COVID TREATMENT QuickStart CONSORTIUM

Mpox: Transparency and Accountability for the Global Response

Issue 8: 21 February 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.

In the wake of the U.S. health agencies' communications and foreign aid freezes, we hope to serve as a resource for transparency on emerging outbreaks globally while continuing to provide in-depth analysis of the mpox response. We will provide brief updates on emerging outbreaks with the state of available medical countermeasures and diagnostics needed to effectively respond.

U.S. foreign aid freeze causes disruptions in mpox response: The ongoing humanitarian crisis in the DRC coupled with the pause in funds from the US continue to pose significant risk to the mpox response. Laboratory capacity in the DRC has been improving with decentralization efforts from Africa CDC and other partners, but sample transport within and between provinces relied on funds from the U.S. and has been significantly affected. The number of confirmed cases of mpox has decreased despite an increase in the number of suspected cases. More broadly, the pause in U.S. funding has disrupted the delivery of medical countermeasures for both Ebola and mpox, and has impacted mpox surveillance in Uganda. While the U.S. recently announced a waiver for humanitarian assistance programs, it is unclear when or if funds will become available for the response. In response to the funding freeze, Africa CDC has secured alternative funding sources in the short-term from China, Japan, and South Korea, and the African Union has approved funds to be released from the African Epidemics Fund. Africa CDC plans to undertake a gap analysis to better understand what programs and activities have been affected to create a mitigation plan.

Latest updates at a glance:

- The United States reported a new case of clade 1b mpox on February 11th. In New York. The patient recently traveled to Africa and is currently under isolating until symptom resolution. The risk to the general public remains low at this time. This is the fourth case (three prior cases in California, Georgia, and New Hampshire) of clade 1b mpox detected in the U.S. since the start of the outbreak in 2024.
- On February 8th, South Sudan reported its first confirmed mpox case of clade I in a Ugandan national who had recently returned from a trip to Uganda. On February 13th, the UAE reported its first case of clade Ib mpox in a patient with recent travel to Uganda.
- Rwanda received a delivery of 5,800 doses additional mpox vaccine doses on February 7th.
- On February 14th, the DRC received 200,000 mpox vaccine doses and Cote d'Ivoire received 11,300 vaccine doses.
- On February 18th, the Central African Republic received 10,000 mpox vaccine doses.

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Emerging outbreaks:

- Marburg: As of February 10, 2025, the Tanzania Marburg situation remains unchanged from previous updates. The last confirmed case was tested on January 21, 2025, with no additional cases reported since. The Ministry of Health continues to lead the response, coordinating efforts among all actors at both national and sub-national levels.
- Sudan Ebola Virus: On January 30, Uganda's Ministry of Health declared an outbreak of Sudan Ebola virus disease, with nine total confirmed cases (8 newly confirmed since the last report), including five healthcare workers. One death has been reported, resulting in a case fatality rate (CFR) of 11.1%. The remaining eight patients were hospitalized, and have since all recovered. The Africa CDC and WHO have deployed experts to support the response. Ring vaccination has commenced for the Sudan Ebola Virus vaccine trial, and an additional 10,000 vaccine doses are on the way to the country. All 8 cases received remdesivir, an antiviral medication that was not effective against the Zaire strain of Ebola. If there are additional cases confirmed, a clinical trial protocol has been approved to evaluate the effectiveness of remdesivir, monoclonal antibodies, and convalescent plasma. Investigations are underway to determine the source of the outbreak, but it is suspected to be the result of zoonotic spillover.

