G20 BRASIL 2024

BUILDING A JUST WORLD
AND A SUSTAINABLE PLANET

G20 Joint Finance and Health Ministerial Meeting (JFHMM)

INFORMATION NOTE

Accessing existing financial resources for the mpox response: Experiences and a guide to stakeholders

October 2024

I. INTRODUCTION

The G20 Joint Finance and Health Ministers' Statement on the Mpox Response, released on 27 September 2024, tasked the Joint Finance and Health Task Force (JFHTF) Secretariat to "outline the step-by-step actions needed to access existing financial resources". The Mpox outbreak provides an opportunity to apply lessons learned on response financing, support countries in accessing finance, identify where better coordination is required, and anticipate where gaps may arise. To this end, this document is intended to be an evolving application of the Operational Playbook in the context of a specific outbreak, using country examples as a reference tool for countries and other stakeholders, while recognizing the domestic sovereignty and individual governance arrangements of the institutions and organizations that can offer existing financial resources.

II. BACKGROUND

On August 13, 2024, Africa CDC (Africa CDC) declared the mpox outbreak a Public Health Emergency of Continental Security (PHECS). The following day, WHO re-declared mpox a Public Health Emergency of International Concern (PHEIC).[1] On September 6, 2024, Africa CDC together with WHO published a Mpox Continental Preparedness and Response Plan for 6 months' timeframe from Sep 2024 to Feb 2025, hereinafter 'the Continental Plan'.[2]

The Continental Plan has 10 pillars3 for coordinated response with partners and an estimated budget of around US$599,153,498 of which more than half ($315.3M) is allocated for response budget in 14 affected member states, 2% ($14M) to support emergency preparedness in 15 high-risk non-affected member states, and 45% ($269.8M) for operational and technical support provided by key international partners (Africa CDC, WHO, UNICEF, IOM, IFRC, WFP). The estimated budget did not factor in the cost of vaccines given the ongoing negotiations for in-kind and other procurement mechanisms at the time of formulating the Continental Plan.

Noting the challenges of the highly uncertain trajectory of the outbreak, the plan is based on an estimated number of suspected cases with further assumptions regarding the associated level of testing, sequencing, case management, and vaccination. Assumptions start from 2,000 cases per week, increasing to 4,000 cases per week across the first two months of operations and maintained through the fourth month, then scaling down for a total of 92,000 suspected cases over the six-month period. For reference, over the last six weeks (September 2 to October 13, 2024), an average of 2,298 suspected cases per week were reported

1. Previously declared a PHEIC on 23 July 2022 and ended on 11 May 2023.
2. The Continental Response Plan (https://africacdc.org/download/mpox-continental-preparedness-and-response-plan-for-africa/) is closely aligned with the WHO Strategic Preparedness and Response Plan (https://www.who.int/publications/m/item/mpox-global-strategic-preparedness-and-response-plan). This document primarily makes reference to the Continental Plan given its greater granularity.
3. The 10 pillars are as follows: 1) coordination and leadership, 2) risk communication and community engagement (RCCE), 3) surveillance, 4) laboratory capacity, 5) case management, 6) infection prevention and control (IPC), 7) vaccination, 8) research and innovation, 9) logistics and financing, and 10) continuity of essential services (EHS).

from the African continent for a total of 13,789 cases.4 While this represents roughly 60% of the cases expected from planning assumptions within the same time frame, there are significant challenges to surveillance and laboratory capacity in affected countries for diagnostic confirmation.

Guidance for Countries: Essential Actions Needed to Access Existing Resources

This section is intended to be a "practical reference guide" for officials in affected countries with a focus on access to financing (see Table 1). The steps to be taken in the priority actions may be taken in parallel but the complexity of the processes and coordination will require identification of key dependencies at each stage.

Table 1. Priority actions and consideration to access financing

Issues	Priority Actions	Considerations
Strategic Planning and Resource Mobilization	• Ensure that a robust, strategic, costed, and prioritized response plan is developed, disaggregated by response pillar or thematic area. • Consider evolving needs based on the epidemic phase, including the incorporation of protracted economic and social response needs in later phases.	• Plan should be time-bound and actively reviewed for relevance to assumptions. • Robustness of assumptions should consider the epidemiological situation, existing evidence, and changing needs across time. • Planning should include relevant stakeholders to represent economic and social response needs, which are typically underrepresented by acute outbreak planning processes (centered around health response).
Resource Planning and Resource Tracking	• Develop a single national response budget with line items (by response pillar). • Develop a live tracking tool to follow gaps and financing per donor per geographic area over time. • Collaborate to ensure transparency of resources by financiers and implementing partners. • Engage with Ministries of Finance and Minister of Health regarding urgent priorities for domestic financing.	• Countries with decentralized governments may choose to produce independent budgets, but a single response budget (disaggregated as needed) will facilitate resource tracking and financing support. • Resource tracking should identify the originating financing source and mechanism, and the timing of fund commitment and availability.

