AfricaCDC
Centres for Disease Control and Prevention

World Health Organization

Mpox Continental Preparedness and Response Plan for Africa

September 2024 – February 2025

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Acronyms/Abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
ASLM	African Society for Laboratory Medicine
ATC	Advisory Technical Council
AU	African Union
AVAREF	Africa Vaccine Regulatory Forum
CAR	Central African Republic
CDC	Centers for Disease Control and Prevention
CEPI	Coalition for Epidemic Preparedness Innovations
CFR	Case Fatality Rate
CHWs	Community Health Workers
CBOs	community-based organizations
COVID-19	Coronavirus Disease
DRC	Democratic Republic of Congo
ECG	Emergency Consultative Group
EPR	Emergency Preparedness and Response
EU	European Union
FAO	Food and Agriculture Organization
GAVI	Global Alliance for Vaccines and Immunization
GB	Governing Board
HIV	Human Immune Virus
HSC	Health Services Continuity
IDP	Internally Displaced People
IHR	International Health Regulations
IFRC	International Federation of Red Cross and Red Crescent
IMS	Incident Management System
IOM	International Organization of Migration
IPC	Infection Prevention and Control
KAP	Knowledge, Attitude and Practice
MPXV	Monkeypox virus
MSF	Médecins Sans Frontières
M&E	Monitoring and Evaluation
NIH	National Institute of Health
OSL	Operations Support and Logistics
PPE	Personal Protective Equipment
PPPR	Pandemic Prevention and Preparedness Response
PHECS	Public Health Emergency of Continental Security
PHEIC	Public Health Emergency of International Concern
POCT	Point-of-care Testing

PoEs	Point of Entries
PRSEAH	Prevention and Response to Sexual Exploitation Abuse and Harassment
RDTs	Rapid Diagnostic Tests
R&D	Research and Development
RCCE	Risk Communication and Community Engagement
SITREPs	Situation Reports
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WOAH	World Organization for Animal Health

List of Partners

Action contre la Faim (ACF)

African Development Bank Group (AfDB)

African Export-Import Bank (Afreximbank)

African Medicines Agency (AMA)

African Society for Laboratory Medicine (ASLM)

African Union Development Agency (AUDA-NEPAD)

African Vaccine Regulatory Forum (AVAREF)

Bill & Melinda Gates Foundation (BMGF)

Coalition for Epidemic Preparedness Innovations (CEPI)

European and Developing Countries Clinical Trials Partnership (EDCTP)

European Union (EU)

Food and Agriculture Organization (FAO)

Foundation for Innovative New Diagnostics (FIND)

Global Alliance for Vaccines and Immunization (GAVI)

Health Emergency Preparedness and Response (HERA)

International Federation of Red Cross and Red Crescent Societies (IFRC)

International Organization for Migration (IOM)

Mastercard Foundation

Médecins Sans Frontières (MSF)

Oxfam International

Program for Appropriate Technology in Health (PATH)

The Pandemic Fund

United Nations Children's Fund (UNICEF)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Programme on HIV/AIDS (UNAIDS)

Wellcome Trust

World Bank Group

World Food Programme (WFP)

World Organisation for Animal Health (WOAH)

Foreword

Recognizing the gravity of the situation, the Africa CDC declared mpox a Public Health Emergency of Continental Security (PHECS) on 13 August 2024. This bold move was shortly followed by the World Health Organization's declaration on 14 August 2024 of mpox as a Public Health Emergency of International Concern (PHEIC). These declarations reflect the alignment of the two organizations and their collective commitment to raising awareness, mobilizing resources, and galvanizing action at all levels—local, national, continental, and global.

The hard-earned lessons of the COVID-19 pandemic have shaped the ongoing battle against the mpox outbreak across the African continent.

The experience of COVID-19 exposed vulnerabilities in our health systems, showed Africa's inequity and unfair treatment in terms of access to medical countermeasures, highlighted the urgent need for enhanced preparedness, and underscored the importance of swift, coordinated action in the face of emerging health threats.

In Africa, we learned that only through solidarity, resilience, and collaboration can we navigate complex public health emergencies and protect our communities from further harm while building resilient health systems. These lessons have become the foundation upon which we now build our strategic response to mpox.

To address mpox effectively, we have learned the importance of working with unity and purpose. We have made a bold decision, for the first time in Africa, to have a "4-ONE APPROACH": ONE coordination mechanism, ONE continental response plan, and ONE budget, and ONE monitoring and evaluation mechanism, ensuring coherence and alignment among all stakeholders. Under the co-leadership of Africa CDC and WHO, and partnership of UNICEF in the coordination mechanism, we have taken decisive steps to implement this unified approach involving all global and continental stakeholders. We have established a collaborative framework involving governments, regional bodies, development partners, civil society, and communities, all working together to harmonize efforts, share information, and optimize resources.

This strategic plan serves as our roadmap for combating mpox across Africa by bringing together the needs of affected countries and support for technical assistance from partners. It is designed to facilitate a coordinated, comprehensive, and evidence-based response, emphasizing the principles of equity, inclusivity, and accountability. As we move forward, we are guided by our strong commitment to protecting the health of all Africans, enhancing our collective resilience, and securing a healthier future for our continent. Together, we will overcome this challenge and build a stronger and resilient Africa.

H.E. Dr Jean Kaseya
Director General
Africa CDC

Dr Matshidiso Moeti
Regional Director
WHO AFRO

Executive Summary

On August 13, 2024, the Africa CDC declared the mpox outbreak a Public Health Emergency of Continental Security (PHECS). The following day, the WHO declared it a Public Health Emergency of International Concern (PHEIC). A coordinated, continent-wide response is essential, co-led by the African Union (AU) through the Africa CDC and the World Health Organization (WHO), in close collaboration with global partners working under a unified plan, budget, and monitoring framework.

Over the past three years, mpox cases in Africa have surged due to increased human-to-human transmission and insufficient response capacities. Key challenges include weak surveillance, limited laboratory capabilities, poor infection prevention practices, low public awareness, inadequate community involvement, and a shortage of vaccines and treatments. Fragile healthcare systems and inadequate funding exacerbate these issues.

To respond to this outbreak, a coordinated, continentwide response is essential. It was agreed that the response will be co-led by Africa CDC and WHO, in close collaboration with global partners working under a unified incident management team, plan, budget, and monitoring framework.

This preparedness and response plan outlines essential priorities to contain the mpox outbreak around ten pillars emphasizing improved (1) coordination and leadership, (2) risk communication and community engagement, (3) surveillance, (4) laboratory, (5) case management, (6), infection prevention and control, (7) vaccination, (8) research and innovation, (9) logistics and financing, (10) continuity of essential services. Interventions are tailored for highly impacted and at-risk countries, considering cross-border transmission.

Member states are categorized into four risk-based groups to better direct preparedness and response efforts and resource allocation more effectively: countries with sustained transmission, those with sporadic cases or endemic reservoirs, at-risk countries near higher-risk areas, and other countries maintaining routine preparedness. This approach ensures targeted planning and optimal use of resources.

Excluding the cost of vaccines which depends on the negotiation with manufacturers and donated in-kind, the estimated budget for the six months from September 2024 to February 2025 is **US$ 599,153,498.00**. Of this, **55% (US$ 329,311,463.00**) is allocated for mpox response in 14 affected member states and readiness in 15 others, while **45% (US$ 269,842,035.00**) is earmarked for operational and technical support through partners. This funding is vital for addressing immediate response needs, closing capability gaps, and ensuring the sus- tained management of mpox throughout the continent.

