

# Mpox: Transparency and Accountability for the Global Response

*Issue 10: 20 March 2025*

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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.

**Over 600,000 vaccines have been administered across multiple countries and vaccine shortages may delay further progress:** Over the span of two weeks, more than 407,000 people have been vaccinated in Kinshasa which is a 99% consumption rate of vaccines. 39% of these vaccines have been administered to children ages 1-17. Across the targeted populations in the DRC, vaccine coverage is now 70%. The DRC now faces vaccine shortages amidst testing challenges. Across all 5 countries that are currently administering mpox vaccines 606,314 doses have been administered, but the majority (89.7%) of these are the first dose of the recommended two doses. It is estimated that 6.4 million additional people need to be vaccinated.

### Latest updates at a glance:

- Tanzania has reported an outbreak of mpox for the first time after confirming two cases with a travel history to an mpox affected country. Since March 13th, 20 new cases have been confirmed. This brings the total number of African countries affected (since January 2024) to 23.
- Testing coverage in the DRC has decreased from 16.1% to 13.1% due to sub-optimal sample collection and continuing challenges in sample transportation.
- Brazil reported its first case of clade 1b mpox on March 8th. The patient had contact with a relative who had recently returned from the DRC.

### Emerging outbreaks:

- **Sudan Ebola Virus (Uganda):** No new cases of Ebola have been reported in Uganda since March 6th. For the outbreak to be declared over, 42 days must pass without a new case.
- **Marburg (Tanzania):** Tanzania has officially declared the end of the Marburg outbreak (March 13th), after over 42 days with no new cases detected. This outbreak had a 100% case fatality rate among the 10 cases (2 confirmed, 8 probable). The source of the outbreak has not yet been identified and there remains risk of a new spillover from the animal reservoir.

**Emerging outbreaks:**

- **Cholera (Angola, Namibia):** Angola has been responding to a cholera outbreak since the beginning of 2025. In the last week, there were 846 cases and those under 15 years of age represent 39% of all cases and 35% of all deaths. 2,000 doses of oral cholera vaccines have been delivered to help protect healthcare workers. An additional 700,000 vaccine doses have been made available from the ICG to help the response. On March 11th, the Ministry of Health in Namibia declared a cholera outbreak after they confirmed one new case after 10 years with no cholera cases in the country.

## Introduction

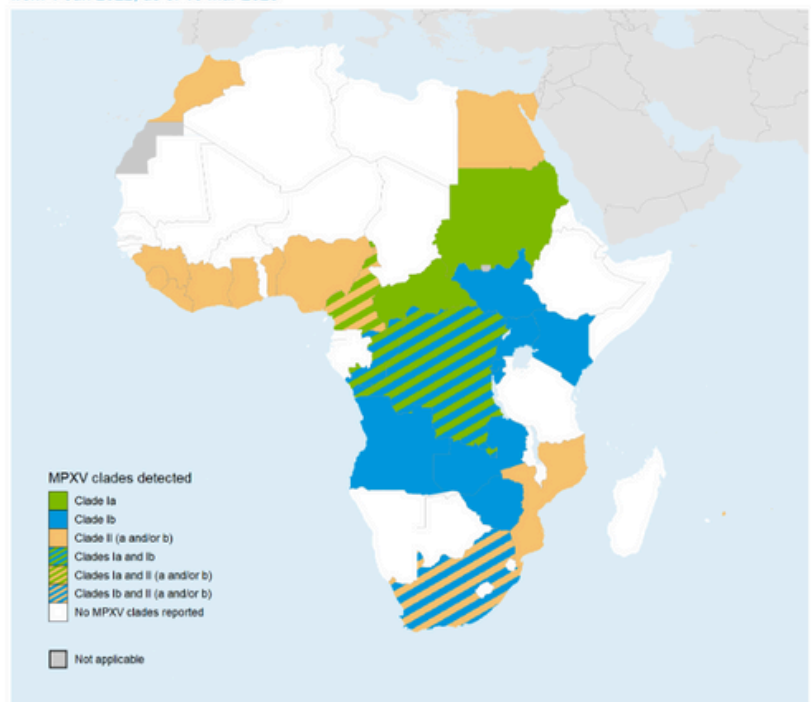
The COVID-19 pandemic exposed significant global inequities in the access to therapeutics, vaccines, testing, and other medical interventions that could limit the range and impact of the disease. These global inequities are not limited to the COVID-19 pandemic and need to be critically addressed in the 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](#).

