



G20 Joint Finance and Health Ministerial Meeting (JFHMM)

INFORMATION NOTE

A Global Mpox Response Financing Tracker

October 2024

I. BACKGROUND

The G20 Finance and Health Ministers Statement on Mpox released on 27th September 2024 called for the G20 Joint Finance Health Task Force (JFHTF) to leverage the expertise and experience it has accumulated to contribute to the Mpox response and further tasked the JFHTF Secretariat to “Support WHO and the World Bank to create and widely share a global Mpox response financing tracker” and to “Identify and actively share the findings of specific funding gaps and needs in the Mpox response by comparing needs estimated by the WHO and the Africa CDC with existing funding commitments”. This Information Note is in response to the Statement and intends to support discussions on the Mpox response agenda item at the G20 Joint Finance and Health Ministerial Meeting on October 31st 2024.

II. DESCRIPTION

The Global Mpox Strategic Preparedness and Response Plan (SPRP) and the Mpox Continental Preparedness and Response Plan for Africa (CPRP) were launched in **September 2024**, following the declaration of mpox a Public Health Emergency of Continental Security (PHECS) by Africa CDC and WHO's declaration of a Public Health Emergency of International Concern (PHEIC) due to escalating mpox outbreaks across multiple African nations.

The SPRP and CPRP were developed collaboratively with input from affected countries and key stakeholders at national, regional, and global levels. Simultaneously, countries experiencing outbreaks and those at risk are creating national response plans with detailed financing estimates.

The resource requirements for the national, regional, and international response will be refined as national-level preparedness and response plans are further developed, ensuring there is alignment between the international response and country-specific contexts. These plans and resource requirements will be reviewed quarterly and adjusted as the epidemiological situation evolves and the role of national entities, regional and international partners is clarified.

Depending on the epidemiological trajectory of mpox, particularly in the most affected countries, this PHEIC not only poses significant risks to global health but could have related impacts on economic activity. The financial burden, including increased healthcare costs, loss of productivity, and potential declines in tourism and trade, can collectively hinder economic growth and stability. Where possible, coordinated global efforts can help mitigate these impacts and support affected regions.

Financial Tracking Mechanism (FTM)

At the request of the G20 Joint Finance and Health Taskforce Secretariat, the WHO and the World Bank, propose to establish a mpox **Financial Tracking Mechanism (FTM)** to identify financial contributions and track funds allocated to partners and related entities involved in the mpox response. The FTM was launched in early **October 2024** and be updated every two weeks.

The purpose of the FTM is to enhance the transparency of financing needs across different domains, mobilized resources (domestic and international), and associated financing gaps. Enhanced transparency of financing flows is expected to avoid duplication and help effective targeting of financing needs.

The FTM will track contributions against the contribution against the response pillars outlined on the SPRP and CPRP by geographically targeted areas including:

- **New financial commitments and bilateral assistance** from donors, IFIs, GHIs, philanthropic organizations, and the private sector, categorized by type (grant, loan) where appropriate, country, and purpose (as per the categories in the SPRP/Continental plans or national response plan components).
- **Use of previously committed financing, including reprogrammed finance for projects or contingent financing from donors, IFIs, GHIs, and other financing sources** to support the SPRP, Continental, or national response plans.
- **In-kind donations:** Contributions provided in-kind addressing response needs including tracking the number of in-kind donations such as vaccines, diagnostics, therapeutics, medical supplies, equipment, and human resources contributing to response needs.
- **Innovative financing:** At-risk financing instruments leveraging public-private partnerships, co-financing, and donor-backed liquidity facilities.

Key Procedures in FTM

The FTM will gather data through periodic structured requests to key stakeholders, including bilateral donors, IFIs, GHIs, and philanthropic organizations, as well as affected countries and implementing partners. Data and information will be compiled and shared on a regular basis.