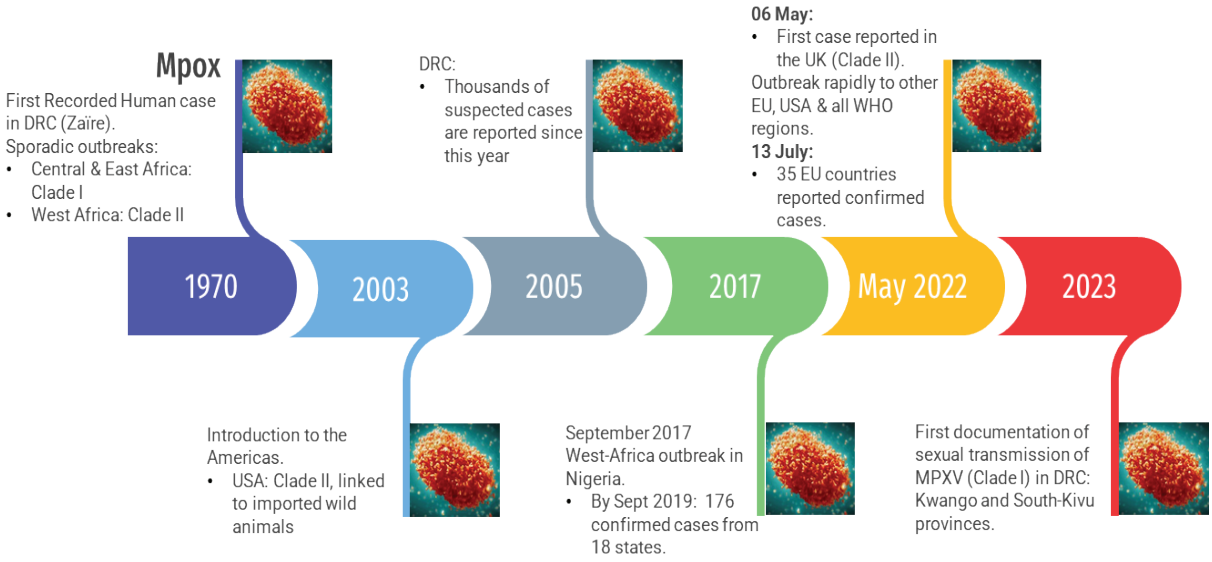


Figure 1: Historical epidemiology of mpox

1. Background

Mpox Epidemiologic Situation in Africa (1970-2023)

Mpox, formerly known as monkeypox, is a viral zoonotic illness. Mpox was first described in the DRC in 1970 with further sporadic outbreaks in West and Central Africa (Figure 1). Initially considered a rare disease, it has since been recognized as a significant public health issue in several parts of Central and West Africa. The disease was caused by the monkeypox virus, which was primarily transmitted to humans from animals, such as rodents and primates.

Over the past five decades, mpox has exhibited distinct occurrence patterns in Africa. Between 1970 and 2023, numerous outbreaks have been reported, with varying degrees of intensity and geographical spread. Early outbreaks were largely localized in rural areas, often associated with zoonotic transmission from wildlife to humans. However, in recent years, there has been a noticeable shift with increasing cases reported in urban settings, suggesting changes in transmission dynamics.

The emergence of zoonotic diseases is driven by complex ecological, climatic, political, economic, security and social factors, some of which are becoming further exacerbated on the continent. The warning signs from local outbreaks that signal the propensity to drive epidemics and/or pandemics are often neglected with limited investigation, surveillance, diagnosis, and response. One such neglected outbreak in Africa is mpox, a member of the Poxviridae family and genus Orthopoxviruses.

Epidemiological data from 1970 to 2023 show that Mpox affects diverse populations, including children, adults, and individuals with weakened immune systems. Mortality rates have varied, with higher rates observed in younger children and those with comorbidities. Over the years, improvements in surveillance and reporting systems, led by national governments and supported by WHO, Africa CDC and other partners have enhanced the understanding of Mpox's epidemiologic patterns. However, significant gaps remain, particularly in under-resourced areas where healthcare access and diagnostic capabilities are limited

The incubation period of the disease is 5-21 days, with most patients developing symptoms within a week. Symptoms typically last 2-4 weeks but may last longer in someone with a weakened immune system. The primary mode of transmission of the disease originally known was from animals such as small mammals to humans. Human-to-human transmission occur through contact with infected lesions, sex, clothes, respiratory droplets in close contact, as well as mother-to-fetal transmission. The current standard for laboratory diagnosis of mpox is by quantitative polymerase chain reaction (qPCR).

Mpox virus currently has two variants: clades I and II. Clade I is geographically concentrated around the Central and Eastern Africa region and Clade II is in Western Africa and other regions. Mpox causes mostly mild symptoms but can cause fatalities. Clade II is traditionally known to occur from western Cameroon to Sierra Leone and carries a fatality of less than 1%; whereas Clade I - has been detected from central and southern Cameroon to the DRC and is considered more virulent, a global outbreak of clade IIb was widespread across the continent (Figure 2). The mpox virus has a wide range of hosts but it is difficult to define the natural reservoir host and transmission dynamics. Scientists suspect that African rodents and non-human primates (like monkeys) might harbour the virus and infect people. The risk factors for infection include contact with infected animals or people, multiple sexual partners, and co-infections (e.g. HIV, measles, etc).

Multi-Country Outbreak in 2023 - 2024

During the 2022-2023 global mpox outbreak, the disease spread rapidly across multiple continents, leading to a renewed focus on the need for medical countermeasures, including vaccines, diagnostics, and treatments. Many countries outside Africa were quick to respond, mobilizing resources and securing medical countermeasures to protect their populations. However, Africa, where mpox has been endemic for decades, faced significant challenges in accessing these crucial tools.

While vaccines and treatments were rapidly developed and distributed in high-income countries, African nations were left at the back of the queue. Despite the high burden of mpox in several African countries, they did not receive equitable access to vaccines and other medical countermeasures. This lack of access was due to multiple factors, including limited global production capacity, unequal distribution agreements, and a lack of investment in public health infrastructure in Africa.

During this period, vaccines such as the JYNNEOS (MVA-BN) and ACAM2000, which were authorized for emergency use in other parts of the world, were largely unavailable to African countries. Even though

WHO called for global solidarity and equitable access, the global response fell short. High-income countries secured most of the available vaccine supplies through pre-existing contracts with manufacturers, leaving Africa with a minimal share. Furthermore, diagnostic tools and treatment options were also concentrated in wealthier nations, leading to delays in detection and treatment in Africa.

This disparity was further exacerbated by logistical challenges, such as inadequate cold chain storage facilities and distribution networks in many African countries, which hampered the delivery of vaccines and treatments even when they were made available in limited quantities. Additionally, the limited domestic production capacity for vaccines and medical supplies on the continent highlighted the structural inequities in global health preparedness and response mechanisms.

The lack of access to medical countermeasures during the 2022-2023 outbreak had significant consequences for African nations. It not only increased the disease's spread but also led to higher morbidity and mortality rates compared to countries with better access to these resources. This inequity underscored the urgent need for Africa to develop self-reliance in manufacturing and distributing medical countermeasures to avoid similar scenarios in future outbreaks.

Mpox has recently raised concern as the number of reported cases is increasing and sustained in African Union (AU) Member States. Between 1 January 2022 and 3 September 2024, the continent has reported 43,232 suspected cases, 8,264 confirmed and 1,597 deaths (CFR: 3.1%) of Mpox from 20 AU Member States (DRC, CAR, Congo, Guinea, Cameroon, Benin, Gabon, Morrocco, Egypt, Sudan, Mozambique, Ghana, Liberia, Nigeria, South Africa, Rwanda, Burundi, Uganda, Kenya, Cote d'Ivoire)[1].

