COVID TREATMENT QuickStart CONSORTIUM

Mpox: Transparency and Accountability for the Global Response

Issue 6: 23 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.

Renewed efforts to control mpox outbreak that focus on more comprehensive, integrated approaches: Mpox ranked in the top five high burden health emergencies reported in Africa in 2024, with nearly 78,000 suspected cases by the end of the year. Deliveries of vaccines to affected countries has been limited to ensure countries are able to absorb doses and limit wastage. Reports at the end of the 2024 highlighted slowing vaccine uptake in the DRC, but a new vaccination strategy has been implemented to accelerate uptake in the country. The new strategy focuses on sweeping outbreak hotspots to vaccinate, and approximately 175,000 doses were administered by the end of December. Africa CDC has announced the priorities in the response for the next 3 months which includes intensification of the response in hotspots, comprehensive integrated case management (medical, nutritional, psychosocial care), decentralization of testing, and support for accelerated vaccination particularly in children under the age of 18.

Latest updates at a glance:

- The first patients have been enrolled in the MOSA trial in the DRC. This trial will evaluate different antivirals, starting with evaluating the safety and efficacy of brincidofovir (Emergent BioSolutions).
- Sierra Leone has reported its first 2 mpox cases in the country, and becomes the 21st country in Africa to report a case of mpox.
- The U.S. CDC has donated 300 mpox tests to Sierra Leone to help ensure timely diagnosis and intervention in response to 2 newly reported cases of mpox in the country.
- The Africa CDC has announced several key priorities for the mpox response in the next 3 months including:
  - Intensification of response in hotspots by deploying 80 epidemiologists and 2,400 community health workers in the DRC, Burundi, and Uganda while using an integrated approach to improve active case search and contact monitoring
  - Support for comprehensive integrated case management for mpox, measles and other diseases
  - Support for decentralized testing
  - Empowerment of youth using AI-based strategies to fight misinformation
  - Support for accelerated vaccination including children under 18
- The Central African Republic mpox vaccination campaign began on January 18th. This is the 4th country that has begun vaccinating for mpox (DRC, Nigeria, Rwanda).
- After implementing a new vaccination strategy that involves sweeping hotspots instead of focusing on solely vaccinating contacts, by the end of December the DRC has been able to administer a total of roughly 175,000 vaccine doses. This is an improvement from around 50,000 administered doses at the beginning of December.
- The UK announced the 6th case of clade Ib mpox in the country on January 20th. The case has no connection to the previously reported cases in the country.
- Azerbaijan reported the first mpox case on January 18th in an individual who had recently traveled abroad, but no details on clade have been reported.

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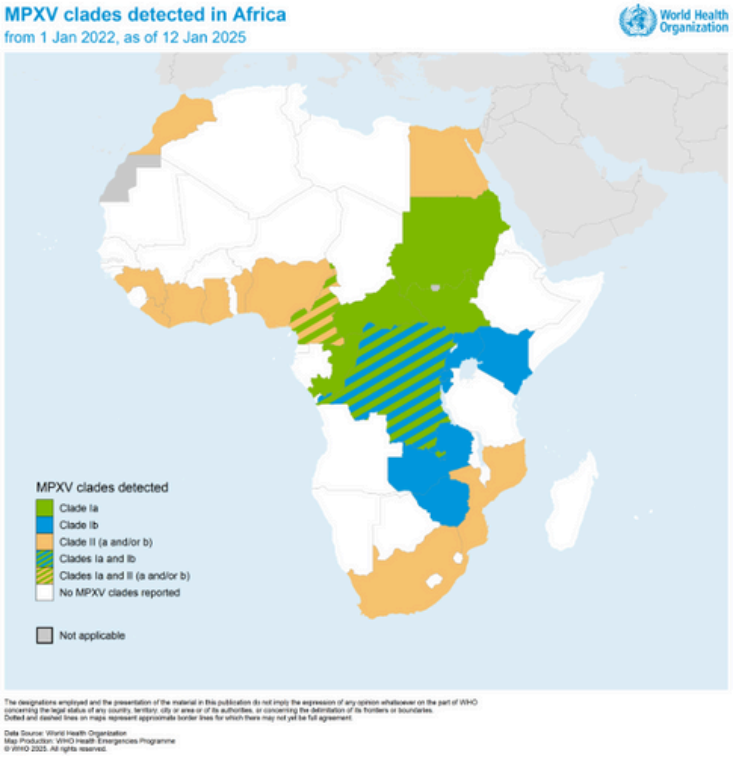
Issue 6
January 2025