4. https://worldhealthorg.shinyapps.io/mpx_global/. Recent figures are subject to retrospective adjustment due to delayed reporting and may reflect differences in case definition between countries.

Timely access to financial resources	Engage with financing partners to: • identify non-contingent financing that can be directly accessed or support the response through re-programming. • identify potential contingent and new financing that can support future needs and associated steps and timelines. • ensure timely access to contingent and new financing if / when needed, work with financing partners and local entities involved in requests / approvals (MOF, parliament, etc.) to accelerate implementation.	• Criteria for prioritizing financing sources may include: financing timelines (to access and implement), transaction costs, level of concessionality, flexibility in use, implementation arrangements, and other considerations. • Governance arrangements to implement funding from different sources (including domestic emergency funds) may vary, but should be coordinated under the country's emergency response mechanism.
Coordination of financing	• Perform or update partner mapping to reflect operational presence and activity, such as demonstrated through a 3/4/5Ws tool. • Establish a coordination platform involving both financiers and implementing partners that includes a sub-pillar on financing which meets regularly. • Hold routine meetings to identify resourcing opportunities where financing gaps are presented.	• Pre-existing partner mapping should be updated at emergency onset and regularly revisited (existing partners present during non-emergency settings may halt or change activity during an emergency). • Initial partner mapping may be less granular to facilitate rapid response, but increase in granularity through the early epidemic phases.
Accountability and Transparency of financing	• Establish or strengthen a fiduciary system to provide government, implementing partners, and financiers with relevant information required to ensure an adequate and timely flow of funds and make informed strategic, technical, and operational decisions. • Appropriately resource and budget for information management (IM) support to support the production of situation reports and other important communications tools.	• Demonstration of accountable and transparent financing through information management products can be leveraged as advocacy for further resource mobilization.

Guidance for Stakeholders: Financing Sources to Support the Mpox Response

Identification of existing financial resources, triggers, and eligibility represents a critical first step for response planning. Table 2, is adapted from the JFHTF Operational Playbook for pandemic response financing which outlines instruments deployed by global and regional organizations during Covid-19, along with their activation triggers. Table 2 focuses on existing financial mechanisms that could be used for the current geographical scope of the Mpox response efforts, outlines eligibility criteria, and highlights any funds already mobilized.[5]

Table 2. Overview of key external financing sources for the mpox response

Institution & Instruments	What can be financed & implementation arrangements	Countries & Diseases/Events covered	Trigger design and process for country/ies	Status of current support
World Bank: ***Existing projects can*** support activities within the existing scope **Contingent financing-** activated if available, triggers met, and requested. ***New financing can*** be considered upon request. ***Crisis Response Window (CRW)-*** source of grant financing in emergencies (depleted for FY25)	***Existing projects-*** limited to current scope ***Restructuring-*** projects can be restructured to meet broader needs Significant flexibility to support response needs through contingent and new financing Financing is managed and implemented by the government. Government can contract third parties.	**Countries:** IDA and IBRD countries (CRW only IDA countries).[6] **Events covered:** All health emergencies; some limitations on CRW access.	**Contingent financing-** accessed in case of declaration of emergency at a national or higher level. Access also requires a formal government request and defined processing steps.	**Direct tracked contributions to mpox response**: US$7.2M (DRC and Burundi) **Additional support to other African countries** as part of existing relevant World Bank operations, including in CAR, Liberia, and Uganda. - Regional Disease Surveillance Systems Enhancement (REDISSE) projects in Western and Central Africa -Pending effectiveness: DRC Heath Emergency Preparedness, Response and Resilience Project (P504532)- -DRC Multisectoral Nutrition and Health Project (PMNS) - Covid-19 Preparedness and Response Projects (Burundi, DRC, Liberia, Uganda) - Heath Emergency Preparedness, Response and Resilience Project (Burundi)

5. The available data does not differentiate by financiers and implementing entities (IEs) which may cause double counting as some IEs use available funds to support the response but potentially also receive funding.
6. IDA eligible countries affected by Mpox. These countries are Benin, Burundi, CAR, DRC, Cameroon, Congo, Cote d'Ivoire, Ghana, Guinea, Kenya, Rwanda, Liberia, Sudan, Mozambique, and Nigeria.

