Country Contributions to Global Public Goods for Health: Patterns, prospects, and futures

Summary paper

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1. Introduction: A Sharpening Dilemma

In April 2020, the Access to COVID-19 Tools Accelerator (ACT-A) was established to support the development, production, and equitable global access of essential health technologies to address the COVID-19 pandemic. ACT-A sought to mobilize finance from a broad range of countries. Yet, in its first strategic period, it raised barely more than half of its initial request of US$31.3 billion, with almost all of the funds coming from a few high-income countries. ⍰

The ACT-A[1] shortfall is even more dramatic than at first glance: while DAC donors provided US$15.5bn to ACT-A in the first strategic period[2], total ODA volumes only increased in real terms by 3.5%[3] in 2020 and 4.4%[4] in 2021. This implies that much of the ACT-A funding was diverted from other development priorities, creating zero-sum and potentially damaging tradeoffs. Similarly, the recently launched Pandemic Fund has raised less than 15%[5] of what the G20 High Level Panel estimated as the annual US$10 billion in investments needed to prevent the next pandemic.[6]

These failures are symptomatic of a larger problem: funding needs for Global Public Goods for Health (GPGH) are growing every year, but we lack an effective way to meet these rising needs.[7] Global Public goods for Health (GPGHs) refer to areas of shared global need, where "increased international efforts include control of communicable diseases that cross national boundaries, including elimination and eradication efforts where appropriate; standardized data collection; and containment of anti-microbial resistance," and in which multilateral organizations such as the WHO have a particularly important role to play.[8] With, at present, a narrow band of donors providing most of the common pool funding for GPGHs, the financing of GPGHs remains unpredictable and vulnerable to political shifts and priorities in a handful of countries. Simply stated, international funding for Global Public Goods for Health (GPGHs) thus confronts a twofold challenge:

[1] Not all ACT-A funding fits the strict definition of a GPGH. However, in the absence of other good measures of country contributions to GPGHs, we argue that it serves as a good proxy since all countries were asked to contribute in support of the global need to develop and distribute tools for COVID-19.

[2] This represented 97% of the US$15.8 billion contributed by public donors during the 2020-2021 strategic period.

[3] https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/ODA-2020-detailed-summary.pdf

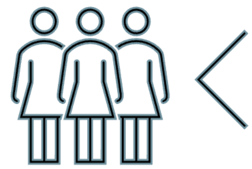
[4] https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm

[5] https://www.pandemicactionnetwork.org/news/closing-the-gap-global-pandemic-fund-tracker

[6] See the report and its recommendations here: https://pandemic-financing.org/report/foreword/ . The Independent Panel on Pandemic Preparedness and Response also proposed a pandemic response and preparedness facility anticipated to require US$5-10 billion per year: https://theindependentpanel.org/wp-content/uploads/2021/05/Background-Paper-14-Financing-Pandemic-Preparedness-and-Response.pdf

[7] The pattern in development assistance for global health since 1990 has been one of modest growth in the 1990s, more rapid growth in the 2000s (driven primarily by increases in US government and Foundations spending), and a return to more modest growth in the 2010s prior to COVID-19. See https://www.healthdata.org/sites/default/files/files/policy_report/FGH/2021/FGH_2020_full-report.pdf p.54.

[8] See Rottingen, J. A, Ottersen, T et al, "Shared Responsibilities for Health: A Coherent Global Framework for Health Financing." Final Report of the Centre on Global Health Security Working Group on Health Financing, p.289 In this report we take an expansive definition of GPGHs that includes also "global functions" such as the international system. See the fuller version of this report, available at www.prio.org, for further details.

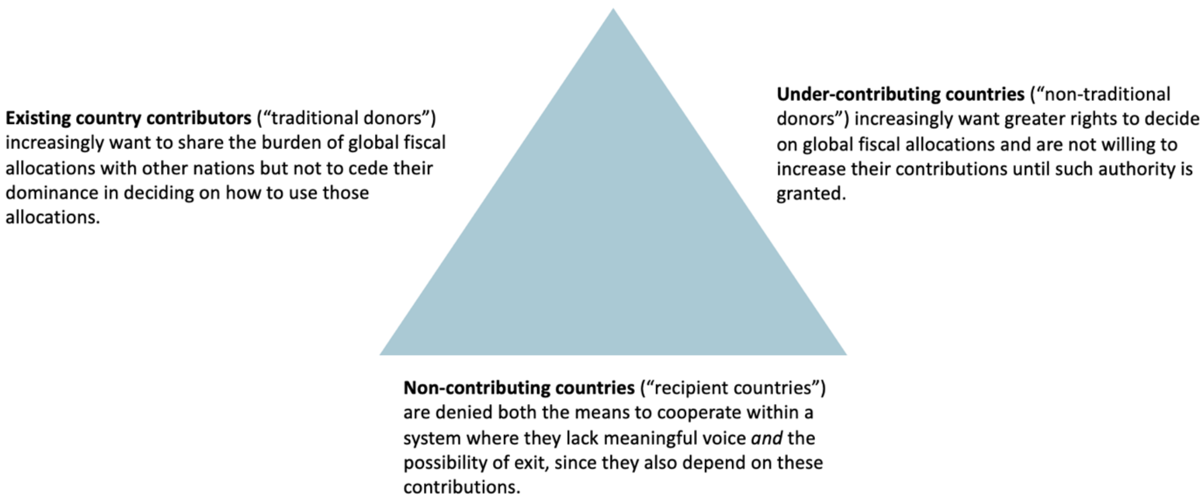
I Global funding needs are growing faster than donor countries are currently able to secure funding for	II The funding that *does* exist is unpredictable and comes from a too narrow base
	
In 2022, global health initiatives asked for US$137 bn of funding, of which US$36bn was required in 2022 (see Table 1, annexes). Despite high level political support, there is extremely limited evidence that countries are willing to increase the financing that they make available to these global initiatives. In some notable cases, such as the UK, countries have chosen to decrease the overall envelope of ODA funding because of the economic impacts of COVID-19 on their domestic economies. The current economic headwinds resulting from the war in Ukraine increase the likelihood that other OECD-DAC donors may also reduce the volume of ODA they provide. Without additional funding, new requests are likely to create zero-sum tradeoffs between global health initiatives and other uses of ODA	The process required to attract international contributions from countries involves competing resource mobilization campaigns seeking to secure resources for, typically, only 3-4 years at a time. This inhibits longer term investments in public health planning, and, given the limited capacity for advocacy and outreach by the multilateral funding institutions, such as GAVI and the Global Fund (even more limited by smaller institutions), resource mobilization is focused on a handful of large economies. This reliance on just a few high-income countries (see Table 2, p.22), in turn, makes funding unpredictable and exposed to the shifting priorities and needs of a small number of shifting governments in these countries.

For GPGH provision (indeed, for GPGs in general), the above reliance on such a narrow base, which in turn comes from a limited pot of mostly ODA funding, is further problematic, since in exchange for its dominant funding position, the large donors traditionally have demanded a large say in the governance of the institutions they finance. This often means that the outcomes funded cannot be said to have been prioritized through an inclusive global process, and may to some extent be biased by the views and priorities of a small number of donors. This raises questions of legitimacy and representativeness and impedes our collective ability to deliver meaningfully "global" and/or "public" GPGs. Moreover, it allows a number of countries to freeride on the GPG provisions of other countries.

In this paper we set out to show that the political challenge of raising more funding for GPGHs (channeled as multilateral voluntary contributions) requires first addressing these political dynamics as an interim step to *increasing* the overall volume of contribution and simultaneously *expanding* the contributor base.

2. Reframing the Problem

Efforts to raise more financing for global common causes such as GPGHs are destined to fail, unless a basic conceptual trilemma that characterizes the current international contributions system can be resolved. This "participation trilemma" holds that countries at different income levels are not inherently unwilling to share resources with each other in pursuit of common agendas. Rather, they are locked into non-cooperation by a flawed system from which no country can exit without penalty but within which the "voice" (the right to make decisions) and "loyalty" (willingness to be bound to common obligations) required to ensure cooperation are lacking.



From the point of view of multilateral cooperation, each group above faces a distinct problem of weak incentives to cooperate (loyalty) and limited means (through the ability to exit or by having a voice) to protest or modify the system.[9] This trilemma locks the status quo of under-provision for GPGHs in place. Of course, one way of resolving this trilemma is for countries to spend on global public goods "at home": via investments in GPGs within their own territories. But this does not resolve the coordination challenge and excludes many countries that are unable to invest in "global" needs from shaping how they are provided.

3. Four ways that countries contribute to global public goods for health.

A different way to begin solving this trilemma and address the challenge of more and "better" funding for GPGHs (that is, funding that is more predictable, stable, and democratically determined) is to take an analytical look at how GPGHs are currently funded.

[9] AO Hirschman (1970) *Exit, Voice, and Loyalty: Responses to decline in firms, organizations, and states* (Harvard University Press)

There are roughly four "pathways" for funding GPGHs or many other GPGs: **Treaty-based Multilateral Contributions (TMCs)**, which are binding, assessed contributions to international organizations; **Voluntary Multilateral Contributions (VMCs)** (e.g., commitments to replenishments); **Bilateral Contributions (BCs)** (e.g., ODA-funded contributions from one country to another for improving health surveillance capacity); and **Domestically financed Contributions (DCs)**, investments through national budgets for domestic use that have a global benefits, such as disease surveillance and containment.