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

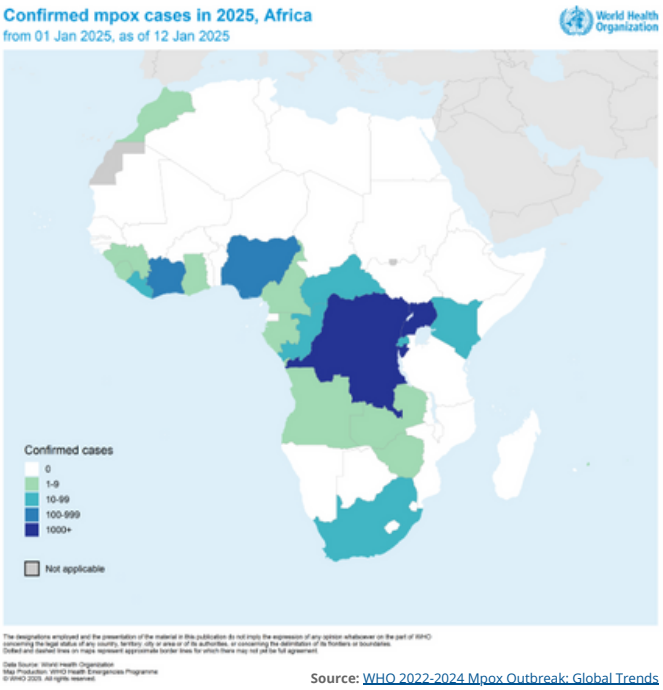
There are two clades of the virus: clade I (subclades Ia and Ib) and clade II (subclades IIa and IIb). Clade I is more likely to cause severe illness and death, and is currently spreading in Central and Eastern Africa. Historically clade I mpox cases typically resulted from contact with an infected animal, 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 29 December 2024, **there have been 77,888 suspected cases of mpox from 21 African Union member states**. Out of the suspected cases, 16,767 (21.53%) have been confirmed and 1,321 deaths (case fatality rate: 1.8%) were reported. In epi week 3 (Jan 12-18), 563 cases have been notified, 339 of those were confirmed (60.21%), and 10 deaths (case fatality rate: 1.78%) were reported. 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. 11 countries are in the control phase of the outbreak (no case reported in last 6 weeks), 4 of these countries have gone without a confirmed case for more than 90 days (South Africa, Gabon, Morocco, and Zimbabwe). Angola, Guinea, and Liberia are the 3 latest countries to move into the control phase. 10 countries remain designated as active outbreaks – DRC, Burundi, CAR, Nigeria, Rwanda, Uganda, Kenya, Republic of Congo, Zambia, and Sierra Leone. On January 14th, Sierra Leone declared a state of emergency after the country reported its second case of mpox in less than four days. Neither patient in Sierra Leone reported any recent travel outside of the country. As of epi week 2, 12 confirmed cases have been reported in Sierra Leone and the first two cases were confirmed as clade IIb. The Kenya Ministry of Health has reported 2 new mpox cases, bringing the total number of confirmed cases in the country to 33.

Outside the African region, 12 countries have reported cases of clade I mpox: Belgium, France, China, the United Kingdom, Canada, Germany, Sweden, Thailand, Pakistan, Nepal, and the United States. Kosovo reported the first case of mpox in a patient that had recently traveled to Togo (where no mpox cases have been previously reported) on December 27th. There is no information on which specific clade of mpox was detected. On January 20th, the UK Health Security Agency (UKHSA) announced the detection of a new case of Clade Ib mpox in East Sussex, marking the sixth confirmed case in England since October 2024. Also, the first mpox case in Azerbaijan was reported on January 18th, involving an individual who had traveled abroad, though further details have not been disclosed.

