

Rt Hon David Lammy MP

Secretary of State for Foreign, Commonwealth and Development Affairs

Foreign, Commonwealth and Development Office
King Charles Street
London
SW1A 2AH

22 August 2024

Dear Foreign Secretary,

CC:

Rt Hon Anneliese Dodds MP, Minister for International Development

Lord Collins, Minister for Africa

Rt Hon Wes Streeting MP, Secretary of State for Health and Social Care

Andrew Gwynne MP, Parliamentary Under-Secretary of State for Public Health and Prevention

RE: Mpox Emergency

We are writing as members of UK civil society and relevant partners working on domestic and global health issues to urge immediate, bold, and ongoing action to respond to the mpox public health emergency of international concern (PHEIC).

We welcome steps being taken domestically by the UKHSA in response to this emergency and the recent visit and [£3.1m funding announcement by the Minister for Africa Lord Collins](#) to the Democratic Republic of Congo where the current and more severe and transmissible Clade1b variant has broken out.

Viruses know no borders. The COVID-19 pandemic clearly illustrated the danger and consequences of not taking urgent and coordinated global action. Therefore, immediate international co-ordination is needed to prevent the spread of mpox in and beyond the currently affected countries to save lives and livelihoods.

The UK has for decades contributed greatly to global public health - something that the British people can take great pride in, but we cannot sleepwalk into the next pandemic. The UK government must take further immediate steps to address this threat, as well as help prepare for future health emergencies. Drawing lessons from the COVID-19 pandemic, we urge you to take the following actions in partnership with other countries, and global and regional institutions:

- **Testing** is critical. Widespread surveillance is essential to detect the spread of the virus and define mutation, and transmission. In the DRC, fewer than 50% of cases have samples tested, this is also down to insufficient equipment for transporting samples to laboratories for testing. The UK must support the roll-out of mpox testing through the procurement and distribution of rapid tests, including mpox cartridges for GeneXpert tests, particularly in countries where mpox is rising.

- **Vaccination.** The Africa Center for Disease Control and Prevention (Africa CDC) has stated it needs 10 million vaccine doses to contain mpox, [and DRC authorities have asked for 4 million doses](#). Leaving manufacturing to just 2 companies means there will not be enough doses in the time required to stop the spread. In addition, the price of the MVA-BN vaccine for LMICs is unknown, but has been estimated around \$100 for HIC; this price would undermine access for many countries.
 - The UK should support the rollout of vaccination efforts in African countries highly at risk, including through solidarity donation of excess vaccine doses to ensure vaccines are deployed based on need and avoid the hoarding by global north countries that resulted in wasted vaccines during COVID-19. Due to the high price of the MVA-BN vaccine the UK must negotiate a lower, affordable price.
 - The UK should call on Bavarian Nordic and KM Biologics to urgently review their pricing policy, and take steps with international partners to secure full transparency on R&D and manufacturing costs to help ascertain a fair price.
 - The UK should commit to a policy review to generate short, medium, and long term actions to address the negative market and public health effects of monopolies in vaccine supplies.
 - For sustainable supply, the UK must engage with the two companies to support the full and timely sharing of technology with emerging vaccine manufacturers in Africa, so a vaccine protecting against this disease that is endemic to Africa can also be produced on the continent, and to rapidly increase global supply of the vaccines.
 - Transparency in the domestic and global response; the COVID-19 response demonstrated how critical timely and rapid information sharing is to an effective response. We call on the UK government to act with transparency and accountability throughout this emergency, including through making publicly available information about the stockpiles the UK holds on mpox medical countermeasures, the price the UK is paying, how many doses will be committed for donation, as well as publication, in full, of any procurement/supply contracts and agreements as and when they are agreed, without confidentiality clauses on key provisions. This is critical to monitor where stocks are held, and how they can be best allocated globally to ensure equitable access.

- **Funding for global health** alongside political and technical support continues to face challenges, despite delivering strong economic return on investment and saving lives. The UK has been a long-standing crucial partner and co-founder of key multilaterals, and this must continue through:
 - Solidarity funding and technical support to Africa CDC and WHO to support the immediate response.
 - Bold long-term commitments to WHO, Gavi - the vaccine alliance, the Global Fund to Fight AIDS TB and Malaria, and Unitaid will ensure that the global health architecture is equipped to respond effectively to current and future threats, whilst strengthening health systems, gender equality, and unlocking economic gains.
 - Localisation efforts must be supported through funding for civil society organisations so the local response is participatory and community engagement and awareness - including public health messaging - is strengthened.

