COVID TREATMENT QuickStart CONSORTIUM

Mpox: Transparency and Accountability for the Global Response

Issue 5: 10 January 2025

Duke | americares | CLINTON HEALTH ACCESS INITIATIVE | COVID Collaborative

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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.

Mpox cases continue to climb into the new year:

The cumulative number of mpox cases was nearing 70,000 in December, as new cases were reported outside of the African continent. On December 18th, Belgium reported the first case of clade 1b mpox in an adult traveler returning from an African country. On January 3rd, Nepal reported two additional cases of mpox and on January 6th, France reported the first case of clade 1b mpox. The patient in France had not recently traveled to Africa, but had been in contact with two individuals who had recently returned from the region. On January 8th, China reported a cluster of 5 clade 1b mpox cases. The index case had recently traveled to the DRC and health officials believe the outbreak has been contained. The WHO conducted an updated mpox rapid risk assessment in November, with the results published in December 2024. Clade 1b mpox has now been designated as "high risk" and is seen to be predominantly affecting non-endemic areas in the DRC and neighboring countries. Into 2025, there continues to be a lack of vaccine doses being delivered and absorbed into affected countries and limited improvements to the availability of testing and therapeutics.

Latest updates at a glance:

- On December 16th, mpox vaccine manufacturer, Bavarian Nordic (BN), entered into a licensing and manufacturing agreement with the Serum Institute of India (SII). The agreement includes technology transfer to enable supply for the Indian market where SII already has the licenses to sell and distribute the product. The agreement is based on a profit-sharing model and allows SII to perform contract manufacturing for MVA-BN to expand global manufacturing capacity.
- On December 16th, a school in Germany was closed as a precaution as two children were confirmed to have clade 1b mpox. It is suspected a close family member contracted mpox while traveling in Africa, and then spread the disease to 3 other family members (including the 2 children).
- WHO conducted an updated global mpox rapid risk assessment in November 2024, and the risk of national or international spread of clade 1b mpox has now been designated as "high risk" compared to a previous designation of "moderate."
- On January 2nd, 2025, the Japan Ministry of Health, Labour and Welfare approved SIGA Technologies approved TEPOXX (tecovirimat 200 mg capsules) produced by SIGA Technologies as the first antiviral treatment for orthopoxviruses, including smallpox, mpox, and cowpox, despite recent studies demonstrating the drug did not reduce lesion duration in mpox cases.

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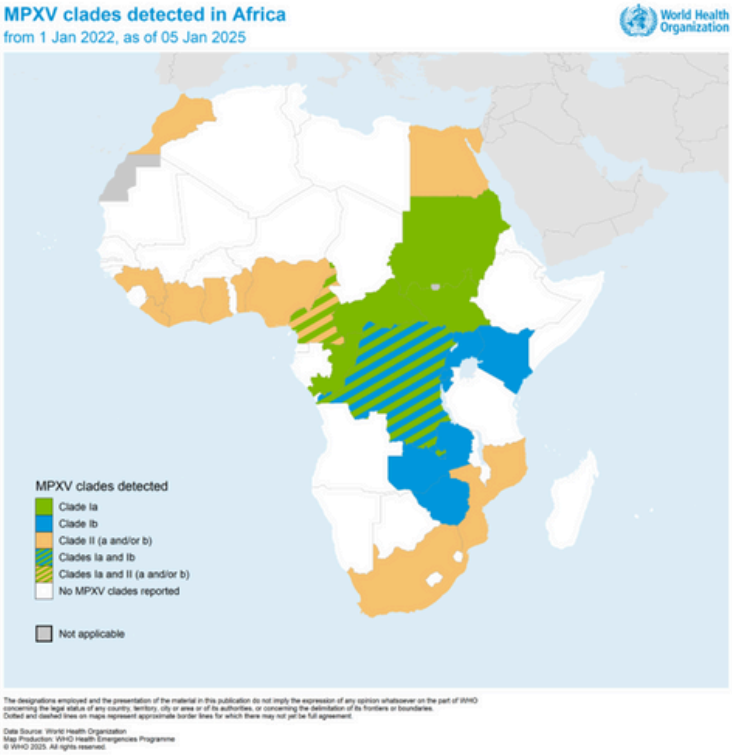
Introduction

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.



Source: WHO 2022-2024 Mpox Outbreak: Global Trends

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.