**MPXV clades detected in Africa**  
 from 1 Jan 2022, as of 16 Mar 2025



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

Data Source: World Health Organization  
 Map Production: WHO Health Emergencies Programme  
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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. Recently, a [new variant](#) of clade Ia (APOBEC3) has been detected in the DRC with potentially higher transmissibility. The APOBEC3 mutation is also seen in novel clade Ib and is a factor associated with its increased transmissibility. Clade II was the cause of the 2022 outbreak and usually causes less severe illness, and is endemic to West Africa.

In 2025 alone, a total of 30,041 mpox cases were reported across 16 countries, with 7,049 (23.5%) confirmed cases, 306 deaths among suspected cases (case fatality rate: 1.02%), and 44 deaths among confirmed cases (case fatality rate: 0.62%). In Africa, 16 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, Angola, South Sudan, South Africa, and Tanzania. Tanzania has reported an outbreak of mpox for the first time with after confirming two cases with travel history to an mpox affected country. Since March 13th, Tanzania has reported 20 new confirmed cases of mpox across 16 regions of the country. 7 countries are in the control phase. In epi week 10 across 13 countries, 2,605 cases have been notified, 375 of those were confirmed (14.4%), 23 deaths were reported among suspected cases (case fatality rate: 0.88%), and 6 deaths among confirmed cases (case fatality rate: 1.6%) were reported. Uganda, Burundi, and the DRC account for 94% of all confirmed cases in epi week 10. Among total confirmed cases in the DRC, clade Ia and Ib are co-circulating, and the APOBEC3 mutation in clade Ia has been reported in Kinshasa.

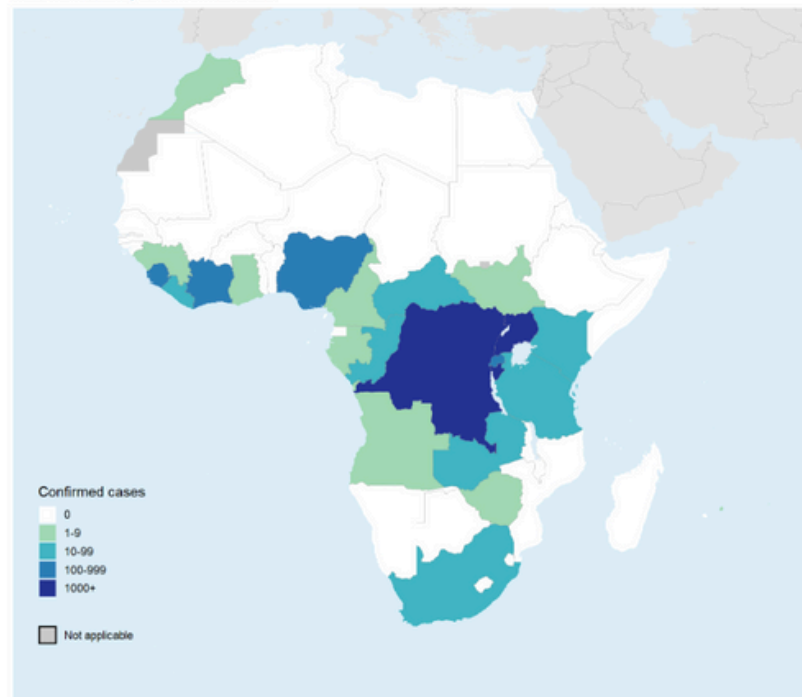
The ongoing humanitarian crisis in the DRC continues to cause challenges in mpox case confirmation and reporting, and the pause in US government funding has significantly affected sample referral on the ground. At least 600 active mpox patients filed treatment centers due to the humanitarian crisis, 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. Some treatment units in Uganda are overwhelmed with the number of mpox cases with admissions outpacing bed capacity. The country is opting for home-based care for less severe cases to help alleviate the strain on the healthcare system.