- **A Pandemic Accord that puts equity at its core**, ensuring equitable access to pandemic-related medical products at speed.
- In addition to the important actions needed for the global response, we urge the UK Government to strengthen its preparedness and ensure that [The Joint Committee on Vaccination and Immunisation \(JCVI\) recommendations](#) for a routine mpox vaccination programme, in the UK, are actioned.

This is a period of great fear for communities in the UK and globally, but does not need to be a period of uncertainty; we know the steps necessary to contain and end this threat, and we hope the UK will demonstrate leadership and take them. Thank you.

Yours sincerely,

Dr. Elia Badjo, President, COSAMED in The Democratic Republic of Congo

Mike Podmore, CEO, STOPAIDS

Diarmaid McDonald, Director, Just Treatment

Nick Dearden, Director, Global Justice Now

Professor Sir Peter Horby, Director, Pandemic Sciences Institute, Oxford University

Kitty Arie, CEO, Results UK

John Plastow, Interim Executive Director, Frontline AIDS

Aderonke Apata, Founder and CEO, African Rainbow Family

Christy Clemence, Head of Global Campaigning, People's Medicines Alliance

Susan Cole, Board Member, Global Network of People Living with HIV

Dr Will Nutland, Director, The Love Tank

Nicoletta Policek, Chairperson, UK-CAB

Lynsey Alexander, Chief of Staff, The Borgen Project

Ashwin Caffery, Trans Healthcare Advocate, HIV i-Base

Robbie Currie, CEO, National AIDS Trust

Richard Angell, Chief Executive, Terrence Higgins Trust

ACT-UP London

Nathan Taylor, Steering Committee, Bloomsbury Network

Maurice Greenham, Chair, North Midlands LGBT Older Peoples Group

Ian Muchamore, Public Health Researcher and Community Engagement Consultant, IM Thinking

Alan Spink, Community Services Manager, The Sussex Beacon

Tom Doyle, CEO, Yorkshire MESMAC

Rami Ghali, CEO, Brigstowe

Sarah Macadam, CEO, Thames Valley Positive Support

Colleen Daniels, Acting Executive Director, Harm Reduction International

Temwa Kasakula, Global Thematic Advisor on Sexual Reproductive Health & Gender, Christian Aid

Memory Sachikonye, Coordinator, UK-CAB (Community Advisory Board)

Silvia Petretti, CEO, Positively UK

Professor Sara (Meg) Davis, University of Warwick

Dr. Ashleigh Cheyne, Pandemic Sciences Institute, University of Oxford

Josephine Ijekhuemen, Executive Director, Center for Rights and Development

Brook K. Baker, Senior Policy Analyst, Health Global Access Project

Peter Owiti, Lead for Climate and Health Working Group, Gavi Civil Society Organisations Steering Committee

Parminder Sekhon, CEO, Naz Project

Chris Williams, Plushealth, National Service Lead - Peer Support

Husseina Hamza, Peer Support Coordinator, Africa Advocacy Foundation (AAF)

Mark A Santos, Executive Director, Positive East

Dr. Alice Welbourn, Founding Director, Salamander Trust

Chris Woolls, Director, River House Trust

Papa Diouf, Global Head of Health, VSO International

Dr James Tibenderana, Chief Executive, Malaria Consortium

Professor Franklyn Lisk, Deputy Pro-Vice Chancellor (Africa), University of Warwick

Sebastian Rocca, Chair, Micro Rainbow International Foundation

Alex Farrow, CEO, Kaleidoscope Trust

Cordelia Vesely & Leckhna Para Chajed, Co-National Directors, Students for Global Health

Judy Chang, Executive Director, INPUD (International Network of People who Use Drugs)

Monty Dunn, Co-National Coordinator, UAEM (Universities Allied for Essential Medicines UK)

Professor Yvonne Gilleece, Chair, British HIV Association

Katie Husselby, Director, Action for Global Health

Professor Kat S. Rock, University of Warwick

UK Alliance for Global Equality

Drew Dalton, Chair of Trustees, ReportOUT

Joel Robinson, Co-CEO, Metro

Ant Hopkinson, CEO, Sahir House

Grant Sugden, CEO of Waverley Care

Dr. Mohga Kamal-Yanni, Policy Co-Lead, People's Medicines Alliance

Darren Knight, CEO, George House Trust

Phyll Opoku-Gyimah, CEO, UK Black Pride