Regulatory

There are currently three vaccines for mpox on the market: MVA-BN (Bavarian Nordic), LC16-KMB (KM Biologics), and ACAM2000 (Emergent BioSolutions). MVA-BN was **the first mpox vaccine to receive WHO prequalification** (September 13th) and LC16-KMB was granted emergency use listing (EUL) on November 19th. ACAM2000 remains under consideration by the WHO for EUL. MVA-BN's prequalification **has been extended for use in adolescents aged 12-17** (October 8th), and **LC16-KMB is the only vaccine 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 (an investigational mpox vaccine). The DRC has granted emergency use authorization (EUA) (June 2024) for both MVA-BN and LC16-KMB vaccines. Nigeria has also granted emergency use authorization for MVA-BN.



Source: WHO 2022-2024 Mpox Outbreak: Global Trends

The WHO has granted EUL to three mpox diagnostics:

The Alinity m mpox assay (Abbott – October 3rd), Cobas MPXV (Roche – October 14th), and Xpert mpox (Cepheid – October 25th). Both the Alinity m mpox assay and Cobas MPXV are able to deliver results in less than 2 hours and are considered lab-based, PCR diagnostics. **Cepheid's Xpert mpox**, compatible with Gene Xpert systems, is able to deliver results in under 40 minutes and **is the only near point-of-care diagnostic available 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 per test.

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

Summary of key regulatory dates:

Product Name	Regulatory Approval Type	Date
MVA-BN (Bavarian Nordic, vaccine)	WHO PQ	September 13, 2024; extended for use in adolescents 12-17 on October 8, 2024
LC16-KMB (KM Biologics, vaccine)	WHO EUL	November 19, 2024
Alinity m mpox assay (Abbot, diagnostic)	WHO EUL	October 3, 2024
Cobas MPXV (Roche, diagnostic)	WHO EUL	October 14, 2024
Xpert Mpox (Cepheid, diagnostic)	WHO EUL	October 25, 2024

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.

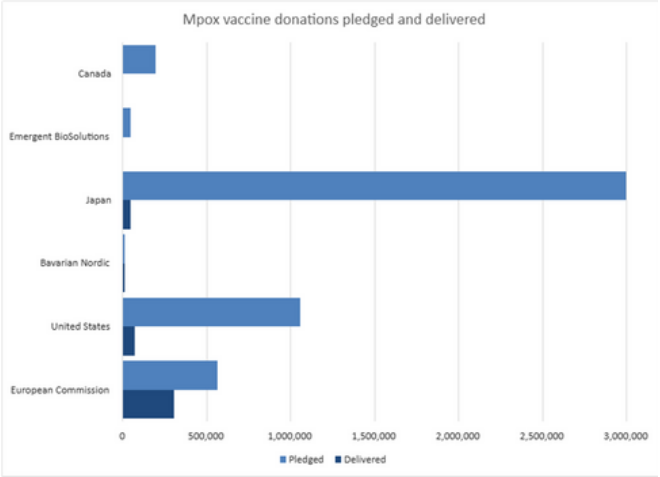
Procurement:

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.

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.



Source: Publicly available data compiled by the COVID QuickStart team, last updated January 21, 2025

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).**

Countries that have started mpox vaccination campaigns:

Name	Vaccination campaign start date
Rwanda	September 17, 2024
Democratic Republic of Congo	October 5, 2024
Nigeria	November 18, 2024
Central African Republic	January 18, 2025

As of December 19, 4,278 doses out of the allocated 9,000 vaccines have been used in Nigeria's vaccination campaign. 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. As of November 14th, Rwanda has achieved 100% of the vaccination target and the eastern part of 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. In an effort to accelerate the uptake of the vaccines in the DRC, the new vaccination approach focuses on **sweeping hotspot catchment areas instead of solely vaccinating contacts.** As of the end of December, roughly 175,000 vaccines had been administered in the DRC. The Central African Republic began a vaccination campaign for mpox on January 18th after receiving 2,300 vaccine doses out of the total 12,300 that have been allocated to the country.

