Community Pandemic Preparedness and Response Scorecard

Assessing Engagement, Equality, and Rights in Global Health Security

September 2025

COPPER
Communities in Pandemic
Preparedness & Response

ACT!
ACTIVISTS' COALITION ON TB
ASIA-PACIFIC

APCASO
Strengthening community systems.
Advancing human rights.

ACT
AFRICA COALITION ON
TUBERCULOSIS

Abbreviations

ACHIEVE	Action for Health Initiatives
ACT Africa	Africa Coalition on Tuberculosis
ACT! AP	Activists' Coalition on TB Asia-Pacific
CISMAT	Civil Society Movement Against Tuberculosis
COPPER CE	Communities in Pandemic Preparedness & Response - Community Engagement
COVID-19	Coronavirus disease 2019
FIS	For Impacts in Social Health
IPPR	Independent Panel for Pandemic Preparedness and Response
JEE	Joint External Evaluation
JHP	Janna Health Foundation
JIP	Jaringan Indonesia Positif
KHANA	Khmer HIV/AIDS NGO Alliance
NAPHS	National Action Plan for Health Security
NGO	Non-governmental organization
PPR	Pandemic Preparedness and Response
SOP	Standard operating procedure
SPAR	States Parties Self-Assessment Annual Report
STP	Stop TB Partnership
UNAIDS	The Joint United Nations Programme on HIV/AIDS
YOUNETPO	Youth Network for Positive Change

Acknowledgements

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Part I: Background and Preparation

Introduction

Community leadership is broadly recognized as central to effective responses to outbreaks, epidemics, and pandemics.[1] Lessons from the Coronavirus 2019 (COVID-19) pandemic repeatedly stress the need for inclusive, people and community-centered approaches to preparedness and response and the vital role played by local actors, affected communities, and civil society.[2] This includes bold efforts to strengthen health systems, shore up social protections, protect economic opportunities, bolster multilateral collaboration, and enhance social cohesion. Consistent engagement of affected communities is essential to understand local contexts and ensure an informed pandemic response. Without meaningful community participation, misinformation, confusion, and mistrust can undermine the uptake of life-saving services.[3]

Robust, meaningful community engagement in public health planning, service delivery, and health-focused accountability work can make communities and countries healthier and stronger. Communities experience the daily impacts of intersecting gender, human rights and health inequalities. They possess invaluable insight and expertise on problems as well as lasting, locally relevant solutions to both routine and emergency public health responses. Successful pandemic preparedness and response (PPR) efforts depend on community engagement. Experts suggest conceptualizing community infrastructure for PPR under three domains: (1) services and accountability led by communities, (2) state-sponsored activities in communities, and (3) the engagement of communities.[4]

KEY TERM

Pandemic preparedness and response refers to the ability of countries and the global community to anticipate, prevent, detect, and control infectious disease outbreaks, while maintaining essential services and protecting vulnerable populations. It combines proactive planning, rapid action during health crises, and systems that strengthen resilience against future pandemics.

The Need for a Community PPR Scorecard

Despite widespread evidence of the importance of community engagement, the principle is not consistently applied in PPR efforts. The Global Fund's Strategy emphasizes the need for communities and civil society to be included in PPR governance, planning, implementation and accountability, to facilitate agile and capable public health responses to pandemic threats.[7]

In 2021, the Independent Panel for Pandemic Preparedness and Response (IPPR) warned that the potential for communities to shape the response at the pandemic preparedness and response decision-making table has been severely neglected.[8] Two years later, former panel members found limited evidence of progress, and in comes cases—regression.[9]

> *"Whilst there are many examples from this pandemic of innovative approaches [...] it is clear from our consultations with civil society and reports from human rights organizations that this is not universally the case. Indeed, in some countries the pandemic has been used to shrink the space for civil society engagement."* [10]
>
> **Rt. Hon Helen Clark and He.E. Ellen Johnson-Sirleaf, former co-chairs of the IPPR**

Considering these gaps, a more systematic approach is needed to monitor whether impacted communities are meaningfully engaged in PPR processes. A tool is needed to assess whether community concerns and needs are addressed at every level of the health system and every area of PPR. This Community PPR Scorecard is a contribution to such efforts.

