi-stakeholder dialogues:** Organize public forums or closed-door meetings where you can present your findings directly to government officials, parliamentarians, donors, and the media. This creates a space for public accountability where officials are asked to respond to the evidence.
- **Using grievance mechanisms:** Identify and use formal grievance redress systems where they exist. This could be a parliamentary ombudsman, a human rights commission, or an anti-corruption agency.
- **Systematic follow-up:** After a meeting where an official makes a commitment, send a formal letter summarizing the commitment and the agreed-upon next steps. Follow up regularly to track progress.
- **High-level advocacy:** For systemic issues, consider elevating the advocacy to regional or international bodies. For example, findings can be shared with the African Union, the Africa CDC, the World Health Organization, or international financial institutions to apply top-down pressure that complements grassroots efforts.

By systematically planning and executing advocacy, CSOs can ensure that their hard work in monitoring budgets and expenditures translates into tangible improvements in PPPR financing, ultimately building more resilient health systems and safer communities.

CONCLUSION



FROM EVIDENCE TO IMPACT

This toolkit provides a framework for civil society and community-led organizations to navigate the complex landscape of PPPR financing. It moves beyond abstract principles to offer practical tools, grounded in the real-world challenges of data scarcity, political resistance, and the need for grassroots empowerment. The analysis of existing mechanisms and expert interviews yields a clear and actionable conclusion: for CLM to be effective in the PPPR space, a holistic and strategic approach is required.

The key takeaways from this integrated analysis are fourfold:

1. **Legitimacy is critical:** The most technically sophisticated tracking tool is worthless if its data is ignored. Building political legitimacy and community sensitization are not preliminary activities but are the foundational pillars upon which all successful monitoring rests. Proactive engagement with government, alignment with national systems, and fostering domestic ownership are essential investments for ensuring that CSO-generated evidence is received as credible and constructive.
2. **Data gaps are data points:** The universal challenge of invisible and non-disaggregated PPPR funds should not be seen as a barrier, but as a primary finding. The tools in this toolkit are designed to systematically document these gaps. An empty cell in a budget tracker or a low confidence score is a powerful piece of evidence in itself, providing a concrete basis for advocacy focused on enhancing fiscal transparency.
3. **The power of the last mile:** CLM's unique and irreplaceable value lies in its ability to bridge the gap between central-level financial accounts and the reality of service delivery on the ground. Simple, low-tech methods like community scorecards and simplified expenditure tracking surveys empower citizens to verify whether budget promises translate into tangible goods and services, generating a level of granular evidence that is often inaccessible to official auditors.
4. **Advocacy is the engine of change:** Data collection without a clear advocacy strategy is an academic exercise. The ultimate purpose of CLM is to arm communities with credible evidence to demand accountability and drive change. The process is a cycle: analysis informs tracking, tracking generates evidence, and evidence fuels strategic advocacy. By transforming complex data into clear messages, visual report cards, and targeted policy recommendations, CSOs can ensure that their work leads to more adequate, equitable, and effective investments in preparing for future health threats.

By combining financial transparency, grassroots monitoring, and evidence-based advocacy, CLM initiatives for PPPR accountability have the potential not only to strengthen health security but also to deepen democratic accountability, ensuring that public resources are directed to protecting the lives and livelihoods of all citizens.

