

Mpox: Transparency and Accountability for the Global Response

Issue 4: 12 December 2024

Table of Contents

Epidemiology	01
Regulatory	02
Vaccines	02
Supply	02
Manufacturing capacity	03
Procurement	03
Donations	03
Delivery and uptake	04
Testing and therapeutics	04
Financing	06
In the News	08

Latest Mpox Response Insights

The highlights and latest updates sections below contain our latest analysis and most recent updates across all topic areas since the [last edition](#) of the report. **The updates since the last edition are also written in red in the body of the report.**

It has been over 100 days since the mpox outbreak was declared a public health emergency of international concern, yet geographic spread continues:

The UK reported the 5th confirmed case of clade 1b mpox on November 29th, and the case has no known links to the previously identified cases. On November 22nd, Canada reported the first case of clade 1b mpox. The patient acquired mpox while traveling and is currently isolating. On December 9th, Kenya reported 5 new cases of mpox, bringing the total number of confirmed cases in the country to 28. Contact tracing remains a challenge in several African countries with only three countries meeting or exceeding the target of 20 contacts per case.

There remains no approved therapeutic or true point-of-care diagnostic for mpox, and limited delivery of mpox vaccines despite over 5 million doses pledged for donation. Global reporting and tracking of the mpox response have slowed, and renewed efforts for transparency and information-sharing are needed. In particular, transparency on the need for and delivery of vaccine doses, coverage of vaccination efforts, and progress on the development of therapeutics is critical.

Latest updates at a glance:

- The WHO mpox emergency committee [recommended](#) that the ongoing mpox outbreak still warrants the designation of a public health emergency of international concern (PHEIC), citing the rising number of cases, geographic spread, and operational challenges in the field.
- Cote d'Ivoire, Nigeria, the Democratic Republic of Congo, Liberia, the Central African Republic, Rwanda, Uganda, and South Africa have all accepted the first allocation of 899,000 vaccines from the AAM. Kenya is the only country where acceptance is pending. At this time, it is unclear how many of the 899,000 vaccines have been delivered.
- An additional shipment of 765,200 vaccine doses are being planned for delivery in the Democratic Republic of Congo. The WHO states a total of 1,678,000 vaccine doses are available for shipment in December.
- Morocco-based manufacturer, Moldiag, has delivered locally manufactured mpox molecular diagnostic tests to Burundi, Uganda, the Democratic Republic of Congo, Senegal, and Nigeria. The Moldiag test has been recommended by the Africa CDC's Diagnostic Advisory Committee but has not applied for WHO EUL.
- The WHO office in Ghana has donated test kits to Ghana Health Services to strengthen early diagnosis and build country capacity.
- Africa CDC expects the 3 million doses of LC16 vaccine to be delivered to the DRC next week.

Introduction

The COVID-19 pandemic exposed significant global inequities in the access to therapeutics, vaccines, testing, and other medical interventions that could limit the range and impact of the disease. These global inequities are not limited to the COVID-19 pandemic and need to be critically addressed in the ongoing mpox outbreak. Through our QuickStart newsletter updates, we aim to serve as an external, independent source for tracking actions to meet commitments, catalyzing additional commitments to meet the need, and holding the world to account for the mpox response.

Epidemiology

On August 13th, 2024, the Africa CDC declared the mpox outbreak a Public Health Emergency of Continental Security (PHECS), which is the first time this designation has been used since the agency's inception. On August 14th, 2024, the World Health Organization declared the mpox outbreak a public health emergency of international concern (PHEIC). Mpox is an infectious disease that [causes symptoms](#) such as a painful rash, fever, muscle aches, and headaches. Symptoms [can last](#) 2-4 weeks, and the virus can be passed to others until all sores have healed and a new layer of skin has formed. Mpox [spreads](#) through close skin to skin contact with someone who has mpox, through contact with contaminated objects or needle injuries, during pregnancy or birth, or from exposure to an animal with mpox. Currently, the animal reservoir of mpox is unknown.