The number of cases is increasing each year. Comparing 2023 with 2022, we observed a 79% increase in the number of cases reported from 8,376 in 2022 to 14,957 in 2023. As of 3 September 2024, we have already surpassed the number of confirmed cases reported in 2023 by over 3700 with an over 140% increase in 2024 compared to the same period in 2023. Uniquely, the recent outbreak of Mpox has dramatically affected children <15 years (60%).[2]

From 1 January – 3 September 2024, a total of 24,940 suspected cases, 5,432 confirmed cases and 639 deaths (CFR: 2.4%) of mpox have been reported from fourteen (14) countries: Burundi, Cameroon, Central African Republic, Guinea, Democratic Republic of Congo, Gabon, Ivory Coast, Liberia, Kenya, Nigeria, Republic of Congo, Rwanda, Uganda, and South Africa.[3][4]

Since September 2023, a new subvariant of mpox Clade I with APOBEC3 mutation named Clade Ib has been widely circulating including among commercial sex workers and their sexual contacts.

Due to the endemicity of the diseases in hard-to-reach areas and limited testing and surveillance capacity, the true burden of mpox is uncertain in Africa. Enhancing surveillance and detection is critical to prevent, detect, report and effectively respond to the multi-country mpox outbreaks in Africa. In most African countries, surveillance programs are limited by inadequate resources, personnel, and the need to cover vast, inaccessible areas with underdeveloped infrastructure. Nonetheless, the number of cases and the number of countries that are reporting mpox are increasing in recent years.

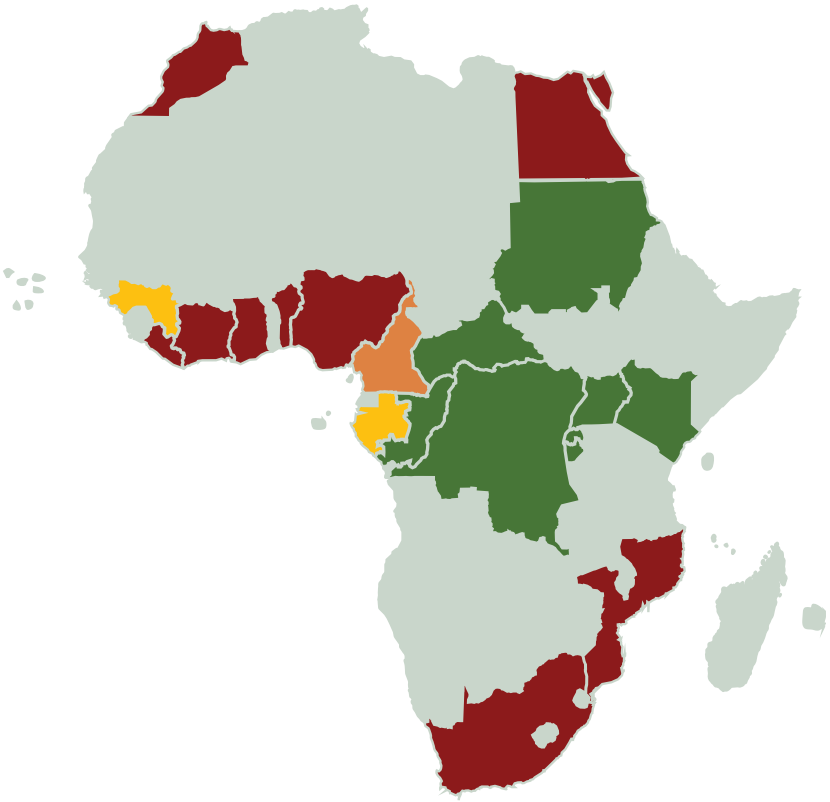
Vaccinating both the targeted and expanded priority population groups presents the best solution due to the continent's unique public health landscape, particularly its weaker surveillance systems and limited diagnostic capacity. In many African countries, the ability to detect and respond to outbreaks rapidly is hampered by under-resourced public health infrastructures, which struggle with inadequate laboratory facilities, insufficient trained personnel, and a lack of comprehensive information management systems. These challenges make it difficult to accurately identify and isolate mpox cases quickly, allowing the virus to spread unchecked across communities.

In Western countries, where robust surveillance systems, advanced diagnostic technologies, and comprehensive contact tracing mechanisms are in place, targeted vaccination strategies—such as ring vaccination around confirmed cases—are effective. These countries can swiftly identify cases, trace con-

1 https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00363-2/fulltext
2 https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00363-2/fulltext
3 https://africacdc.org/download/africa-cdc-weekly-event-based-surveillance-report-august-2024/
4 https://africacdc.org/news-item/Mpox-outbreaks-in-africa-constitute-a-public-health-emergency-of-continental-security/

tacts, and provide vaccinations to those most at risk, effectively containing the virus with limited resources. However, in Africa, such targeted strategies may be less effective due to the weak surveillance systems. In many areas, by the time a case is identified, the virus may have already spread to multiple locations, making containment efforts far more challenging. Furthermore, with limited testing capacity, many cases go undetected, and the true extent of the outbreak remains unknown.

The Mpox Continental Preparedness and Response Plan for Africa (MCPRPA) seeks to build a stronger foundation for health security in Africa through a country-driven unified approach, prioritizing prevention, enhancing immunity at community level, and promoting the continent's self-reliance.



Clade I &II
Cameroon

Clade I
CAR
Congo
DRC
Rwanda
Burundi
Kenya
Sudan
Uganda

Clade II
Benin
Ghana
Mozambique
Nigeria
South Africa
Egypt
Morocco
Cote dÍvoire
Liberia

Sequencing result pending
Guinea
Gabon

Figure 2: Mpox epidemic situation and variants in Africa from 2022- 2024

2. Mpox Risk, Readiness Assessment and Categorization

The emergence of zoonotic diseases is driven by complex ecological, climatic, political, economic, and social factors, some of which are becoming further exacerbated on the continent. The warning signs from local outbreaks are often neglected with limited investigation, surveillance, diagnosis, and response. One such neglected outbreak in Africa is mpox. Across the African Continent, readiness assessments conducted reveal that countries need to be better prepared. Between February and August 2024, the WHO conducted readiness assessments within the continent especially focused on countries neighbouring those reporting the highest number of cases (i.e., DRC and South Africa). Nineteen (19) countries submitted their initial self-assessment data, from which the overall average readiness was limited, with over 50% of reporting countries scoring overall in the 'limited readiness' category. Notably, the areas showing the greatest readiness gaps were vaccination, health services continuity (HSC), coordination, and operations support and logistics (OSL). While areas such as laboratory capacity and surveillance indicate improved continental preparedness, critical gaps remain, including shortages of laboratory reagents and supplies, as well as the insufficient integration of STI/HIV clinics into surveillance and case management systems across most countries. The outbreak has also underscored significant challenges in surveillance and data reporting, particularly in DRC. Low sample collection rates and issues with data harmonization have hindered accurate assessments of the outbreak's true extent, emphasizing the need for strengthened coordination and resource allocation.

Since 2022, the number of countries reporting mpox cases are increasing in Africa and beyond. From July 2022 to May 2023, the WHO declared it a Public Health Emergency of International Concern (PHEIC) due to unprecedented increase and widespread across the world. This rapid spread to neighbouring countries of Clade 1 with a new mode of transmission - sexual transmission for clade Ib; limited capacity of at-risk neighbouring countries to detect and contain the outbreaks, and limited resources available, has raised the risk of disease as high for the DRC and neighbouring countries.

For this plan (Sep 2024 – Feb 2025), the African Union Member States are classified into four categories based on their status of mpox and their risk level. This risk level is purely for planning and resource optimization to respond to the active and sustained transmission epicenters (Table 1).