ANNEXURE 1

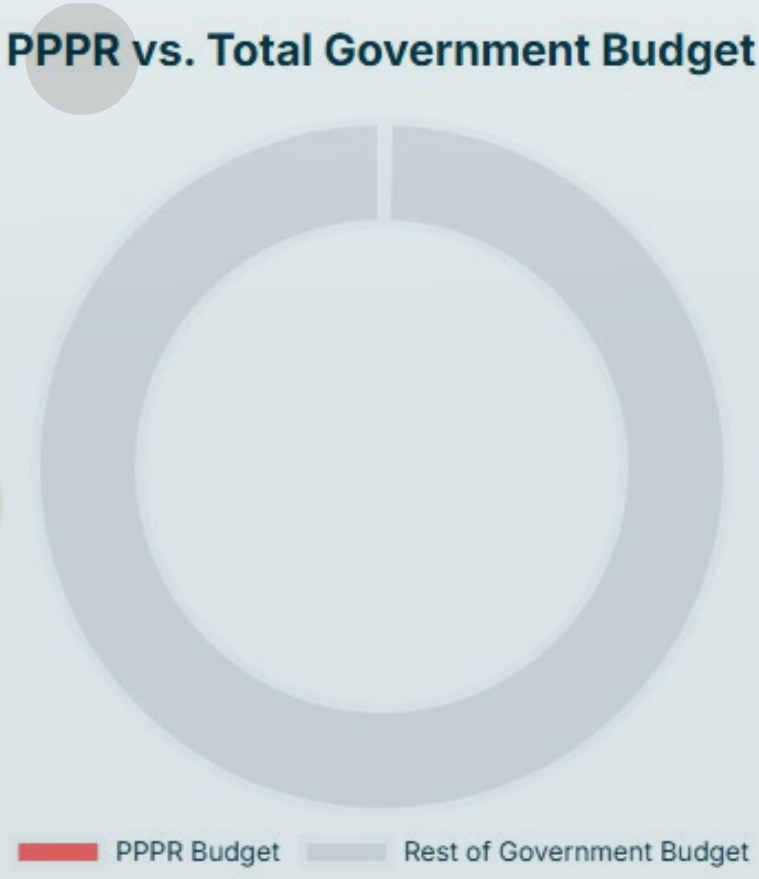
PPPR BUDGET REPORT CARD

In the X fiscal year, the government allocated X towards PPPR. In this budget report card, we focus on four questions:

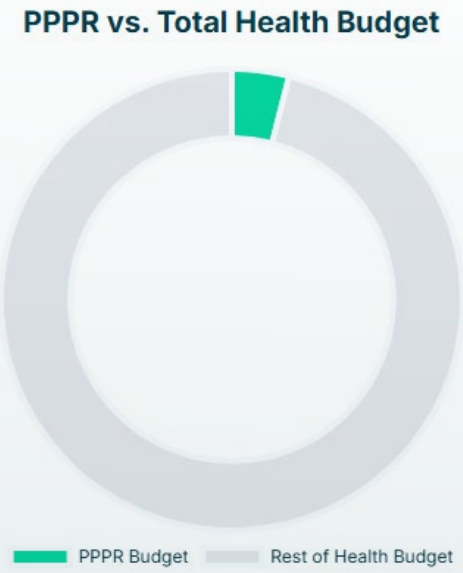
1. **Adequacy.** Is the budget sufficient?
2. **Priority:** Is PPPR a government priority?
3. **Equity:** Is the budget fair i.e., does it **ensure resources will reach the most vulnerable and marginalized, or does it risk worsening existing inequalities**
4. **Efficiency:** Is the budget smart i.e. does it **prioritize cost-effective, high-impact interventions.**

1. Adequacy: Is the budget sufficient?

Is the total amount budgeted for PPPR enough to be effective? This section assesses the PPPR allocation against key economic and social benchmarks.



As a percentage of the total government budget, the PPPR budget in **year** accounted for X%.





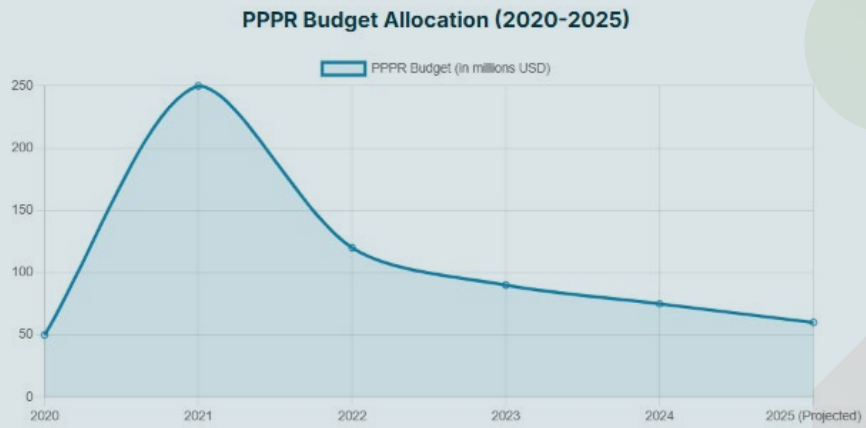
Annual PPPR Spending Per Person

K25

This figure represents the total public investment dedicated to preventing the next pandemic for each citizen, each year.