The COPPER CE Initiative

The Global Fund's Strategy aims to champion community and civil society leadership and participation in pandemic preparedness and response planning, decision-making and oversight.[5] In line with this objective, the Global Fund began its Communities in Pandemic Preparedness and Response through Community Engagement (COPPER CE) Initiative in 2023.[6]

Through a series of grants and technical assistance for communities and civil society groups, COPPER CE aims to ensure that national PPR policies, strategies and programs integrate health equity, human rights, and gender. Comprehensive assessments and engagement plans have been developed for eight focus countries: Cambodia, Cameroon, Kenya, Indonesia, Liberia, Nigeria, Philippines and Sierra Leone.

In the focus countries, COPPER CE is supporting groups such as refugees, slum dwellers, and people with disabilities to engage in the Joint External Evaluations (JEEs), development of National Action Plans for Health Security (NAPHS), sit on Vaccine Advisory Committees, coordinate through National Public Health Emergency Operations Centres, participate in Pandemic Accord processes, and more.

Scorecard Objectives

The objectives of this scorecard are to support communities and civil society working on PPR:

ASSESS

TO ASSESS their level of engagement in national PPR processes and programs, with a particular focus on:

✓ how PPR-impacted communities are defined

✓ how they are engaged and providing input

✓ the extent to which that input is included in final plans and strategies and subsequently put into action

✓ the ways in which human rights and gender considerations are integrated and addressed across the full scope of PPR activities, services and policies

✓ community analysis of national and subnational performance scores in PPR official assessment tools such as the JEE

IMPROVE

TO IMPROVE their engagement in PPR planning, decision-making and oversight, utilizing assessment results to go from analysis to action.

Scorecard Uses

This scorecard is designed to be used by communities and civil society who care about and are working on country and community-level PPR. This tool can be used at baseline, mid-term or endline of a process or program. It can help support project planning as well as evaluation. The scorecard may also support communities to engage in national PPR policy, planning, and review, as a civil society shadow report

Communities and civil society may engage national PPR stakeholders to secure buy-in for the scorecard, including commitments to supply information, review evidence and discuss action steps. In situations where national stakeholders are not receptive to this approach, communities and civil society can use the scorecard process to highlight barriers, challenges and successes to build on, including through public dissemination meetings, media engagement and regional or international platforms.
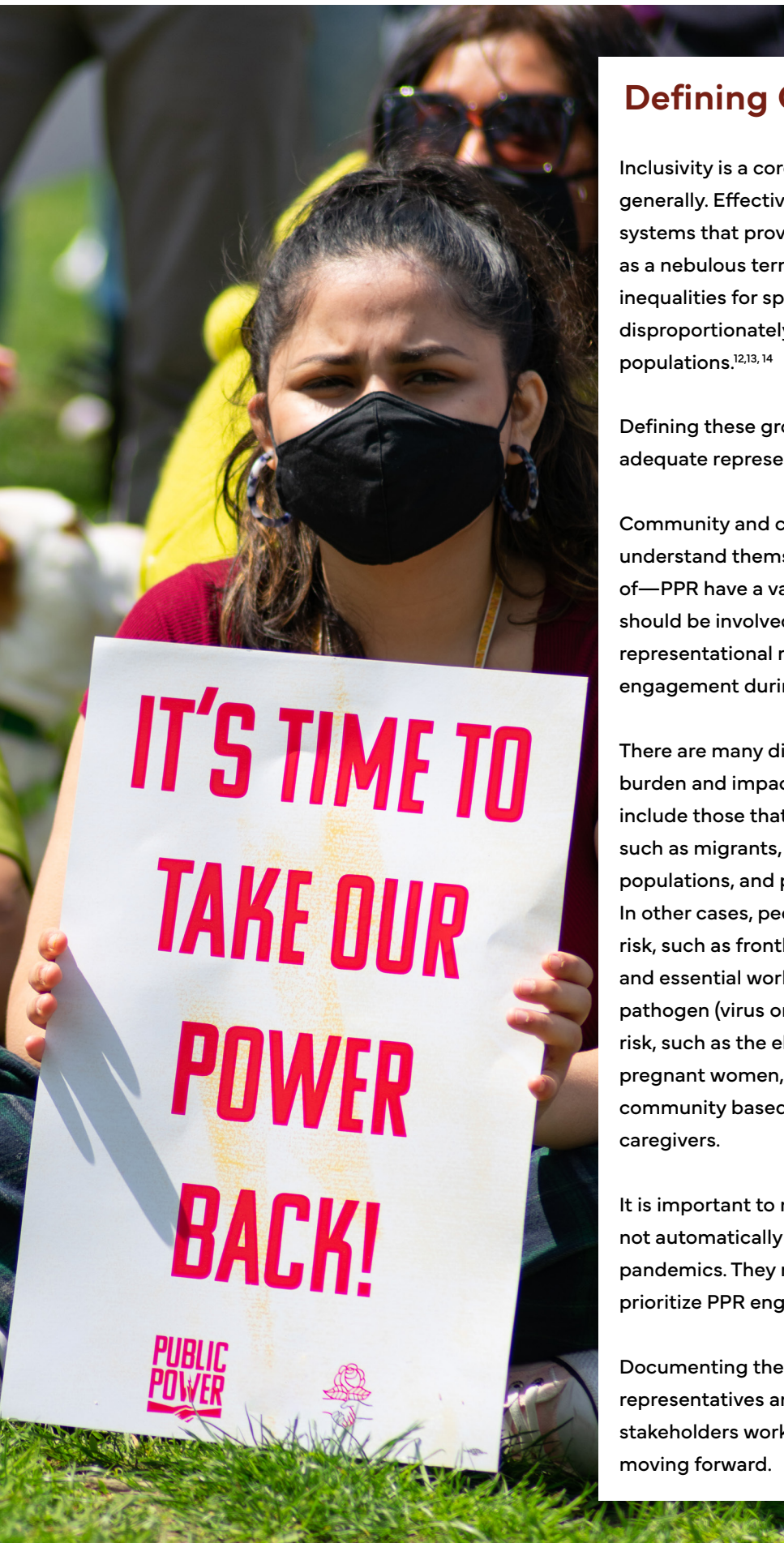
Defining Communities in PPR