Data collection will currently include the following, but could change depending on what would be most useful to stakeholders and decision-making:

1. **Source of Contribution:** Data will be collected from contributors, including national governments, international organizations (e.g., WHO, Africa CDC, IFIs, bilateral donors), and private-sector partners. Contributions will be categorized by:
 - **Type of Contribution:** Grants, loans, or in-kind donations
 - **Recipient:** The implementing entity (either an international organization or national agency)
 - **Amount contributed**
 2. **Allocation of Contributions:** where relevant, implementing entities will submit financial reports detailing how contributions are allocated via standardized templates or the FTM online platform. This includes:
 - **Country/region of deployment**
 - **Intended use of the funds** (aligned with SPRP/continental plan or country components)
 - **Amount allocated**
 3. **Regular Data Updates:** FTM operates in real-time and updates on the financial requirement and contributions will be shared bi-weekly. This allows stakeholders to make timely decisions, particularly during health emergencies.
 4. **Verification and Reconciliation:** After submission, the FTM team reviews data for accuracy, resolving discrepancies such as mismatched amounts or currency variations through direct communication with donors or reporting agencies.
 5. **Transparency and Public Access:** Data will be publicly accessible, enabling governments, donors, and the public to track fund allocation and spending. This transparency promotes accountability and maintains donor trust, which is crucial for sustained long-term funding.
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Use of FTM

By gathering and classifying contributions according to Mpox SPRP/continental plan components, the FTM provides a comprehensive overview of financial flows and can act as a model for coordinating financial support for future global health crises. This system allows stakeholders to:

- **Support the SPRP/CPRP:** Align and support the needs jointly identified across the pillars for the response and affected countries.
- **Prevent overlaps:** identify over-concentration of funding in specific areas.
- **Enhance efficiency:** Help coordination so resources are directed toward the most critical areas of the response.

III. FIRST TRACKER REPORT¹

Report 1. Total contributions pledged or committed

Contributor	Amount (USD)
Africa Union	10,400,000
African Development Bank	6,700,000
BMGF	3,096,004
Burundi	1,000,000
Canada	730,000
CEPI	13,000,000
Cote d'Ivoire	2,000,000
Denmark	1,450,000
DRC	10,000,000
European Union ²	39,052,800
Gavi	14,200,000
Germany	6,323,156
Global Fund	23,339,880
Latter-day Saint Charities	1,296,000
Luxembourg	177,243
Malta	21,600
Master Card Foundation	50,000,000
Netherland	3,564,000
Pandemic Fund ³	54,947,756
Red Cross/Crescent	6,444,360
Republic of Korea	1,296,000
Switzerland	1,242,478
UNICEF National Committee	452,520
United Kingdom	13,718,407

1. As of 22 Oct 2024.

2. This includes funding for direct use for mpox activities. It does not include broader funding programs that may be utilized for mpox preparedness & response.

3. This figure does not include the additional financing leveraged by the Pandemic Fund projects.

Contributor	Amount (USD)
United States ⁴	303,033,299
WHO Foundation	108,000
World Bank	8,962,762
Total	576,556,266

Report 2. Contributions pledged or committed to partners to provide operational and technical support to the mpox preparedness and response

Implementing Entity	Amount (USD)
Africa CDC	18,035,567
African Society for Laboratory Medicine	10,152,000
Bavarian Nordic	6,800,000
CEPI	1,300,000
East African Community	1,293,996
FAO	18,928,402
Gavi	14,200,000
Global Health EDCTP3	5,616,000
IFRC	10,026,399
IOM	2,000,888
IRC	324,000
McMaster University	4,900,000
NGOs	20,941,315
UNICEF	58,722,920
WHO	75,061,878
World Food Programme	15,000,000
UN Agencies (Unspecified)	28,026,718
Total	291,330,083

4. Includes US\$57,926,196 of funding to be used for mpox response activities in Clade I affected countries plus \$244,307,103 funding available to support GHS activities, including building capacities that may be utilized for mpox preparedness & response, based upon consultation between the USG and partner governments. Does not include a further US\$242,907,003 of additional funding that is subject to availability of funds and completion of required pre-obligation procedures for the next financial period.