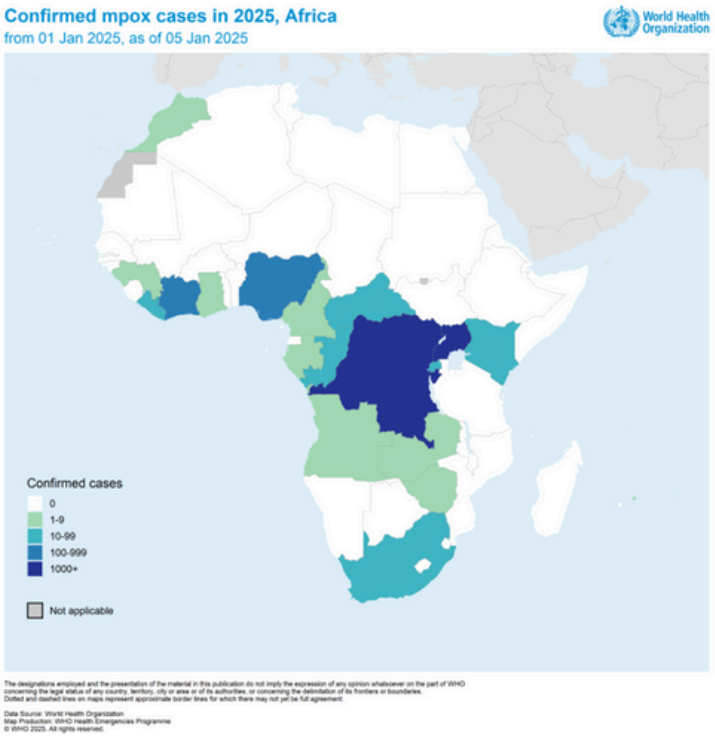
In 2024 alone, through 19 December 2024, there have been 69,211 suspected cases of mpox from 20 African Union member states. Out of the suspected cases, 14,794 (21.38%) have been confirmed and 1,268 deaths (case fatality rate:1.83%) were reported. In the last week 3,095 new cases, 553 of those were confirmed (17.87%), and there was 31 (case fatality rate: 1%) deaths. 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 Democratic Republic of Congo (49.3%). Women represent 54.2% of the total confirmed cases. The disease has spread to all 5 regions of Africa. In epidemiological week 49, Guinea transitioned from a controlled stage to active transmission. Meanwhile, five member states—Gabon, South Africa, Morocco, Zambia, and Zimbabwe—remain in the controlled stage.

Outside the African region, Belgium, France, and China reported their first national cases of mpox in December and early January. This marks the 12th country outside of Africa where clade 1 mpox has been identified: United Kingdom, Canada, Germany, Sweden, India, Thailand, Pakistan, Nepal, and the United States. The patient in Belgium is an adult traveler who returned from an African country.

In France, the patient had not traveled to Central Africa, where the new form of the virus originated, but had been in contact with two individuals who had returned from the region. French health authorities are investigating the source of the infection and working to trace all potential contacts. Nepal also confirmed two new mpox cases among migrant workers returning from Saudi Arabia on January 3, 2025. The specific clade for these cases has not yet been determined, bringing Nepal's total confirmed cases to three. The first mpox case in Nepal was reported in 2023. On January 8th, China reported a cluster of 5 clade Ib mpox cases. The index patient had a history of travel and residence in the DRC, and the 4 additional cases were found in people with close contact with the index case. Chinese health officials believe the outbreak is contained. Furthermore, on December 16th, 2024, a school in Germany was closed as a precaution as two children were confirmed to have clade Ib mpox. It is suspected a close family member contracted mpox while traveling in Africa, and then spread the disease to 3 other family members (including the 2 children).

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. On January 2nd, 2025, the Japan Ministry of Health, Labor and Welfare approved SIGA Technologies approved TEPOXX (tecovirimat 200 mg capsules) produced by SIGA Technologies as the first antiviral treatment for orthopoxviruses, including smallpox, mpox, and cowpox, despite recent studies demonstrating the drug did not reduce the duration of mpox lesions.



Source: WHO 2022-2024 Mpox Outbreak: Global Trends

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, and an unknown quantity of MVA-BN doses. It is unclear if 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. On December 16th, mpox vaccine manufacturer, Bavarian Nordic (BN), entered into a licensing and manufacturing agreement with the Serum Institute of India (SII). The agreement includes technology transfer to enable supply for the Indian market where SII already has the licenses to sell and distribute the product. The agreement is based on a profit-sharing model and allows SII to perform contract manufacturing for MVA-BN to expand global manufacturing capacity.