As a percentage of the total government budget, the PPPR budget in **year** accounted for X%.

In **year** the government spend per person on PPPR is X.

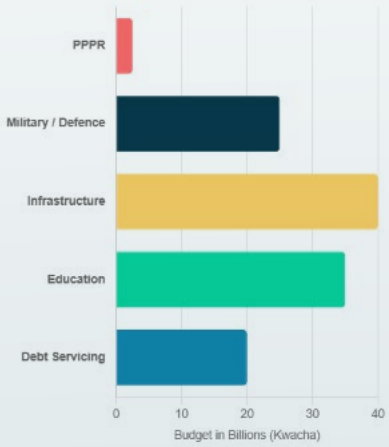


Comparing the PPPR budget allocated in **year** to the PPPR budget allocations in prior years, our PPPR is decreasing staying the same getting bigger.

Adequacy: Key Takeaways and adequacy grade

Summarize the findings here. For example: "While per capita spending has slightly increased, the PPPR budget remains a dangerously low percentage of the total health budget and falls short of the estimated cost of USD3-USD5 per capita that it would cost to achieve benchmark capacity levels (see World Bank and World Health Organisation (2022) paper prepared for the Task Force meeting of the G20 Health and Finance track "Analysis of Pandemic Preparedness and Response (PPR) architecture and financing needs and gaps).
In our assessment, the current budget allocation to PPPR is adequate/inadequate.

2. Priority: Is PPPR a government priority?



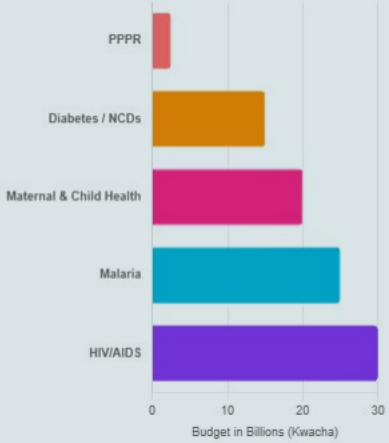
Education Spending
Spending on education is more than **10 times** the PPPR budget, yet health security is fundamental to keeping schools open.

Military / Defence Spending
The PPPR budget is just **1/10th** the size of the defence budget, showing a greater focus on conventional security over health security.

Infrastructure / Major Projects
A single major highway project can be budgeted at **5x** the entire PPPR allocation for the year.

Debt Servicing
For every **K1** spent on pandemic preparedness, the government spends **K8** on interest payments for national debt.

Comparing the budget for PPPR to other major government expenses, PPPR critically underfunded adequately funded well-funded in comparison to other government priorities.



HIV/AIDS
The budget for HIV/AIDS programs is **12 times larger** than the PPPR budget, reflecting the long-term commitment to combating an established epidemic.

Malaria
For every **K1** spent on preparing for the next pandemic, **K10** are spent on fighting malaria, a persistent and immediate health threat.

Maternal & Child Health
Funding for maternal and child health services is **8 times** the allocation for PPPR, highlighting the priority given to ongoing generational health.

Diabetes / NCDs
Even the budget for non-communicable diseases like diabetes is **6 times larger** than the PPPR budget, showing the growing burden of chronic illness.

Comparing the budget for PPPR to other major government expenses, PPPR critically underfunded adequately funded well-funded in comparison to other health priorities.

Priority: Key Takeaways and priority grade

Summarize the findings here. For example: "The budget clearly prioritizes defense and infrastructure over health security. The stark imbalance suggests a lack of political will to adequately prepare for future pandemics."