Report 3. Contributions pledged or committed to national mpox preparedness and response plans

National Response	Amount (USD)
Burundi	9,335,200
Cote d'Ivoire	3,090,800
DRC	46,395,065
Liberia	15,943,500
Rwanda	11,583,600
Ghana	11,674,924
Uganda	23,925,274
Benin	7,000,000
Cameroon	13,729,026
Cote d'Ivoire	11,524,724
Egypt	4,000,000
Ethiopia	15,719,660
Kenya	23,189,344
Morocco	3,000,000
Mozambique	10,380,658
Nigeria	15,042,119
Republic of Guinea	11,456,416
Sierra Leone	13,226,534
South Africa	7,343,654
South Sudan	7,000,000
Tanzania	12,665,685
Zambia	8,000,000
Total	285,226,183

Report 4. In-kind contributions of vaccines

Supply source	Vaccine	Volume
A. Already delivered		280k
European Commission	MVA-BN	205k
United States		60k
Gavi & Bavaria Nordic		15k
B. Immediately available		903k
Gavi	MVA-BN	125k
European Commission & Bavaria Nordic		10k
European Union Member States ⁵		263k
United States		305k
Canada		200k
C. Available by Dec 2024		975k
European Union Member States ⁶	MVA-BN	100k
Gavi & UNICEF		875k
D. Availability currently unknown		3,750k
United States	MVA-BN	695k
Japan	LC16	3,000k
Emergent	ACAM-2000	50k
Total	MVA-BN	2,853k
	LC 16	3,000k

IV. FUNDING NEEDS AND GAPS

The total budget for the Mpox outlined in the SPRP and CPRP for the first 6-month period (September 2024 - February 2025) to control sustained human-to-human and zoonotic transmission of Mpox was US\$290 million for partners operational and technical support and a further US\$329 million for national response efforts.

This resource requirement was based on the planning assumption of an initial caseload of 2,000 per week, increasing to 4,000 weekly for the first two months for a total estimated 92,000 suspected cases over six months.

To date, approximately US\$291 million has been pledged or committed to partners to provide operational and technical support to the mpox preparedness and response and a further US\$285 million is available for national preparedness and response efforts – leaving an aggregate funding gap of approximately US\$43 million as outlined in Report 5 below. This figure is only indicative as deconflicting of national, regional and global estimates is under way to avoid duplication.

5. Germany (100k), Spain (100k), Belgium (20k), Netherlands (13k), Austria (10k), France (10k), Poland (6k), Portugal (2k), Croatia (2k), Cyprus (<1k).

6. France (90k), Luxembourg (10k), Malta (<1k).

Report 5. Summary of funding needs and gaps

Category	Budget (USD)	Funding (USD)	Gap (USD)
Partners Operational and Technical Support	290,842,035	291,330,083	(511,952)
National Response	329,311,463	285,226,183	44,085,280
Total	619,253,498	576,556,266	42,697,232

While a significant portion of the total funding required for the SPRP/CPRP has been mobilized, further efforts are needed to ensure that all pledged funds are fully committed and effectively allocated across all response pillars and targeted geographical areas.

Implementing entities and national response agencies are currently working through continental and national incident management teams to distribute contributions accordingly. Gaps in specific pillar operations and/or targeted geographies may require additional resource mobilization.

An operational review is planned for the end of November 2024 to refine resource requirements and allocations based on the evolving epidemiological situation and ongoing preparedness and response activities.

V. CONCLUSION

The establishment of the Mpox FTM plays a crucial role in coordinating the global response to mpox outbreaks. By fostering transparency in resource allocation, the FTM monitors contributions and identifies funding gaps, ensuring resources are deployed efficiently according to both national and regional response plans. While approximately \$576 million has already been pledged or committed, a funding gap of around \$43 million persists, particularly for national response efforts, emphasizing the continued need for financial mobilization. Current priorities focus on ensuring that mobilized resources are utilized effectively to address the outbreak.

As the situation evolves, the FTM provides regular updates to help stakeholders make informed decisions, avoid duplication, and concentrate efforts on the most urgent needs. Collaboration among the G20, WHO, the World Bank, and other partners is crucial in sustaining immediate and long-term measures to control mpox transmission and mitigate its broader health and economic impacts.