African Development Bank (AfDB): ***Crisis Response Budget Support (CRBS)*** ***Special Relief Fund (SRF)*** **Reprogramming of fund**	Financing pandemic response, including health services, social protection measures, and economic stabilization efforts. -Scale of demand -Rapid disbursement -Coordination with other agencies -Flexibility of use	**Countries:** African Development Fund (ADF) eligible countries	Reprogramming of funds at the request of countries	All mpox-affected countries are members of AfDB -Reallocation of US$ 3.7 million from an ongoing Africa CDC COVID-19 Response Project to address Mpox on 5 August 2024 - Discussion with DRC is ongoing on the utilization of SRF
World Health Organization: ***Contingency Fund for Emergencies (CFE)*** ***WHO appeals***	CFE: Supports WHO rapid response to emergencies	All member states, depending on the incident		CFE has provided $3,521,000 to the global mpox outbreak in 2024. WHO provided $1,065,225 to DRC and $220,000 to Burundi funding from donors to support surveillance, preparedness, and response activities to countries at risk.
UN agencies: ***UN Central Emergency Response Fund (CERF)*** ***Rapid response window*** **UNICEF** **UNDP**	To allow responders to kick-start relief efforts immediately when a new crisis emerges and to scale up and sustain protracted relief operations to avoid critical gaps when no other funding is available.	UN agencies are eligible for funding.	**Manual Triggers:** Emergency Response Committee (ERC) dependent	
Gavi: ***Reprogramming of existing funds, Day Zero Financing Facility for Pandemics (DZF)*** ***First Response Fund***	To provide upfront liquidity to secure immediate access to vaccines and to protect routine immunization programs	**Countries:** Gavi-eligible countries **Diseases:** - A disease or pathogen for which Gavi has no existing vaccine program in place	**Manual Triggers:** Emergencies must have been designated a PHEIC – or a grade 2 or 3 emergency – by the WHO	Bavarian Nordic and Gavi announced on 18 Sept an advance purchase agreement (APA) to secure 500,000 doses of the MVA-BN mpox vaccine to be supplied to countries in Africa impacted by the mpox outbreak. The doses will be for delivery in 2024 and are funded by Gavi's First Response Fund.
The Global Fund: **C19RM / Grant financing or other additional donor contributions for pandemic/PHEIC response**	To provide rapid financing in the earliest stages of an epidemic and protect other health programs (including for HIV, TB and malaria)	**Countries:** Global Fund-eligible countries **Diseases:** A disease or pathogen which presents co-infection or co-morbidity risk with	**Manual Triggers:** Driven by country request in the event of an outbreak or PHEIC, subject to Global Fund policy compliance and Board Approval	GF provided US$9.5 Million for **DRC**'s Mpox Response (link), announced on 18 Sept 2024 GF approved the reinvestment of US$850,683 for **Uganda**'s Mpox response (Link), announced on 25 Sept 2024

		HIV, TB, or Malaria / response otherwise consistent with Board policy (examples: Covid-19, Mpox, Ebola…)		GF approved the reinvestment of US$5 million for **Rwanda**'s Mpox response, announced on 16 Oct 2024
<u>The Pandemic Fund</u> *The Pandemic Fund is financed by contributions from donors. The founding financial contributors are bilateral donors and inter-governmental or non-governmental agencies The list of contributors is detailed in the reference below*[7]	To provide multiyear grants for enhancing pandemic preparedness in low- and middle-income countries. The Fund assists countries and regions in strengthening their health systems and increasing their investments, enabling them to prevent, prepare, and respond effectively to health threats.	**<u>Countries:</u>** Low- and middle-income countries	Call for proposals and decisions by the Board on allocations and fast-tracking	Fast-tracked allocation for mpox response of US$128.89 million to finance five proposals that cover 10 affected countries in Africa: the DRC, Burundi, Rwanda, Uganda, Kenya, Sudan, Djibouti, Ethiopia, Somalia, and South Sudan. Direct contribution to the Mpox financing needs to be confirmed following the restructuring of proposals *Awarded 19 Sept 2024* Grants are disbursed through implementing agencies: - $24.9 Million for a project in Rwanda to be implemented by WHO, UNICEF, FAO, and AIIB. - $24.9 Million for a project in DRC to be implemented by WHO, UNICEF, and FAO. - $22.4 Million for a project in Burundi to be implemented by WHO, UNICEF, and FAO - $24.6 Million for a project that covers DRC, Rwanda, and Uganda to be implemented by WHO, UNICEF, and FAO - $31.9 million for a project that covers Djibouti, Ethiopia, Kenya, Sudan, Somalia, South Sudan, and Uganda to be implemented by WHO.