In our assessment, the PPPR budget is/is not a priority.

3. Equity: Is the budget fair?

Does the budget ensure resources will reach the most vulnerable and marginalized, or does it risk worsening existing inequalities?

Equity question	Yes / No / Partially	Evidence and notes
Are there specific budget lines for hard-to-reach or high-risk areas?	Yes / No / Partially	e.g., No specific allocations found for remote rural districts or informal urban settlements.
Does the budget address the needs of women, children, or disabled people?	Yes / No / Partially	e.g., The budget includes funds for maternal health continuity during emergencies but lacks disability-specific measures.
Are there cuts to primary healthcare that could harm the poor?	Yes / No / Partially	e.g., Yes, the primary health clinic operational budget was cut by 15%, which will impact the most vulnerable.

Equity: Key Takeaways and equity grade

Summarize the findings here. For example: "The budget lacks a clear equity focus. Without targeted funding for vulnerable groups and by cutting primary care, the current plan risks leaving the most marginalized communities behind during a crisis."

In our assessment, the PPPR budget is/ is partially / is not fair.

4. Efficiency: Is the budget smart?

Are resources allocated to achieve the best results? This section looks at whether the budget prioritizes cost-effective, high-impact interventions.

Efficiency indicator	Allocation / finding	Analysis
Balance: prevention vs. response spending	e.g., 20% Prevention / 80% Curative Response	e.g., The budget is heavily reactive, focusing on expensive curative care rather than proactive prevention.
Prioritizes low-cost, high-impact interventions? (e.g., community health workers, surveillance, lab capacity)	e.g., Only 5% of the PPPR budget is allocated to strengthening community health worker programs.	e.g., The government is underinvesting in the foundational pillars of a strong public health system.

Efficiency: Key Takeaways and efficiency grade

Summarize the findings here. For example: "The budget is inefficiently structured, with a heavy focus on costly response measures over affordable, high-impact prevention. A strategic shift towards strengthening community surveillance could yield better outcomes for less money."

In our assessment, the PPPR budget is/ is partially / is not efficient

Overall grade and advocacy priorities

Criteria	Grade	Score
Adequacy	Adequate (3 points) Inadequate (0 points)	
Priority	Is a priority (3 points) is not a priority (0 points)	
Equity	Is fair (2 points) Is partially fair (1 point) Is not fair (0 points)	
Efficiency	Is efficient (2 points) Is partially efficient (1 point) Is not efficient (0 points)	
Total score out of 10		

Our PPPR budget analysis reveals that what is budgeted for pandemic preparedness is insufficient sufficient.... **Use this evidence to build a compelling case for increased or sustained investment in PPPR and, if relevant, for greater transparency and detail regarding PPPR budgets**.

Based on the scoring matrix above, our top 3 advocacy priorities are:

- **Example:** Increase the total PPPR budget to at least 5% of the national health budget to meet adequacy standards.
- **Example:** Reallocate funds from non-essential infrastructure projects to establish dedicated budget lines for vulnerable populations.
- **Example:** Revise the budget to invest more in community health workers and disease surveillance as a cost-effective efficiency measure.

ANNEXURE 2

PPPR BUDGET TRACKING TOOL

(Attached as a separate Excel document)

ANNEXURE 3

EXAMPLE OF A PPPR EXPENDITURE TRACKING FORM

Name of monitor:

Name of facility:

Date of visit:

Example 1: PPE stock

What was the budget allocated? How many surgical masks were budgeted for per month?

What was observed/verified (quantity, quality, timeliness? How many masks are currently in stock? When was the last delivery of masks, and how many were delivered?

Example 2: Community outreach

What was the budget allocated? Was any part of the budget allocated to community outreach e.g., community sensitisation meetings or vaccine advocacy?

What was observed/verified (quantity, quality, timeliness? Have any community sensitisation meetings taken place? Have any materials been distributed? Are there any posters or pamphlets available at the facility?