Cold-chain requirements for available vaccines:

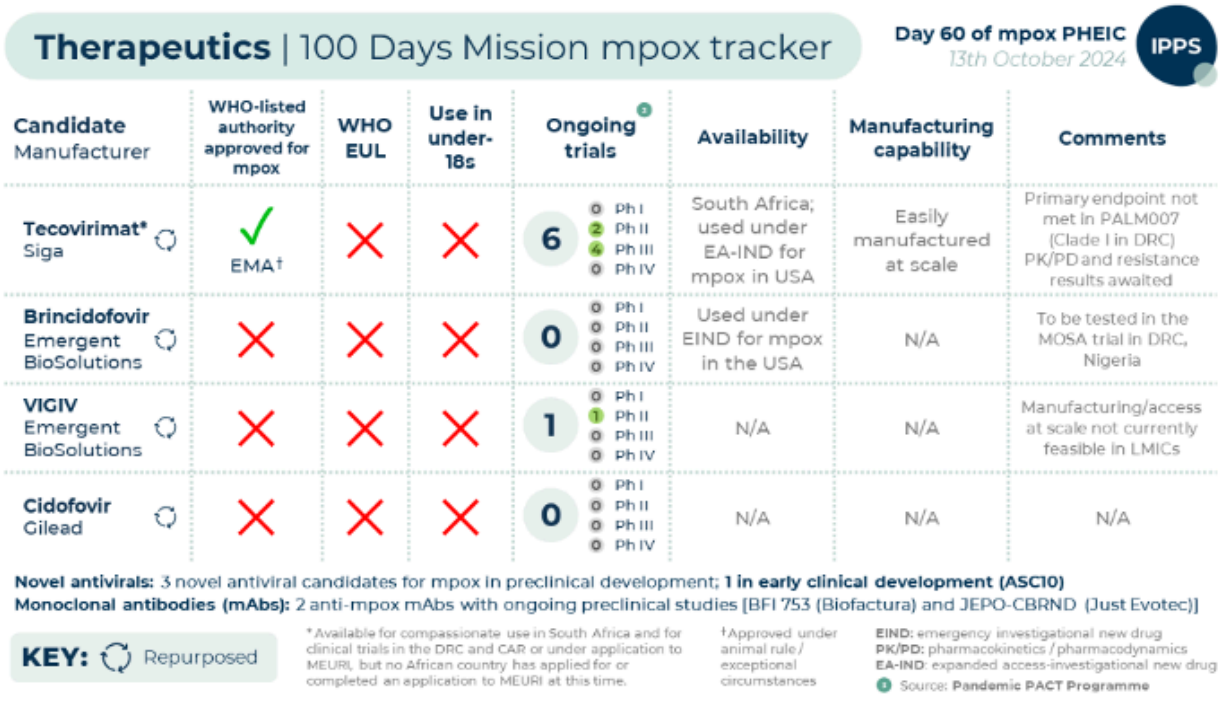
MVA-BN	Shipped frozen (-20°C); can be stored frozen for long-term storage or refrigerated (2°C-8°C) and stored for 8 weeks.
LC16-KMB	Can be stored for 2 years in a refrigerator or for 4 weeks at room temperature (37°C or below).
ACAM2000	After reconstitution, can be stored in a refrigerator for 30 days. 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

All countries, except for the DRC, report a testing rate above 80% with a majority reporting 100% testing rate of suspected cases. 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. The U.S. CDC has announced a donation of 300 mpox tests to Sierra Leone to help ensure timely diagnosis and intervention.

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 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.

On January 15th, the Africa CDC announced **the first patients had been enrolled in the MOSA trial** which will be evaluating different antivirals for mpox either alone or in combination. The first antiviral that will be evaluated is brincidofovir (Emergent BioSolutions) which is currently only available in the U.S. under the emergency use investigational new drug designation for mpox.