Table 1: Mpox risk categorization

No.	Description	Countries as of 05 September 2024
1	Countries experiencing sustained human-to-human transmission	DRC, Burundi, Nigeria, South Africa, Cote d'Ivoire, Central African Republic
2	Countries not already falling into Category 1 but experiencing sporadic human cases since 01 January 2022; and / or, countries that are assessed as having endemic zoonotic reservoirs for mpox	Rwanda, Kenya, Uganda, Sierra Leone, Liberia, Ghana, Cameroon, Gabon, Republic of Congo, Morocco, Egypt, Benin, Mozambique, Republic of Guinea, Sudan
3	Countries not already falling into Category 1 or Category 2 that are assessed as requiring enhanced readiness including due to proximity to Category 1 countries by land, air or sea	Angola, Zambia, Eswatini, Lesotho, Ethiopia, Somalia, South Sudan, Tanzania
4	All other countries	

3. Declaration of Mpox as a PHECS and PHEIC- 2024

The surge in mpox cases in 2024 led the Africa CDC to invoke Article 3(e) to declare a Public Health Emergency of Continental Security for the first time. This decision followed consultations with key stakeholders, including the Pandemic Prevention and Preparedness Response (PPPR) Commission of the African Union Commission, the Advisory Technical Council (ATC), and the Governing Board (GB). The Director-General of Africa CDC also convened the Emergency Consultative Group (ECG) to critically review all available data and provide expert advice. The ECG considered several factors, such as the limitations in the available epidemiological data, the high burden of cases and increasing incidence of mpox, the high case fatality ratio, and the confirmation of mpox in new countries. Additionally, the need for greater coordination of the response, complexities surrounding vaccines, and limited diagnostic capacities were also taken into account. The WHO convened the International Health Regulations Emergency Committee on 14 August 2024. After thoroughly assessing the latest epidemiological data, transmission patterns, and global response capacities, the committee unanimously determined that the ongoing Mpox upsurge constitutes a Public Health Emergency of International Concern (PHEIC). This declaration underscores the severity of the current situation and highlights the urgent need for intensified international collaboration to control the outbreak.

4. Guiding Principles

The guiding principles outlined in this plan ensure a comprehensive, equitable, and collaborative approach to mpox prevention and control. These principles draw from the lessons learned during the COVID-19 pandemic and align with the 2023 Lusaka Agenda, which emphasizes strengthening joint approaches for achieving equity in health outcomes, operational coherence, and a coordinated approach to product development and research.

- **Country-Driven Approach:** The continental plan focuses primarily on mpox preparedness and response interventions based on the priorities identified by affected countries. This ensures that the response is tailored to the specific needs of each country.
- **Science-Driven Strategies:** All strategic approaches and key interventions are grounded in the best available scientific evidence, ensuring that the response is effective and adaptive to the evolving understanding of the virus and its transmission.
- **Equity and Solidarity:** Prioritization of issues and resource allocation should be sensitive to the needs of the most affected regions/provinces, vulnerable groups, and countries most in need. This principle is supported by global solidarity, ensuring that medical countermeasures are made available to African Member States equitably.
- **Unified approach:** align all partners around a single cohesive plan. This alignment ensures that all stakeholders work toward common objectives, minimizing duplication and maximizing impact.
- **Single Collaboration Mechanisms:** Streamline efforts through coordinated leadership
- **Sustainability:** Focus on developing sustainable, long-term solutions that can be scaled and maintained over time, ensuring that countries are better prepared for future outbreaks and that the response efforts have a lasting impact

5. Goal and Response Strategy

Goal

The overall goal of this mpox preparedness and response plan is to support African Union Member States to prevent and control mpox outbreaks.

Overall Preparedness and Response Strategy

To address the ongoing mpox outbreaks in the African continent, a comprehensive strategy is crucial for effective management and mitigation. The mpox Continental Preparedness and Response Plan for Africa emphasizes a community-centered, well-coordinated, multisectoral, and differentiated approach adapted to the epidemiology and risk category of member states that bolsters surveillance and laboratory testing, engages communities, ensures availability of critical countermeasures and builds resilient and equitable health systems.

6. Preparedness and Response Pillars and Strategic Objectives

Pillar 1: Coordination and Leadership

Strategic Objective: Establish one functional coordination mechanism with one team, one plan, one budget, and one M&E framework at continental, national and subnational levels.

Actions: Enhance harmonized coordination and collaboration between relevant stakeholders including resource mobilization:

A. At continental level:

- Strategic coordination: Set up one strategic continental mpox coordination mechanism co-led by Africa CDC and WHO and supported UNICEF.
- Operational coordination: Set up an Incident Management Team (IMT) at the continental level to coordinate the support to the Member States through the Ministries of Health and strengthen their implementation capacities. The continental IMT will be co-chaired by Africa CDC and WHO and supported by UNICEF.
- Regular Consultations: Meetings with the Africa Emergency Consultative Group (ECG), Africa CDC governance bodies (ATC, Board, Council of Heads of State and Government), WHO AFRO EPR Technical Advisory Group (TAG) and key partners will facilitate information sharing, engagement of key players, priority setting and harmonization of efforts.

B. At the Member States level

- Strategic coordination: Support the setting up of a strategic national mpox coordination mechanism chaired by the Minister of Health and including key partners supporting the mpox response in the country such as Africa CDC, WHO, UNICEF, WFP, IOM, FAO, IFRC, MSF, EU, USG, CEPI, GAVI, GFATM, The Pandemic Fund and others.
- Operational coordination: Support the national IMS structure chaired by the Ministry of Health through the National Public Health Emergency Operations Manager and including key partners supporting the national mpox response such as WHO, UNICEF, WFP, FAO, IFRC, MSF, EU, USG (CDC, USAID, NIH), CEPI, GAVI, GFATM, The Pandemic Fund and others.
- Partner engagement: Support MoH to organize accountability mechanism of partners and stakeholders, support of development of 4W response matrices

Pillar 2: Risk Communication and Community Engagement (RCCE)

Strategic Objective: Support and engage communities, particularly the most vulnerable members, so that they practice key public health recommendations and access the needed services to reduce mpox transmission, morbidity, mortality and secondary impacts.

Actions: Engage communities in public health response and ensure their perspective and realities drive the mpox response interventions

- Develop and implement continental RCCE plans and strategies tailored to mpox response
- Support countries in developing/revising and implementing their evidence-based RCCE plans based on target populations such as children including school-going children and their caregivers, teachers, youth, women, pregnant and lactating women and their infants/young children, and key population groups.
- Support countries to collect and use social and behavioural data to guide preparedness, plan the response and adjust interventions
- Support the participation of civil society and community-based organizations in the planning, implementation and monitoring of preparedness and response activities at national and local levels
- Support countries in developing impactful and contextualized communication campaigns, based on evidence and participation of communities' representatives, translating them into local languages to address mpox prevention and control and reduction of stigma and discrimination.
- Assist in the creation and dissemination of culturally and linguistically appropriate messages to address mpox prevention, control and the reduction of stigma and discrimination
- Build the capacity of frontline workers, teachers and local influencers in community engagement and interpersonal communication to work with communities, schools and families towards adoption of recommended practices
- Support countries to develop/strengthen community feedback mechanisms for capturing, analysing and acting on knowledge gaps, concerns, and complaints
- Support countries in collecting, analysing, and addressing rumours and infodemics related to mpox, ensuring accurate and timely information reaches the public
- Support media engagement and capacity building of the media personnel (health journalists).
- Support countries to counter misinformation and disinformation through various RCCE approaches

Pillar 3: Surveillance

Strategic Objective: Establish/enhance a functional event-, community-based, and cross-border mpox surveillance systems at continental, national and subnational levels

Actions: Strengthen mpox surveillance through event/community-based surveillance, contact tracing, point of entry, and cross-border information sharing

- Integrate mpox surveillance into existing disease surveillance platforms, such as the Integrated Disease Surveillance and Response (IDSR) system.
- Ensure mpox is included in the list of notifiable diseases across all countries, with event- and indicator-based surveillance systems implemented to optimize resource utilization and streamline data collection, analysis, and reporting.
- Support member states in enhancing mpox surveillance including investigations, contact tracing and follow-up, and PoEs (cross-borders and within countries)
- Support member states to strengthen capacity at PoEs through targeted risk communication and community engagement (RCCE), multi-sectoral coordination, disease surveillance, and infection, prevention and control (IPC) measures.
- Develop and disseminate surveillance guidelines, tools and frameworks for monitoring including establishing data sharing agreements.
- Strengthen community-based surveillance by enhancing the capacity of health and community workers and through training, leveraging community health workers (CHWs) and community-based organizations (CBOs).
- Support data management and analytics at national and continental levels, including the regular development of situation reports (SITREPs). Integrate data from various sources, including event-based, community-based, epidemiological, laboratory, clinical, and mobility data, to generate actionable insights for decision-making.