Inclusivity is a core principle in PPR, and public health more generally. Effective PPR activities depend on strong health systems that provide care for all.[11] However, 'communities' as a nebulous term has the potential to mask very real inequalities for specific groups. Indeed, health emergencies disproportionately affect vulnerable and marginalized populations.[12,13, 14]

Defining these groups is a difficult yet important step to ensure adequate representation in PPR processes and programs.

Community and civil society groups that are working on—and understand themselves to be impacted by, or constituencies of—PPR have a valuable role to play. These organizations should be involved in identifying impacted communities for representational roles in national PPR processes, and for active engagement during report back and priority-setting activities.

There are many diverse groups who face disproportionate burden and impact during health emergencies. These often include those that are under-served by routine health services, such as migrants, refugees, internally displaced people, mobile populations, and people with income and housing precarity. In other cases, people's occupations place them at increased risk, such as frontline health workers, agricultural workers, and essential workers. Further, the epidemiology of a given pathogen (virus or bacteria) can put specific groups at higher risk, such as the elderly, people with preexisting conditions, pregnant women, and children. People may also be considered community based on their lived experience, such as survivors or caregivers.

It is important to recognize that vulnerable people may not automatically self-identify as at-risk of or impacted by pandemics. They may not have the means or motivation to prioritize PPR engagement over other issues in their lives.