[7] https://www.thepandemicfund.org/contributors

Bilateral or regional donors **USAID,** **FCDO (UK),** **ENABEL (Belgium),** **GIZ (Germany),** **Japan,** **Canada,** **EU,**	Official development assistance (ODA) directed towards emergency response. Usually channeled through multilateral organizations such as the WHO and UNICEF, as well as NGO partner organizations.	**Countries:** Low- and middle-income countries eligible for development aid (i.e., ODA recipient countries) and/or humanitarian assistance funding.	Utilizing existing ODA mechanisms and humanitarian assistance allocation mechanisms. Governments can submit formal appeals or requests.	USAID has made available more than $53 million to support response efforts for the clade 1 outbreak in Central and Eastern Africa, and to slow further international spread, as part of the broader U.S. government response in the region USAID provided grants totaling $8,554,300 to NGOs and UN agencies in DRC, and provided $424 million as an additional emergency health assistance to DRC (in August 7, 2024). FCDO provided $2,323,271.90 to UNICEF in DRC to support pillars including surveillance, RCCE, IPC/WASH, and clinical management. Switzerland also provided $1,065,225 in grants to UNICEF in DRC to support key pillars of response. Belgium provided grants of $352,725 to DRC and $1,1213,875 to Burundi. EU provided grants of $ 1 million to DRC to support care, prevention, epidemiological surveillance, and risk communication with another $200,000 to Burundi and $300,000 to support key pillars of Mpox response. **Vaccine doses:** Bilateral donors have made the following dose pledges Japan : 3,000,000 (LC16) EU: 525,800 (MVA-BN) US: 1,000,000 (MVA-BN) Canada: 200,000 (MVA-BN)

Case Studies[8]

The Democratic Republic of Congo (DRC) and Burundi can serve as key examples of access to finance for the national response plans as the most affected countries in the outbreak to date.[9] From January 1 to October 13, 2024, DRC has reported 34,030 suspected cases (of which 6,962 were confirmed) and 981 suspected deaths (25 confirmed), and Burundi has reported 2,788 suspected cases (of which 1,169 confirmed) and no deaths. Table 3 provides an overview of the epidemiological situation for each country alongside data for the African continent, demonstrating the scale of the outbreak and establishing a basis for the financial needs required for an effective response.

Table 3. Epidemiological situation in DRC and Burundi (January 1 to October 13, 2024)

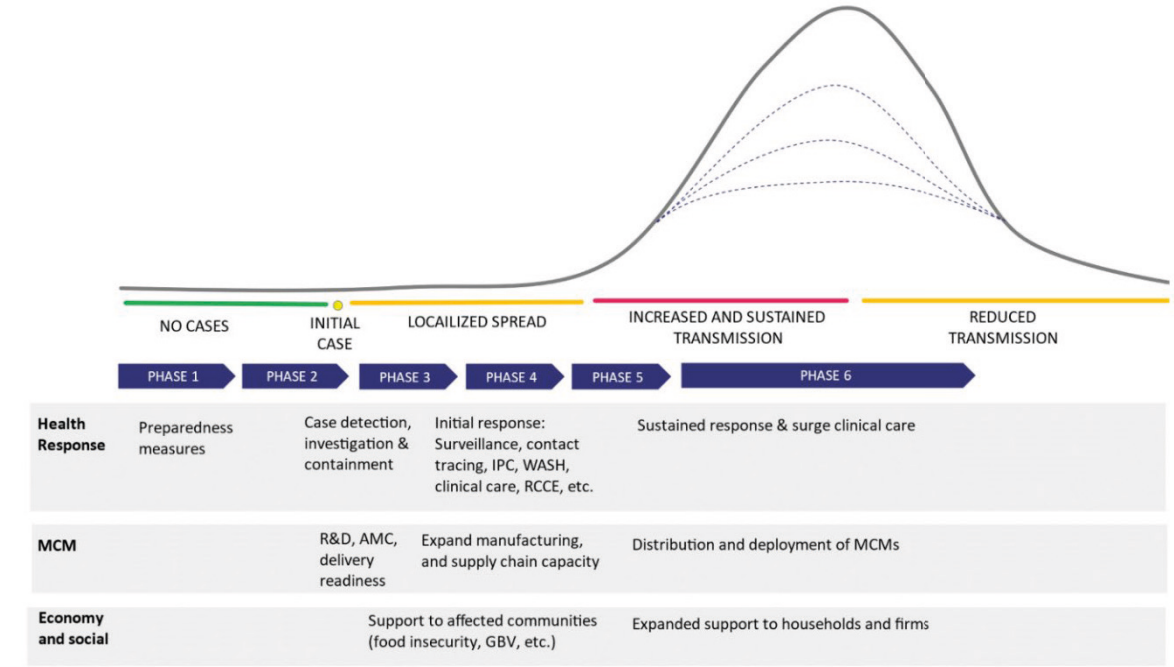
Area	Population	Suspected cases	Confirmed cases	Suspected deaths	Confirmed deaths		Suspected cases, last 6 weeks
Africa (continent)	1,515M	39,724	8,534	987	33		13,789
DRC	110,311,799	34,030	6,962	981	25		11,180
Burundi	13,395,961	2,788	1,169	0	0		1,659