- Promote the digitalization and real-time reporting of surveillance data from both facilities and community-based systems, utilizing electronic platforms for more efficient data collection.
- Support member states to bolster capacity in cross-border coordination and information sharing on disease outbreaks for efficient and effective preparedness and response efforts.

Pillar 4: Laboratory Capacity

Strategic Objective: Strengthen mpox laboratory testing and sequencing capacity to confirm at least 80% of mpox suspected cases and sequence at least 5% of epidemiologic and geographic representative confirmed mpox cases.

Actions: Strengthen laboratory testing for diagnostic and sequencing through training and provision of equipment and reagents.

- Strengthen laboratory infrastructure by upgrading existing facilities and establishing new ones, particularly in underserved areas. Provide necessary training, equipment, and reagents to national reference labs to enhance testing and sequencing capacity.
- Decentralize qPCR testing to subnational levels to improve accessibility and response times, enabling faster diagnostic capabilities in remote and underserved areas.
- Validate and deploy new diagnostic tools, including point-of-care testing (POCT) antigen rapid diagnostic tests (RDTs), to increase access to mpox testing.
- Assist countries in setting up or strengthening systems for sample collection and transportation, ensuring that samples can be efficiently and safely sent to testing facilities.
- Enhance laboratory data analysis and reporting to improve the tracking of mpox cases and the effectiveness of response strategies. Ensure that laboratory results are integrated into national surveillance systems.
- Incorporate genomic sequencing into routine mpox surveillance to enable the rapid identification of new viral strains and track the spread of the virus. Foster collaboration and data sharing among national and international laboratories to support global genomic surveillance efforts.
- Support epidemiological studies to better understand transmission parameters, risk factors, and the severity of mpox, complementing evidence collected through enhanced surveillance.

Pillar 5: Case Management

Strategic Objective: Support comprehensive case management for mpox, including medical, nutritional, and psychosocial care, to reduce the case fatality rate.

Actions: Strengthen case management for mpox through:

- Develop a case management protocol at the continental level, adaptable to various care settings and patient populations (such as children <15 years, youth, pregnant women, commercial sex workers, key population groups, etc.)
- Support countries in developing, revising, and implementing national case management protocols that address the specific needs of mpox patients, including the integration of HIV testing, management of childhood illnesses, and community case management (iCCM) programs.
- Build the capacity of healthcare workers through webinars, training of trainers, and other educational initiatives to ensure they are equipped to manage mpox cases effectively, including the detection and referral of congenital mpox cases.
- Provide countries with the necessary supplies, consumables, and equipment to manage mpox cases, including the establishment of temporary isolation units and the maintenance of essential medical stockpiles.
- Support countries with the provision of psycho-social and nutrition services
- Integrate mental health and psychosocial support services into IPC protocols to address the psychological impacts of mpox on patients, particularly those experiencing stigma and discrimination.

Pillar 6: Infection Prevention and Control

Strategic Objective: Strengthen infection prevention and control measures at 80% of health facilities and schools in hotspots of mpox-affected and at-risk member states to minimize the risk of mpox transmission

Actions: Strengthen infection and prevention control measures at households, schools, health facilities and communities

- Develop and adapt continental IPC guidelines specifically for the mpox response, ensuring they are relevant and applicable across different healthcare settings
- Support member states in developing, revising, and implementing IPC guidelines and tools tailored to mpox, including the management of healthcare waste and the provision of water, sanitation, and hygiene (WASH) services
- Build the capacity of healthcare providers, community health workers (CHWs), and communities on IPC measures, medical waste management, and WASH, ensuring that health and care workers are protected while delivering care.
- Provide member states with the necessary supplies and equipment to implement IPC measures effectively, including PPE, WASH services, and safe waste disposal systems, with a particular focus on healthcare facilities, IDP camps, and refugee settings
- Integrate mental health and psychosocial support services into IPC protocols to address the psychological impacts of mpox on patients, particularly those experiencing stigma and discrimination.

Pillar 7: Vaccination

Strategic Objective: Support the administration of mpox vaccination to the target populations (HCWs/responders, contacts of cases, immunocompromised individuals, key populations, children, pregnant women[5] and other groups according to local epidemiology)

Actions: The vaccination of the targeted and the expanded high-risk population groups is a proactive measure that would help to address the delayed responses that often occur due to weaker health systems, weaker surveillance systems, and limited diagnostic capacity. Instead of relying solely on a reactive approach, a proactive vaccination campaign would build resilience in the population, reducing the public health impact of mpox and preventing healthcare systems from becoming overwhelmed during outbreaks. This approach seeks to build a stronger foundation for health security in Africa by prioritizing prevention, enhancing immunity at the community level, and reducing the continent's dependence on external factors for outbreak control.

Accordingly, the mpox vaccination program will be implemented in two phases. During the first phase, mpox vaccines will be administered to the exposed group of contacts and the contacts of contacts and the expanded group of those at risk (healthcare workers, immunocompromised and key populations). During the second phase, consideration could be given for the mpox vaccination to be wider, targeting affected communities, depending on progress in the epidemiology and the availability of vaccines.

The main activities on vaccination will include:

- Develop a tailored vaccination strategy for mpox vaccine focused on stopping acute transmission of the virus to avoid additional mutations while addressing regulatory requirements and infrastructure needs
- Development of a continental vaccine allocation and distribution plan to ensure a fair allocation of vaccines to affected member states and some at very high risk
- Support member states with the procurement/donation of vaccines and implementation of vaccination including monitoring of vaccine effectiveness and adverse events from immunization
- Support the rollout of mpox vaccination according to national vaccination plans
- Develop a research and development roadmap, that guides the integration of research into the deployment of efforts to assess the effect of the vaccines, the best strategy for vaccination in various contexts, gather additional safety data and assess alternative schedules and routes of administration
- Build the capacity of national teams for mpox vaccination through targeted training and education.
- Facilitate the convening of the Africa Vaccine Regulatory Forum (AVAREF) to discuss the emergency authorization of mpox vaccines
- Enhance vaccine uptake through various RCCE approaches
- Advocate vaccine manufacturers for the transfer of technology and talent development to facilitate local manufacturing in Africa

Pillar 8: Research and Innovation

Strategic Objective 1: Coordinate and conduct mpox operational and clinical research across the continent to address critical knowledge gaps and support response efforts

5 Schwartz, D. and Pittman, P. (2023). mpox (monkeypox) in pregnancy: viral clade differences and their associations with varying obstetrical and fetal outcomes. Viruses, 15(8), 1649. https://doi.org/10.3390/v15081649

Actions: Coordinate mpox research through:

- Launching a continental research coordination mechanism
- Launching quick operational and clinical research to address key questions on KAP, uptake of vaccines and therapeutics and enhance diagnostic capacity
- Mobilizing resources to accelerate research and enhance the response
- Strengthening One Health activities to better understand animal-human transmission and human-to-human transmission in the different contexts
- Strengthening trans-border investigation in vulnerable populations

Strategic Objective 2: Coordinate and enhance research and development (R&D) for the manufacturing of countermeasures, including vaccines, therapeutics, and diagnostics, to ensure rapid deployment during outbreaks

Actions:

- Establish a Continental Research Coordination Mechanism: Launch a centralized platform to harmonize mpox research efforts across Africa, ensuring alignment with global standards and fostering collaboration among African researchers and institutions.
- Initiate Rapid Operational and Clinical Research: Prioritize and launch rapid-response research projects to address key questions on knowledge, attitudes, and practices (KAP), vaccine and therapeutic uptake, and to strengthen diagnostic capacities.
- Implement multi-country clinical trials to evaluate the effectiveness and safety of mpox vaccines and therapeutics in diverse African populations, including vulnerable groups.
- Mobilize and Secure Resources for Research: Develop a continental strategy to attract funding from international donors, governments, philanthropic organizations, and private sectors to accelerate research and support the response
- Promote Innovation in Countermeasure Development: Foster R&D initiatives aimed at the local production of vaccines, therapeutics, and diagnostics, reducing reliance on imports and enhancing Africa's self-sufficiency in outbreak response.
- Strengthen Data Sharing and Collaboration: Implement a robust data-sharing framework to ensure timely dissemination of research findings across the continent, informing public health strategies and policy decisions.
- Encourage cross-border collaborations and partnerships to enhance research capacity and knowledge exchange among African nations.
- Integrate Research into Policy and Practice: Ensure that research outcomes are translated into actionable policies and practices that can be rapidly implemented during mpox outbreaks. Engage policymakers, public health authorities, and communities in the research process to align efforts with public health needs and priorities.

Pillar 9: Logistics and Financing

Strategic Objective: Provide robust operational support, ensuring the safety and security of response staff, maintaining key infrastructure and ensuring the efficient procurement and distribution of essential supplies (essential medicines, PPE, triage units, vaccines, RCCE materials, etc.)

Actions: Ensure robust support by developing standards for mpox supplies, coordinating demand forecasts, enhancing supply transparency and implementing fair allocation, strengthening logistics, and maintaining supply chain integrity for equitable distribution.

- Establishment of mpox Commodity Standards: Develop pre-defined lists of essential mpox supplies and associated technical standards.
- Formulate evidence-based policies for the use of countermeasures and establish mechanisms for rapid updates based on emerging data.
- Conduct coordinated market assessments to inform equitable access strategies as needed.
- Coordinated Demand Forecasting and Planning: Ensure that member states share information and coordinate demand forecasting for medical countermeasures, focusing on risk-based demand analysis and generating aggregated forecasts for the continent.
- Transparency on Secured Supply and Market Shaping Plans: Enhance decision-making and collaboration across various supply sources for

medical countermeasures, including procurement and donations.

- Equitable and Transparent Needs-Based Allocation: develop a transparent mechanism for the allocation of medical countermeasures during the mpox emergency to member states.
- Logistics and Distribution: Strengthen logistics and distribution systems to ensure the availability, integrity, and efficient distribution of medical countermeasures. This includes establishing strategic stockpiles, coordinating transportation and cold chain capacity, streamlining export and import processes, supporting country readiness, and monitoring supply chains for quality assurance.
- Develop a cooperative network of health emergency supply chain actors to support the effective distribution of countermeasures

Pillar 10: Continuity of Essential Services

Strategic Objective: Advocate for and support Member states to monitor the implementation of basic services ensuring continuity to avert loss of gains

Actions

- Advocate for and draw attention of member states on the importance of the continuity of essential services
- Close monitoring and timely identification of challenges
- Guidelines on strategies and actions to ensure continuity of education, and other PHC and social services

7. Response Implementation Framework

Overall coordination and leadership

The mpox continental response will be co-coordinated and co-led by Africa CDC and WHO, supported by workstreams led by key partners, leveraging on their comparative advantage (Table 2).

WHO and Africa CDC will work with all relevant stakeholders including UN and non-governmental Organizations and Civil Society Organizations, who will be represented in relevant 10 pillars. In line with the Lusaka Agenda calling for harmonized efforts, the continental mpox response will be implemented through one team, one plan, one budget and one M&E principle. In that regard, one continental Incident Management Team has been established including members from key partners (Figure 3).

