COVID TREATMENT QuickStart CONSORTIUM

Mpox: Transparency and Accountability for the Global Response

Issue 14: 15 May 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.

Sierra Leone experiences an exponential growth in new mpox cases; Steady decline in mpox cases in previously high-burden countries: Sierra Leone is reporting a surge in clade II mpox cases with over 100 new confirmed cases per day, with hot spots in the Western Area (urban and rural) including the capital of Freetown. There has been high severity of disease and deaths in cases with co-morbidities such as HIV, and approximately 7% of cases in the country are people living with HIV. There are approximately 800 active cases that are primarily being treated using home-based care, but there has been low isolation compliance. The health system in the country is over stretched with mpox treatment centers having a maximum bed capacity of 60. Africa CDC's Incident Management Support Team organized a mission to Sierra Leone to assess the situation and have conducted trainings on infection prevention and control, and case management for healthcare workers. In the coming weeks, efforts will focus on scaling-up the vaccination campaign, intensifying active surveillance, increasing laboratory capacity, and improving home-based care.

Latest updates at a glance:

- The U.S. Department of Health and Human Services has placed a $144 million order for the freeze-dried version of the MVA-BN mpox vaccine. This option was exercised under Bavarian Nordic's existing contract with the Biomedical Advanced Research and Development Authority (BARDA) which was issued in 2017. This award supports the manufacturing and supply of freeze-dried MVA-BN starting in 2026.
- NanoViricides has received approval from the Democratic Republic of Congo's National Ethics Committee for Health to move forward with a Phase II clinical trial of NV-387, a broad-spectrum antiviral drug. NanoViricides will now move forward with submitting a complete clinical trial application to initiate the trial.
- Angola received a delivery of 67,000 doses of mpox vaccine from the EU on May 10th.
- The humanitarian crisis in the DRC has stabilized, allowing the mpox vaccination to resume and epidemiologists have been deployed to help intensify the response.

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Emerging outbreaks:

- **Cholera (Angola):** There has been a decrease in the number of new cases in the last week (1,638 new cases vs. 1,865 in the week prior). Cases are slightly decreasing but remain high, and surveillance is still largely passive. 83% of cholera cases across the continent are from Angola, Sudan, South Sudan, and the DRC highlighting the need for a regional and coordinated response.