Source: WHO mpox dashboard, updated 17 October 2024. Suspected cases/deaths include confirmed cases/deaths.

Following the epidemic stages outlined in the Operational Playbook (Figure 1), Mpox is assessed to be currently in phase 4. The financing needs mainly target the health response, medical countermeasures (MCMs), and acute response needs in economic and social dimensions (see Annex 1 for details regarding categories of financing needs). The 10 pillars in the Continental Plan include health response capacities of surveillance, laboratory capacity, case management, infection prevention and control, vaccination, and continuation of essential services.

8. A preliminary assessment by the WB and WHO.
9. Figures were initially collected by the Health Donor Group in DRC and similar mechanism in Burundi and have been shared with government.

Figure 1. Stages of Pandemic and Financing Needs



Source: G20 JFHTF Operational Playbook for Pandemic Response Financing (2024).

The Operational Playbook also distinguishes different categories of response financing, including (i) domestic emergency response financing; (ii) non-contingent external financing; (iii) contingent external financing; (iv) new external financing; (v) budget or balance of payment support (contingent or non-contingent); and (vi) credits, guarantees and other sources for the private sector (see Annex 2 for details). Within the categories of external financing, the level of concessionality can vary from grant, concessional credit to credit financing on market terms.

The Operational Playbook identified useful actions for countries to improve to speed of access to financing included

- **Health and Finance coordination**: Agreeing on appropriately resourced preparedness and response plans having a shared understanding of:
    - Processes for sharing of information and governance for convening and decision-making.
    - Developing approaches to costing responses and planning for budgetary provisions that would support rapid domestic resource mobilization including fiscal measures to build up reserves for emergencies as well as fiscal escape clauses and use of prearranged mechanisms.[10]

10. This could include the use of debt clauses to pause payment in the event of a pandemic or insurance type mechanisms.

- **External financing and access to MCMs**: regular discussion with international financial institutions (IFIs) and global health initiatives (GHIs) and other partners on putting in place pre-agreements for access to financing, procurement, and related processes as well as discussing the scope for redeploying programmed finance,[11] access to contingent financing, and a shared understanding of alignment of triggers, conditionalities, and processes that will influence timelines for access, supporting a country's ability to assess the need for overall coordination and scale of adequacy to meet expected financing needs.

This guide draws on the actions set out above, identifies further existing resources that have not been accessed and the steps that could be taken should countries wish to access these mechanisms.

Mpox Response Financing Needs: DRC and Burundi Experiences

Health and Finance coordination

Assessment of whether a public health threat constitutes a PHECS or PHEIC includes its potential risk for regional or international spread across countries that would require a coordinated international response. Accordingly, the mpox Continental Plan is an aggregation of needs using common planning assumptions to support early resource mobilization including at-risk but unaffected countries. These assumptions will differ by country depending on context and prioritization. National incident or outbreak response plans provide more contextual planning that may consider the relative capacity to respond and scale up across pillars, local costing, and strategic priorities for health and economic impact.

Regional coordination and national planning

Table 4 outlines the 6-month mpox Member State Budgets response as estimated by the Continental Plan for Africa, and by the minimum budget to be mobilized by partners to support the mpox response in DRC and Burundi. Each response pillar is also accordingly associated with relevant Playbook response categories (health response, MCMs, and economic and social response).