Each of these contribution pathways reflect different rationales for funding GPGs and further constitute different "kinds" of funding for GPGs, with implications for overall GPG delivery. Bilateral funding, for example, is a relatively large part of ODA but contributes only indirectly (and through the lens of national prioritization) to GPGs. A first step in unlocking additional contributions is to understand the political dynamics of contributions across these different pathways and the ways in which they intersect.[10] Work to enhance contributions towards GPGHs could (and should) take place in respect of all four of these provision pathways.
However, given the significant political challenges of increasing assessed contributions[11], the practical challenges of measuring and coordinating bilateral ODA spend on GPGHs, and the difficulty in finding a way to assess the value of – and encourage an increase – in domestic spending that benefits GPGHs, we focus in this paper on ways of increasing and coordinating Voluntary Multilateral Contributions for GPGHs. We select this pathway for special attention both because it is the funding pathway that is likely to remain the dominant source of funding for GPGHs over the next decade and beyond and because it is the pathway where there is greatest scope to broaden the contribution base: in other words, it most directly corresponds to both parts of the funding challenge identified in Section 1 above.

4. Which countries contribute to voluntary multilateral mechanisms – and why?

It has long been assumed that voluntary multilateral contributions are obligations or commitments that fall to high-income countries alone to meet. Larger and wealthier countries – especially the G7 – certainly dominate the picture when it comes to voluntary contributions to institutions that provide GPGHs. In fact, this assumption obscures significant variation: African countries, for example, are often among the first to honour their contributions to the Global Fund. It also blinds us to some of the political dynamics that, if deftly harnessed, could significantly expand both the volume and breadth of contributions for GPGs.

[10] At present, ODA funding, which is often more readily understood in terms of the different ways it is used, also flows along these four pathways. For example, it is common to think of bilateral vs multilateral uses of aid. However, there has not been a tradition of using such "channels" to understand GPG-specific financing. The two approaches are not the same, since in our framework, contributions from ALL countries (not just ODA providers) are counted.
[11] WHO remarkably managed to forge a consensus on gradually increasing TMCs for its core funding over the coming years. It could set a precedent, or it could be an outlier

Firstly, a number of multilateral mechanisms manage to attract a relatively large number of contributors beyond high-income countries, albeit at a low overall percentage of contributions. IFAD, with over 100 contributors (11th funding replenishment in 2017), and the Global Fund, with 42 (2022 replenishment), stand out among these, but several other mechanisms also attract contributions from both middle-income and low-income countries (for example Senegal contributes to the Global Partnership for Education).

Secondly, there turns out to be significant difference among high-income countries in how they contribute to global GPGs through multilateral mechanisms. When we compare contributions in line with countries' absolute GNI, substantial variations emerge. While some high-income countries can be relied upon to contribute to these multilateral mechanisms with substantial amounts, for example Norway, Germany or the US) there are some that contribute far less frequently or substantially (for example Portugal, New Zealand, Austria, Finland). Furthermore, even within the group of countries that can be relied on to participate in most multilateral mechanisms, there is significant variation in their level of contribution to different mechanisms. (See charts 1, 2 and 3 in the Annex).

Clearly there are more factors at play here than a country's relative wealth, as measured by GNI per capita. To understand what alternative approaches might help to unlock the participation trilemma and secure greater contributions, it is necessary therefore to look more closely at the political dynamics that shape the reasons why countries contribute (or not). Below we offer one way of doing this that considers both shorter-term *"political" incentives* – the opportunities and risks that political leaders and decision-makers must evaluate each time they decide to contribute (or not) to a voluntary multilateral mechanism – and longer-term *"latent" factors* – the underlying dispositions that countries have by virtue of their standing and perspective on international cooperation.

Political incentives

The short-term reasons why countries contribute to VMCs ultimately play a decisive role in any resource mobilization campaign.[12] Yet, such incentives are implicit and there is often a reluctance to bring them out in the open in the context of donor motivation. Yet, their importance must be recognized if we are to design a more effective and adaptable processes for eliciting more country contributions.

Successfully soliciting multibillion dollar pledges to a GPGH cause or organization requires the convergence of several factors.

- Civil servants in line ministries must be convinced that the organizations channeling the contribution are trustworthy, accountable, and transparent, minimizing any potential risk

[12] Arguably, if countries were to commit a larger portion of their international commitments in the form of assessed contributions, then these short-term political incentives would be of lesser importance, relative to the latent factors discussed above. This likely would reduce funding volatility and is one reason why we also strongly recommend continuing to advocate for more statutory approaches to financing GPG as a mid to long term goal.

at the political level in terms of reputational damage further down the line. These representatives also need to be able to "see" a clear link between investments and impact/results.

- In many contributing countries, it is important for political leaders to know there is broad civil society support for the pledge. Advocates, such as the Global Fund Advocates Network, can support this through public petitions, public events, and extensive use of social and traditional media.
- In most liberal democracies, parliaments also must approve budgets, so they, too, play a crucial role in determining the size of contributions that political leaders will announce. Therefore, most international organizations will engage with individual Members of Parliament and their respected committees. These contacts need nurturing over time to ensure continuity across several electoral cycles.
- At the (electoral) political level, peer pressure is critical. Politicians cannot justify international investments in GPGs to their domestic constituencies unless there is a clear demonstration that they are part of a wider group supporting a similar cause. This finding helps explain why the G7 and the G20 have played such a critical role in recent years and why we occasionally see geographical clustering of contributions.
- Final pledges often have an immediate and short-term geopolitical component. Individual efforts of hosts or major champions can make a large difference, especially when appeals to peers (other heads of governments) are linked to quid-pro-quo arrangements or simply an opportunity to shine – or conversely, a fear of missing out.

<u>Latent factors</u>

The latent, longer-term factors that shape country contributions are more structural, reflecting the strategic priorities, geopolitical positioning and historical context of different countries. Some that stand out are:

- **Multilateral contributions as an effective means to achieve priorities.** Despite the fact that it is almost impossible to judge objectively whether multilateral or bilateral efforts are more efficient in achieving impact (it depends on size, nature of project and sector, quality of project design and execution, etc.), efficiency is still used as an argument to defend a country's prioritization. Many large nations (such as the Unites States) start from a position that bilateral aid is assumed to be more effective than multilateral. Many smaller nations, such as the Nordics and the Netherlands, hold an opposite view, defending their large (far more) multilateral efforts through similar arguments of impact and efficiency. Both positions can be held more or less strongly, depending on the sitting government (UK is an example where subsequent governments swing between a multilateral and a bilateral bias, both backed by arguments about impact and efficiency).
- Multilateral funding means a country ceding some control over its funding to a collective governance. Why would countries do this? One of several reasons, may be formulated as **a self-attributed sense of global responsibility**. Reflecting a self-image as a global dominant player through economic or military power or a colonial history, some countries assume a responsibility for contributing to a state of "order" in world affairs. Others

assume more of a moral stance in contributing to a world order, partly by a heightened sense of bringing national experiences and ideas of universal value, and partly as an obligation stemming from being particularly fortunate and wealthy countries. The Nordics fall into this category, which can be characterized as humanitarian responsibility.

- Linked to this, is **how voluntary multilateral contributions reflect national priorities and geopolitical goals**. Smaller nations tend to prioritize multilateral efforts that reflect their national expertise and interests, although these may ebb and flow with shifting governments. Again, Norway has long emphasized support for conflict resolution and peace building efforts, but this has been particularly strong under Labor governments, while the recent conservative government highlighted investments in education. Australia and several large middle-income countries, such as Turkey, Mexico and India, have a strong regional focus, which guides – and often limits – their interest in global, multilateral mechanisms.
- **The extent to which countries feel ownership and investment** in a given cause, or even fund, is a less obvious but still important latent factor that may shape country contributions. Past investments evolve into an internal obligation to safeguard these investments by continuing to commit, creating a kind of path dependency. France was instrumental in setting up Unitaid (and remains its primary funder) and has maintained an oversized role, compared to its funding level of other, similar multilateral funds. contribution to the Global Fund.[13] Large contributions also largely correspond to influence in governance, and large contributors therefore feel a sense of control and ownership of multilateral institutions – especially those outside the UN system, such as the Global Fund, GAVI, and others – that have governance arrangements that favor actors with the resources and interest in engaging energetically in governance processes.

Breaking down the participation trilemma

The incentives listed above explain some of the reasons why some countries invest in multilateral mechanisms. They also help understand why so many others do not. The incentives for many countries that are listed above are often not available to others because of the structures within which countries are also asked to contribute. Without changing either the structures or the argument the potential for tapping into the above sort of incentives is lost and the participation trilemma holds. Some of these structural barriers can be summarized as:

The ODA paradigm. The tools (including institutional capacity) that countries have at their disposal to provide financing for GPGs, quite apart from their wealth (their fiscal capacity) is severely underdeveloped. In their absence, ODA remains the main channel of funding. Not only does this provide disincentives – or excuses – for countries that have not developed sizable ODA flows; with the rhetoric still positioning these contributions as transfers from "north to south" and "assistance" to poorer countries rather than investments in goods that benefit all people in all countries, a large number of countries do not hear – or find it easy to ignore – the call to participate. EU common financing efforts also allow numerous wealthy countries to "hide" behind underpowered collective regional ODA contributions, for example. The ODA focus ultimately also

[13] https://www.globalcitizen.org/en/content/france-contributions-global-fund/

sets an artificial ceiling on the volume of available funding by making it a zero-sum game when it comes to financing GPGHs: where an urgent focus on pandemic preparedness, for example, can lead to dramatic cuts in education, assistance to women and girls, or humanitarian aid.

