DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Strategic Preparedness and Response
Washington, D.C. 20201

July 22, 2026

Dear representatives of the organizations listed below:

Public Citizen
Health Global Access Project
AVAC
Congregation of Our Lady of Charity of the Good Shepherd, U.S. Region
Doctors for America
Evangelical Lutheran Church in America
National Advocacy Center of the Sisters of the Good Shepherd

Thank you for your letter dated June 16, 2026. Please know that the U.S. Department of Health and Human Services (HHS) is doing everything possible and has already made treatment courses of MBP134 available under both compassionate use and in support of the "Platform Adaptive Randomized Trial for New and Repurposed Filovirus Treatments" (PARTNERS) trial being established in the Democratic Republic of the Congo (DRC). Your letter highlights equitable access to the limited supply of an investigational monoclonal antibody cocktail that is currently being developed under the HHS contract with Mapp Biopharmaceuticals (Mapp Bio). Equitable long-term access to this product requires international support.

MBP134 continues to be developed as a potential therapeutic for Sudan virus disease. MBP134 was made available to Uganda for compassionate use during the 2022 Sudan outbreak. Since that time, no other entity has provided the company with funding to support additional manufacturing of MBP134 as a potential treatment for Sudan virus disease. We are fortunate that MBP134 has limited but encouraging data for potential use against Bundibugyo virus. Thus, while the global community knew there would be additional outbreaks where this product would be requested, HHS remains the only entity to support manufacturing and availability of MBP134.

Your letter outlines access concerns for MBP134. In the broader context, the Center for the Biomedical Advanced Research and Development Authority (BARDA) has similar concerns with this and other therapeutics against filoviruses it supports, including the Marburg monoclonal antibody product that has recently been used to support outbreak response, as well as currently approved Ebola Zaire treatments. In all cases, HHS has supported the vast majority, if not all, of the development costs for these products, and there is no clear global support from other funders to support either development or subsequent access to these therapeutics.

In the case of the currently approved Ebola Zaire treatments, both were approved in 2020. Yet since that time, no other entity other than HHS has supported manufacturing of both products. Therefore, in the most recent outbreak of Ebola Zaire in the DRC, the therapeutics were only made available through company and HHS donations.

The need for long-term access to medical countermeasures is neither new nor unexpected. BARDA previously raised this fundamental issue facing the global community (*see* https://pmc.ncbi.nlm.nih.gov/articles/PMC11272034/) and the need for global funders to work together to find solutions. However, to date, no organization has stepped forward to work with HHS and developers to identify and implement solutions for either clinical trial material production or longer-term access if the product is efficacious. We reiterate our request to the global community to break this current cycle.

HHS is committed to doing everything possible to make the limited supply available for compassionate use and support further evaluation under ongoing clinical trials. HHS is also supporting activities to make additional supply available soon. In parallel, we urge other funders to develop and implement plans to support product development and sustainment without an outbreak so that we can have a better, faster response when an outbreak does occur.

HHS appreciates all your efforts and commitment to global health.

Sincerely,

Gary L. Disbrow, PhD
Deputy Assistant Secretary
Center for the Biomedical Advanced Research and Development Authority