Example 3: Emergency transport services (ambulances)

What was the budget allocated? What budget was allocated for fuel for ambulances?

What was observed/verified (quantity, quality, timeliness? Does the ambulance driver have sufficient fuel for emergency transport? Is this consistent? Have there been any gaps over the past 3 months in access to fuel?

ANNEXURE 4

EXAMPLE

FOR ILLUSTRATIVE PURPOSES ONLY - OF A POLICY BRIEF WHICH PRESENTS AN ANALYSIS OF SOUTH AFRICA'S PPPR BUDGET

Underfunded is unprepared: an analysis of South Africa's PPPR budget

This policy brief presents an analysis of the national budget for Pandemic Prevention, Preparedness, and Response (PPPR) in South Africa. Our findings, based on extensive budget analysis and community-led monitoring-generated data, reveal critical funding gaps and gaps between the government's stated commitments to health security and its actual financial allocations. We find that the PPPR budget is e.g., inadequate, inequitable, and inefficiently allocated. This brief provides evidence of these shortcomings and offers three concrete recommendations to strengthen South Africa's financial commitment to protecting its people from future health threats. Currently, the total PPPR allocation is X, which represents just X % of the total health budget and X % of total government spending. This level of funding is insufficient to build a resilient health system.

A dangerous accountability gap

A government's budget is the clearest expression of its priorities. While the threat of pandemics is well-understood, funding for PPPR in South Africa remains dangerously insufficient. Our research shows that PPPR is not a visible, dedicated budget line, making it nearly impossible for citizens and legislators to track allocations and hold the government accountable. This lack of transparency creates significant risks, leaving our health system vulnerable and our communities unprotected.

Key findings

Our analysis of the budget focused on adequacy, priority, equity, and efficiency. It revealed several critical issues:

1. **Inadequate funding:** the total PPPR allocation of RX amounts to only RX per person. This is insufficient to fund essential functions like disease surveillance and community health worker training.
2. **De-prioritisation of PPPR:** The government allocates e.g., 10 times more funding to e.g., military/defence spending than to PPPR. This demonstrates that PPPR is not a political priority in South Africa despite the significant risks that could arise.
3. **Failure to account for specific populations:** The budget lacks specific provisions for vulnerable populations. We found no dedicated funding for e.g., hard-to-reach communities, people with disabilities, or women and children in emergency planning, risking that they will be left behind in a crisis.
4. **Inefficient spending:** The budget is heavily weighted towards expensive curative care and response, with only X % of funds allocated to low-cost, high-impact prevention and preparedness activities.

POLICY RECOMMENDATIONS

To address these critical shortfalls, we urge the government and Parliament to take the following actions:

1. **Increase the transparency of PPPR Funding:**
   - Establish a clear, consolidated, and transparent budget line for PPPR within the national budget.
2. **Increase the adequacy of PPPR Funding:**
   - Increase the total PPPR allocation to a minimum of e.g., 5% of the total health budget to meet global benchmarks.
3. **Prioritize PPPR:**
   - Reallocate funds spent in other sectors to prioritize low-cost, high-impact interventions such as community surveillance and primary healthcare strengthening.
4. **Strengthen equity:**
   - Introduce specific budget allocations for vulnerable populations, ensuring emergency plans are equitable.

Conclusion

Investing in pandemic preparedness is one of the smartest investments a government can make. South Africa's current budget allocation towards PPPR falls short of what is required to protect the people of South Africa. By implementing the recommendations in this brief, the government can close the accountability gap, build a more resilient health system, and ensure a safer future for all.

About:

Contact:

ANNEXURE 5

EXAMPLE

FOR ILLUSTRATIVE PURPOSES ONLY - OF A PRESS RELEASE

FOR IMMEDIATE RELEASE

Critical Underfunding of Pandemic Preparedness in South Africa's 2026 Budget

The 2026 budget leaves South Africa unprepared for future pandemics, allocating only [Insert Amount] per person per year. The total budget for Pandemic Prevention, Preparedness, and Response (PPPR) is just X% of total government spending. Moreover, in comparison to spending in other sectors (most significantly, give examples, the budget allocated to PPPR is slight.