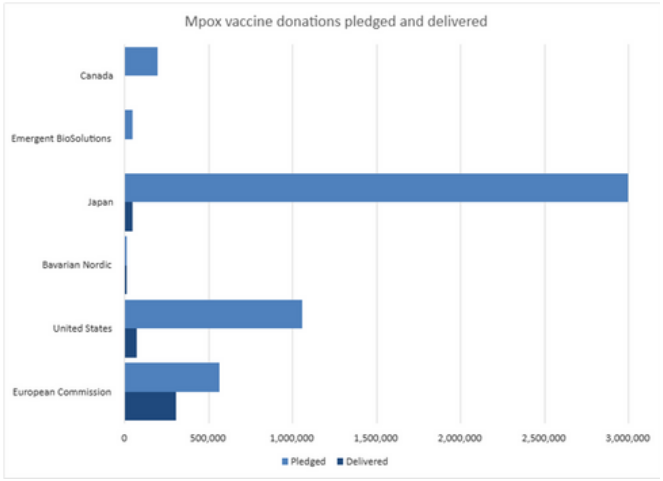
Procurement:

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.

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



Source: Publicly available data compiled by the COVID QuickStart team, last updated January 7, 2025

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. 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. An additional delivery of 765,200 vaccine doses is being planned for delivery to the DRC. Additionally, according to a statement from the Japanese government, **50,000 doses of the LC16m8 vaccine were expected to arrive in Kinshasa during the week of December 16**, with an additional 3 million doses scheduled for delivery in February. Kenya's Ministry of Health hosted Japanese experts and organized an LC16 workshop from December 16 to 19 to prepare for the vaccine's introduction and evaluation, as well as to focus on capacity building, training, and rollout planning. Gavi has facilitated the delivery of 11,200 vaccine doses to Nigeria, the first delivery of the pledged 1 million doses from the U.S. government. **This brings the total number of doses delivered to 442,080 (7.89% of pledged doses).**

Five countries have developed or are in the process of developing vaccination plans for mpox. Nigeria began rolling out vaccinations on November 18th. As of December 19, 4,278 doses out of the allocated 9,000 vaccines have been used. This marks significant progress in covering the target groups, reflecting strong acceptance among communities and health workers. Nigeria is now preparing for the next phase of its vaccination campaign. 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. The administration of the second vaccine dose began on November 28, 2024. By December 16, over 11,000 individuals had been vaccinated in the provinces of Tshopo, Sankuru, and Sud Kivu. Also, more than 1,500 individuals received vaccinations across two prisons in Sud Ubangi and Nord Kivu. Vaccination efforts are ongoing in Kinshasa, with particular focus on high-transmission areas such as Pakadjuma and Kokolo.