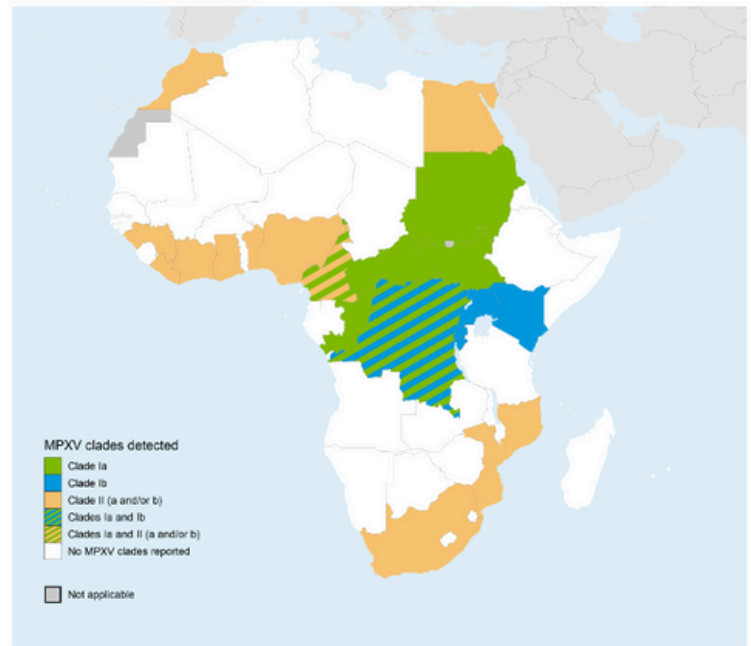
There are [two clades](#) of the virus: clade I (subclades Ia and Ib) and clade II (subclades IIa and IIb). Clade I is more likely to cause severe illness and death, and is currently spreading in Central and [Eastern Africa](#).

Historically clade I mpox cases typically resulted from contact with an infected animal, but subclade Ib cases appears to be [spreading](#) mostly through human-to-human contact. Subclade Ib is a newer subclade and its spread from the Democratic Republic of Congo (DRC) to surrounding countries (Burundi, Kenya, Rwanda, Uganda) is partly what triggered the PHEIC declaration. Clade II was the cause of the 2022 outbreak and usually causes less severe illness, and is endemic to West Africa.

In 2024 alone, through 12 December 2024, **there have been 65,711 suspected cases of mpox from 20 African Union member states**. Out of the suspected cases, 14,241 (21.67%) have been confirmed and 1,237 deaths (case fatality rate: 1.88%) were reported. **In the last week** 3,545 new cases, 467 of those were confirmed (13.17%), and there were 37 (case fatality rate: 1.04%) deaths. This last week has had one of the highest increases in new cases since the beginning of the outbreak, as the average new cases per week has typically been between 2,500 and 3,000 cases. Of all [confirmed](#) cases in 2024, 34.2% are in children under the age of 15 though some countries are reporting higher burden among children such as Burundi (42.9%), Liberia (39.2%), and the Democratic Republic of Congo (37.3%). Women [represent](#) 54.2% of the total confirmed cases.

The disease has spread to all 5 regions of Africa and 6 member states have moved from active transmission to controlled stage: Gabon, Guinea, South Africa, Morocco, Zambia, and Zimbabwe. Burundi shows a concerning rise in the number of mpox cases. In epidemiological week 46, there was a 29% increase in confirmed cases compared to

MPXV clades detected in Africa
 from 1 Jan 2022, as of 13 Oct 2024



This designates or implies and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the distribution of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Date Source: World Health Organization
 Map Producer: WHO Health Emergencies Programme
 © 2024 WHO. All rights reserved.

Source: WHO 2022-2024 Mpox Outbreak: Global Trends

week 45, and the recent 6-week average of confirmed cases increased 13.8%. In Liberia, the 6-week average of confirmed cases increased by 102% compared to the previous six weeks. On December 9th, the Ministry of Health in Kenya [reported](#) 5 new cases of mpox, bringing the total number of confirmed cases in the country to 28. Contact tracing [remains](#) a challenge across the African continent with an average of 3 contacts listed per confirmed case against a target of 20 contacts. Additionally, only 3 member states are optimally reporting contacts to the Africa CDC. Outside of the African region, the United Kingdom, Canada, Germany, Sweden, Pakistan, India, and Thailand are the only other nations with reported cases of clade 1b. The U.K. [reported](#) the fifth imported Clade 1b mpox case on November 29th. This case has [no link](#) to the previously reported four cases in the country. Canada [reported](#) the first case of clade 1b on November 22nd. The case is travel-related and risk to the general population is believed to be low.