Global vs regional priorities. Many large middle-income countries have primarily regional interests and spheres of influence, and despite their considerable economic strength, they see global ambitions as beyond their scope and capacity. The way they are currently set up, most global, multilateral instruments are not very useful mechanisms for exerting regional influence – certainly not compared to the money invested. Moreover, with an agenda dominated by (northern) determined "global" priorities, there are limited incentives for these countries to want to contribute with their resources. To many of these countries, the global health initiatives that do much to supply GPGHs are seen as just a series of rich-countries clubs. This leads onto:

Outdated governance. While substantial contributions from low- and most middle-income countries have not been traditionally a part of the international contributions picture, the commitments of countries including Indonesia, and China to the recently launched Pandemic Fund, at levels beyond that of other high-income contributors, suggest both that this may be changing and that the sum of their contributions can be significant. However, the inattention – and at times direct opposition – to including these countries within governance structures in a meaningful way creates a substantial obstacle to engaging these countries in a meaningful dialogue about contributions. Where the governance structure enables at least a modicum of influence for low- and middle-income countries, such as at the Board of the Global Fund, and where the institution has the capacity to reach out to a broad number of countries, commitments are possible. The recent replenishment of the Global Fund is a good illustration: Many African heads of state attended its pledging conference and made contributions that represented an increase of 30% compared to previous replenishments.

5. Rethinking Patterns of International Contributions

Given what we outline above about the patterns of existing contributions to GPGHs, and about the drivers of such patterns in the form of political and structural incentives and disincentives, it becomes clear that, if international funding goals are to be reached, efforts to increase and broaden country contributions must go beyond the simplistic categories of high-, middle-, and low-income countries and treating all countries within each of these three categories the same.

We believe there is still significant potential for increasing global funding for GPGHs along the voluntary multilateral pathway, but only if some of the barriers we outline above can be addressed in how we organize and ask for country contributions. In other words, such an increase can be achieved through a combination of broader and more effective advocacy efforts – both in terms of outreach and messaging – and a systematic addressing of the major factors that today enables free-riding and discourages engagement by a large number of potential contributing countries. The improved advocacy efforts will be a matter of more effective collaboration and efficient use of the advocacy capacities of international funding mechanisms and can be achieved within a relatively short timeframe. The more structural changes needed to address the current disincentives and free-riding opportunities will take longer, but remain realistic and carry a large potential.

A first stage in such an approach would be to divide countries into groups according to their common political attributes, rather than based upon their income level alone. Using the above factors, for example, we might envisage at least nine separate groups, based on shared incentives and disincentives for contributions – plus an additional one-country group: China. The groupings are not mutually exclusive. A given country may fit within more than one group depending on a specific context. Nor are these groupings static. We propose them here not as fixed categories, but as a way to better triage advocacy efforts and to enable certain common strategies to be pursued in relation to them. An initial ordering could look something like the below:

1. **The G7:** the United States, France, the United Kingdom, Japan, Germany, Canada and the European Union (usually represented by the European Commission).[14] The G7 countries plus the European Union are the global economic powerhouses of the world and the major global funders of health, education, and climate change initiatives. To win this funding, international health funds invest significant advocacy resources, including several high-level visits to their capitals each year to nurture bipartisan multi-party backing in governing bodies to ensure long-term support across electoral cycles.
2. **The Multilateralists**: Sweden, Netherlands, Norway, Luxembourg, and in some contexts Australia, Spain (and increasingly Republic of Korea as an aspiring member of this group). These countries are smaller in size and wealth than the G7, but together with the G7 make up more than 90% of all contributions from donor countries. They comprise high-tax social democracies and liberal democracies with a historically oversized international role for diverse reasons. These countries receive some of the advocacy attention provided to the G7 donors although at a less intensive level.
3. **The Engaged but with more potential**: Denmark, Ireland, Belgium, Switzerland, Luxemburg. These countries are characterized by being mostly small but wealthy states with a mix of reasons for contributing to international GPGH agendas. They often participate in many global resource mobilization campaigns, and while some of them exceed their fair share others are often underperforming. These countries warrant continued outreach and engagement but often receive less attention than needed to maintain their commitments on a steady basis.
4. **The Weakly Free-riding HICs**: Finland, Austria, Portugal, New Zealand, and Iceland. These countries occasionally engage in GPGH financing but are clearly underperforming on many global initiatives. Countries in this group tend to be liberal democracies and usually either Atlantic or Commonwealth countries. Most international health funds will not have any capacity to engage with these countries in a meaningful way.
5. **The Strongly Free-riding HICs**: Singapore, Israel, Greece, Brunei, Slovenia, Czech Republic, Poland, Hungary, Panama, Uruguay, Chile. These countries rarely contribute to international replenishments or appeals for resources (e.g. Act-A). They include much of

[14] Note: Italy is only a weak member of this group based on the volume of its contributions and the political capital it expends on contributing.

Eastern Europe, some of the wealthier countries (by GDP per capita) in Latin America, and wealthy single power states. There is normally no specific outreach to these countries in any given replenishment campaign.

6. **The Oil States**: Saudia Arabia, Kuwait, Qatar, United Arab Emirates. These are oil rich countries located in the Gulf. Some regular contributors to replenishments but others (e.g., UAE) prefer support to Islamic charity (*sadak*) rather than global causes. These countries do receive significant attention with regular high-level visits but with little nuance in the advocacy message, often failing to address interests and needs specific to these countries.
7. **The Regional Powers**: India, Brazil, Indonesia. The BRICS group is becoming less coherent over time given Russia's isolation and China's exceptionalism. India, too, is in a period of domestic focus and would require a tailored advocacy approach. The remaining countries are emerging market economies with a strongly regional influence. In this sense, they share many characteristics with the next tier of UMIC countries, such as Turkey and Mexico. While this group has, historically, not significantly participated in the voluntary multilateral contributions pathway, many invest significant resources through bilateral and domestic pathways. This tendency suggests that there is not an aversion to funding GPGHs, but rather that their reluctance to contribute stems from the terms of participation. They are also very active on the policy front in forums such as WHO, where they both defend their own national interests and argue for a "southern" or "non-Western" perspective.
8. **Non- or Low-Contributing UMICs**: Turkey, Kazakhstan, Botswana, Malaysia, Vietnam, Thailand, Mauritius, Mexico, and most of the remaining Latin American countries. Many of these countries (e.g., Turkey, Iran, Mexico) also consider themselves regional powers with predominantly regional interests. These countries spend significant bilateral money in their regions. These countries could have significant potential (and interest) to engage in international funding arrangements that are appropriately framed in light of their core interests.
9. **Lower-Middle Income Countries/Lower Income Countries:** This group comprises the largest number of countries, is highly diverse, and contributes little to international financing of GPGs. As the Global Fund replenishments have demonstrated, the potential is there if these countries perceive potential benefits and feel sufficiently represented in the governance structure.
10. **China**: China is in many ways its own special case. In Section 6, we outline why China, nonetheless, may be the exception to prove the rule of the importance of cocreating contribution structures with partners to secure their engagement.

6. Recommendations: A strategy to encourage countries to contribute to GPGHs

As shown in the data tables at the end of this report, the G7 countries plus a few wealthy but small "multilateralist" nations currently contribute more than a 90% share of the funds currently available for GPGHs, predominantly through ODA channels. Any strategy to increase the overall level of resources available for GPGHs, must therefore start with a focus on broadening this group of contributors. Once this process is showing signs of success, the strategy can turn towards further increasing the *level* of contributions from current national donors by moving them beyond ODA spending to address the problem of GPGH funding via more dedicated non-ODA financing. Some of the dynamics of the changes in advocacy and strategy that will be needed to convince more countries to contribute will also, in turn, pave the way for a more structural change in the way we approach funding for GPGs in general.

Objective 1: Addressing the under-contributing countries.

Advocacy plays such a significant role in generating contributions to GPGHs from G7 countries, that there is reason to believe some relatively wealthy countries do not contribute a wealth-adjusted equal share to GPGH financing simply because they are targeted far less actively than those countries who do contribute. Most current GPGH advocacy efforts are overwhelmingly focused on a small group of traditional donors. Simply addressing this imbalance could help to raise more finance.

Of course, individual international organizations do not necessarily have sufficient resources and capacity to engage countries currently not contributing to their full potential in a systematic way. But if major multilaterals (i.e., a resource mobilization partnership of the Global Fund, GAVI, CEPI, GFF and perhaps Unitaid, perhaps in parallel to similar initiatives by the non-health funds, e.g. GPE, WFP and GCF) were to invest in nurturing contacts with ministries and members of parliament, this would help to build a domestic narrative and support for why they should more proactively engage in GPGH financing. This approach would also help ensure that these countries feel involved in international funding arrangements. At the beginning, it will not be important which particular health cause those countries are most invested in, only to increase their level of interest, build capacity among civil servants, and gradually integrate these representatives into respective governance structures.