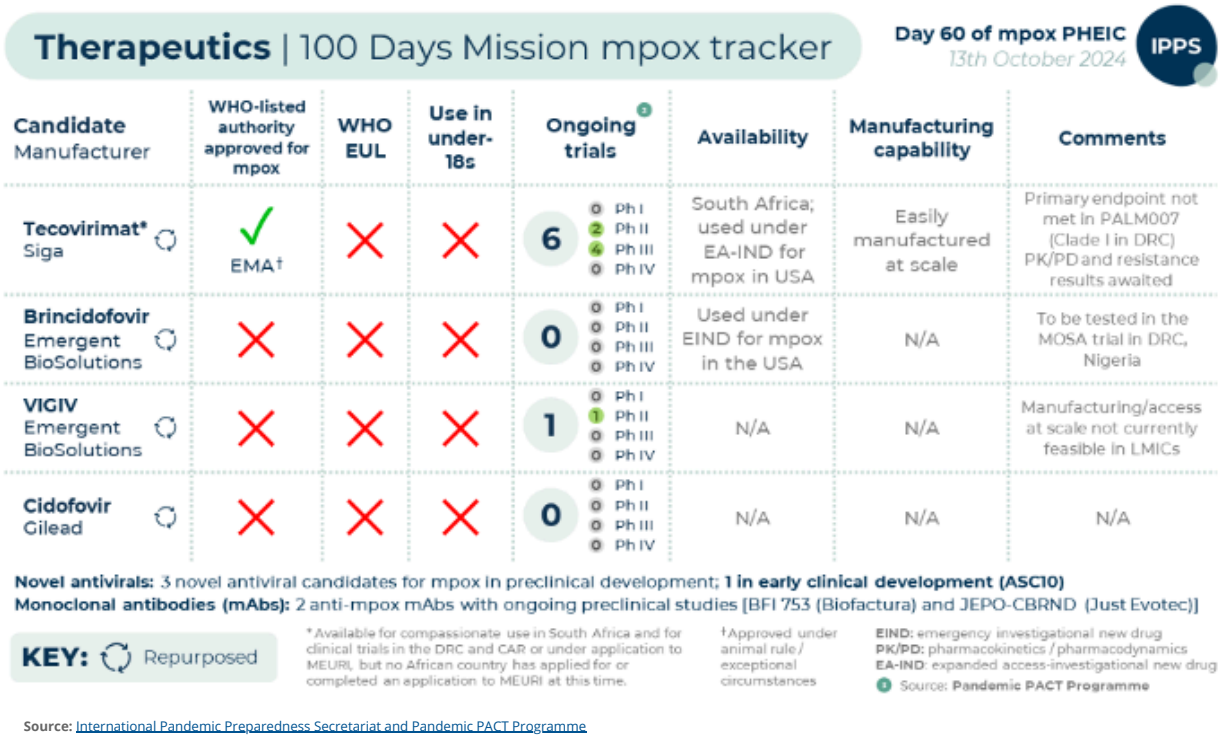
Cold-chain requirements for available vaccines:

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 mpox testing. WHO Ghana has donated mpox test kits to the Ghana Health Service to strengthen early diagnosis and increase country capacity to manage mpox cases. Morocco-based manufacturer, Moldiag, has delivered their mpox testing kits to Burundi, Uganda, Congo, Senegal, and Nigeria.

There remains no therapeutic that has received WHO approval for mpox. Tecovirimat only has approval in the EU and US under animal rule and exceptional circumstances for mpox, 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 mpox lesions in patients with clade I mpox. The study largely included participants under the age of 18 and limited representation of persons living with HIV. Results of the STOMP trial for tecovirimat in clade II mpox showed the antiviral drug was safe, but did not reduce the time to lesion resolution or have an impact on pain. Ongoing clinical trials aim to further understand why tecovirimat did not confer benefit, new approaches to treating mpox, and evaluating tecovirimat further in adults and people living with HIV infected with clade 2 mpox. 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 mpox tracker

Day 60 of mpox PHEIC
13th October 2024
IPPS

Candidate Manufacturer	WHO-listed authority approved for mpox	WHO EUL	Use in under-18s	Ongoing trials[3]	Availability	Manufacturing capability	Comments
Tecovirimat* ↻ Siga	✓ EMA†	✗	✗	6 (0 Ph I, 2 Ph II, 4 Ph III, 0 Ph IV)	South Africa; used under EA-IND for mpox 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 (0 Ph I, 0 Ph II, 0 Ph III, 0 Ph IV)	Used under EIND for mpox in the USA	N/A	To be tested in the MOSA trial in DRC, Nigeria
VIGIV ↻ Emergent BioSolutions	✗	✗	✗	1 (0 Ph I, 1 Ph II, 0 Ph III, 0 Ph IV)	N/A	N/A	Manufacturing/access at scale not currently feasible in LMICs
Cidofovir ↻ Gilead	✗	✗	✗	0 (0 Ph I, 0 Ph II, 0 Ph III, 0 Ph IV)	N/A	N/A	N/A

Novel antivirals: 3 novel antiviral candidates for mpox 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