Regulatory

On September 13, the WHO granted [prequalification](#) to Bavarian Nordic's mpox vaccine (MVA-BN). This is **the first mpox vaccine to receive prequalification**. Two other mpox vaccines, ACAM2000 (Emergent BioSolutions) and LC16-KMB (KM Biologics), are also under consideration. On October 8th, WHO [prequalification](#) for MVA-BN was **extended for use in adolescents** aged 12-17. Prequalification is often a prerequisite for organizations such as Gavi and UNICEF to begin procuring and distributing vaccines in LMICs. The Democratic Republic of Congo [granted](#) emergency use authorization in June for both MVA-BN and LC16-KMB vaccines. Nigeria has also [granted](#) emergency use authorization for the MVA-BN vaccine. The WHO [announced](#) that **the LC16 mpox vaccine has been granted emergency use listing (EUL)** on November 19th. This is the **first available vaccine that is approved for use in children under the age of 12**.

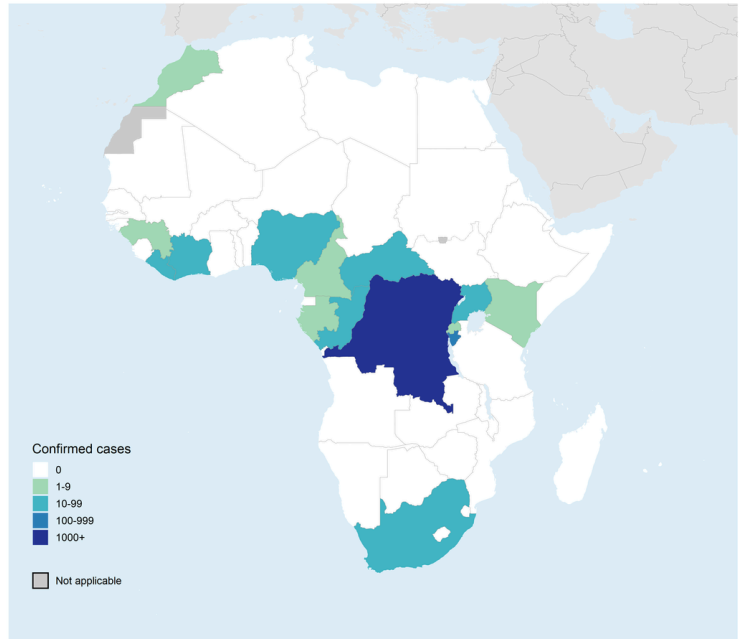
KEMRI, the Kenya Medical Research Institute, has [partnered](#) with Tonix Pharmaceuticals to conduct a phase 1 trial for TNX-801 (investigational mpox vaccine). On October 3rd, the [Alinity m mpox assay](#) was the **first in vitro diagnostic to receive emergency use listing by the WHO**. The [Alinity m mpox assay](#) is a PCR test that is able to provide a result in less than 2 hours. The Alinity m mpox assay is not considered a point of care or near of care PCR platform, but a lab-based diagnostic platform. **The WHO has listed two additional mpox diagnostics under emergency use listing (EUL)**. EUL has been granted to Cepheid's Xpert Mpox (Oct. 28) and Roche's cobas MPXV assay (Oct. 14), both of which are PCR-based diagnostic. Cobas MPXV can deliver results in less than 2 hours, and must be used on cobas systems. Xpert Mpox is compatible with GeneXpert systems, delivers results in under 40 minutes, and is the only near point-of-care diagnostic available for mpox at this time. Africa CDC has [recommended](#) the use of a PCR test manufactured by Morocco-based Moldiag, which offers a lower price of around \$5-6/test compared to other available test.