Many countries that freeride still like to portray themselves as significant players on the international stage. Therefore, identifying how these countries' fall short in their international funding commitments could be an effective supplementary tactic to engaging them with incentives. This requires systematic tracking of country funding to GPGHs for generating a fair-share GPGH deviation index to show which countries are under contributing.

Objective 2: Engaging the non-traditional contributors

Experience from the past 20 years has shown that achieving larger volumes of funding cannot be separated from the challenge of equal participation and incentives by all participating countries. Institutions funded through voluntary multilateral contributions have so far been relatively unsuccessful in breaking their traditional donor country ("northern") dominance, although some institutions have made progress.

Accordingly, advocacy should focus on building country ownership and making the case to non-contributing countries that the priorities they care about are being heard and addressed. This in turn means working with middle-income countries to build a roadmap for ownership and inclusion. The reason that countries, including UMICs, act unilaterally is often a rational reflection of how the collective framework is insufficiently robust and lack trust. As a result, many countries feel excluded from key decisions. Listening to multiple and often competing country needs takes time and finding governance and allocation solutions that address as many of these concerns as possible is complex and takes time. It is critical, however, and over the long-term doing so will bring more countries on board as contributors and increase the overall reliability of GPGH financing as a result.

Engaging non-traditional contributors includes developing regional as well as global arguments for cooperation. It also means enabling new contributing countries to benefit directly from the funding arrangements they contribute to *and* to enable them to have a meaningful say in the governance. At the same time, advocacy must stress that these countries' key self-interest incentives are often in reality aligned with multilateral causes. Advocacy must also go beyond the G20 to engage other cooperative groupings, such as MIKTA (Mexico, Indonesia, Republic of Korea, Turkey and Australia) and regional groupings.

For lower-middle-income and low-income countries, finding ways to quantify and account for domestic contributions to GPGs is important, since acknowledging the significant contribution these countries make to GPG through investments in their own countries could bring these countries onboard also as cash contributors, albeit at low volumes.

China represents a special case. To date, China has been reluctant to provide much multilateral financing to GPGH initiatives. Chinese leaders are skeptical of global arrangements, which they feel have been created and dominated by Western powers, and have instead set up alternative banking institutions to the Bretton Woods institutions, such as the Asia Infrastructure and Investment Bank. Their skepticism extends to the Western development aid paradigm.[15] In spite of this perspective, China remains interested to invest significantly in development. It has clear geopolitical interests and feels it has much to share about pathways out of poverty: it is also shifting focus from its Belt and Road Initiative (which is strongly bilateral) to more centralized development funding (which is more aligned with global challenges). China is among the biggest development lenders through banks established in Asia, Africa and Latin America. It is therefore

[15] Of course, China is not unique in this. See Suhrke, Astri. 2007. Reconstruction as Modernisation: The 'Post-Conflict' Project in Afghanistan. *Third World Quarterly* 28 (7): 1291–1308

critical to identify how China is already interested in financing GPGHs, and where some of its existing bilateral commitments could be brought into the *global* GPGH financing discussions.[16]

The lesson of cocreation must be actively and visibly promoted here and could work by engaging Chinese think tanks or other bureaucracy representatives. The objective would be to design new ways for integrating Chinese financing and Chinese institutions (e.g., the New Development Bank) within multilateral GPGH funding requests in dialogue with Chinese partners (such as think tanks and Ministry of Finance). Working through existing multilateral institutions in which China is already engaged (e.g., the NDB, which is, in effect, a BRICS development bank, headquartered in China) offers the most diplomatic approach in this regard.

In the end, it will be a diplomatic task to establish how much Western donors and China are willing to align agendas and share influence and decision-making power. If the largely-Western donor community is truly interested in encouraging China to contribute more generously to multilateral partnerships, they will have to consider how much they are willing to compromise on the dominant paradigm, the narrative and the share of decision-making power. The results of this approach could not only be measured in increased financing for GPGHs but also in decreasing geopolitical polarization as reflected in collaboration on critical global issues.

Objective 3: Expanding contributions from the core donors

While the idea of "burden sharing" finds resistance among most traditional donors, we find good reasons to continue with an approach that fairly and transparently defines some concrete, costed *global* need and that divides that need proportionally among country partners. This needs to be linked to a systematic pivot of contributions to GPGHs from the concept of "development aid" towards the concept of investing in international public goods for national interest. Thus, to contribute more is not necessarily to "lose" in a zero-sum calculation but to actually a means for securing a greater return on investment.

Enlightened self-interest and soft power diplomacy are characteristic features of many traditional donor countries' contributions. The focus of advocacy here should be on the value of cooperation and the shared gain of enhanced collective security, the idea that "no one is safe until everyone is safe" which became a mantra around the need for a global access to COVID-19 vaccines.

The Nordic countries especially could develop a common leadership platform in this area, ideally in collaboration with partner countries from across the income-spectrum (or indeed, with the groupings we suggest above). Such an intergovernmental process could be a concrete recommendation for the recently inaugurated Future of Global Health Initiatives panel. The

[16] As one of our interviewees noted: "It doesn't make sense for us to try to go all out on getting China to contribute straight into the collective pot, we can be smarter by leveraging the Chinese interest with their silk roads and try to get that resourcing they are doing anyway better aligned with our priorities. We know China is big on a contribution approach that in our space could be valuable: namely building a whole piece of infrastructure. So, for us it makes sense to try to drive the Chinese contribution modality that they are doing anyway and align it with our ends."

flipside of this argument is the very real threat of multilateral failure and the grave consequences this will have for our ability to solve the substantial supra-national problems facing the world.

Objective 4: Better coordinate and structure the GPGH financing landscape

The intense competition for financing within the GPGH landscape often result in multiple competing asks made to the same few donors. To fix this, international financing mechanisms should cocreate a new overarching contributions framework for GPGHs, identifying overlapping asks and efficiencies. They should then also develop a plan for socializing a more coordinated GPGH framework as part of the ongoing agenda of the current G20 middle-income quartet.

Starting last year with Indonesia, G20 host nations have embarked on a run of UMIC hosting that will continue three more years (India, Brazil, South Africa). This schedule presents unparalleled opportunity to develop a more appealing way for UMICs (and even LMICs) to participate in global common financing agendas.

7. The Need for A New Approach to funding GPGHs

Across the strategic objectives outlined above, there is one overarching issue that consistently surfaces: the need to change the narrative regarding *how* countries contribute. The existing discourse that centers upon "donors" giving away money and reserving the right to decide on how that money is spent does not help us to secure the financing we need for critical GPGHs.

In place of the current outdated GPGH contributions framework, one that relies upon but also exceeds the capacity of the ODA system to deliver, there is a need for a new narrative based on the idea that all countries need to contribute, all should expect to benefit, and all should be part of the decision-making framework for establishing GPGH funding that is global, reliable and public. These three principles underline the Global Public Investment approach that has been gathering momentum since the pandemic, and which could be adopted as an overarching narrative in which to place the above near-term advocacy strategies as well, thus providing a coherent objective for all countries to aim for.

The current multilateral system for dealing with global challenges contains underlying structural problems that, sooner or later, will need to be solved if the amount of funding that goes to GPGHs is to be raised by any meaningful degree. Although it has evolved significantly over the past decades, the current system of *voluntary* multilateral contributions, inaugurated after World War II by the allied powers is simply not designed to incorporate all countries contributing in larger volumes to shared common needs.

The likelihood of a new Bretton Woods "moment" is small, however. And the idea that a minority of "leading countries" will again determine the nature of the global playing field is anyway unlikely to appeal to most of the world's countries, especially current non-contributors. Yet something more than simply tweaking the system is needed. The Global Public Investment (GPI) approach may be the best way to address the advocacy priorities outlined above in a more comprehensive way: more directly addressing the constraints of the participation trilemma by building on and improving the existing global architecture. Below we outline how GPI could be incorporated as part of the above strategy.

An outline of GPI and its potential

Global Public Investment is a new paradigm for international payments that would **establish a dedicated framework for GPG-type contributions.** GPI ultimately proposes a parallel system to the OECD-DAC system of Official Development Assistance (ODA) that incorporates UMICS and other non-traditional donors. It is, therefore, not a new *fund*, nor is it a singular *facility*, as the GFF. Rather it is a financing *modality*. Where ODA asks a limited set of "donor" countries to provide regular annual payments for the purpose of improving welfare and economic development in a range of "recipient" countries (mostly via bilateral channels), GPI targets a global contributions budget line for shared GPG-type outcomes, including in health, and asks all countries to contribute (on a fair share basis) towards a defined funding ask. GPI is definable according to two basic criteria: 1) The contributions are cross-border, and 2) the outcomes of the spending must be demonstrably public and global, meaning the citizens of all countries must be able to benefit from the investment.

GPI addresses the challenge of ensuring that financing for GPGHs is additional, and not simply reallocated ODA, by providing an alternative, measurable budget line. Initiatives such as TOSSD are showing that it is possible to measure and track GPGH spending as a specifiable component of international public finance. GPI would take TOSSD a step further by connecting the international measurement of GPGH financing with allocations from domestic budgets be it centrally allocated, as with ODA, or via line ministries with responsibility for specific GPGH issue areas.