11. A key element of the WB Crisis Response Toolkit.

Table 4. Estimated mpox response budgets by pillar: Africa Continental, DRC, and Burundi

Pillar[12]	Playbook Response Category			Estimated Budget (USD) and % of total					
	Health response	MCMs	Econ. & Social	Continental Plan*	% total	DRC (National Plan)	% total	Burundi (National Plan)	% total
Coordination	X			$12,590,186	4.0%	$15,732,484	8.2%	$656,152	4.5%
RCCE	X			$39,063,879	12.4%	$22,915,076	11.9%	$631,538	4.3%
Surveillance	X			$39,942,065	12.7%	$17,313,298	4.2%	$3,868,230	26.6%
Laboratory	X	X		$16,374,482	5.2%	$12,173,224	6.3%	$1,549,193	10.7%
Case mngmt	X	X		$55,908,097	17.7%	$37,482,030	19.4%	$4,572,670	31.4%
IPC & WASH	X			$41,476,987	13.2%	$19,921,275	10.3%	$3,079,607	21.2%
Vaccination and logistics**	X	X		$76,305,111	24.2%	*Vaccination*: $29,261,107 *Logistics*: $9,121,249	19.9%	$190,101	1.3%
Research	X	X	X	$26,212,696	8.3%	$28,797,620***	14.9%	-	-
Continuity ess. serv.	X		X	$7,437,960	2.0%	-		-	
TOTAL				$315,311,463		$192,717,363		$14,547,491	

* Continental plan: Country allocations only, for the 14 most affected countries
**Vaccination: Excludes vaccine procurement
***Research in DRC includes Clinical and operational research ($26,200,000) and Integrated Analysis Cell ($2,597,620).

The Continental Plan was developed quickly within three weeks of the PHECS/PHEIC declaration and provided a common template for national resourcing and response alignment at a time of high uncertainty. A regional or international plan also reflects the wider risk of epidemic spread and impact to facilitate broader resource planning from international stakeholders. For mpox, this has also benefited countries that are less affected and have not developed a response plan yet. Conversely, the DRC and Burundi national plans have now been developed with more certainty from data and evidence to identify gaps and secure financing commitments. In this context, Table 5 represent updated national plans in comparison with the minimum budget to be mobilised for Member States as identified in the Continental Plan.

The development of the Continental Plan was a significant effort at speed and importantly provided a unified approach to facilitate a coordinated strategic plan with a consistent approach to assumptions and costing. The DRC and Burundi governments have developed national plans with more certainty from recent data and evidence to identify gaps and needs. In this context, Table 5 represents updated national plans in comparison with the initial country budget to be mobilised for Member States as identified in the Continental Plan. Assessing the need by category at the different levels of local, national, regional, and global at different time frames can lead to developments in the assessment of financing needs, but it is notable that the overall plans are of similar scale at this stage. The differences in estimated budgets in the

[12] Pillars from the Continental Plan are: 1) coordination and leadership, 2) risk communication and community engagement (RCCE), 3) surveillance, 4) laboratory capacity, 5) case management, 6) infection prevention and control (IPC), 7) vaccination, 8) research and innovation, 9) logistics and financing, and 10) continuity of essential services (EHS).

Continental Plan and the national plans for both DRC and Burundi – despite within similar scales for each of the pillars – reflect the evolving epidemiological situation of Mpox.

Table 5. Estimated mpox response budgets: DRC and Burundi, National and Continental Plans

Pillar[13]	Estimated Budget (USD)			
	DRC (National Plan)	DRC (Cont. Plan)	Burundi (National Plan)	Burundi (Cont. Plan)
Coordination	$15,732,484	$5,472,833	$656,152	$656,152
RCCE	$22,915,076	$24,660,605	$631,538	$631,538
Surveillance	$17,313,298	$18,413,498	$3,868,230	$3,868,230
Laboratory	$12,173,224.00	$5,254,463	$1,549,193	$829,192
Case management	$37,482,030.37	$38,366,100	$4,572,670	$4,704,070
IPC and WASH	$19,921,275	$22,232,666	$3,079,607	$3,079,607
Vaccination and logistics**	*Vaccination*: $29,261,107 *Logistics*: $9,121,249	$42,677,815	$190,101.40	$1,207,733
Research	$28,797,620	$12,400,000	-	$312,000
Continuity of ess. services	-	$2,000,000	-	$200,000
TOTAL	$192,717,363	$171,477,980	$14,547,491	$15,488,522

Notes: See notes for Table 4 above.