Vaccines

Supply:

The **estimated need for vaccine doses is between 18-22 million doses** to meet the Africa CDC's goal of vaccinating at least 10 million people in 6 months. There are three existing vaccines that are effective against mpox: MVA-BN (Bavarian Nordic), ACAM2000 (Emergent BioSolutions), and LC16-KMB (KM Biologics), but at the present time the WHO recommends use of MVA-BN or LC16-KMB during an outbreak. Many doses of all three available vaccines are within high-income countries' national stockpiles, and **most countries have not disclosed the available quantity**. The U.S. [has over](#) 100 million doses of ACAM2000[GE2], and an unknown quantity of MVA-BN doses. It is unclear if

Confirmed mpox cases in 2024, Africa
from 01 Jan 2024, as of 15 Sep 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
© WHO 2024. All rights reserved.

Source: [WHO 2022-2024 Mpox Outbreak: Global Trends](#)

the U.S. pledged doses for donation will come from the U.S. stockpile of vaccines. Canada [may have](#) up to 2 million doses of MVA-BN in the national stockpile. Japan [may have](#) up to 200 million doses of LC16-KMB, of which up to 3 million have been pledged. Spain [has pledged](#) 500,000 doses, which is around 20% of its stockpiles, while Germany [has pledged](#) 100,000 doses from its total military stockpile of 117,000 doses.

Manufacturing capacity:

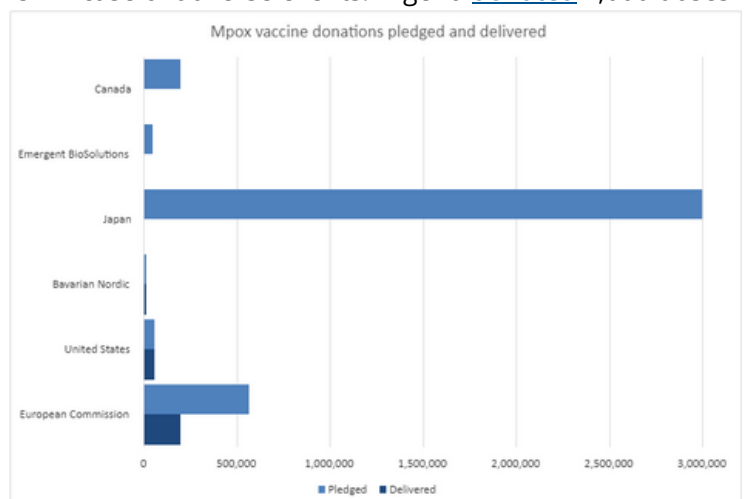
Bavarian Nordic, the manufacturer of the MVA-BN mpox vaccine, [estimates it can supply 13 million doses of the vaccine by the end of 2025](#), and is exploring options to expand capacity. By the end of 2024, the company estimates 2 million doses could be supplied. Based on early discussions to [transfer manufacturing](#) to other companies there is the potential for **an additional 50 million doses to be supplied in the next 12-18 months**. African vaccine manufacturers, Aspen Pharmacare and the Biovac Institute, have been in exploratory discussions with Bavarian Nordic about vaccine production. The potential for increasing manufacturing capacity is dependent on regulatory approvals and vaccine demand. With only 2 million doses that can be supplied by Bavarian Nordic by the end of 2024, **it will be critical for high-income countries with national stockpiles to donate doses** to meet the estimated need.

Procurement:

The European Health Emergency Response Authority [has negotiated](#) a joint contract to enable EU countries to access MVA-BN vaccines and tecovirimat for mpox. The exact cost of mpox vaccines is unclear, but it is estimated the [market price](#) of MVA-BN is around \$70-\$100 per dose, which would quickly deplete Gavi's \$500 million First Response Fund. Gavi has [announced](#) plans to purchase 500,000 doses of MVA-BN, using money from the First Response Fund to procure the doses and support the transportation, delivery, and costs of administering the vaccines. UNICEF has [announced](#) an **agreement to purchase 1 million doses of MVA-BN**, which includes the 500,000 doses that were committed by Gavi. Bavarian Nordic has stated all **1 million doses will be made available for supply by the end of 2024**.

