

# **MINUTES OF THE SPECIAL DECISION BOARD MEETING ON THE FAST-TRACK ALLOCATION OF FUNDING TO COUNTRIES AFFECTED BY MPOX**

September 19, 2024

1. On September 19, 2024, the Pandemic Fund convened an emergency Board meeting to decide on the fast-track allocation of funding to countries affected by mpox. The meeting was co-chaired by M. Chatib Basri and Sabin Nsanzimana, who emphasized two key points: the urgency of acting swiftly and efficiently to provide fast-tracking support for mpox affected countries and the necessity of exploring the development of a Special Financing Window/Mechanism to accelerate support to countries facing public health emergencies. Before turning to the main allocation decision discussion, the Board approved the minutes from the previous, special meeting, held on September 6, 2024. Two edits suggested by Board members were incorporated into the minutes.

## **I. ALLOCATION DECISION**

2. Co-chairs and Board members expressed deep appreciation to the Technical Advisory Panel (TAP) for evaluating and recommending projects under the second Call for Proposals (2ndCfP) and to the Secretariat for preparing funding scenarios for the current decision. It is important to note that the Pandemic Fund financing will contribute to meeting funding requirements outlined in the joint WHO-Africa CDC Continental Preparedness and Response Plan for Africa and will be reflected in that Plan.

3. The Secretariat briefly presented an update on mpox cases and deaths, outbreaks by clade and subclade types, and country categorization per the joint WHO-Africa CDC Continental Preparedness and Response Plan (category 1: sustained human to human transmission, category 2: sporadic human cases since January 1, 2022, or those with endemic zoonotic reservoirs for mpox, category 3: requiring enhanced readiness due to proximity to category 1 countries) as of September 15, 2024. It was noted that the two most affected countries, to date, were the Democratic Republic of Congo (DRC) (5,399 cases in 2024) and Burundi (564 cases).

4. The Secretariat presented five scenarios to help inform the Board's allocation decision to fast-track support for mpox affected countries. The starting point for these scenarios was to select proposals -- from among the 49 proposals recommended by the TAP under the 2ndCfP -- that covered mpox affected countries as per the above noted categorization. A total of 10 such proposals that cover mpox affected countries were identified. These proposals meet the TAP's evaluation threshold of 80%, applied in selecting the broader pool of 49 recommended proposals. The 10 proposals include both single country and multi-country/regional entity proposals.
5. The Secretariat noted that in developing the scenarios, care had been taken to apply the Board-agreed principles of ensuring that the Pandemic Fund's support to mpox affected countries is provided in a manner that maximizes efficiency, ensures complementarity with other agencies, leverages off existing processes and policies, and aligns with the Pandemic Fund's Medium-term Strategic Plan.
6. The benefits and drawbacks of each scenario were outlined for consideration.
7. The Board's discussion centered around the following issues:
  - Prioritization of the most affected countries: DRC and Burundi, being the most severely impacted by mpox, were highlighted as top priority for support. In addition, proposals supporting countries in category 2 above, with clade 1 circulation, were given priority.
  - Clarity on financial and non-financial resources: The Board emphasized the need for utmost clarity on all financial and non-financial support being provided by partners to address mpox, to ensure that support from the Pandemic Fund does not duplicate efforts.
  - Financial update request: The Board asked for an update on the Fund's financial status, which was subsequently provided by the Trustee.
  - Urgency of disbursement: The Board acknowledged the evolving nature of the mpox outbreak and expressed concern that the current fast-track allocation may be insufficient. Further, the Board emphasized the need for rapid disbursement of approved funds.
  - Adjustments to proposals: It was noted that since the proposals were not specifically tailored for mpox, they may need adjustments to better address the ongoing emergency.
  - Focus on country needs: While some Board members suggested that the Pandemic Fund's resources be used to directly fund the joint WHO-Africa CDC Mpox Continental Preparedness and Response Plan for Africa through the provision of funding to WHO/Africa CDC, the majority of Board members were of the view that the Pandemic Fund's support should be country focused and build on the projects recommended for support under the 2nd CfP. The importance of ensuring that this funding is counted as part of country financing needs presented in the Continental Plan was underscored along with the need to

track funding from various sources as it becomes available and monitor how funding gaps are being closed.

- Considerations of unfunded proposals: It was noted that proposals that did not receive funding under the fast-tracked allocation would remain in the pool and would be considered for funding under the 2nd CfP, at the October 2024 Board meeting.

8. After extensive discussion on the pros and cons of different approaches and the scenarios presented, the Board reached consensus on allocating US\$128.8 million in fast-track funding to five proposals covering 10 mpox affected countries. The Board further agreed that this would be financed partly from the US \$500 million allocation for the 2nd CfP with an additional US\$47 million in top-up funding (see the Decision Text attached as Annex 1).

9. Regarding the potential need to restructure proposals, the Secretariat clarified that any approved projects requiring adjustments would need to follow the Pandemic Fund's policy on post approval changes, and changes would require either the Board's or the Secretariat; approval, depending on the level of change of whether its minor or major.

## **II. PROCESS AND TIMING TO ISSUE A STATEMENT/PRESS RELEASE**

10. The Board agreed that the fast-track decision must be communicated promptly. The messaging should clearly outline how the fast-tracked mpox funding will contribute to the joint WHO-Africa CDC Mpox Continental Preparedness and Response Plan for Africa. There was also a broader discussion on streamlining the process for issuing Pandemic Fund statements, especially during emergencies. Board members emphasized the need for quick, high-level review of draft statements, while accounting for the time zone differences across constituencies. The Secretariat acknowledged these suggestions and agreed to present ideas for enhancing this process at the October Board meeting.