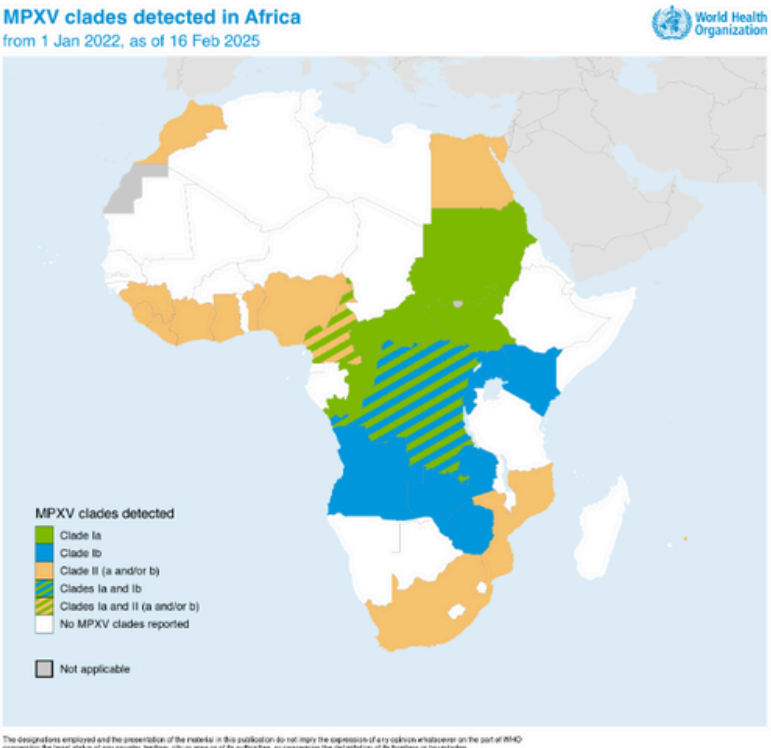
Introduction

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.



Source: WHO 2022-2024 Mpox Outbreak: Global Trends

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.

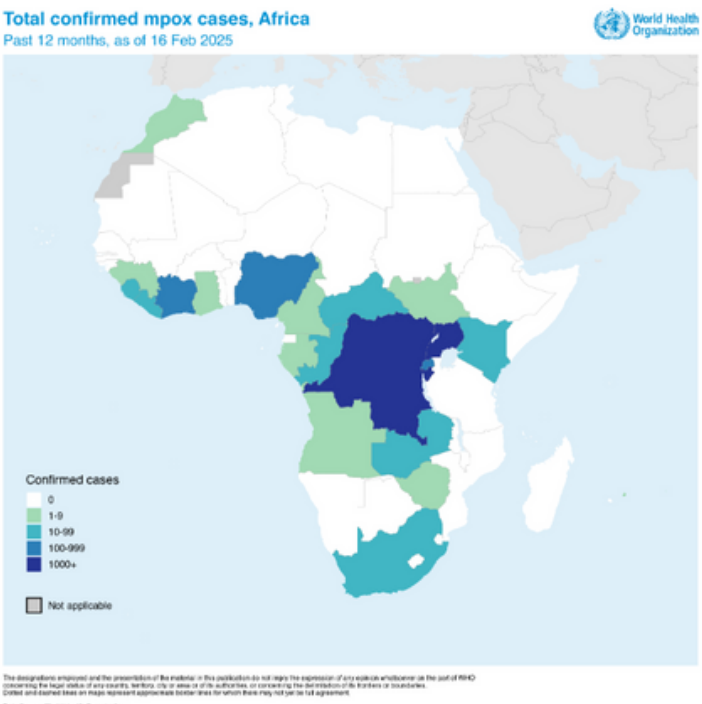
In 2025 alone, through February 20th, a total of 19,544 mpox cases were reported across 13 countries, with 4,830 (24.7%) confirmed cases, 191 deaths among suspected cases (case fatality rate: 0.98%), and 18 deaths among confirmed cases (case fatality rate: 0.092%). In Africa, 13 countries are currently in the active phase of the mpox outbreak: DRC, Burundi, CAR, Côte d'Ivoire, Nigeria, Rwanda, Uganda, Kenya, Republic of Congo, Zambia, Liberia, Sierra Leone, and South Sudan, which reported its first confirmed clade I mpox case on February 8th. 9 countries are in the control phase; five of which have not reported confirmed cases beyond 90 days: Mauritius, South Africa, Morocco, Gabon, and Zimbabwe. In epi week 5, across 10 countries 2,560 cases have been notified, 726 of those were confirmed (28.4%), and 41 deaths (case fatality rate: 1.60%) were reported. In the most recent 6 weeks, Zambia, Sierra Leone, South Sudan, the Democratic Republic of Congo, Uganda, and Congo are the only countries reporting an increase in the number of new, confirmed cases.

In the DRC, children under 15 are the most affected in endemic regions, where clade Ia is predominantly reported, emphasizing the urgent need for vaccine distribution in this group. The ongoing humanitarian crisis in the DRC continues to cause challenges in mpox case confirmation and reporting, and the pause in US government funding has significantly affected sample referral on the ground. At least 400 active mpox patients fled treatment centers due to the humanitarian crisis, further challenging the response. In Uganda, individuals aged 18–39 account for the majority of cases (80%) across all hotspot districts, with males consistently reporting higher case numbers than females across most age groups and districts.