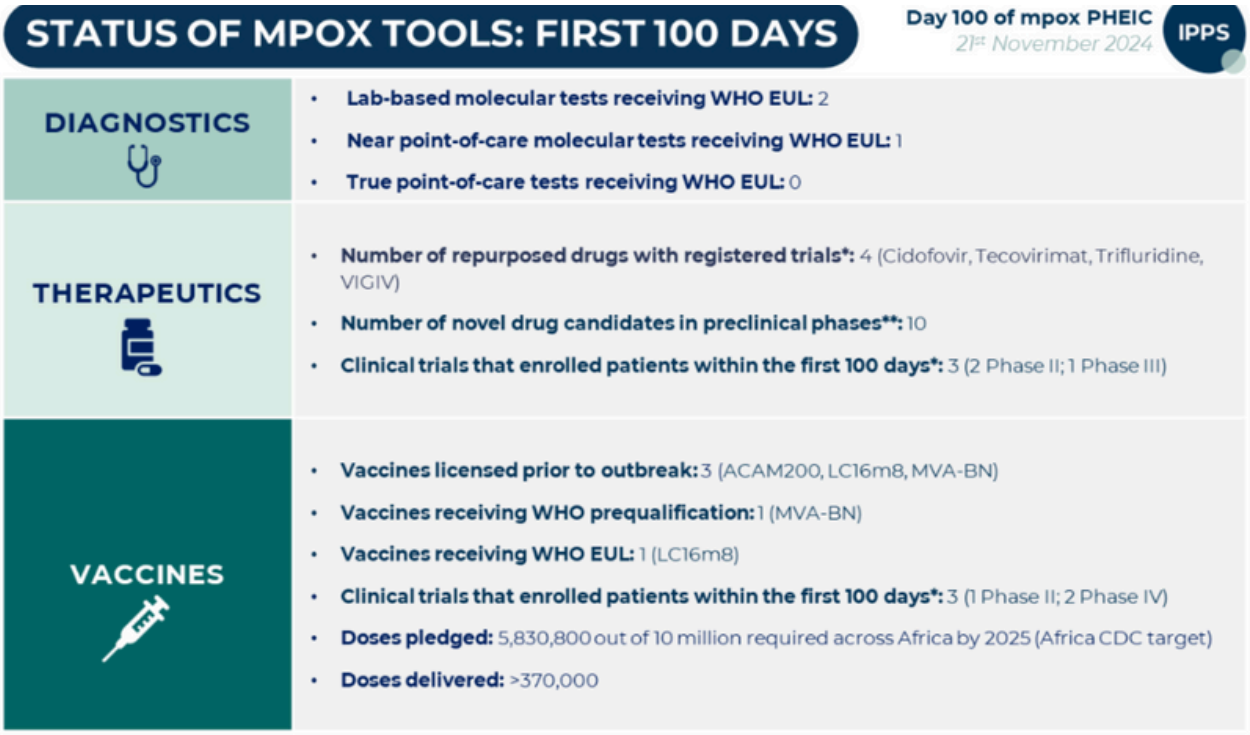
*Available for compassionate use in South Africa and for clinical trials in the DRC and CAR or under application to MEURI, but no African country has applied for or completed an application to MEURI at this time.

†Approved under animal rule / exceptional circumstances

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

Source: International Pandemic Preparedness Secretariat and Pandemic PACT Programme

Below 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 mpox PHEIC
21st November 2024
IPPS

DIAGNOSTICS

- **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

- **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

- **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

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.

The Africa CDC and WHO organized a hybrid Continental Mpox Response Intra-Action Review (IAR) from December 16 to 18 in Addis Ababa. This event brought together countries to share the outcomes of their national IARs, and the Continental Incident Management Support Team (IMST) consolidated findings across various response pillars. Through collaborative IAR, participants identified best practices, gaps, lessons learned, and key priority actions to address the ongoing outbreak. The most significant outcome of the review was the identification of eight urgent priorities needed to curb the outbreak: intensifying resource mobilization, including hosting a funders conference; strengthening country support for the hardest-hit nations; improving data management systems such as DHIS2 and cross-pillar monitoring; accelerating and expanding vaccination efforts; adopting an integrated approach to the response with community-centered packages and enhanced data management; addressing co-infections such as measles; promoting the sharing of knowledge and practices between countries through webinars and study tours; and enhancing quality surge human resources support by harmonizing terms of reference and tracking response efforts.

In the news

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

The first 100 days of the mpox response in Africa: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02681-3/fulltext

Benzinga Japan Approves SIGA Technologies Antiviral As First For Smallpox, Mpox: https://www.benzinga.com/25/01/42766424/japan-approves-siga-technologies-antiviral-as-first-for-smallpox-mpox

FIND mpox diagnostic landscape: https://newsletter.finddx.org/t/ViewEmailArchive/d/185BA363900DF4722540EF23F30FEDED/C67FD2F38AC4859C/

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

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

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

US CDC mpox updates for clinicians: https://www.hiv.gov/blog/mpox-updates-for-clinicians-first-reported-case-of-clade-i-mpox-in-the-snited-states

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