GPI also addresses the core challenge of securing UMIC participation directly. It proposes a novel governance arrangement in which all contributing countries participate within constituencies. This element addresses two major problems: 1) the UN style "one country one vote" arrangement, which can be subject to gridlock, and 2) the perceived illegitimacy of vote shares that accord the greatest decision-making power to the wealthiest countries (as in the Bretton Woods institutions). A constituency approach based on countries relative contributions to the size of their economy, rather than absolute contributions, can lead to better decisions for prioritizing spending. Such an approach also needs to reserve seats for civil society with voting power. Both elements could be incorporated into existing funds and multilateral arrangements. By further incorporating country voice in the design of such frameworks, GPI can enable UMICs and LMICS to feel that their needs are more adequately met within the financing arrangement, satisfying their secondary demand of a clear return benefit to participation.

8. Conclusion: Towards A New Set of Principles for GPGH Financing.

The single most effective way of raising substantially more funding for GPGHs (from new contributor countries plus “additional” contributions from existing donors), of ensuring this funding comes from a broader base (making it more robust), and of improving the decision-making over funding decisions, is to actively seek the co-creation of a new contributions' framework with would-be contributors.

Global Public Investment is already gaining significant traction among traditional and non-traditional contributors alike. It can be pursued as a new overarching framework for GPG financing, and an intergovernmental process could be initiated to begin this work, informed by the needs and experiences outlined in this paper.

This goal requires a strong diplomatic lift, but the work would not “start from scratch” [17]. A number of ongoing processes present opportunities to explore the potential for a GPI approach.[18] These include The European Global Health Strategy, the Future of Global Health Initiatives process, the SDGs Mid-term Review, the Fourth Financing for Development Summit (spring 2024), and the UN Summit of the Future (September 2024).

In parallel, an exploration of the feasibility of incorporating GPI principles into existing and/or emergent funds should be undertaken. The recently launched Pandemic Fund presents a key opportunity to “build” GPI principles into a GPGH fund before it is established. The proposed governance reset envisaged for 2023 also presents an opportunity for the existing “founding donors” to work toward reimagining the Pandemic Fund as a first, functioning GPI fund. Partners could use GPI to help lead the negotiations required to open up this fund to additional contributing countries, while also ensuring that funds are spent in line with country needs with public guarantees.

A fuller version of this report, including all sources, is available at the PRIO website: ***www.prio.org***

[17] See, for example, the ongoing work of Chatham House: https://www.chathamhouse.org/2022/06/new-approaches-needed-unlock-global-health-funding

[18] In the case of Norway, see for example, recent work at NORAD (Nikolai Hegertun, “Development Cooperation and Global Investments: What’s next for development cooperation”, NORAD report (October 2021)) and the deliberations of the Expert Group on Financing the SDGs, which will report in May 2023.

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Annex 1. List of Abbreviations

Abbreviations	Full name
ACT-A	Access to COVID-19 Tools Accelerator
BC	Bilateral Contribution
BRICS	Brazil, Russia, India, China, South Africa
CEPI	Coalition for Epidemic Preparedness Innovations
CGIAR	Consultative Group for International Agricultural Research
COVAX	COVID-19 Vaccines Global Access
DAC	Development Assistance Committee
DC	Domestically Financed GPG Contributions
FIF	Financial Intermediary Fund
GAVI	GAVI, the Vaccine Alliance
PPR-FIF	Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response
GCF	Green Climate Fund
GFF	Global Financing Facility
GNI	Gross National Income
GPE	Global Partnership for Education
GPEI	Global Polio Eradication Initiative
GPG	Global Public Goods
GPGH	Global Public Goods for Health
GPI	Global Public Investment
HIC	High Income Country
IFAD	International Fund for Agricultural Development
LIC	Low Income Country
LMIC	Lower Middle-Income Country
MDG	Millennium Development Goal
MP	Member of Parliament
VMC	Voluntary Multilateral Contribution
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
PEPFAR	The president’s Emergency Plan for AIDS relief
PPP	Public Private Partnership
PPPR	Pandemic Prevention Preparedness and Response
ROI	Return on Investment
SDG	Sustainable Development Goal
TMC	Treaty-based Multilateral Contribution
TOSSD	Total Official Support for Sustainable Development
UMIC	Upper Middle-Income Country
UNSG	United Nations Secretary General
WFP	World Food Programme
WHO	World Health Organization

Annex 2. Literature Review: Methodology

To gain insights into the core concerns and normative concepts that stakeholders may hold when it comes to financing of GPGHs, we conducted a review of existing literature on international financing of global public goods by countries, especially in the global health domain. For the review, we identified some 30 primary and secondary articles, of which roughly half were journal articles, and the rest ranged from working papers and policy briefs to book chapters and institutional reports. Most of these articles/reports were written in the last decade, but some older texts (dating back to as far as 2001) were included to provide longer-term perspective.

We conducted our search online with Google Scholar, using search terms such as *international financing of global goods, international funding of global goods, financing international institutions, financing global health, funding global health*, and so on. For each search, we examined the first ten pages of results and then reviewed these articles, looking especially for instances of contribution determinants such as trust, fairness, legitimacy, urgency, and inclusion.

Because the search was conducted in English, we acknowledge that some valuable resources may not have been included in this review. Furthermore, we do not propose that our overview is exhaustive consideration of all contributions in this field. However, we note that the relatively limited size of this body of literature, attests to the need for more research on multilateral funding for global public goods for health in the years to come.

Key concepts

Thematically, the sources range from strict discussions of the provision of global public goods (all the while still offering valuable insights about donor behavior in this context) to examinations of global health governance and reform, generally, and financing of global public goods for health, specifically. Some discuss the WHO in detail, while others look specifically at the World Bank. We included both for comparative purposes.

Most, if not all, of the sources devote substantial time to explaining and defining global public goods and/or global public goods for health. Also common across the sources is a simple call for increased efforts to emphasizs the importance of international cooperation in the provision and financing of global public goods for health (without necessarily providing recommendations). Many authors, however, did draw out some alternatives.

Frequently used keywords (not an exhaustive list):

Definition, precision of concept	Cepparulo & Giuriato (2012) Bump et al (2019)
Awareness of potential benefits	Cepparulo & Giuriato (2012) Bump et al (2019) Røttingen et al (2014)

Urgency	Cepparulo & Giuriato (2012) Gleicher & Kaul (2012) Jacquet & Marniesse (2006)
Trust	Clift & Røttingen (2018) Reddy et al (2018) Sembene et al (2022) Soucat & Kickbusch (2020)
Accountability	Frenk & Moon (2013) Jacquet & Marniesse (2006) Røttingen et al (2014) Sembene et al (2022) Soucat & Kickbusch (2020) Tortora & Steensen (2014) (“visibility”)
Legitimacy	Frenk & Moon (2013) Kopiński & Wróblewski (2021) Moon & Røttingen (2017)
Fairness	Gleicher & Kaul (2012) Hatefi et al (2020) Moon & Røttingen (2017)
Transparency	Jacquet & Marniesse (2006) Moon & Røttingen (2017) Sembene et al (2022) Soucat & Kickbusch (2020) Tortora & Steensen (2014)
Inadequate institutions	Moon & Røttingen (2017) Røttingen et al (2014) Tortora & Steensen (2014)

Annex 3. Tables and charts (referred to in the paper)

Table 1. Voluntary Resource Mobilization Campaigns in Global Health in 2022

Organization	Resource mobilization format	Host	Total ask (US$ bn)	Funding period	(Implied) ask in 2022 (US$ bn)
Access to COVID-19 Tools Accelerator (ACT-A)	Ongoing resource mobilization	Co-chairs: Norway and South Africa	23.4[19]	Oct 21 to Sept 22	17.6
Coalition for Epidemic Preparedness Innovations (CEPI)	Replenishment conference, March 2022	UK	3.5[20]	2022-2026	0.7
Global Fund to Fight AIDs, TB and Malaria	Replenishment conference, October 2022	US	18[21]	2024-2026	(Covered by previous replenishment)
Global Financing Facility (GFF)	Funding request	Canada	2.5[22]	2021-2025	0.7
Global Polio Eradication Initiative (GPEI)	Pledging event at World Health Summit		4.8[23]	2022-2026	0.96
Proposed FIF for PPR			75	2022-2026	10[24]
		TOTAL	**137.2**		**29.96**

[19] https://reliefweb.int/report/world/act-accelerator-strategic-plan-budget-october-2021-september-2022
[20] https://endpandemics.cepi.net/#section-Introduction-Q4wknMzG20
[21] https://www.theglobalfund.org/en/fight-for-what-counts/
[22] https://www.globalfinancingfacility.org/sites/gff_new/files/documents/case-for-investment-gff.pdf
[23] https://polioeradication.org/wp-content/uploads/2022/04/GPEI-Investment-Case-2022-2026-Web-EN.pdf
[24] https://www.pandemicactionnetwork.org/news/closing-the-gap-global-pandemic-fund-tracker