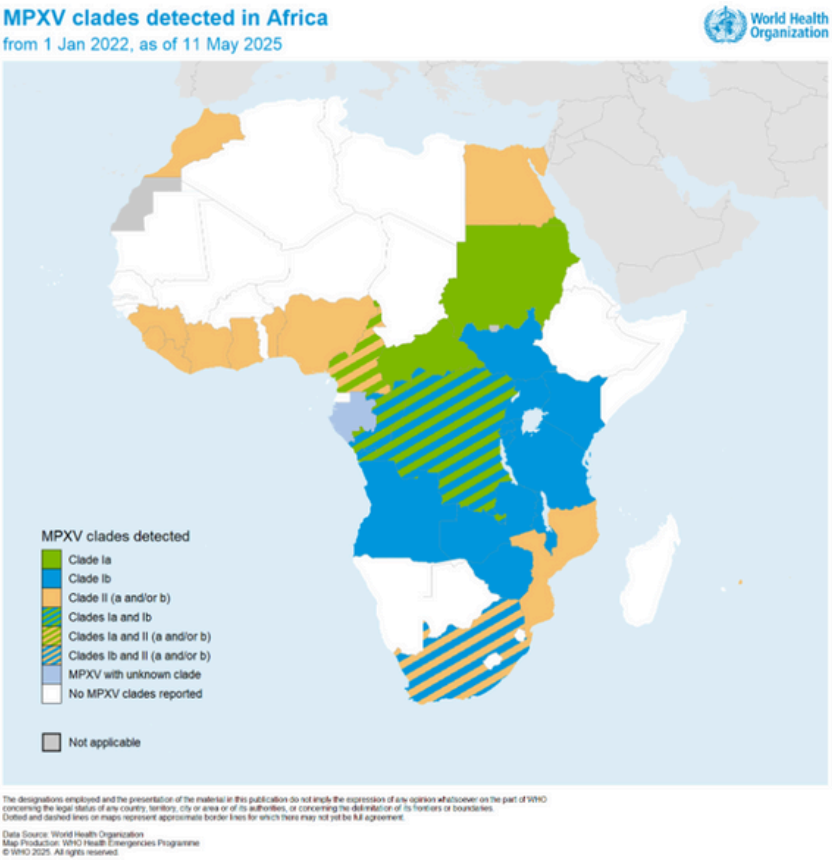
Introduction

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

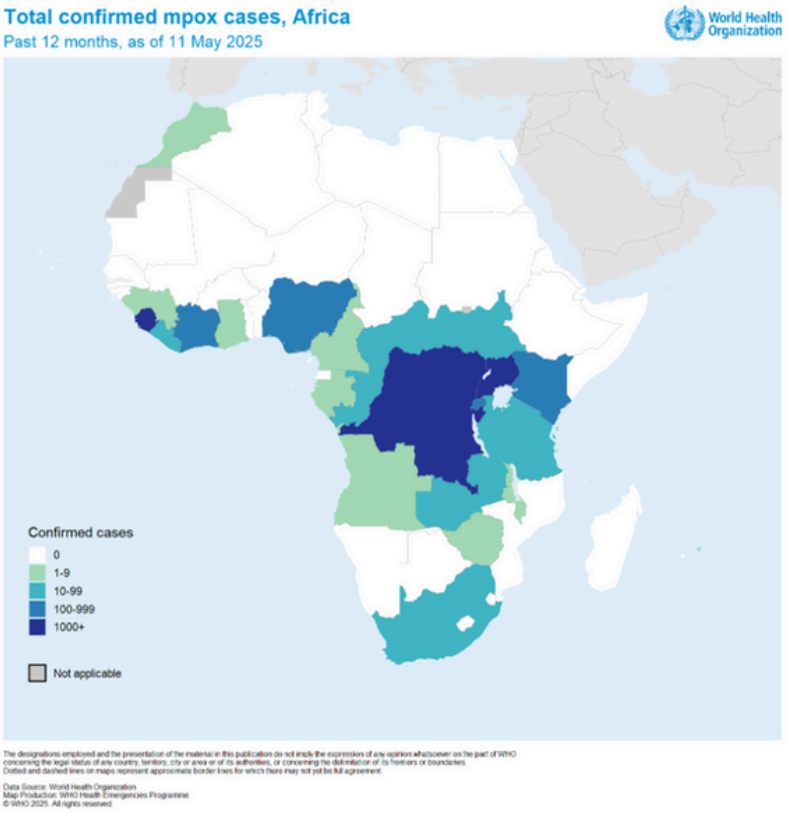
Historically clade I mpox cases typically resulted from contact with an infected animal, but subclade Ib cases appears to be spreading mostly through human-to-human contact. Subclade Ib is a newer subclade and its spread from the Democratic Republic of Congo (DRC) to surrounding countries (Burundi, Kenya, Rwanda, Uganda) is partly what triggered the PHEIC declaration. 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 (as of May 8th), a total of 52,082 mpox cases were reported across 18 countries, with 11,702 (22.47%) confirmed cases. The burden of disease is higher in 2025 compared to 2024. As of May 2025, the number of suspected mpox cases across the continent have reached 66% of the number of cases in 2024. In Africa, 17 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, Tanzania, and Malawi. Sierra Leone accounted for 50.7% of confirmed cases and is driving the upward continental trend. In just one week, the number of notified cases in Sierra Leone increased 27% (from 483 cases notified to 611). Males are 68% of total confirmed cases in the country. Testing coverage in Sierra Leone is at 100%, but contact tracing is low with an estimated ratio of less than 1 contact per case instead of the target of 20 contacts per case. In epi week 17 across 10 countries, 3,553 cases have been notified, 758 of those were confirmed (21.3%), and 12 deaths were reported among suspected cases (case fatality rate: 0.33%). 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 situation in Kivu, DRC is stabilizing which has allowed vaccination activities to resume and enabled the deployment of epidemiologists to intensify the response.

Outside the African region, 15 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, Brazil, and Switzerland. In early April, Switzerland reported the first case of clade Ib mpox in a traveler returning from Africa. The case is currently isolating and risk of spread to the public is low. On April 7th, the UK reported a new case of clade Ib mpox in a person with no recent travel history or contact with other known mpox cases. An investigation is underway to determine how the patient contracted mpox.

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.** On March 31st, the U.S. FDA approved a freeze-dried formulation of the MVA-BN vaccine, which provides advantages in transportation, storage conditions, and shelf-life. 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.

The Africa CDC Diagnostic Advisory Committee is currently evaluating 2 rapid diagnostic tests (RDTs) at the National Institute of Biomedical Research in the DRC – one RDT from Conti Pharma and one RDT from Revital. Both of these RDTs were evaluated last year and found to have a sensitivity of 23%, but manufacturers have made improvements that will hopefully improve sensitivity of the tests. Results from the evaluation are expected in the second week of May 2025.