Donations:

In the last two weeks, there have been no new donations of mpox vaccines announced. Fewer than 5.6 million vaccine doses have [been pledged](#) for donation. On September 24th, the United States [announced a donation of 1 million doses of the MVA-BN vaccine to the international mpox response](#). This marks the largest donation of MVA-BN mpox vaccines to date. This donation is in addition to the combined 60,000 doses the U.S. donated and delivered to Nigeria (10,000 doses) and the DRC (50,000 doses). The European Commission has pledged 566,500 doses. Canada has also [pledged](#) to donate up to 200,000 doses, stating that the number of doses delivered will be dependent on the receiving countries' capacity for storage and administration. The available mpox vaccines have less strict cold-chain requirements compared to COVID-19 vaccines and many available mpox vaccines can be stored in a refrigerator (see table below). Japan [has pledged](#) up to 3 million doses of the LC16-KMB vaccine. The vaccine donations from Japan are expected by the end of 2024, but [challenges have risen around liability issues](#) and identifying an entity to take on the risk in case of adverse events. Nigeria [donated](#) 1,000 doses of mpox vaccines (from the 10,000 doses they received from the U.S.) to Rwanda. The WHO and partners have [established](#) an **access and allocation mechanism (AAM) for mpox** medical countermeasures, including vaccines, treatments, and diagnostic tests. This mechanism was established as part of the interim Medical Countermeasures Network. The guiding principles for the mechanism are preventing illness and death, mitigating inequity, and ensuring transparency and flexibility. The AAM has [allocated](#) 899,000 mpox vaccines to 9 countries (Central African Republic, Cote d'Ivoire, the Democratic Republic of the Congo, Kenya, Liberia, Nigeria, Rwanda, South Africa and Uganda). 85% of



Source: Publicly available data compiled by the COVID QuickStart team, last updated December 10, 2024

these vaccines (765,200) will go to the Democratic Republic of the Congo which is currently the most affected country. The WHO and partners have [established](#) an **access and allocation mechanism (AAM) for mpox** medical countermeasures, including vaccines, treatments, and diagnostic tests. This mechanism was established as part of the interim Medical Countermeasures Network. The guiding principles for the mechanism are preventing illness and death, mitigating inequity, and ensuring transparency and flexibility. The AAM has [allocated](#) 899,000 mpox vaccines to 9 countries (Central African Republic, Cote d'Ivoire, the Democratic Republic of the Congo, Kenya, Liberia, Nigeria, Rwanda, South Africa and Uganda). 85% of these vaccines (765,200) will go to the Democratic Republic of the Congo which is currently the most affected country. These doses are expected to be delivered starting this week, and 975,700 doses will be the next batch of vaccines to be allocated and delivered in December.

Delivery and uptake:

The [first allocation](#) of 899,000 vaccine doses have been accepted by all countries (Cote d'Ivoire, Nigeria, DRC, Liberia, CAR, Rwanda, Uganda, and South Africa) except for Kenya which is still pending. It is not clear if all of these 899,000 vaccine doses have been delivered at this time. **The European Commission [delivered](#) the first shipment of 100,000 doses (out of a total of 122,300 doses in the next tranche) on November 14th to the Africa CDC.** The total 122,300 doses expected to arrive are comprised of donations from Belgium, Germany, and Portugal. **This brings the total number of doses delivered to 380,880 (7.06% of pledged doses).** An [additional](#) delivery of 765,200 vaccine doses is being planned for delivery to the DRC. Additionally, Africa CDC [expects](#) the 3 million LC16 doses from Japan will arrive in the DRC next week, and a training for healthcare workers on proper vaccine administration is planned. The majority of doses (265,460) were delivered to the DRC where it is estimated 3 million doses are required to end the mpox outbreaks. Nigeria has received 10,000 doses, and Rwanda has received 6,420 doses. It is [estimated](#) an additional 1,678,000 vaccine doses will be ready for delivery in early December.

Five countries have developed or are in the process of developing vaccination plans for mpox. Nigeria began [rolling out](#) vaccinations on November 18th. Rwanda began [administering](#) mpox vaccinations to high-risk populations starting on September 17th. As of November 14th, Rwanda has achieved 100% of the vaccination target and the DRC has achieved 103% of the vaccination target. **The province of Kinshasa in the DRC has [launched](#) a vaccination campaign, achieving a coverage rate of 44.2%.** The DRC is also preparing to extend vaccination efforts to the remaining 16 health zones in Kinshasa. The new strategy focuses on cluster vaccinations in hotspot areas. Furthermore, an evaluation of the first phase of vaccination in six provinces is underway to identify lessons learned for the second phase, which has been postponed to the week of December 2nd.