Documenting the processes by which community representatives are selected by constituents will help all stakeholders working in PPR define good governance practices moving forward.
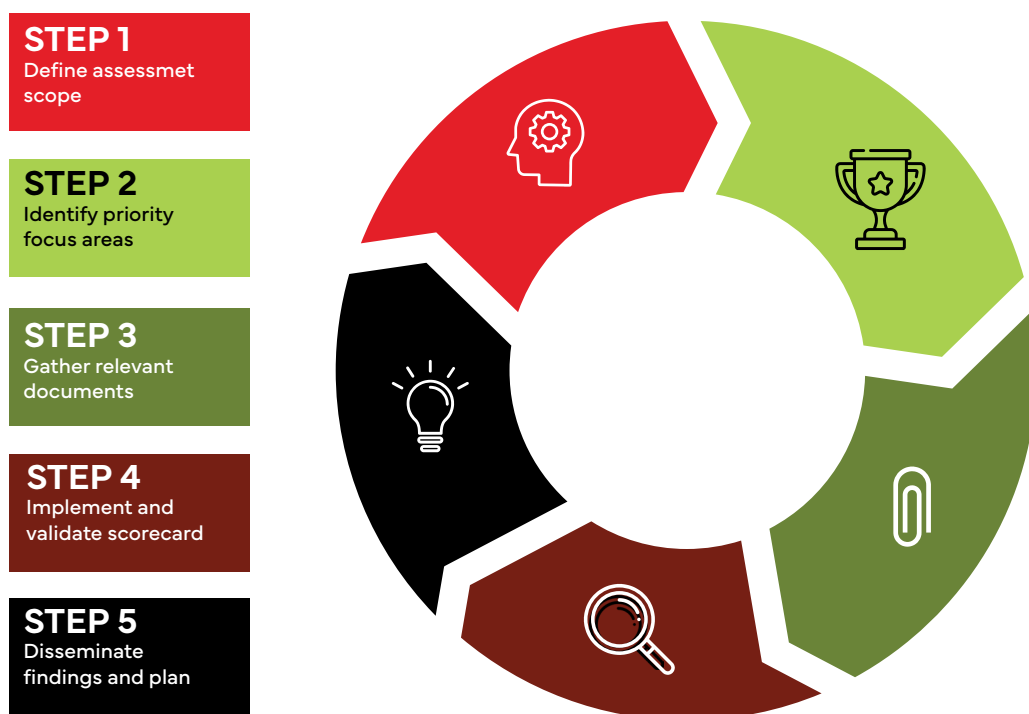
Step-by-Step Scorecard Process

STEP 1
Define assessmet scope

STEP 2
Identify priority focus areas

STEP 3
Gather relevant documents

STEP 4
Implement and validate scorecard

STEP 5
Disseminate findings and plan

FIGURE 1. Step-by-step process to implement the Community PPR Scorecard

STEP 1: Define assessment scope

The Community PPR Scorecard can be used in a variety of ways, depending on pandemic and country context. It may be applied as:

a. A baseline measure, before communities have engaged in a PPR process. This might home in on engagement consultations, or policies affecting specific communities in PPR.

b. An assessment of community engagement in a specific PPR process. This could be a Joint External Evaluation exercise, the planning or evaluation of a National Action Plan for Health Security, development of a Pandemic Fund proposal, or a rapid response to an outbreak or other pandemic threat.

c. A follow-up assessment monitoring previously made commitments.

Part of the assessment scope includes defining the specific affected communities for the scorecard to consider (see previous section). This step should be well-documented.

STEP 2: Identify priority focus areas

Community engagement with PPR processes is still nascent in many settings. Implementing the full scorecard may not be feasible, and parts of it may not be relevant in all contexts. Financial and human resources may also be a constraint. Scorecard users should consider what feels most relevant and reasonable, centering activities on those topics. Ensure that a diverse group of impacted communities who will be implementing, validating, or acting on the scorecard findings are involved in this step of the process.

STEP 3: Gather relevant documents

To prepare for scorecard implementation, key reference documents should be gathered and stored in a centralized accessible location. These may include:

a. The National Action Plan for Health Security (NAPHS)
a. Recent reports from Joint External Evaluation and States Parties Self-Assessment Annual Report (SPAR) activities
b. Grant proposals, work plans, and performance reports from Pandemic Fund, Global Fund, World Bank, and other relevant health security investments
c. Relevant gender, equity, and human rights analyses exploring communities disproportionately impacted by public health threats and inequities
d. Standard operating procedures, circulars, and other guidance for core health system functions or essential health services to be maintained in the context of a health emergency
e. Policies and legal frameworks on gender, human rights, and government commitments in the context of PPR
f. Documentation of community and civil society engagement at every level of PPR processes and programs
g. Agendas, meeting reports, documents, and other knowledge products developed by community and civil society organizations working on PPR

See Scorecard tool for more information on what types of documents may be useful.