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.**

As part of efforts to address supply constraints, Bavarian Nordic 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. Additionally, 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.

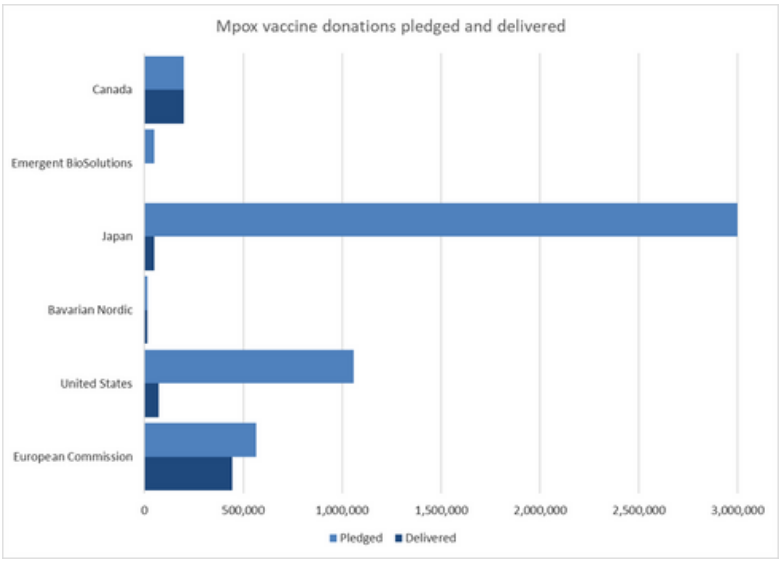
Procurement:

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. The second-round allocation by the AAM consists of 238,000 vaccine doses that will be distributed across 4 countries: Angola, Guinea, Sierra Leone, and Uganda. Uganda and the DRC have been approved for a 3rd round allocation of 743,200 mpox doses.



Source: Publicly available data compiled by the COVID QuickStart team, last updated May 13, 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, South Africa, and Kenya). 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. The DRC'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. On May 10th, Angola received 67,000 doses of mpox vaccines from the EU. **This brings the total number of doses delivered to 939,000 (16.77% 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**. Liberia is the most recent country to launch a vaccination campaign and is planning to distribute doses to high-risk areas. Sierra Leone has vaccinated over 30,000 people in two weeks. The vaccination campaign is targeting healthcare workers, contacts, and persons living in high-risk areas.

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, more than 685,000 doses have been administered. Children aged 1-17 account for 24% of the total number of people vaccinated. There are approximately 400,000 doses of mpox vaccine remaining that can be allocated to the affected countries and this shortage of vaccines may inhibit response progress.

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
Sierra Leone	March 27, 2025
Liberia	April 16, 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

In 2025 across all countries, it is estimated that less than 1 suspected case out of 2 is tested. Testing coverage in the DRC during epi week 18 was 26.9% and data harmonization efforts are underway. The decrease in testing coverage over the last few weeks 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. An additional 3 GeneXpert testing laboratories have been activated in Nord Kivu, DRC, and there are now 26 testing laboratories with 3 capable of performing qPCR. 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.

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. On January 2nd, 2025, the Japan Ministry of Health, Labor and Welfare approved tecovirimat as the first antiviral treatment for orthopoxviruses despite results of the PALM007 and STOMP trials. 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.

NanoViricides has received approval from the Democratic Republic of Congo's National Ethics Committee for Health to move forward with a Phase II clinical trial of NV-387, a broad-spectrum antiviral drug. NanoViricides will now move forward with submitting a complete clinical trial application to initiate the trial.

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.