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

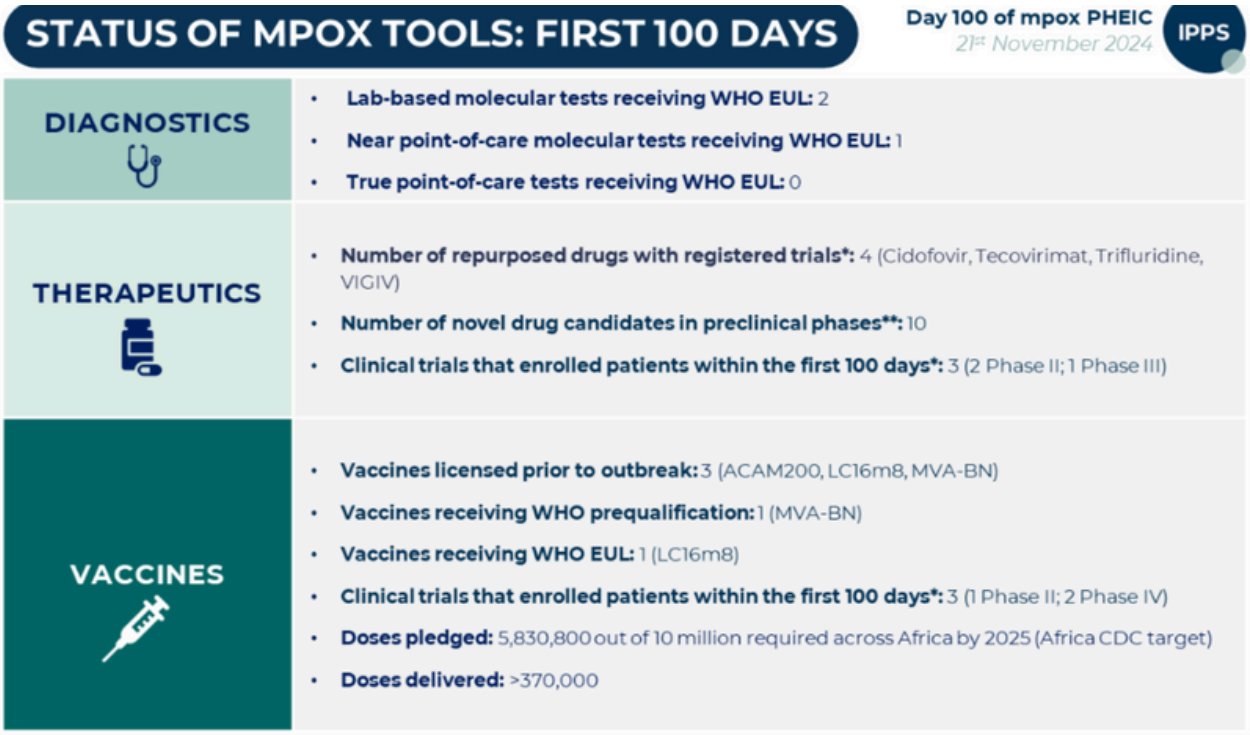
*Available for compassionate use in South Africa and for clinical trials in the DRC and CAR or under application to MEURI, but no African country has applied for or completed an application to MEURI at this time.

†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.

In the news

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

Transmission of clade I mpox in the EU/EEA overall remains low: https://www.ecdc.europa.eu/en/news-events/transmission-monkeypox-virus-clade-i-overall-risk-remains-low-eueea

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

MOSA trial: https://africacdc.org/news-item/enrollment-starts-in-africa-cdc-led-mpox-therapeutic-study-mosa/

UK Health Security Agency, updated clade I contact tracing guidelines: https://www.gov.uk/government/publications/clade-i-mpox-contact-tracing-guidance

Acknowledgements:
The primary author is Katharine Olson with review support from Elina Urli Hodges, Krishna Udayakumar, Gary Edson, Mike Merson, Cameron Wolfe, 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.