The African Alliance recently analysed the PPPR budget on four key metrics: adequacy, priority, equity, and efficiency. The budget received for example a failing grade on priority, because for every R1 allocated to PPPR, the government spends R10 on military and defence. The report also highlights for example a lack of equity, with no specific budget provisions for vulnerable communities, and cuts to primary healthcare services that are the first line of defence for the poor.

The African Alliance calls for Parliament and the Ministry of Finance to take urgent action by:

1. Increasing the PPPR budget to a minimum of 5% of the total health budget.
2. Establishing a transparent, dedicated budget line for PPPR.
3. Ensuring funds are allocated equitably to protect the most vulnerable communities.

The full report and the PPPR Budget Report Card are available at **www.africanalliance.org.za.**

About: **Insert a brief, 2-3 sentence description of your organisation and its mission.**

Media Contact:

ANNEXURE 6

SOCIAL MEDIA KIT

GENERAL GUIDANCE:

- Always try to include a visual (an infographic, a chart, or a powerful photo).
- Use relevant hashtags to broaden your reach.
- Tag relevant stakeholders: Ministry of Finance, Ministry of Health, key parliamentarians, and media outlets.
- Link back to your main report or policy brief.

Hashtag Suggestions: #FollowTheMoney #HealthSecurity #PPPR #Budget #SOuthAfricaBudget #Accountability

Shorter posts e.g., for Twitter (X):





More detailed posts e.g. for Facebook / Instagram / LinkedIn:



Here's what we found:

Inadequate: The budget allocates only RX per person for PPPR priorities.

Inequitable: There are no specific budget lines to protect vulnerable groups like women, children, or people with disabilities in an emergency. This isn't just about numbers; it's about our collective health and safety. A budget is a statement of priorities, and it's time to make health security a real priority.

We are calling on policymakers to act now.

Please read our full report and see the full Budget Report Card to understand what's at stake: **www.africanalliance.org.za**

#FollowTheMoney #HealthSecurity #PPPR #BudgetAccountability #SouthAfrica #PublicHealth

ANNEXURE 7

TEMPLATE LETTER TO PARLIAMENTARIAN

The Honourable X

Member of Parliament for X

Urgent Need for Increased Investment in Pandemic Preparedness in the National Budget

Dear Honourable X

On behalf of the African Alliance, a civil society organization dedicated to promoting health equity and government accountability, I am writing to share our critical findings on the state of funding for Pandemic Prevention, Preparedness, and Response (PPPR) in the national budget and its direct implications for the residents of our constituency.

Our recent analysis, detailed in the enclosed Policy Brief, reveals that the national allocation for PPPR is insufficient. The government has budgeted only R1 per citizen for these life-saving measures. This underfunding has tangible consequences at the local level. For district health facilities serving, this means a continued lack of essential resources, from personal protective equipment to trained surveillance officers, leaving our communities vulnerable to the next public health threat.

Furthermore, our report highlights that for every R1 spent on PPPR, the government allocates R10 to defence. While we respect the need for national security, we believe that health security is an equally vital component of protecting our nation and people.

As the elected representative for our community, your voice is essential in ensuring our health and safety are prioritized. We respectfully request that you take the following specific actions:

Raise a formal question in Parliament regarding the adequacy and transparency of the current PPPR budget allocation.

Request that the Parliamentary Committee on Health holds a hearing on our findings and invites testimony from civil society and community representatives.

Meet with a delegation from our organization and community leaders within the next month to discuss these findings in greater detail.

We believe that by working together, we can advocate for a budget that truly protects all citizens.

Thank you for your time and your service to our community.

Sincerely

ANNEXURE 8

USEFUL RESOURCES

1. The **International Budget Partnership** is a global organization that works to promote more responsible, effective, and equitable management of public money. Their website contains many resources and materials that might be helpful, as well as examples of policy briefs and case studies that might serve as helpful reference points.