STEP 4: Implement and validate the scorecard

The Scorecard is designed to be flexible, and adaptation is encouraged. The following sub-steps are suggestions for implementation. The worksheet (see Appendix 1) can be used to support these steps.

a.   Assemble the team that will be conducting the scorecard exercise. Where possible, include individuals involved in the processes being monitored and individuals impacted by policies or programs. The team composition should have a particular focus on people from communities that are marginalized, criminalized or otherwise likely to be excluded from national processes and most impacted during pandemics.

b.   Review the scorecard template, considering priority activities and national context.

c.   Develop or adapt the scorecard, as needed. Teams may decide to omit certain sections, or to adapt the grading criteria.

d.   Set a timeframe for the scoring process. Consider how long it should take, who should review it, and how the results will be taken forward.

e.   Execute the scorecard, responding to the key questions.

f.   Validate the results among a wider group of stakeholders, including broader communities and national decision-makers.

Country context needs to be considered when administering the tool. As the assessment is conducted, national and subnational PPR-related legislation could be taken into consideration and recorded in the comments section of the scorecard tool.

STEP 5: Disseminate scorecard findings and action plan

Based on the decisions in the planning phase above, teams may decide to hold a convening to disseminate results back to key stakeholders, including impacted communities, government and development partners, civil society or other entities. Dissemination and awareness of scorecard findings are important steps. This is often the beginning, not the end, of critical follow-up. Consider developing a draft action plan to spark discussion at the dissemination meeting. The discussion questions in the next section can support planning.
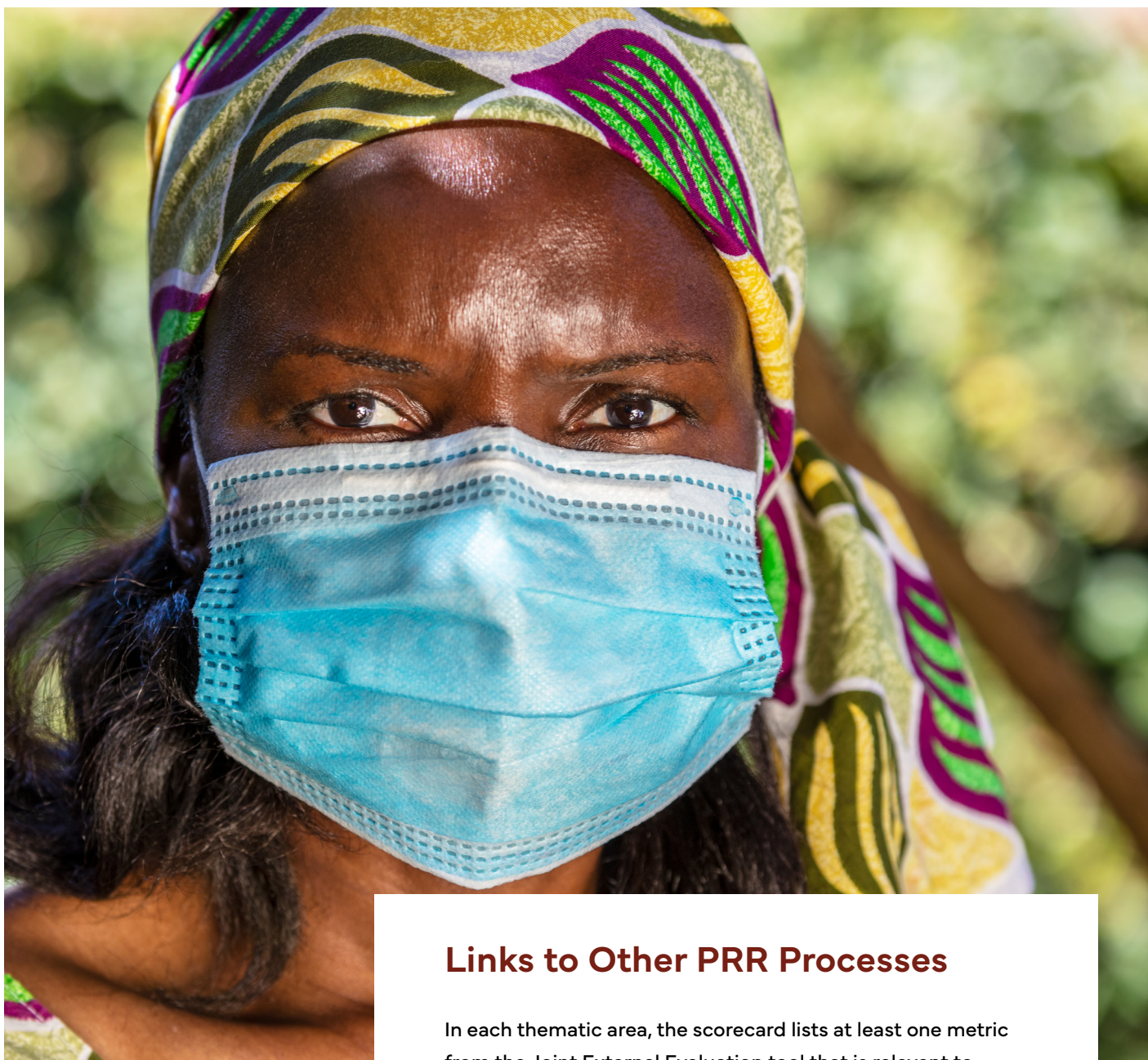
Links to Other PRR Processes

