One month into mpox PHEIC: Redux of vaccine nationalism and pandemic profiteering

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One month has passed since the World Health Organization (WHO) declared a public health emergency of international concern (PHEIC) over the ongoing multi-country outbreak of mpox with the more virulent and deadlier clade 1 strain.

Despite the growing urgency of this public health threat, capitalist governments throughout the world have been slow to respond in any meaningful way to stop the spread of infections or provide resources to bolster healthcare systems, treat patients, and assist in preventing the onward transmission of the disease. Most recently, last week cases of mpox were reported in Kinshasa, the densely populated capital of Democratic Republic of Congo (DRC), home to 17 million people and several international airports with direct flights to more than a dozen countries.

Only this week have mpox vaccines trickled into the DRC. Last week, the European Union, through its Health Emergency and Response Authority (HERA) department, donated 100,000 doses of the JYNNEOS vaccine, made by the Danish pharmaceutical Bavarian Nordic. Another 100,000 were then delivered over the weekend. On Tuesday, the US shipped 50,000 more doses of the same vaccine. However, the quarter-million jabs are but a fraction of the at least 3 million that authorities have called for to aid in halting the mpox outbreak in the DRC.

The vaccination campaign is expected to begin October 2, 2024, with the focus of the work on the three most affected provinces, Equateur, South Kivu and Sankuru. The Africa Centers for Disease Control and Prevention (CDC) has estimated that 10 million doses are required to address mpox across the whole continent.

Additionally, above the immediate $15 million requested by WHO Director-General Tedros Adhanom Ghebreyesus to support surveillance, preparedness and response activities, the WHO is calling for $290 million in funds over the next six months to counter the spread of the disease. In a statement, the WHO wrote:

> The global SPRP [strategic preparedness and response plan] has been updated to include inputs from WHO Member States and to reflect further planning done at the continent level, with governments, Africa Centers for Disease Control and Prevention (Africa CDC), and other partners. The funding requirement of $290 million is for the international support to national responses. This requirement *excludes* the cost of procuring and/or distributing [what is] estimated to be 4 million vaccines required for the first phase of response to stop the outbreak. [Emphasis added]

The same profit-driven vaccine nationalism that saw the hoarding of anti-COVID vaccines by wealthy countries in Europe and the US is at play at the beginning of the current mpox PHEIC. On the news of the PHEIC, the two main manufacturers of mpox vaccines, the Japanese company KM Biologics and the Danish corporation Bavarian Nordic, saw their stock prices soar. Notably, KM Biologics has filed for emergency use listing with the WHO for its mpox vaccine LC16. While its vaccine has demonstrated effective postexposure prophylaxis within 14 days, its efficacy to prevent disease continues to be studied.

Meanwhile, prices for Bavarian Nordic's (BN) JYNNEOS have climbed to over $200 to inoculate one person, which places the price of these treatments essentially out of reach for many African countries. The head of Bavarian Nordic, Paul Chaplin, has refused to budge from its business model, encouraging rich governments to buy the vaccines and consider donating them. To date, only the EU's HERA has ordered 175,000 doses to donate to the Africa CDC. BN is donating 40,000 jabs for a combined 215,000, which is enough to vaccinate 107,500 people (two jabs per person).

Earlier in August, before the declaration of the PHEIC, the US signed a deal with BN for $157 million to partly replenish vaccine stocks used in response to the 2022 outbreak, in which more than 1.2 million doses of the mpox vaccine were administered.

Although Chaplin has acknowledged that the company could manufacture 2 million doses by the end of this year and 7.5 million more by the end of next year (cumulative 10 million), it is waiting to receive the order, otherwise meaning they need assurances on payment for the vaccines. And as for the price, Chapin told *STAT News*, "We don't tend to talk about price. Price is dependent on volume and also long-term commitment. So, if we get a long-term commitment, we'll give a discount and, of course, the larger the volume, the more the discount we can do." He later recommended that poorer countries get financial assistance to address their vaccine needs.