Mpox Financing Accessed to Date: DRC and Burundi experiences

Less than six weeks since the declaration of a PHECS / PHEIC, both DRC and Burundi have been able to access significant financing to support the response (see Tables 6 and 7). Although a detailed breakdown of financing by category is not possible, domestic financing, contingent and non-contingent external financing that DRC announced (e.g. use of World Bank financing from projects in which emergency response was within the project scope, or rapid reprogramming of committed funds from AfDB, GHIs or bilateral donors) played key roles. Some forms of rapid contingent financing, such as the WHO Contingent Fund for Emergencies, have also been important. In many cases, the process of accessing existing financial resources has required an event trigger, such as a PHECS or PHEIC, and a request for finance from country authorities to the relevant financial mechanism. Some discussions have been facilitated by readiness on the part of partners, such as donors, GHI, and agencies to support requests at speed. Subsequently, there have been examples of new external financing being mobilized, and in some countries affected by mpox there is also discussion about the use of contingent financing that requires more processing steps and a reallocation of funding from other planned activities (e.g. Contingent Emergency Response Components in World Bank projects) are under discussion.

[13] Pillars from the Continental Plan.

Table 6. Financing for the mpox response in DRC

Funding source	Recipient/ implementer	Areas of support	Amount
Domestic (Govt.)	National Public Health Institute	All	$2,500,000
USAID	NGOs and UN agencies	All	$8,554,300
WHO		Coordination, Surveillance, Laboratory, Clinical Management, Psychosocial Support	$1,065,225
World Bank	Government	Coordination, Laboratory, RCCE, Clinical Management	$2,300,000
Switzerland	UNICEF	Surveillance, RCCE, IPC/WASH, Clinical Management	$1,065,225
UK (FCDO)	UNICEF	Surveillance, RCCE, IPC/WASH, Clinical Management	$2,323,271
France*	AFD/ONG/Fondation Mérieux/EF	Surveillance, Clinical Management, RCCE, IPC/WASH	$0
Belgian Cooperation	Enabel		$ 352,725
EU/ECHO	ALIMA/MEDAIR/IMT-Anvers/INRB and WHO	Coordination, Surveillance, IPC/WASH, RCCE	$1,850,000
EU	Africa-CDC	Vaccines	-
GAVI	MOH	Vaccines	-
Global Fund	MOH and Sanru	Laboratory	$9,500,000
Africa CDC		Coordination, Laboratory, RCCE	3,064,651.00
CDC Atlanta	AFENET, Kinshasa School of Public Health	Laboratory and Surveillance	$2,049,492
TOTAL			**$ 34,624,889**
NATIONAL PLAN RESPONSE BUDGET			**$192,717,363**

NOTE: Indicative data as of October 18, 2024.
**France is providing significant financing for Health Security and Health Systems Strengthening, some of which can be included but requires further review and analysis.*

Table 7. Financing for the mpox response in Burundi

Funding source	Recipient/ implementer	Areas of support	Amount
Domestic (Govt.)	Public Health Emergency Operations Center	Coordination	$930,233
World Bank	Government	All	$4,808,522
USAID		Surveillance and entry points	$1,400,000
UNICEF	UNICEF	All	$1,380,000
Belgian Coop.		All	$1,123,875
UNDP		All except case management and logistics	$499,629
IFRC		IPC and RCCE	$494,345
European Union	ENABEL and GVC	All except logistics	$474,000
MSF	MSF	Case management	$444,000
WHO	WHO	All	$220,000
UNFPA		IPC and RCCE	$150,000
World Vision	WV	IPC	$135,785
CDC (US)	Public Health Emergency Operations Center	Surveillance and entry points	$100,000
TOTAL			**$12,160,389**
NATIONAL PLAN RESPONSE BUDGET			**$14,547,491**

NOTE: Indicative data as of October 18, 2024.

During an outbreak response, while resourcing may be committed, financing may not always be readily available for immediate implementation needs as demanded by the situation. While this data is not systematically tracked, Table 8 presents a preliminary and indicative timeline of when pledged mpox financing was accessible in DRC. The Playbook also emphasises the critical nature of resourcing availability before a PHEIC or trigger declaration.

Table 8. Indicative timeline for financing availability in DRC

Source	Pre-PHEIC*	Weeks after the PHEIC Declaration									
		1	2	3	4	5	6	7	8	9	10
Domestic											
USAID											
WHO											
UNICEF											
World Bank											
Switzerland											
FCDO											
France											
Belgian Coop.											
EU/ECHO											
EU/HERA											
GAVI											

Note: The table refers to funding that is ready for use by authorities / implementing entities in DRC.

** Pre-PHEIC refers to resourcing for mpox at any point in 2023-2024 before PHEIC declaration.*

More broadly, the mpox response in both DRC and Burundi has highlighted some common issues:

- Notwithstanding strong platforms of response coordination, there is a need to improve partner coordination for enhanced alignment with government response plans. The lack of technical support for resource planning remains a critical challenge in the coordination of financing.
- Financing gaps exist in several areas, but greater clarity is needed regarding contributing factors (e.g. lack of financing vs. bottlenecks in transferring resources to the local level or in implementation) and how to prioritize the use of available resources.