Outside the African region, 14 countries have reported cases of clade I mpox: Belgium, France, China, the United Kingdom, Canada, Germany, Sweden, Thailand, Pakistan, Nepal, the United States, the United Arab Emirates, and Brazil. Brazil reported the first case of clade Ib mpox on March 8th. The patient had contact with a relative who had recently returned from the DRC. The Brazil Ministry of Health states that there are no other confirmed cases of clade Ib mpox in the country at this time. In 2025 so far, Brazil has reported 52 cases of mpox but all have been clade II.

## 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.

Total confirmed mpox cases, Africa  
Past 12 months, as of 16 Mar 2025



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Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
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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.

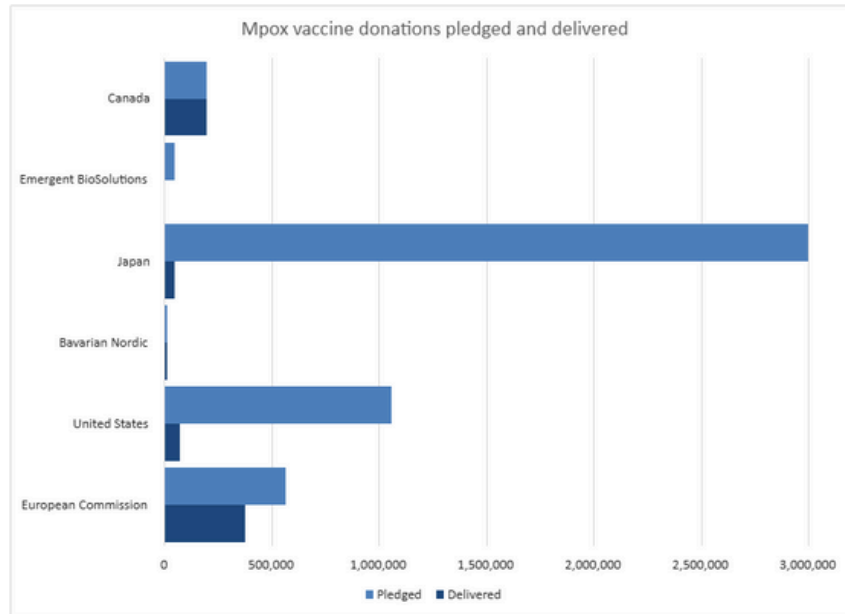
### Procurement:

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 March 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). **In the last week, 62,520 doses of mpox vaccine were [delivered](#) to Uganda from HERA and Gavi. This brings the total number of doses delivered to 803,000 (14.34% 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. **Over 407,000 people (99% consumption rate) have been [vaccinated](#) within 14 days in Kinshasa. Children from the ages of 1-17 accounted for 39% of the total vaccinated.** There is a current shortage of vaccines in the DRC as vaccination coverage stands at 70% of the target population. Across the 5 countries vaccinating, 606,314 doses have been [administered](#). Of those, **543,955 (89.7%) have received the first dose of the recommended 2 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
Uganda	February 1, 2025

### Cold-chain requirements for available vaccines:

<a href="#">MVA-BN</a>	Shipped frozen (-20°C); can be stored frozen for long-term storage or refrigerated (2°C-8°C) and stored for 8 weeks.
<a href="#">LC16-KMB</a>	Can be stored for 2 years in a refrigerator or for 4 weeks at room temperature (37°C or below).
<a href="#">ACAM200</a> <a href="#">0</a>	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 has decreased to 13.1% (from 16.1% last week) and remains a challenge due to conflict, insecurity, and population displacement. The decrease in testing coverage is believed to be directly the result of the stop of sample transport and sub-optimal sample collection due to the USG foreign aid pause. 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