Cold-chain requirements for available vaccines:

MVA-BN	Shipped frozen (-20°C); can be stored frozen for long-term storage or refrigerated (2°C-8°C) and stored for 8 weeks.
LC16-KMB	Can be stored for 2 years in a refrigerator or for 4 weeks at room temperature (37°C or below).
ACAM2000	After reconstitution, can be stored in a refrigerator for 30 days. The antigen component is shipped frozen and can be stored frozen until expiry or refrigerated for up to 18 months or expiry. The diluent can be stored from 15°C-30°C.

Testing and therapeutics

[Testing capacity](#) for mpox in the Democratic Republic of Congo remains low due to limited access to laboratory testing in remote areas. **The consistent [average](#) testing coverage in the DRC is around 20%, and Africa CDC is supporting the Ministry of Health to activate 463 GeneXpert machines to help further decentralize testing and reduce turnaround time.** The only WHO approved diagnostics use PCR or near point-of-care PCR. Contipharma's LAMPOX and Monkeypox Virus Antigen Rapid Test Kit both recently received [market access authorization](#) in the Democratic Republic of Congo. These are among the first rapid diagnostic tests that could improve testing, but further evaluation is needed to better understand performance and clade differentiation. It is important to note that at this time, the

Africa CDC has **emphasized** no antigen rapid diagnostic test has demonstrated the minimum requirement for mpx testing. WHO Ghana has **donated** mpx test kits to the Ghana Health Service to strengthen early diagnosis and increase country capacity to manage mpx cases. Morocco-based manufacturer, Moldiag, has **delivered** their mpx testing kits to Burundi, Uganda, Congo, Senegal, and Nigeria.

There remains no therapeutic that has received WHO approval for mpx. Tecovirimat only has approval in the EU and US under animal rule and exceptional circumstances for mpx, and in **South Africa** for use in severe cases. **Proper use** of tecovirimat requires taking the medication within 30 minutes of eating a moderate or high fat meal for the full 14 day course of treatment. This may present difficulties for use in areas experiencing acute food insecurity such as the **Democratic Republic of Congo**. Results of the **PALM007 trial** for tecovirimat in the Democratic Republic of Congo showed the antiviral drug was safe **but did not reduce the duration of mpx lesions in patients** with clade 1 mpx. Results of the **STOMP trial** for tecovirimat in clade II mpx showed the antiviral drug was safe, **but did not reduce the time to lesion resolution or have an impact on pain**. The study largely included participants under the age of 18 and limited representation of persons living with HIV. Ongoing clinical trials aim to further understand why tecovirimat did not confer benefit, new approaches to treating mpx, and evaluating tecovirimat further in adults and people living with HIV infected with clade 2 mpx. Some monoclonal antibodies (mAbs) are in preclinical development, though it will be critical to consider the potential downstream accessibility of these candidates. SIGA has **entered** into an exclusive license agreement with Vanderbilt University for novel poxvirus monoclonal antibodies, though it will be critical to consider the potential downstream accessibility of this candidate.

Therapeutics | 100 Days Mission mpx tracker Day 60 of mpx PHEIC **IPPS**
13th October 2024

Candidate Manufacturer	WHO-listed authority approved for mpx	WHO EUL	Use in under-18s	Ongoing trials	Availability	Manufacturing capability	Comments
Tecovirimat* Siga	✓ EMA†	✗	✗	6 ● Ph I ● Ph II ● Ph III ● Ph IV	South Africa; used under EA-IND for mpx in USA	Easily manufactured at scale	Primary endpoint not met in PALM007 (Clade I in DRC) PK/PD and resistance results awaited
Brincidofovir Emergent BioSolutions	✗	✗	✗	0 ● Ph I ● Ph II ● Ph III ● Ph IV	Used under EIND for mpx in the USA	N/A	To be tested in the MOSA trial in DRC, Nigeria
VIGIV Emergent BioSolutions	✗	✗	✗	1 ● Ph I ● Ph II ● Ph III ● Ph IV	N/A	N/A	Manufacturing/access at scale not currently feasible in LMICs
Cidofovir Gilead	✗	✗	✗	0 ● Ph I ● Ph II ● Ph III ● Ph IV	N/A	N/A	N/A