In each thematic area, the scorecard lists at least one metric from the Joint External Evaluation tool that is relevant to community concerns (e.g., health care utilization, community engagement, vaccine coverage). Communities can access this score from records of official evaluations.

Each area also includes additional indicators, most of which are adapted from pre-existing resources listed in the appendix of this document. Each of these resources has additional information and context.

Groups using this scorecard tool are encouraged to consult these and other resources to support adaptation. Communities can use their own evaluations of these indicators to develop an independent assessment that may contextualize the JEE score.

Part II: The Scorecard Tool and Additional Resources

Orientation on the Scorecard Tool

By column

Column A: Provides a summary of the area that will be scored, including a statement of an optimal outcome. The first row(s) of every subsection of the scorecard note the relevant JEE and SPAR indicators. For these rows, note the "official" JEE score and the community score.

Column B: Provides the scoring framework for this area. A numerical and color-coded system is used. The scoring system allows teams to reflect on the activity or progress in the area as well as on the data available to make this evaluation. As systems and documentation improve for supporting community engagement in PPR, more information may become routinely available. At this stage, it can be challenging to locate documentation and noting this with the appropriate score can help identify relevant advocacy actions (e.g., improved transparency and information sharing).

The scoring key is:

1	Score of 1/Red indicates Low to very weak activity in this area OR no available data for evaluation
2	Score of 2/Light green Evidence of activity in this area, addressing some, though not all, key actions and considerations
3	Score of 3/Dark green indicates that activity in this area is supported by robust documentation and reflects all or almost all key actions and considerations

Column C: Provides space for bulleted notes on the process or program assessed including strengths, weaknesses, data limitations and any other context or explanation for the score. For example: "Assessed JEE activity 2024-25; assessment based on inputs from participants in select districts and from representatives on national task force; differing views on effectiveness based on geography"

Column D: Provides space to note the numeric and color score.

By sub-section

1.   Engagement

What's included

This section focuses on community and civil society engagement in PPR processes. It starts by sharing the JEE domain where community engagement is addressed most explicitly. Teams can source that information from government officials working on PPR. This is followed by indicators that support assessment of community engagement in the national and subnational governance, decision-making, and evaluation processes related to PPR. This includes whether civil society has the financial and technical support to engage, whether the government is accountable to the organizations engaging, and whether these organizations are accountable to their constituents and communities. This sub-section intentionally focuses on how civil society works with the government in planning processes. It does not evaluate PPR community engagement activities, which may include health education, listening sessions, and other community-based work.

Take note

The Joint External Evaluation tool has a domain on leadership and governance that includes an evaluation of multi stakeholder coordination but does not mention civil society. The community engagement domain does not assess civil society involvement in coordination. Teams may want to look at both JEE scores and develop their own assessments to make connections between civil society presence in decision-making roles and engagement in the community.

2.   Equality

What's included

This section has a range of approaches to tracking the integration of gender equality considerations in PPR activities, many adapted from existing tools. The content in this section draws from the World Bank's GENPAR toolkit.[15]

Take note

The scorecard can be used to monitor gender integration in areas such as surveillance or public health data collection, even if communities and civil society were not directly engaged with the design of the systems.