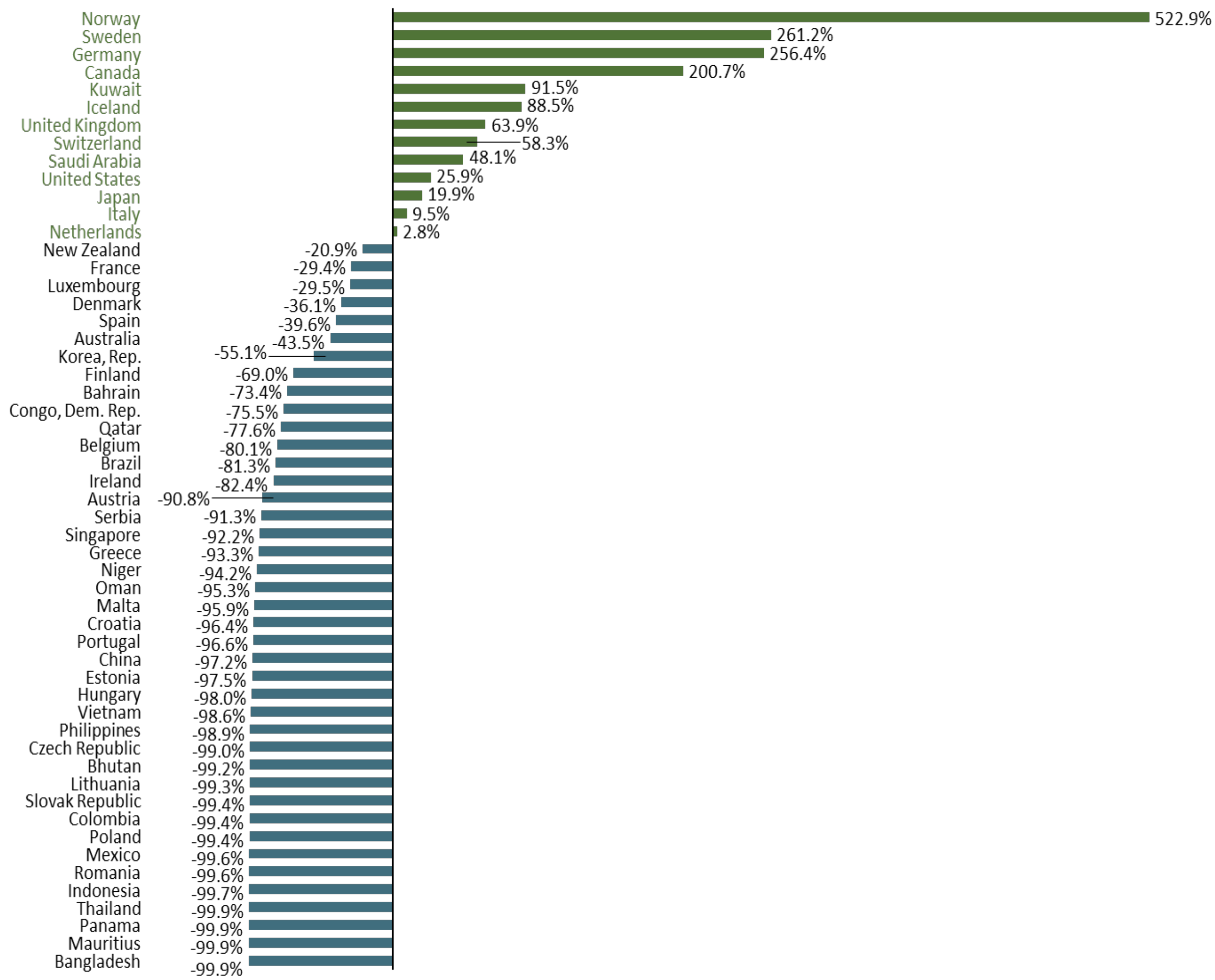
Table 2: Contribution shares by country groupings

Country grouping	GNI, Atlas method (current US$) 2020	Share of World Population	UN Regular Budget Assessed Contributions 2020, gross (incl. WHO)	Multilateral voluntary mechanisms		
				ACT-A total	Gavi (2021-2025)	Global Fund (2023-2025)
G7	47%	10%	48%	83%	69%	88%
HIC, incl. G7	63%	15%	73%	99%	99%	99%
HIC, excl. G7	17%	5%	25%	16%	30%	11%
HIC, excl. G20	12%	4%	49%	12%	23%	9%
G20	80%	60%	80%	88%	77%	91%
G20, HIC only	51%	11%	24%	87%	76%	91%
G20, non-HIC	29%	48%	56%	1%	1%	0%
UMIC	28%	33%	25%	1%	0%	0%
LMIC	9%	43%	2%	0%	0%	0%
LIC	0.4%	9%	0%	0%	0%	0%

Table 3. Comparing Contribution Pathways, Purpose, and Effects

Contribution Pathway	Participation		Contribution to GPGH	
	Motivation	**Participation**	**Volume**	**Function**
1.Treaty-based Multilateral Contributions (TMC)	Typically, treaty-bound requirement	High (Near universal)	Low – constitutes only very small portion of international funding	Strongly global (esp. core functions) Strongly public Strongly reliable
2. Voluntary Multilateral Contributions (VMC)	Global responsibility Peer pressure Efficiency of multilateral solutions to global problems	Low (Predominantly HICs)	High	Strongly global (esp. implementation) Strongly public (Although global and publicness is somewhat limited by unequal participation) Weakly reliable
3. Bilateral International Contributions (BC)	Global responsibility Ability to directly control funding priorities Soft power Demonstrating own comparative advantage	Medium (HICs plus UMICs + Chinese overseas development financing)	Low	Moderately global Weakly public Moderately reliable
4. Domestic GPGH Contributions (DC)	Benefit of domestic citizens	High (Near universal)	Probably High - but hard to measure	Weakly global Weakly public Weakly reliable

Chart 1: ACT-A: Comparing actual country pledges to what they would have given if they had contributed in proportion to their absolute GNI [25]



[25] Chart compares countries actual contributions to total funding raised for ACT-A to what they would have given if they had contributed in line with their GNI. We exclude the EU from this chart to avoid double counting their GNI with those of the member states. This means that the generosity of EU countries is underrepresented as they have also contributed from the EU budget.

Chart 2: Global Fund seventh replenishment: Comparing actual country pledges to what they would have given if they had contributed in proportion to their absolute GNI