Novel antivirals: 3 novel antiviral candidates for mpx in preclinical development; 1 in early clinical development (ASC10)
Monoclonal antibodies (mAbs): 2 anti-mpox mAbs with ongoing preclinical studies (BFI 753 (Biofactura) and JEPO-CBRND (Just Evotec))

KEY: Repurposed

* Available for compassionate use in South Africa and for clinical trials in the DRC and CAR or under application to MEURI, but no African country has applied for or completed an application to MEURI at this time. † Approved under animal rule / exceptional circumstances

EIND: emergency investigational new drug
PK/PD: pharmacokinetics / pharmacodynamics
EA-IND: expanded access-investigational new drug
● Source: Pandemic PACT Programme

Source: [International Pandemic Preparedness Secretariat and Pandemic PACT Programme](#)

To the right, is the status of vaccines, therapeutics, and diagnostics. Across all three categories progress has been made, but there is still a need for true point-of-care diagnostics, and more efficient and equitable vaccine allocation and delivery.

STATUS OF MPOX TOOLS: FIRST 100 DAYS Day 100 of mpx PHEIC **IPPS**
21st November 2024

DIAGNOSTICS 	<ul style="list-style-type: none"> • Lab-based molecular tests receiving WHO EUL: 2 • Near point-of-care molecular tests receiving WHO EUL: 1 • True point-of-care tests receiving WHO EUL: 0
THERAPEUTICS 	<ul style="list-style-type: none"> • Number of repurposed drugs with registered trials*: 4 (Cidofovir, Tecovirimat, Trifluridine, VIGIV) • Number of novel drug candidates in preclinical phases**: 10 • Clinical trials that enrolled patients within the first 100 days*: 3 (2 Phase II; 1 Phase III)
VACCINES 	<ul style="list-style-type: none"> • Vaccines licensed prior to outbreak: 3 (ACAM200, LC16m8, MVA-BN) • Vaccines receiving WHO prequalification: 1 (MVA-BN) • Vaccines receiving WHO EUL: 1 (LC16m8) • Clinical trials that enrolled patients within the first 100 days*: 3 (1 Phase II; 2 Phase IV) • Doses pledged: 5,830,800 out of 10 million required across Africa by 2025 (Africa CDC target) • Doses delivered: >370,000

Source: [International Pandemic Preparedness Secretariat and Pandemic PACT Programme](#) Source: *Pandemic PACT Programme; **INTREPID Alliance

Financing

The [Mpox Continental Preparedness and Response Plan for Africa](#) requested an **estimated budget of nearly \$600 million USD**, of which around \$329 million (55%) will be allocated for mpox response across 14 countries and mpox readiness in 15 additional countries. The other nearly \$270 million (45%) has been earmarked for operational and technical support through partners. The budget included in the Africa CDC and WHO Mpox Continental Preparedness and Response Plan for Africa does not include costs associated vaccine procurement, which is dependent on price negotiations with manufacturers and donated doses. **Africa CDC has reported they [received pledges](#) totaling \$1.3 billion USD from both international and domestic sources.** Publicly available pledges have been reported below.

New financial pledges:

Donor	Recipient	Amount (USD)
USA	DRC and other AU member states and Multilateral Organizations	545,140,302
Coalition for Epidemic Preparedness Innovations (CEPI)	Vaccine development / BioNTech	72,000,000
Coalition for Epidemic Preparedness Innovations (CEPI)	Vaccine manufacturing capabilities (in Rwanda) / Bi	145,000,000
The Pandemic Fund	10 AU MS - WHO/UNICEF/FAO	129,000,000
Mastercard Foundation	UNICEF	35,000,000
Mastercard Foundation	WFP	15,000,000
European Union International Partnerships (EU INTPA)	UNICEF/WHO/Africa CDC	20,000,000
The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	Burundi	140,000
The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	Cote d'Ivoire	1,010,000
The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	DRC	9,500,000