3.   Rights

What's included

This section focuses on evaluating consideration for human rights provisions in pandemic preparedness and emergency response-related documents. These could include laws or policies that establish continuity of healthcare and other services during emergencies, or public health measures that limit movement, close schools, or take other measures to reduce the risk of exposure.

Take note

While this scorecard focuses on emergency preparedness-related policies and laws, human rights protections in non-emergency circumstances are the cornerstone of a rights-based emergency response. Communities could consider combining this scoring with other evaluations of human rights conditions.

Acting on Scorecard Findings

There will be room for improvement in many, if not all, of the domains that the scorecard evaluates. The "Action Plan" sheet in the scorecard supports communities to identify, prioritize, and plan for advocacy to make change based on the results. Community capacity to develop and implement action plans, to resolve challenges, and to make progress, may be limited by financial or human resource constraints. Teams may decide to publish or disseminate a set of recommendations, to use the scorecard as the basis for fundraising for follow up activities, or to work with other civil society groups on joint advocacy and action plans that amplify issues via pooled human and financial resources.

To complete the Action Plan, consider the following questions:

Urgency
- Which of the identified challenges feel most urgent? Non-emergency activities may be classified as urgent if they are likely to have a significant impact on ongoing health crisis.

Feasibility
- Which of the identified challenges can be addressed through policy change or expanded engagement? Which challenges require additional funding, or policy change(s), that could take a while to materialize?

Opportunity
- Is there an upcoming opportunity, such as a JEE or NAPHS review, that could be used as a forum for advocacy to secure a desired change in any of the challenge areas?
- Can any of the challenge areas be addressed through the activities of working groups or technical bodies where communities are already represented?
- Are there coalition members or partners who could support a campaign to address one of the challenges?

Accountability
- Which challenges can be addressed by specific steps taken by key individuals?
- Which challenges can be addressed by civil society?

Teams should plan to report back to communities, decision-makers, and other key stakeholders on the implementation progress of the PPR Action Plan. It is particularly key to review Action Plan progress before iterating the scorecard process.

Resources and Additional Information

As much as possible, scorecard indicators are drawn and/or adapted from pre-existing tools as noted below. Each section of the framework references relevant content from the **Joint External Evaluation Tool: IHR (2005) Monitoring and Evaluation Framework.** There are also additional questions for exploring content in this tool that can help support community-led assessments.

Engagement

- **Principles of Meaningful Civil Society Involvement in Global Health Governance** is a consensus document developed through an extensive consultative process.

- **The Pandemic Fund's Guidance Note for Applicants** for the second call for proposals is cited in this section, and the full document including additional detail, may be of interest to groups in countries seeking or implementing Pandemic Fund grants.

- The WHO's **Community needs, perceptions and demand: community assessment tool** is part of the suite of health service capacity assessments in the context of the COVID-19 pandemic.

- The Global Fund's **Community Engagement Toolbox** contains action-oriented resources in different languages. They can be used to help strengthen and support community engagement in Global Fund-related and other processes. Some of the tools are region-specific, but many have global application.

- **Community engagement in Pandemic Preparedness and Response considerations** provides key steps for effective community engagement in national and sub-national PPR process including coordination and collaboration; capacity development; governance structures and representation mechanisms; policy and advocacy.

Equality

- **Gender in Infectious Disease Preparedness and Response (GENPAR) toolkit developed** by the World Bank is the source of many of the indicators and levels of progress in this section.[16] Groups scoring activities related to gender equality are encouraged to consult the toolkit which contains in depth explanations for the various areas included, such as the need for integration of gender considerations (disaggregation and analysis, for example) in public health and laboratory responses.

- **The WHO 5-Level Gender Assessment Scale** informed this section and provides useful information for development of additional approaches and assessments.

- BMJ's **Gender equality and pandemic response** is a collection of articles, produced by a collaborative effort of institutions and supported by the Bill & Melinda Gates Foundation.

Rights

- **12 Characteristics of an Effective Public Health Emergency Law**, developed by Resolve to Save Lives, was used in this section.

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