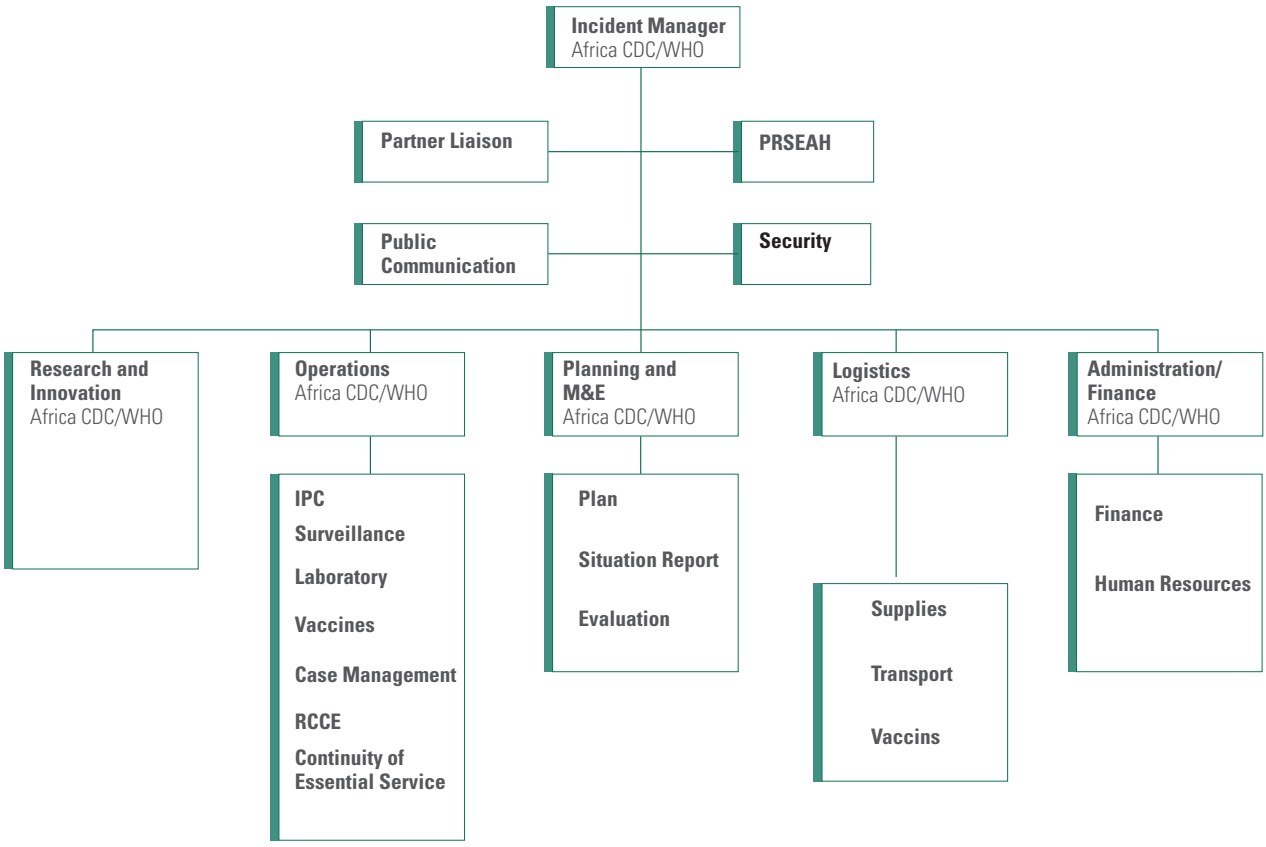


Figure 3: Continental mpox response structure

Table 2: Main functions of partners by pillars of response

Pilllar	Lead	Sub-pillar	Support Partners*
Pillar 1: Coordination and leadership	Africa CDC/ WHO	Partner liaison	Africa CDC
		Public information	Africa CDC
		PRSEAH	WHO
		Security	WHO
		Planning	Africa CDC, WHO
Pillar 2: Risk Communication and Community Engagement (RCCE)	Africa CDC/ WHO	Community feedback mechanisms	IFRC, UNICEF
		Infodemics	WHO
		Community engagement	GAVI, IFRC, UNAIDS, UNICEF, WHO
		Risk communication	Africa CDC, UNICEF, WHO
		Behavioural insights and knowledge management	UNICEF, WHO
		Media	Africa CDC, IFRC, UNICEF
Pillar 3: Surveillance	Africa CDC/ WHO	Alert and investigation	Africa CDC, WHO
		Contact tracing	Africa CDC, WHO
		Active case finding	Africa CDC, WHO
		Point of Entry (PoE)	Africa CDC, IOM
		Health information management	Africa CDC, PATH
		Event-based surveillance	Africa CDC, WHO
		Animal surveillance	FAO, WOAH
Pillar 4: Laboratory Capacity	Africa CDC/ WHO	Diagnostics	Africa CDC, FIND, WHO
		Quality control and assurance	ASLM, WHO
		Genomics sequencing and bioinformatics	Africa CDC, WHO
		Biosafety and biosecurity	Africa CDC, WHO
Pillar 5: Case Management	Africa CDC/ WHO	Clinical	Africa CDC, MSF, UNAIDS, WHO
		Psychosocial	UNICEF, WHO
		Nutrition	ACF, UNICEF, WFP
Pillar 6: Infection Prevention and Control	Africa CDC/ WHO	Health facilities	WHO
		Community	OXFAM, UNICEF
		WASH	OXFAM, UNICEF
Pillar 7: Vaccination	Africa CDC/ WHO	Delivery	GAVI, UNICEF, WFP, WHO
		Pharmacovigilance	Africa CDC, GAVI, WHO
		Regulatory	Africa CDC, AMA, AUDA-NEPAD, AVAREF, WHO
		Cold chain management	GAVI, UNICEF

Pilllar	Lead	Sub-pillar	Support Partners*
Pillar 8: Research and Innovation	Africa CDC/ WHO	Clinical trials/R&D	Africa CDC, AUDA-NEPAD, AVAREF, CEPI, EDCTP, WHO
		Implementation/ operational research	Africa CDC, EDCTP, GAVI, Wellcome Trust
		Ethics and regulatory	Africa CDC, AMA, AUDA-NEPAD, AVAREF
Pillar 9: Logistics and Financing	Africa CDC/ WHO	Procurement	Africa CDC, GAVI, UNICEF, UNHCR, WFP, WHO
		Supply	Africa CDC, IFRC, UNHCR, UNICEF, WFP, WHO
		Health logistics and operations	Africa CDC, MSF, UNICEF, WFP, WHO
		Financing	AfDB, Afrexim Bank, BMGF, EU, GAVI, Mastercard Foundation,The Pandemic FUND, World bank, and all funding partners
Pillar 10: Continuity of essential services	Africa CDC/ WHO	Health care services	Africa CDC, UNHCR, UNICEF , WHO
		Food and nutrition support	WFP, UNHCR
		Education	UNICEF

**Support partners are arranged in alphabetical order*

As explained in the section on coordination above, at the member-state level, the mpox response will be coordinated and led by the Ministry of Health at both strategic and technical levels. At subnational levels, the coordination will be led by the local authority or the head of health in accordance with the laws of the specific country.

High-level Roles and Responsibilities of Key Partners

Africa CDC and WHO will work closely together to co-lead the mpox Continental Preparedness and Response Plan for Africa by leveraging their respective mandates, expertise, and comparative advantages to ensure a coordinated, efficient, and effective response across the continent.

By combining their strengths and working together based on their mandates, Africa CDC and WHO will co-lead a coordinated and comprehensive response to mpox across Africa. This partnership will leverage Africa CDC's regional expertise and coordination role within the African Union with WHO's global health leadership, technical expertise, and access to the international network. Together, they will ensure a robust, equitable, and sustainable response to mpox, enhancing health security for all African nations and contributing to global health resilience. This collaboration is built on a foundation of mutual support and partnership, recognizing the unique strengths each organization brings to the table.

Africa CDC, as a specialized public health institution of the African Union, is mandated to strengthen the capacity and capability of Africa's public health institutions and systems to detect and respond quickly and effectively to disease threats. Africa CDC serves as the central point for coordinating health-related responses within Africa, ensuring a unified and continent-wide approach to public health emergencies.

Some of its key comparative Advantages for this mpox Continental Preparedness and Response Plan are:

- Africa CDC has unique deep contextual understanding, experience, expertise and knowledge in addressing public health challenges in Africa
- Africa CDC is uniquely positioned to coordinate the efforts of the 55 AU member states. It can mobilize political support, facilitate resource-sharing, and harmonize public health measures across countries to ensure a unified continental response

to mpox.

- Africa CDC has a strong track record in continental capacity building, particularly in developing and supporting national public health institutes, training health workers, and improving surveillance systems and laboratory networks. This capability will be crucial for strengthening the mpox response at the national and community levels.

WHO, as the leading international public health agency, is mandated to promote global health security, coordinate international health responses, and provide technical expertise and guidance to its member states. WHO's role involves developing and disseminating evidence-based health policies, strategies, and best practices, as well as supporting countries in strengthening their health systems.

Some of its key comparative Advantages for this mpox Continental Preparedness and Response Plan are:

- WHO has the authority and experience to set international standards and guidelines for disease control, including those for surveillance, vaccination, treatment, and public health preparedness. WHO's endorsement provides credibility and legitimacy to the mpox preparedness and response efforts.
- WHO's global reach and established partnerships with other international organizations, partners, and research institutions provide access to vital resources, including knowledge, vaccines, treatments, and diagnostics.
- WHO possesses vast technical expertise in various health domains, including epidemiology, virology, immunology, and health systems strengthening. This expertise will be critical in developing evidence-based strategies and interventions to manage the mpox outbreak effectively.