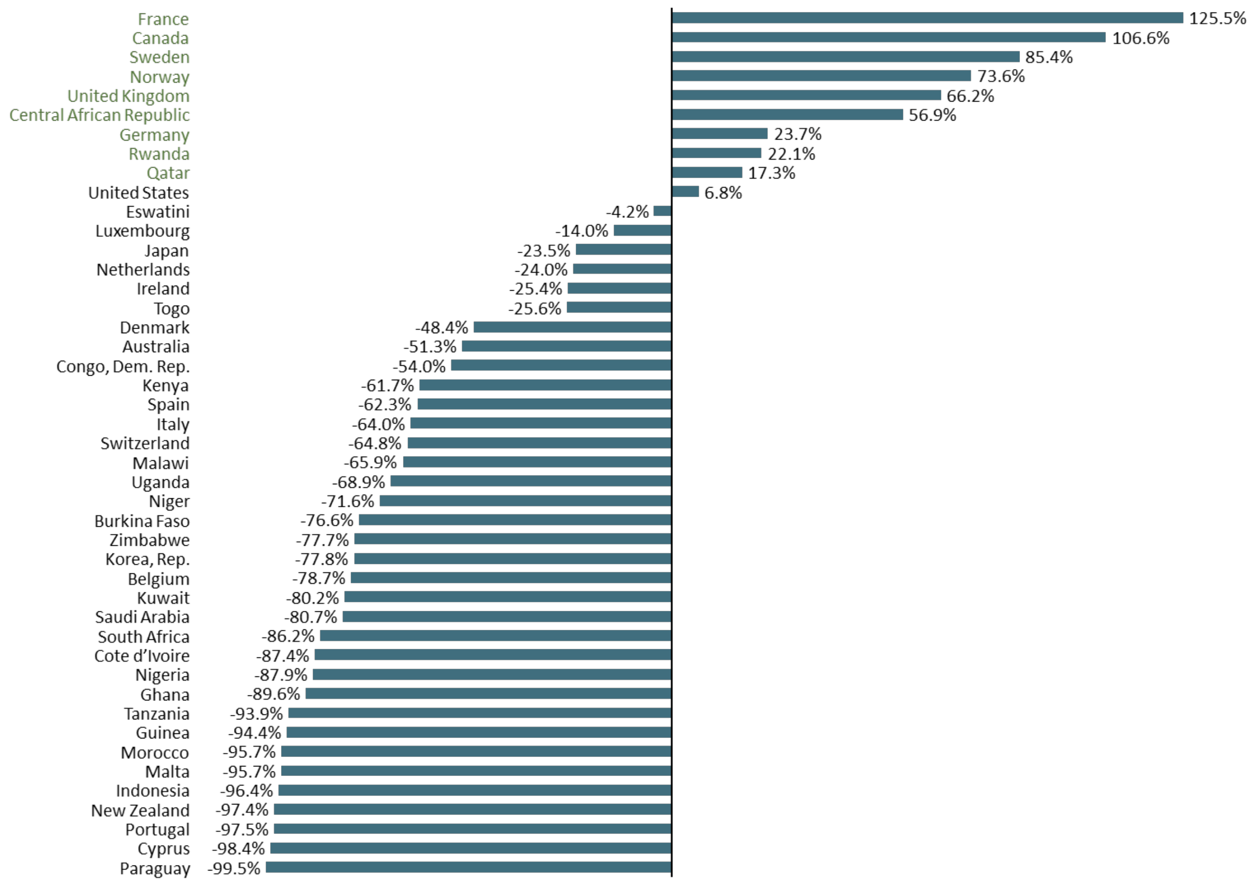
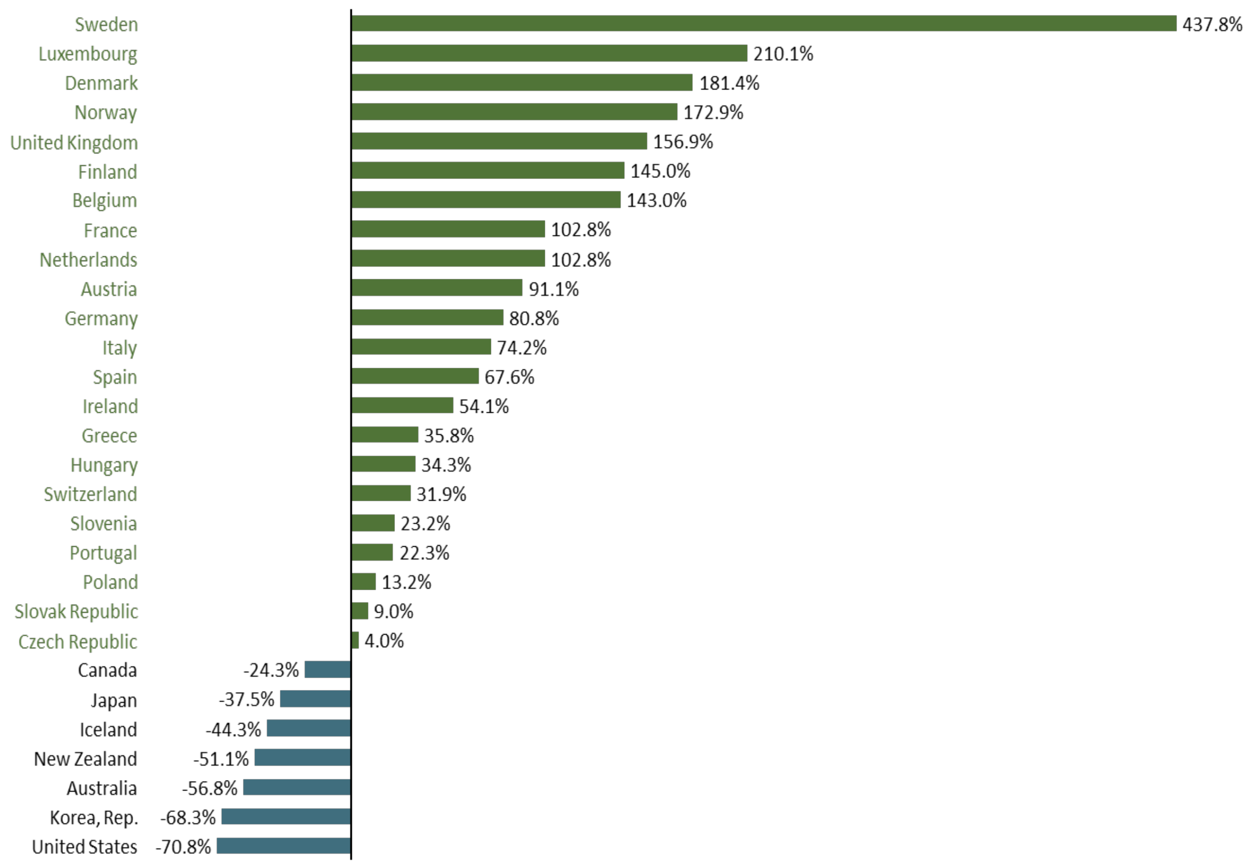


Chart 3: Core contributions to multilaterals: Comparing actual country contributions to what they would have given if they had contributed in proportion to their absolute GNI



Annex 4. Current and Potential Additional Contribution Scenarios

Table 4.1: Absolute economic size, measured by GNI explains about 79% of the variation in all country contributions to ACT-A

Country total contributions to ACT-A. Countries ranked by contributions to ACT-A as % of GNI					
	Country Name	**Income group**	**GNI, Atlas method (current US$)**	**ACT-A contribution**	**Contribution to ACT-A as % 2020 GNI**
1	Norway	H	421,184	727.1	0.17%
2	Sweden	H	559,624	560.2	0.10%
3	Germany	H	3,951,937	3,902.7	0.10%
4	Canada	H	1,656,240	1,380.0	0.08%
5	Kuwait	H	152,654	81.0	0.05%
6	Iceland	H	22,871	11.9	0.05%
7	United Kingdom	H	2,677,081	1,215.6	0.05%
8	Switzerland	H	713,590	313.0	0.04%
9	Saudi Arabia	H	763,641	313.5	0.04%
10	United States	H	21,261,523	7,416.2	0.03%
11	Japan	H	5,344,223	1,775.3	0.03%
12	Italy	H	1,923,565	583.4	0.03%
13	Netherlands	H	890,765	253.8	0.03%
14	New Zealand	H	213,460	46.8	0.02%
15	France	H	2,661,230	521.0	0.02%
16	Luxembourg	H	51,134	10.0	0.02%
17	Denmark	H	367,414	65.1	0.02%
18	Spain	H	1,295,797	216.8	0.02%
19	Australia	H	1,379,110	216.0	0.02%
20	Korea, Rep.	H	1,706,856	212.2	0.01%
21	Finland	H	275,386	23.7	0.01%
22	Bahrain	H	33,867	2.5	0.01%
23	Congo, Dem. Rep.	L	49,306	3.3	0.01%
24	Qatar	H	161,302	10.0	0.01%
25	Belgium	H	528,771	29.2	0.01%
26	Brazil	UM	1,669,115	86.7	0.01%
27	Ireland	H	327,793	16.0	0.00%
28	Austria	H	431,178	11.0	0.00%
29	Serbia	UM	51,274	1.2	0.00%
30	Singapore	H	312,256	6.7	0.00%

31	Greece	H	192,107	3.6	0.00%
32	Niger	L	13,301	0.2	0.00%
33	Oman	H	76,760	1.0	0.00%
34	Malta	H	13,326	0.2	0.00%
35	Croatia	H	58,800	0.6	0.00%
36	Portugal	H	224,555	2.1	0.00%
37	China	UM	14,879,876	115.8	0.00%
38	Estonia	H	30,880	0.2	0.00%
39	Hungary	H	154,926	0.8	0.00%
40	Vietnam	LM	257,927	1.0	0.00%
41	Philippines	LM	375,998	1.1	0.00%
42	Czech Republic	H	236,140	0.7	0.00%
44	Lithuania	H	54,835	0.1	0.00%
45	Slovak Republic	H	103,284	0.2	0.00%
46	Colombia	UM	294,390	0.5	0.00%
47	Poland	H	578,462	0.9	0.00%
48	Mexico	UM	1,092,872	1.2	0.00%
49	Romania	UM	242,702	0.2	0.00%
50	Indonesia	LM	1,059,511	1.0	0.00%
51	Thailand	UM	491,525	0.2	0.00%
52	Bangladesh	LM	333,828	0.1	0.00%

Note: We use the World Bank's Gross National Income, Atlas method (current US$) measure to compare countries absolute and per capita wealth. This is different from the GNI at market prices measure used by the OECD to calculate the ODA to GNI ratio for DAC donors. The advantages of the World Bank GNI, Atlas method for this type of analysis are that it smooths fluctuations in prices and exchange rates, reducing the impact of exchange rate fluctuations in the cross-country comparison of national incomes.

Table 4.2 DAC donors core contributions to multilaterals as a % of GNI

	DAC donors core contributions to multilaterals as a % of GNI Ranked by contributions as % of GNI					
	Country	**GNI per capita, Atlas method (current US$)**	**2020 VMC, US$**	**VMCs as % of ODA**	**VMCs as % of GNI**	**ODA as % of GNI**
1	Sweden	54,050	2,776	43.7%	0.50%	1.14%
2	Luxembourg	81,110	146	32.3%	0.29%	1.03%
3	Denmark	63,010	954	36.0%	0.26%	0.72%
4	Norway	78,290	1,060	25.3%	0.25%	1.11%
5	United Kingdom	39,830	6,343	34.2%	0.24%	0.70%
6	Finland	49,800	622	48.7%	0.23%	0.47%
7	Belgium	45,800	1,185	50.6%	0.22%	0.48%
8	France	39,500	4,979	35.2%	0.19%	0.53%
9	Netherlands	51,070	1,666	31.1%	0.19%	0.59%
10	Austria	48,360	760	59.7%	0.18%	0.30%
11	Germany	47,520	6,591	23.0%	0.17%	0.73%
12	Italy	32,360	3,090	72.7%	0.16%	0.22%
13	Spain	27,360	2,003	67.1%	0.15%	0.23%
14	Ireland	65,750	466	47.2%	0.14%	0.31%
15	Greece	17,950	241	74.0%	0.13%	0.17%
16	Hungary	15,890	192	45.9%	0.12%	0.27%
17	Switzerland	82,620	868	24.4%	0.12%	0.49%
18	Slovenia	25,340	61	66.7%	0.11%	0.17%
19	Portugal	21,810	253	61.4%	0.11%	0.18%
20	Poland	15,260	604	72.9%	0.10%	0.14%
21	Slovak Republic	18,920	104	73.6%	0.10%	0.14%
22	Czech Republic	22,070	226	75.7%	0.10%	0.13%
23	Canada	43,540	1,157	22.9%	0.07%	0.31%
24	Japan	42,330	3,080	18.9%	0.06%	0.31%
25	Iceland	62,410	12	20.3%	0.05%	0.27%
26	New Zealand	42,870	96	18.2%	0.05%	0.26%
27	Australia	53,680	550	19.2%	0.04%	0.21%
28	Korea, Rep.	32,930	499	22.2%	0.03%	0.14%
29	United States	64,140	5,724	16.1%	0.03%	0.17%

Table 4.3. Potential additional contribution from UMICs (plus India) if they contributed core contributions in proportion to the US (i.e., 0.03% of GNI).