ANNEX 1. Response financing needs and key considerations

	Key elements	Considerations	Key information needed
Health response	• Epidemic intelligence • Outbreak investigation and immediate response, diagnostic confirmation • Risk assessment • Core response activities: surveillance and laboratories, risk communications and community protection, safe and scalable care and case management (while maintaining essential health services), access to medical countermeasures • Emergency Coordination • Surge capacity from private sector and non-public response actors (health care providers, laboratories, biomedical industries, etc.)	• Effectiveness against key health outcomes (infection, transmission, severe disease, mortality) • Importance of speed and early detection/response for containment • Rapid procurement of supplies often required • Need to be able to scale • Engagement and financing flows to a broad set of actors across public and private sectors	• Disease-specific epidemiology and pathogen characteristics (CFR, attack rate, mode of transmission, etc.) • Contextual epidemiological factors (risk factors and population, emergence and transmission chains, geographical spread) • Health system infrastructure • Health and public health response capacity • IHR capacities • MCM candidates, availability, and access • Supply chain capacity and non-MCM consumables/supply availability • R&D progress • Response ecosystem and stakeholder characteristics • Response coordination structure and governance • Social, economic, political, and security context • The number of households/businesses requiring economic and social support
Medical Countermeasures (diagnostics, vaccines, therapeutics)	Depending on the nature of the pandemic, significant financing may be needed to secure access to diagnostics, vaccines, therapeutics, and other MCMs (protective equipment, oxygen, consumables, etc.). Additionally, the facilitation of equity through the deployment of non-financial support from bilateral donors may be needed.	• Uncertain demand given the unknown trajectory of the outbreak and the effectiveness of MCMs. • Early access requires early commitment of financing, often at risk. • Pooled procurement may be advantageous.	
Economic and social response	The economic and social response is aimed at protecting livelihoods, jobs, and businesses including, but not limited to, the scaling of social protection schemes, and the exceptional support to businesses to mitigate the impact of non-pharmaceutical interventions. Financing is also required to expand liquidity, preserve financial stability, and ensure external balancing.	• Scalability of social protection programs • Long-term economic recovery planning • Equitable distribution of resources across different regions and demographic groups • Trade-offs of implementing new programs, ensuring incentives are well aligned worth policy focus, and ensuring cost-benefit perspective taken on short, medium, and long term	

ANNEX 2. Response Financing Categories

Categories of response financing	Description
Domestic emergency response financing	Domestic financing can offer advantages in terms of speed and flexibility and is critical for financing operational costs, procurement, and other activities, in particular in contexts where there is limited access to external financing or where access to external financing is likely to be delayed. Domestic financing encompasses *pre-arranged financing* (reserve funds, contingency budget lines, and rapid outbreak financing, and insurance mechanisms), as well as *ex-post financing options*, such as emergency or contingency funding, budget reallocations or new appropriations, or issuance of new debt.
Non-contingent external financing	Existing projects and agreements with IFIs and Bilateral sources may include response activities as eligible expenditures. This would allow for immediate use of external resources to support response activities, although it may in some cases require re-allocations or revision of existing agreements.
Contingent external financing	Most MDBs have financing instruments with pre-arranged approaches to provide valuable quick-disbursing funds in the immediate aftermath of a crisis. Use of contingent grant or credit facilities requires that countries have made prior agreements, that the emergency meets agreed criteria, and that required processing steps are completed. Other contingent financing sources include grant-based facilities, such as the WHO Contingency Fund for Emergencies (CFE), which is supported by pre-committed grants and appeals.
New external financing	In the context of a large-scale outbreak, additional financing (credits and grants) may be required. In response to the COVID-19 pandemic, MDBs used existing windows and re-allocations to expand support, using a range of instruments and innovations. Through re-allocations and appeals, GHIs and bilateral donors also expanded support across the health response, MCM, and the economic and social response.
Budget or balance of payment support (contingent or non-contingent)	Flexible financing is essential for deploying policy tools such as direct income support measures, debt moratoria, and asset purchase programs by central banks. In the context of COVID-19, key financing instruments included concessional IMF financing using the Rapid Credit Facility (RCF) and the Rapid Financing Instrument (RFI), as well as MDB budget support instruments (both contingent and non-contingent).
Credits, guarantees, and other sources for the private sector	Development Finance Institutions (DFIs) can use a mix of long-term financing, technical assistance, risk or working capital, and advisory services to support the private sector in the context of a pandemic, including actors directly involved in the response.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