2. The **Malaria Budget Advocacy Framework** developed by the Malaria Elimination Initiative is a five-part guide on building political support for increasing and sustaining domestic investments in malaria control and elimination.



3. UHC2030's **Budget Toolkit** aims to strengthen the capacities of civil society organizations, the media and parliaments for health budget advocacy.



4. The Global Financing Facility and the Clinton Health Access Initiative prepared a guide on the **Harmonization of Health Resource Tracking** in 2023. It provides practical guidance for governments and their technical partners in harmonizing health resource tracking processes.



5. Transparency International's **Civil Society Budget Monitoring** guide focuses on the tools and strategies that CSOs can implement to oversee the government's budget.



6. The Grassroots Justice Network's **Citizens' Guide to Monitoring Government Expenditures** offers an overview of government budget implementation processes and provides practical, tested tools that can be used by civil society organizations interested in monitoring government expenditures.



7. Options' **Budget Monitoring and Tracking Tool** allows governments, citizens and civil society organisations to generate evidence that can be used to inform advocacy and decision-making as the government sets priorities in the upcoming budget cycles, including on allocation disbursement and expenditure.



ANNEXURE 9

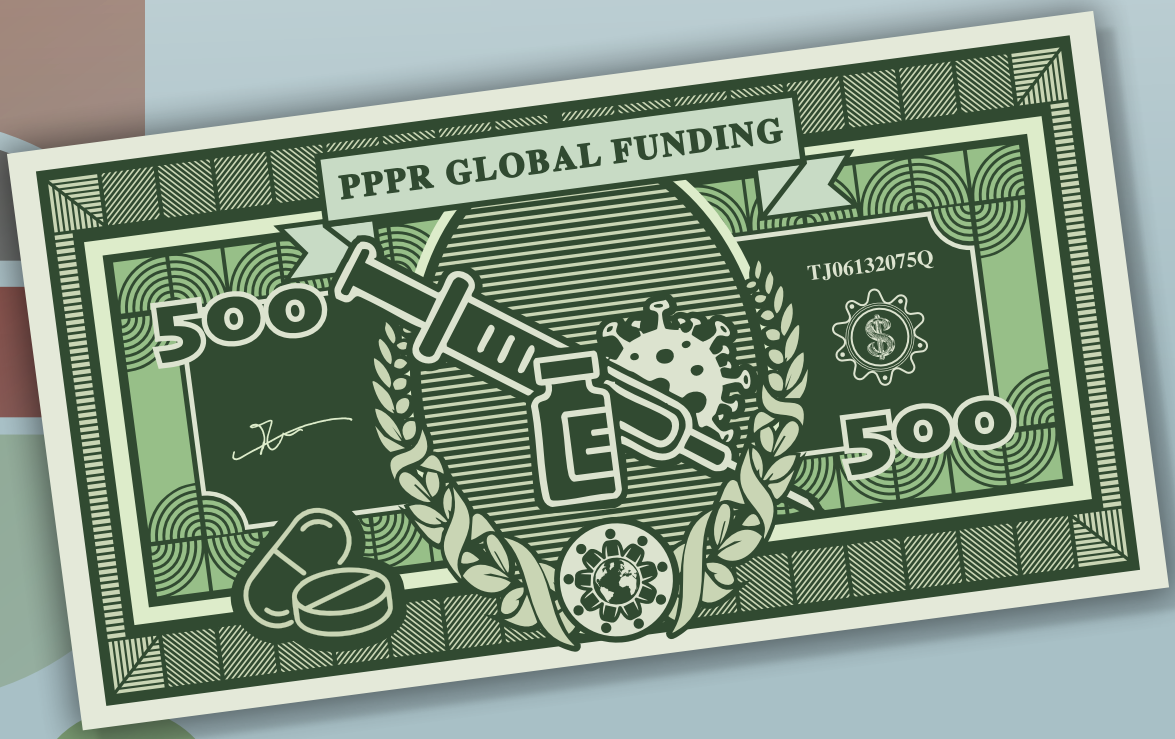
KEY TERMS AND CONCEPTS

- **Budget Transparency:** the degree to which a government's budget is open and accessible to the public, allowing citizens to understand how revenue is collected and how funds are spent.
- **Participatory Budgeting:** a democratic process where citizens are directly involved in deciding how to allocate a portion of a public budget.
- **Public Expenditure Tracking Survey (PETS):** a diagnostic tool used to track the flow of public funds from the central government down to frontline service providers (e.g., schools, health clinics) to identify inefficiencies and leakages.
- **Performance-Based Budgeting:** a budgeting approach that links funding decisions to the expected results or performance of government programs and services.
- **Recurrent Expenditure:** regular and ongoing costs required to run government services, such as salaries, rent, and maintenance. It's the "day-to-day" spending.
- **Capital Expenditure:** Spending on assets that will provide a benefit for more than one fiscal year, such as infrastructure projects (roads, bridges), buildings, and equipment.
- **Disbursement:** the act of releasing funds from the government's treasury to a ministry or agency to pay for goods, services, or salaries.
- **Virement:** the administrative transfer of funds from one line item or vote to another within a ministry's budget, often requiring approval.
- **Absorption Capacity:** an organization or country's ability to effectively plan and execute projects and programs, and spend the funds allocated for them. Low absorption capacity means funds are not being spent as planned.