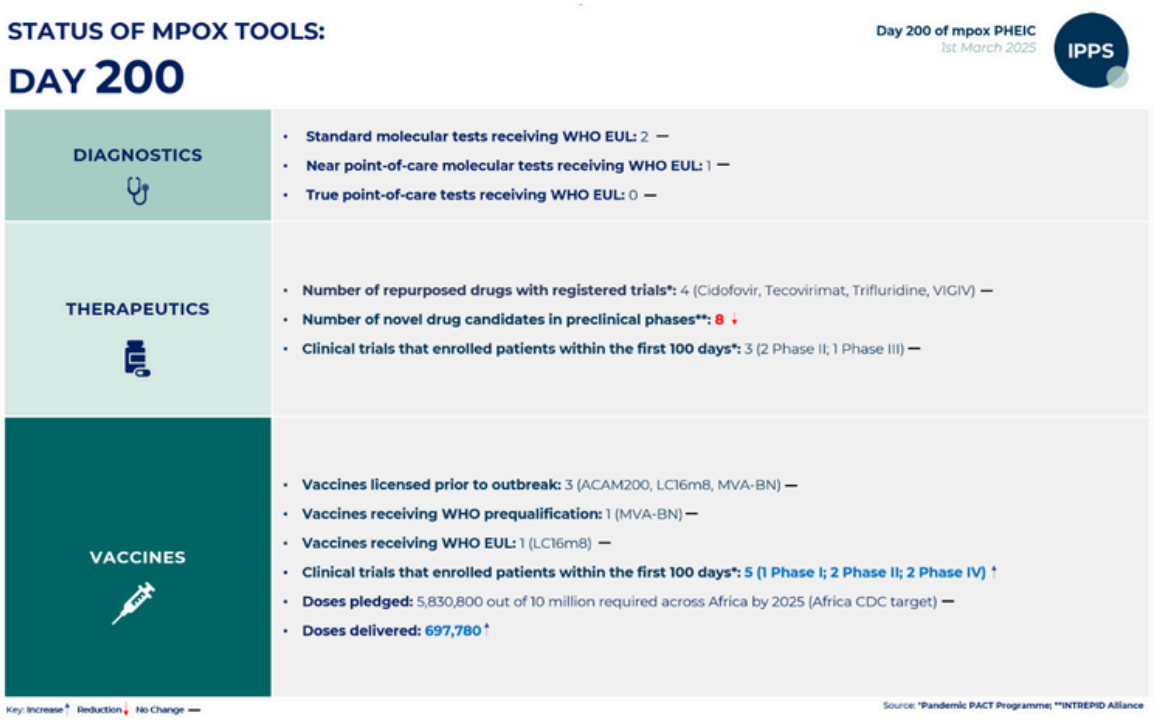
†Approved under animal rule / exceptional circumstances

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.



Source: International Pandemic Preparedness Secretariat and Pandemic PACT Programme

Financing

The incident management support team has completed the second phase of the mpox response plan which will be implemented from March 2025 to August 2025. This plan focuses on intensification, integration, and the legacy of the mpox response.

The response strategy is comprised of eight domains: community-centered, multi-sectoral approach, strengthening of national and sub-national coordination, digitized surveillance, syndromic approach, decentralized laboratory testing, accelerated vaccination, and resilient health systems. **This plan calls for a budget of USD $429,595,970 with 70% of the budget to be spent within the first 3 months (March-May).** 80% of the total budget has been allocated to the intensification phase of the response, with the remaining 20% allocated to the integration and legacy phase (see specific allocation breakdown to the right). Approximately USD $196 million remains from the first phase of the response and will be available to be carried over into phase 2. Combined with approximately USD $9.6 million contributed from member states, this leaves a funding gap of USD $224 million (currently the second phase is 47.9% funded).

Phases	Intensification	Integration and Legacy	Total	%
First 3 months	$ 274,941,421	$ 25,775,758	$ 300,717,179	70%
Last 3 months	$ 68,735,355	$ 60,143,436	$ 128,878,791	30%
Total	$343,676,776	$ 85,919,194	$ 429,595,970	100%
% of total budget	80%	20%	100%	

Pillars	Amount	Allocation key
Coordination and Collaboration	$ 17,183,839	4%
RCCE	$ 51,551,516	12%
Surveillance and data	$ 107,398,993	25%
Laboratory testing and sequencing	$ 21,479,799	5%
Case Management (Medical, Nutrition & Mental Health)	$ 42,959,597	10%
Infection Prevention and Control and WASH	$ 51,551,516	12%
Vaccination and Logistics	$ 111,694,952	26%
Research	$ 17,183,839	4%
Continuity of essential services	$ 8,591,919	2%
Total	$ 429,595,970	100%

Source: Africa CDC Weekly Mpox Press Briefing 3/27

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

Intrepid Alliance 4th edition antiviral development landscape: https://www.intrepidalliance.org/wp-content/uploads/2025/04/Antiviral-Clinical-and-Preclinical-Development-Landscape-4th-Edition_4.30.25.pdf

NanoViricides' broad spectrum antibiotic, NV-387, cleared for clinical trial application: https://www.biospace.com/press-releases/broad-spectrum-antiviral-drug-nv-387-cleared-for-phase-ii-clinical-trial-application-by-the-national-ethics-committee-of-the-democratic-republic-of-congo

Gavi working towards emergency stockpile of mpox vaccines: https://www.gavi.org/vaccineswork/stockpiling-mpox-emergencies

Mpox Continental Response Plan 2.0: https://africacdc.org/download/mpox-continental-response-plan-2-0/

Understanding the resurgence of mpox: https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-024-00678-1

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

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

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