11. The Board agreed that the Secretariat would draft a press release on September 19, which would be reviewed and finalized by the Board, with the goal of issuing it before the weekend.

## ANNEX 1

### Board Decision Text

As part of its Second Call for Proposals and responding to the joint WHO-Africa CDC Mpox Continental Preparedness and Response Plan for Africa, the Pandemic Fund Board has decided to allocate, through a fast-tracked process, **US\$128.89 million** to support 10 countries in addressing mpox threats by enhancing their capacities and capabilities in key areas, such as disease surveillance, diagnostics, laboratory networks, and health workforce --- crucial elements in health security preparedness.

The allocation prioritizes countries severely affected by mpox, particularly those experiencing active circulation of Clade I and facing acute emerging threats. The beneficiaries are the Democratic Republic of Congo (DRC), Burundi, Rwanda, Uganda, Kenya, and Sudan, as well as Djibouti, Ethiopia, Somalia, and South Sudan.

Five projects submitted by these countries and regional entities under the Pandemic Fund's second Call for Proposals, and recommended by the Technical Advisory Panel, will be supported under this allocation (see Annex 1). These include a mix of Regional Entity and Single-Country projects:

- (1) Strengthening One Health-based PPR in the Greater Virunga Landscape; (2) Strengthening Pandemic Prevention & Response Through a One Health Approach in Rwanda; (3) Preparedness for Pandemic Response (PREPARE)- IGAD (totaling US\$81.4 million);
- (4) Strengthening One health Preparedness and Response Capabilities Against Pandemics in Five Provinces of the DRC; and (5) Enhancing National Capacities for Prevention, Preparedness and Response to Health Emergencies through a One Health Approach in Burundi (totaling US\$47.4 million).

In making this important decision, the Pandemic Fund Board decided to increase the size of the allocation under the second Call for Proposals by US\$47.4 million, bringing the overall funding to US\$547.4 million. The Pandemic Fund's Board will reconvene in October to decide on the allocation of the remaining funding under the second Call for Proposals.

The Pandemic Fund's support to mpox affected countries is a contribution to the implementation of the WHO-Africa CDC Mpox Continental Preparedness and Response Plan for Africa. This support not only enhances the continent's capacity to combat the spread of mpox but also strengthens its ability to respond to future health threats. Additionally, it aligns with

the Pandemic Fund’s broader mission of building resilient health systems and ensuring that all low- and middle-income countries are prepared to prevent, detect, and respond swiftly to emerging disease threats.

## ANNEX 1 Board's Approved Scenario

PANDEMIC FUND APPLICATION ID	PROJECT NAME	BENEFICIARY COUNTRY/ REGION	IMPLEMENTING ENTITIES	PROJECT AMOUNT (US\$) (A)	IE FEES (US\$) (B)	TOTAL APPROVED AMOUNT (US\$) (C) = (A)+(B)
169	Strengthening Pandemic Prevention & Response Through One Health Approach in Rwanda	Rwanda	WHO	9,248,450.00	647,392.00	9,895,842.00
			UNICEF	3,866,382.00	270,647.00	4,137,029.00
			FAO	8,459,468.00	592,163.00	9,051,631.00
			AIIB	1,775,700.00	122,899.00	1,878,599.00
			<b>Project Totals:</b>	<b>23,330,000.00</b>	<b>1,633,101.00</b>	<b>24,963,101.00</b>
202	Strengthening One health Preparedness and Response capabilities Against Pandemics in five provinces of the Democratic Republic of Congo (SOPRAP)	Congo, Dem. Rep.	WHO	12,089,949.00	846,296.43	12,936,245.43
			UNICEF	4,455,051.50	311,853.60	4,766,905.10
			FAO	6,819,409.35	477,358.65	7,296,768.00
			<b>Project Totals:</b>	<b>23,364,409.85</b>	<b>1,635,508.68</b>	<b>24,999,918.53</b>
250	Enhancing National Capacities for Prevention, Preparedness and Response to Health Emergencies through One Health Approach in Burundi	Burundi	WHO	7,221,754.00	505,523.00	7,727,277.00
			UNICEF	6,405,712.00	448,400.00	6,854,112.00
			FAO	7,343,857.00	514,070.00	7,857,927.00
			<b>Project Totals:</b>	<b>20,971,323.00</b>	<b>1,467,993.00</b>	<b>22,439,316.00</b>
473	Strengthening One Health-based PPR in the Greater Virunga Landscape	Congo, Dem. Rep., Rwanda, Uganda	WHO	3,476,907.00	243,383.00	3,720,290.00
			UNICEF	4,128,256.00	288,978.00	4,417,234.00
			FAO	15,340,657.00	1,073,846.00	16,414,503.00
			<b>Project Totals:</b>	<b>22,945,820.00</b>	<b>1,606,207.00</b>	<b>24,552,027.00</b>
993	Preparedness for Pandemic Response (PREPARE)	Djibouti, Ethiopia, Kenya, Sudan, Somalia, South Sudan, Uganda	WHO	29,845,051.00	2,089,154.00	31,934,205.00
			<b>Project Totals:</b>	<b>29,845,051.00</b>	<b>2,089,154.00</b>	<b>31,934,205.00</b>