- **Off-Budget Financing:** funding for government programs or projects that isn't included in the official, approved budget. This can be used for things like special-purpose vehicles or public-private partnerships.
- **Audit:** an independent and systematic examination of a government's financial records and operations to ensure that funds have been spent as legally approved and in a transparent manner.
- **Budget Call Circular (BCC):** a directive issued by a country's Ministry of Finance to all government ministries and agencies, providing instructions and a timeline for preparing their budget proposals for the upcoming fiscal year.
- **Budget Outlook paper:** a document that outlines the government's broad economic and fiscal policies, including revenue and expenditure forecasts, which serve as a guide for preparing the annual budget.
- **Ceilings:** The maximum spending limits or appropriations set for government ministries and agencies, often communicated through the Budget Call Circular.
- **Budget Proposal/Estimates:** The detailed requests from individual government ministries, departments, and agencies (MDAs) for funding for the next fiscal year. These are submitted to the Ministry of Finance for review and compilation into the national budget.

- **Medium-Term Expenditure Framework (MTEF):** A rolling three-to-five-year planning tool that links a government's policy goals to its budgeting process, providing a more predictable and stable basis for financial planning beyond a single fiscal year.
- **Vote/Line Item:** A specific allocation of funds in a budget for a distinct purpose, such as *"Vote 123 for Ministry of Health"* or a *"line item"* for *"Salaries and Wages"*.
- **Supplementary Budget:** An additional budget submitted to the legislature during the fiscal year to provide extra funds for unforeseen expenses or to adjust for changes in economic conditions.
- **Budget:** A detailed plan for a government's estimated revenue and expenditure over a specific period, usually a fiscal year. It's a key tool for setting policy priorities and allocating resources.
- **Fiscal Year (FY):** A 12-month period used for financial and tax purposes. It doesn't always align with the calendar year (January 1 to December 31).
- **Appropriation:** the legal authority granted by a legislature to a government agency or ministry to spend a specific amount of money for a particular purpose.
- **Expenditure:** the total amount of money spent by a government to deliver public services and execute its functions.
- **Revenue:** the income a government collects from various sources, such as **taxes**, fees, and grants.
- **Deficit:** Occurs when a government's expenditure exceeds its revenue for a given period.
- **Surplus:** the opposite of a deficit; it occurs when a government's **revenue** is greater than its expenditure.
- **Public Debt:** the total amount of money that a government owes to its creditors, both domestic and foreign. It's the accumulation of past budget deficits.

COMMUNITIES COUNT: TURNING FINANCE INTO FREEDOM

A Community-Led Monitoring Toolkit For Pandemic Prevention, Preparedness, And Response (PPPR) Financing



African Alliance
Altahaluf al'Afriqiu
التحالف الأفريقي

www.africanalliance.org.za