Assuming UMICs (plus India) made core contributions to multilaterals at same level as the US (0.03% of GNI), this increase could raise an additional US$8.2 bn. Based on its economic weight, 55% of this additional funding should come from China.			
Country	**2020 GNI, Atlas method (current US$)**	**Implied contribution**	**Share of additional funding**
China	14,879,876	4,464	54.6%
India	2,651,666	795	9.7%
Brazil	1,669,115	501	6.1%
Russian Federation	1,565,767	470	5.7%
Mexico	1,092,872	328	4.0%
Indonesia	1,059,511	318	3.9%
Turkey	763,143	229	2.8%
Thailand	491,525	147	1.8%
Argentina	411,595	123	1.5%
South Africa	356,586	107	1.3%
Malaysia	342,213	103	1.3%
Colombia	294,390	88	1.1%
Romania	242,702	73	0.9%
Peru	198,693	60	0.7%
Iraq	188,097	56	0.7%
Kazakhstan	163,370	49	0.6%
Ecuador	97,646	29	0.4%
Dominican Republic	78,787	24	0.3%
Guatemala	75,707	23	0.3%
Bulgaria	66,792	20	0.2%
Belarus	59,619	18	0.2%
Costa Rica	58,713	18	0.2%
Panama	53,579	16	0.2%
Serbia	51,274	15	0.2%
Azerbaijan	45,199	14	0.2%
Jordan	43,964	13	0.2%
Paraguay	36,970	11	0.1%
Libya	34,077	10	0.1%
Bosnia and Herzegovina	19,938	6	0.1%
Georgia	15,864	5	0.1%
Gabon	15,646	5	0.1%
Botswana	15,612	5	0.1%
Albania	14,784	4	0.1%

Jamaica	13,819	4	0.1%
Mauritius	12,945	4	0.0%
Armenia	12,518	4	0.0%
Moldova	11,958	4	0.0%
North Macedonia	11,912	4	0.0%
Namibia	11,439	3	0.0%
Equatorial Guinea	8,145	2	0.0%
Kosovo	7,952	2	0.0%
Guyana	5,612	2	0.0%
Montenegro	4,908	1	0.0%
Fiji	4,387	1	0.0%
Maldives	3,506	1	0.0%
Suriname	2,710	1	0.0%
St. Lucia	1,571	0	0.0%
Grenada	1,058	0	0.0%
St. Vincent and the Grenadines	811	0	0.0%
Tonga	549	0	0.0%
Dominica	523	0	0.0%
Marshall Islands	292	0	0.0%
Tuvalu	69	0	0.0%
American Samoa	0	0	0.0%
Cuba	0	0	0.0%
	TOTAL	**8,182**	

Table 4.4. An incremental (but realistic) scenario: If UMICs plus India contributed to the PPR FIF at the level of Indonesia

Assuming UMICs contributed to the Pandemic Fund at the same intensity as Indonesia (i.e., 0.005% of GNI), this increase could raise an additional US$1.1 bn. Based on its economic weight, 57% of this additional funding should come from China.			
Country	**2020 GNI, Atlas method (current US$)**	**Implied contribution**	**Share of additional funding**
China	14,879,876	702	56.8%
India	2,651,666	125	10.1%
Brazil	1,669,115	79	6.4%
Russian Federation	1,565,767	74	6.0%
Mexico	1,092,872	52	4.2%
Turkey	763,143	36	2.9%
Thailand	491,525	23	1.9%
Argentina	411,595	19	1.6%
South Africa	356,586	17	1.4%
Malaysia	342,213	16	1.3%
Colombia	294,390	14	1.1%
Romania	242,702	11	0.9%
Peru	198,693	9	0.8%
Iraq	188,097	9	0.7%
Kazakhstan	163,370	8	0.6%
Ecuador	97,646	5	0.4%
Dominican Republic	78,787	4	0.3%
Guatemala	75,707	4	0.3%
Bulgaria	66,792	3	0.3%
Belarus	59,619	3	0.2%
Costa Rica	58,713	3	0.2%
Panama	53,579	3	0.2%
Serbia	51,274	2	0.2%
Azerbaijan	45,199	2	0.2%
Jordan	43,964	2	0.2%
Paraguay	36,970	2	0.1%
Libya	34,077	2	0.1%
Bosnia and Herzegovina	19,938	1	0.1%
Georgia	15,864	1	0.1%
Gabon	15,646	1	0.1%
Botswana	15,612	1	0.1%
Albania	14,784	1	0.1%
Jamaica	13,819	1	0.1%

Mauritius	12,945	1	0.0%
Armenia	12,518	1	0.0%
Moldova	11,958	1	0.0%
North Macedonia	11,912	1	0.0%
Namibia	11,439	1	0.0%
Equatorial Guinea	8,145	0	0.0%
Kosovo	7,952	0	0.0%
Guyana	5,612	0	0.0%
Montenegro	4,908	0	0.0%
Fiji	4,387	0	0.0%
Maldives	3,506	0	0.0%
Suriname	2,710	0	0.0%
St. Lucia	1,571	0	0.0%
Grenada	1,058	0	0.0%
St. Vincent and the Grenadines	811	0	0.0%
Tonga	549	0	0.0%
Dominica	523	0	0.0%
Marshall Islands	292	0	0.0%
Tuvalu	69	0	0.0%
	TOTAL	**1,237**	

Table 4.5. What more could be raised from low-contributing High-Income Countries.

All DAC donors making core contributions to multilaterals at least the DAC average (0.15% of GNI) could raise an additional US$37.4 bn. All DAC donors making core contributions to multilaterals at same level as France (0.19% of GNI) could raise an additional US$51.6 bn. All DAC donors making core contributions to multilaterals at same level as Norway (0.25% of GNI) could raise an additional US$81.5 bn.									
	Current			***Increase to DAC average***		***Increase to level of France***		***Increase to level of Norway***	
Country	**2020 GNI, Atlas method**	**VMCs (2020)**	**VMC contribution as % GNI**	**Hypothetical VMCs**	**Implied additional contribution required**	**Hypothetical VMCs**	**Implied additional contribution required**	**Hypothetical VMCs**	**Implied additional contribution required**
Sweden	559,624	2,776	0.50%						
Luxembourg	51,134	146	0.29%						
Denmark	367,414	954	0.26%						
Norway	421,184	1,060	0.25%						
United Kingdom	2,677,081	6,343	0.24%					6,738	396
Finland	275,386	622	0.23%					693	71
Belgium	528,771	1,185	0.22%					1,331	146
France	2,661,230	4,979	0.19%					6,698	1,720
Netherlands	890,765	1,666	0.19%			1,666	0	2,242	576
Austria	431,178	760	0.18%			807	47	1,085	325
Germany	3,951,937	6,591	0.17%			7,393	802	9,947	3,356
Italy	1,923,565	3,090	0.16%			3,599	508	4,842	1,751
Spain	1,295,797	2,003	0.15%			2,424	421	3,262	1,258
Ireland	327,793	466	0.14%	494	28	613	147	825	359
Greece	192,107	241	0.13%	290	49	359	119	484	243
Hungary	154,926	192	0.12%	234	42	290	98	390	198
Switzerland	713,590	868	0.12%	1,076	208	1,335	467	1,796	928

Slovenia	53,268	61	0.11%	80	20	100	39	134	74
Portugal	224,555	253	0.11%	339	85	420	167	565	312
Poland	578,462	604	0.10%	872	268	1,082	478	1,456	852
Slovak Republic	103,284	104	0.10%	156	52	193	89	260	156
Czech Republic	236,140	226	0.10%	356	130	442	215	594	368
Canada	1,656,240	1,157	0.07%	2,498	1,340	3,098	1,941	4,169	3,012
Japan	5,344,223	3,080	0.06%	8,059	4,979	9,998	6,918	13,451	10,372
Iceland	22,871	12	0.05%	34	23	43	31	58	46
New Zealand	213,460	96	0.05%	322	226	399	303	537	441
Australia	1,379,110	550	0.04%	2,080	1,530	2,580	2,030	3,471	2,921
Korea, Rep.	1,706,856	499	0.03%	2,574	2,075	3,193	2,695	4,296	3,798
United States	21,261,523	5,724	0.03%	32,062	26,337	39,776	34,052	53,515	47,791
				TOTAL	**37,392**	**TOTAL**	**51,568**	**TOTAL**	**81,468**