The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	Ghana	1,500,000
The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	Liberia	440,000
The Global Fund for HIV/AIDS, TB and Malaria (GFATM)	Rwanda	5,170,000
UK Foreign, Commonwealth and Development Office (FCDO)	5 Standby Partners	440,000
UK Foreign, Commonwealth and Development Office (FCDO)	IFRC	1,090,000
UK Foreign, Commonwealth and Development Office (FCDO)	Rwanda, UNICEF DRC and other partners and countries	11,700,000
UK Foreign, Commonwealth and Development Office (FCDO)	WHO AFRO	440,000
AU-PRC (Covid response Fund),	Africa CDC	10,400,000
Democratic Republic of Congo (DRC)	DRC	10,000,000
European Union Health Emergency and Response Authority	Africa CDC	10,000,000
African Development Bank (AfDB)	Africa CDC	3,700,000
Cote d'Ivoire	Cote d'Ivoire	2,000,000
The Bill and Melinda Gates Foundation (BMGF)	WHO-Africa CDC Joint Emergency Action Plan (JEAP)	1,600,000
Denmark	WHO	1,400,000
Republic of Korea	Republic of Korea	1,200,000

World Bank	Africa CDC	1,050,000
Burundi	Burundi	1,000,000
Gavi, the Vaccine Alliance	Africa CDC	700,000
		Total: \$1,035,620,302

Source: [Africa CDC Event Dashboards](#)

[The Pandemic Fund](#) has decided, under the Fund's second call for proposals, **to fast-track US \$128.89 million to support 10 countries** in their response to mpox. This funding will go to projects that aim to enhance national and cross-border surveillance and early warning systems; strengthen laboratory capacities for disease detection, sequencing, and genomic surveillance; build a skilled workforce equipped to detect and rapidly respond to health threats and emergencies; and foster multisectoral coordination for pandemic prevention, preparedness, and response through a One Health approach. The 10 countries are: the DRC, Burundi, Rwanda, Uganda, Kenya, Sudan, Djibouti, Ethiopia, Somalia, and South Sudan.

In the news

Africa CDC mpox dashboard: <https://dashboards.africacdc.org/>

KEMRI partners with Tonix Pharmaceuticals: <https://www.kemri.go.ke/kemri-partners-withtonix-pharmaceuticals-to-develop-tnx-801-mpox-vaccine-in-kenya/>

Tecovirimat shown to be safe, but did not improve mpox resolution: <https://www.nih.gov/news-events/news-releases/nih-study-finds-tecovirimat-was-safe-did-not-improve-mpox-resolution-or-pain>

FIND mpox diagnostic landscape:

<https://newsletter.finddx.org/t/ViewEmailArchive/d/185BA363900DF4722540EF23F30FEDED/C67FD2F38AC4859C/>

US CDC mpox updates for clinicians: <https://www.hiv.gov/blog/mpox-updates-for-clinicians-first-reported-case-of-clade-i-mpox-in-the-United-States>

WHO lists LC16m8 mpox vaccine to EUL: [https://www.who.int/news/item/19-11-2024-who-adds-lc16m8-mpox-vaccine-to-emergency-use-listing#:~:text=The%20World%20Health%20Organization%20\(WHO,PHEIC\)%20on%202014%20August%202024](https://www.who.int/news/item/19-11-2024-who-adds-lc16m8-mpox-vaccine-to-emergency-use-listing#:~:text=The%20World%20Health%20Organization%20(WHO,PHEIC)%20on%202014%20August%202024)

INTREPID Alliance releases antiviral landscape analysis: <https://www.intrepidalliance.org/antiviral-pipeline/>

Pandemic PACT mpox outbreak page: <https://www.pandemicpact.org/outbreaks/mpox>

The UK Health Security Agency (UKHSA) confirms additional cases of Clade Ib mpox: <https://www.gov.uk/government/news/ukhsa-detects-first-case-of-clade-ib-mpox>

Acknowledgements:

The primary author is Katharine Olson with review support from Elina Urli Hodges, Krishna Udayakumar, Gary Edson, Mike Merson, Sean Regan, Jessica Joseph, and Caroline Boeke. The authors are grateful to the entire QuickStart team for their input, and particularly thank Melissa Estrada for her design support and Harper Cheng for her support in data collection and management. The content and recommendations in this report is an independent effort by QuickStart, without approval by any external parties. It does not necessarily reflect the viewpoints of funders or any person who contributed to discussions with the QuickStart team that helped inform this report.