Outside the African region, 13 countries have reported cases of clade I mpox: Belgium, France, China, the United Kingdom, Canada, Germany, Sweden, Thailand, Pakistan, Nepal, the United States, and the United Arab Emirates. The UAE reported the first case of clade Ib mpox on February 13th. The case had reported recent travel to Uganda, and was receiving care in hospital isolation. On February 11th, the United States reported its fourth case of mpox in a patient with recent travel to Africa. The risk of community spread remains low.

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 13**th) 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 2nd, 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. 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. Africa CDC has announced that a technology transfer agreement is close to being finalized between Bavarian Nordic and a local African manufacturer. The agreement is expected to be finalized and announced in the coming weeks, with the goal of building a stockpile of doses for the continent.

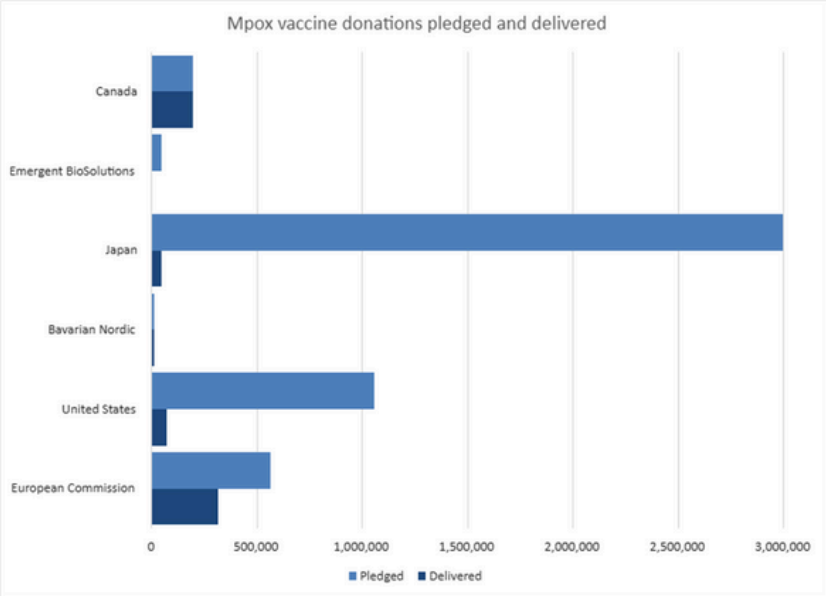
Procurement:

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 February 18, 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. This brings the total number of doses delivered to 380,880 (7.06% of pledged doses). 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. At the end of January, the European Commission delivered 10,000 vaccine doses to Uganda. On February 7th, Rwanda received an additional 5,800 vaccine doses (origin of the donation unspecified). On February 14th, the DRC received an additional 200,000 vaccine doses from Canada and 11,300 vaccine doses (origin of the donation unspecified) were delivered to Cote d'Ivoire. On February 18th, 10,000 doses were delivered to the Central African Republic (origin of the donation unspecified). **This brings the total number of doses delivered to 679,180 (12.13% of pledged doses).**

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. Uganda administered 9,000 vaccine doses donated by the European Commission in the first phase within seven days. The initial rollout prioritized sex workers, with young adults aged 20–49 accounting for 86% of the total vaccinated.

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
Uganda	February 1, 2025

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 coverage in the DRC is 28.7% and remains a challenge due to conflict, insecurity, and population displacement. Africa CDC has succeeded in building decentralized laboratory capacity, increasing the number of laboratories with diagnostic capabilities for mpox from 2 in 2023 to 19 in February, 2025. 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**. 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.

The pause in USA government funding has severely impacted sample referrals on the ground, hindering the transportation of samples from various provinces to central laboratories and significantly reducing testing coverage. Compounding the situation, humanitarian crises—particularly armed conflict and mass displacement in Goma, North Kivu—have further challenged case confirmation and reporting, contributing to the decline in testing coverage.

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.

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/

IPPS fourth implementation report: https://d7npznmd5zvwd.cloudfront.net/prod/uploads/2025/01/IPPS_100-Days-Mission_2024_WEB_V2-1.pdf

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

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