In a searing critique on the international response and pandemic profiteering, Nick Dearden, director of UK campaigning organization Global Justice Now, wrote last week:

> Even with mpox spreading in the DRC, parts of the

> pharmaceutical industry and their rich country backers have opposed a new post-COVID framework which would help. The Pandemic Treaty is supposed to allow the whole world to better prepare for and deal with pandemics, recognizing that our safety is interdependent. But the United Kingdom, along with other rich countries, has stalled the process, afraid of an international agreement which puts saving lives ahead of Big Pharma company profits. The intellectual property of these corporations trumps lives in the Global South.

Dearden added:

> … the wider background to the failure to prevent Africa's latest health emergency goes back much further. But again, it is deeply embedded in the way the global economy works, an economy which places a far lower value on human life than it does on the unassailable right to profit.

Indeed, when compared to similar vaccines manufactured in low- and middle-income countries, vaccines against most infectious diseases typically run at $1 to $3 per dose when used in a mass vaccination regimen. As such, without real viable competitors, BN sets the price irrespective of the broader public health imperatives. As the entrepreneurial Chaplin formulated this depraved logic, "At the end of the day, if we financially damage Bavarian Nordic in any way, that doesn't benefit the world's society because then there's no vaccine available for anyone."

At the time of the PHEIC declaration, Africa CDC's epidemic intelligence report noted that in 2024, there had been 18,737 mpox cases (3,101 confirmed) across 12 African countries since the beginning of the year, resulting in 541 deaths. The previous year, there had been 14,838 mpox cases (1,665 confirmed) across seven countries, with 738 confirmed fatalities. The DRC, where the mpox virus has been detected in all 26 provinces, accounted for 95 percent of all cases (17,794) and essentially all the deaths (535) from mpox in 2024. With a median age of 15.8 years, children younger than 15 account for two-thirds of all cases and 82 percent of all deaths.

As of September 8, 2024, the WHO mpox dashboard indicates that cases are continuing to climb rapidly. The current figures indicate the number of cases total 21,835 (5,160 confirmed), or 4,041 more cases in the DRC over the span of just three weeks. Total deaths have reached 717 or another 182 more fatalities since the declaration of the PHEIC. Also, the number of member state countries across Africa affected by mpox in 2024 has risen to 15. The three countries with the most confirmed cases in the current year are DRC (5,160), Burundi (385) and Nigeria (55).

With respect to suspected cases, due to limited diagnostic capabilities in some African countries, health authorities must utilize their clinical judgment on reporting these figures. In the DRC, officials report that less than 30 percent of cases are being tested. As the WHO explained:

> In some countries, suspected cases that undergo testing are not removed from the count, regardless of whether the test result is positive (confirmed case) or negative (discarded case). Moreover, not all countries have robust surveillance systems for mpox, meaning reported case counts are likely [to] underestimate the extent of community transmission.

More recently, the detection of the fast-spreading human-to-human clade Ib mpox virus in Kinshasa raises the stakes in the public health threat posed by the more virulent strain of mpox. In a study published as a preprint, the authors said that two strains of clade 1 had been co-circulating in Kinshasa since July. Six of 35 health zones had found evidence of infection. Furthermore, they wrote, "While mpox cases have yet to be reported in the remaining health zones, we consider the possibility of undetected mpox cases in these jurisdictions."

Dearden, in his report, offered the following social factors that are at the heart of the current mpox crisis:

> By some measures, the DRC should be the wealthiest country on earth, rich in the metals and minerals we use in modern life. But in income terms, it is actually close to being the poorest. The reason is that the country has been bled of its wealth, over hundreds of years, through brutal colonialism and slavery. Its democratic politicians have been assassinated and dictators installed and funded; vast illegitimate debts have been imposed on the people; and massive revenue from the natural resources taken from the country. DRC is not poor in spite of its natural wealth but because of it. The lives of its people simply have no value to the extraction machine and are disposable when they get in the way of doing business.
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> Today, mpox is spreading across resource-rich eastern DRC, affecting those unfortunate enough to live on top of resources which can make others so wealthy. Eastern DRC is being destabilized by various militias, some backed by its neighbors, in order to continue the plunder of resources. Western countries do little to prevent this destabilization. It doesn't have to be like this. And right now, we have a limited period when, fearing the spread of mpox, people are able to grasp how our health is interconnected, and how the people of Central Africa are not irrelevant to us.