Candidate Manufacturer	WHO-listed authority approved for mpox	WHO EUL	Use in under- 18s	Ongoing trials <sup>1</sup>	Availability	Manufacturing capability	Comments
<b>Tecovirimat*</b> Siga	 EMA†			<b>6</b> <ul style="list-style-type: none"> <li> Ph I</li> <li> Ph II</li> <li> Ph III</li> <li> Ph IV</li> </ul>	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
<b>Brincidofovir</b> Emergent BioSolutions				<b>0</b> <ul style="list-style-type: none"> <li> Ph I</li> <li> Ph II</li> <li> Ph III</li> <li> Ph IV</li> </ul>	Used under EIND for mpox in the USA	N/A	To be tested in the MOSA trial in DRC, Nigeria
<b>VIGIV</b> Emergent BioSolutions				<b>1</b> <ul style="list-style-type: none"> <li> Ph I</li> <li> Ph II</li> <li> Ph III</li> <li> Ph IV</li> </ul>	N/A	N/A	Manufacturing/access at scale not currently feasible in LMICs
<b>Cidofovir</b> Cilead				<b>0</b> <ul style="list-style-type: none"> <li> Ph I</li> <li> Ph II</li> <li> Ph III</li> <li> Ph IV</li> </ul>	N/A	N/A	N/A

**Novel antivirals:** 3 novel antiviral candidates for mpox in preclinical development; **1 in early clinical development (ASCI0)**  
**Monoclonal antibodies (mAbs):** 2 anti-mpox mAbs with ongoing preclinical studies [BFI 753 (Biofactura) and JEPO-CBRND (Just Evotec)]

**KEY:** Repurposed

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

† Approved under animal rule/ exceptional circumstances

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

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

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:**

Day 200 of mpox PHEIC  
1st March 2025



**DAY 200**

<p><b>DIAGNOSTICS</b></p>	<ul style="list-style-type: none"> <li>• Standard molecular tests receiving WHO EUL: 2 —</li> <li>• Near point-of-care molecular tests receiving WHO EUL: 1 —</li> <li>• True point-of-care tests receiving WHO EUL: 0 —</li> </ul>
<p><b>THERAPEUTICS</b></p>	<ul style="list-style-type: none"> <li>• Number of repurposed drugs with registered trials*: 4 (Cidofovir, Tecovirimat, Trifluridine, VIGIV) —</li> <li>• Number of novel drug candidates in preclinical phases**: 8 ↓</li> <li>• Clinical trials that enrolled patients within the first 100 days*: 3 (2 Phase II; 1 Phase III) —</li> </ul>
<p><b>VACCINES</b></p>	<ul style="list-style-type: none"> <li>• Vaccines licensed prior to outbreak: 3 (ACAM200, LC16m8, MVA-BN) —</li> <li>• Vaccines receiving WHO prequalification: 1 (MVA-BN) —</li> <li>• Vaccines receiving WHO EUL: 1 (LC16m8) —</li> <li>• Clinical trials that enrolled patients within the first 100 days*: 5 (1 Phase I; 2 Phase II; 2 Phase IV) ↑</li> <li>• Doses pledged: 5,830,800 out of 10 million required across Africa by 2025 (Africa CDC target) —</li> <li>• Doses delivered: 697,780 ↑</li> </ul>

Key: Increase ↑ Reduction ↓ No Change —

Source: \*Pandemic PACT Programme; \*\*INTREPID Alliance

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

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

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

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’s Emergency Consultative Group recommends continuation of PHECS: <https://africacdc.org/news-item/africa-cdcs-emergency-consultative-group-recommends-continuation-of-mpox-as-a-public-health-emergency-of-continental-security/>

IPPS 200 day update on Mpox: <https://ippsecretariat.org/news/mpox-remains-a-public-health-emergency-march-2025/>

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

IPPS fourth implementation report: [https://d7npznm5zvwd.cloudfront.net/prod/uploads/2025/01/IPPS\\_100-Days-Mission\\_2024\\_WEB\\_V2-1.pdf](https://d7npznm5zvwd.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](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02681-3/fulltext)

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

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