Therefore, to co-lead the mpox Continental Preparedness and Response Plan effectively, Africa CDC and WHO will collaborate in the following critical key areas, supported by other partners who are involved in this plan:

a. **Joint Strategy Development and Implementation**: Both organizations will work together to develop a unified continental strategy for mpox preparedness and response that will be informed by evidence and best practices, ensuring alignment with global health standards while being tailored to the African context. Africa CDC and WHO will coordinate the implementation of the plan across AU member states, leveraging their respective networks and resources to ensure comprehensive coverage.

b. **Integrated Surveillance and Data Sharing**: Africa CDC and WHO will collaborate on enhancing and integrating mpox surveillance systems across Africa to improve early detection, reporting, and monitoring of cases. This will involve standardizing data collection protocols, facilitating real-time data sharing between countries, and utilizing digital health technologies for rapid information exchange. WHO's global surveillance network will complement Africa CDC's regional surveillance efforts, ensuring that accurate data informs public health interventions.

c. **Coordinated Vaccine Deployment and Medical Countermeasures**: Africa CDC and WHO will jointly coordinate with UNICEF, GAVI, and other partners the procurement, distribution, and deployment of vaccines and other medical countermeasures, such as antivirals and diagnostics. WHO will leverage its relationships with global manufacturers and donors to secure vaccine supplies, while Africa CDC will facilitate equitable distribution across AU member states based on epidemiological data and risk assessments. Both organizations will work to ensure that countries with the highest need receive priority access and support capacity-building efforts to manage vaccine storage and administration effectively.

d. **Risk Communication and Community Engagement**: Africa CDC and WHO will work together with UNICEF to lead the risk communication efforts to ensure clear, consistent, and culturally appropriate messaging about mpox prevention, symptoms, and response measures. This collaboration will involve developing and disseminating public health information tailored to different communities, addressing misinformation, and engaging local leaders, civil society organizations, and healthcare workers in public education campaigns.

e. **Research and Development**: Africa CDC and WHO will work together to identify current gaps in knowledge and medical countermeasures to launch appropriate research and development and operational research to address these gaps.

f. **Capacity Building and Health Systems Strengthening**: Africa CDC and WHO will work together to strengthen national health

systems to better prepare for and respond to mpox outbreaks. Africa CDC will lead efforts in building regional and national capacities, such as training healthcare workers, enhancing laboratory and diagnostic capabilities, and developing public health emergency management systems. WHO will provide technical support, guidance, and training materials, drawing on its global experience and expertise.

g. **Resource Mobilization and Advocacy**: Africa CDC and WHO will collaborate to mobilize resources, both financial and technical, needed to implement the mpox preparedness and response plan effectively. This will involve joint fundraising efforts with international donors, governments, and private sector partners, as well as advocating for global solidarity and equitable access to medical countermeasures for Africa.

h. **Monitoring, Evaluation, and Adaptive Response**: Both organizations will jointly establish monitoring and evaluation mechanisms to assess the effectiveness of the mpox response and preparedness measures. This will include setting up feedback loops to continuously improve strategies based on real-time data and lessons learned, ensuring that the response remains adaptive to the evolving situation.

Roles and Responsibilities of Member States

All Member States should follow relevant guidances and recommendations published by Africa CDC and WHO.

- The Member States have the primary responsibility of responding to the mpox outbreak in their geographical jurisdiction.
- The activities of the member states will be supported by technical assistance from partners. Thus, member states need to create favourable working relationships and environments with all the partners and monitor the technical assistance provided by the partners.
- Member states are also required to share the epidemiological data required for the response with the Africa CDC and WHO.
- Follow Temporary Recommendations after PHEIC: Member States should also follow the relevant guidance found within the Temporary Recommendations issued by WHO after the PHEIC declaration. These recommendations are designed to enhance specific national and regional responses based on the evolving situation.
- Compliance with IHR: Every Member State must adhere to the International Health Regulations (IHR), which provide the necessary framework to prevent and respond to public health risks with the potential to cross borders. This adherence is essential for coordinated international efforts to manage the risk of mpox spread.
- Adherence to IHR 2005 standing recommendations: All Member States, regardless of category, should follow the Standing Recommendations, which have been extended through August 2025. These recommendations are vital for maintaining a robust level of readiness and ensuring a consistent response across all countries.

Suggested Priority actions based on country categorization

For this plan (Sep 2024 – Feb 2025), the African Union Member States are classified into four categories based on their status of mpox and their risk level (Table 3). This risk level is purely for planning and resource optimization to respond to the active and sustained transmission epicentres. The suggested priority actions below are neither prescriptive nor exhaustive but an indication of the differentiated and adaptable strategy of this plan.

Table 3: Categorization of AU Member States as per the current levels of mpox risk

Pillar	Category			
	Category 1: sustained human-to-human transmission	**Category 2: sporadic human cases and / or, endemic zoonotic reservoirs for mpox**	**Category 3: Countries at risk based on the proximity to Category 1 countries by land, air or sea**	**Category 4: Others**
Coordination	Establish/enhance a multisectoral strategic and operational coordination mechanism led by the MoH with support of Africa CDC and WHO, at national and sub-national levels Implement the full package of the response plan	Establish/enhance a multisectoral strategic and operational coordination mechanism led by the MoH with support of Africa CDC and WHO, at national and sub-national levels Develop and implement national response plans for sporadic transmission control and enhance multisectoral coordination	Build capacity for mpox preparedness and response, Conduct readiness assessment Develop national contingency plans. Activate/elevate PHEOCs to alert mode/lowest level of activation	Develop and implement national contingency plan Maintain routine unified coordination structures at all levels to ensure preparedness and alertness for mpox outbreaks.
RCCE	Implement tailored RCCE strategies to address human-to-human transmission with a focus on protecting children, reducing sexual transmission, driving vaccine acceptancy and reducing stigma	Implement tailored RCCE strategies to address human-to-human transmission with a focus on protecting children, reducing sexual transmission, driving vaccine acceptancy and reducing stigma	Develop strategies, plans, culturally and liguistically adapted messages. Disseminate messages focused on awareness through appropriate channels	Develop strategies, plans, culturally and liguistically adapted messages and disseminate through appropriate channels
Surveillance	Implement active surveillance (health facilities and community), contact tracing, and cross-border data sharing to promptly identify cases and interrupt mpox transmission through targeted interventions. Integrate mpox into IDSR	Enhance surveillance with active and community-based efforts, contact tracing in areas reporting sporadic cases Ensure detailed case investigation and reporting to understand transmission dynamics Integrate mpox into IDSR	Implement sensitive surveillance and laboratory capacity building for prompt mpox diagnosis, enhancing capacity, data-sharing, and surveillance training at entry points in at-risk countries. Integrate mpox into IDSR	Enhance routine surveillance with digital tools and continuous training of health workers for alertness and reporting of suspected mpox cases. Integrate mpox into IDSR

Pillar	Category			
	Category 1: sustained human-to-human transmission	**Category 2: sporadic human cases and / or, endemic zoonotic reservoirs for mpox**	**Category 3: Countries at risk based on the proximity to Category 1 countries by land, air or sea**	**Category 4: Others**
Laboratory	Testing of 80% of mpox suspected cases through strengthening of testing at national and sub national levels Implement upgraded lab infrastructure, decentralized qPCR testing, and genomic sequencing for effective control of active mpox transmission.	Diagnostic capacity at national reference laboratory to achieve 100% of suspected cases to be tested Boost national lab capacity to test all suspected cases, deploy rapid tests, enhance data reporting, and use genomic sequencing for unclear transmission to control mpox.	Diagnostic capacity at national reference laboratory to achieve 100% of suspected cases to be tested. Build national lab capacity to confirm all suspected cases. Prepare at-risk districts with lab capacity building, sample transport systems, and validation of new diagnostic tools.	Diagnostic preparedness through supply of test kits. Build national lab capacity to confirm all suspected cases. Prepare at-risk countries with lab capacity building, sample transport systems, and validation of new diagnostic tools
Case Management	Implement comprehensive case management (clinical, psychosocial, nutritional) protocols, supply provision, and capacity building for mpox to reduce the case fatality rate (CFR) Integrate national protocols for HIV testing and management	Implement comprehensive case management protocols. Revise and implement national protocols to integrate HIV testing and manage sporadic mpox transmission efficiently.	Develop adaptable protocols, train healthcare workers to prepare countries at increased risk for potential mpox transmission.	Develop adaptable protocols, train healthcare workers to prepare countries at increased risk for potential mpox transmission

Pillar	Category			
	Category 1: sustained human-to-human transmission	**Category 2: sporadic human cases and / or, endemic zoonotic reservoirs for mpox**	**Category 3: Countries at risk based on the proximity to Category 1 countries by land, air or sea**	**Category 4: Others**
IPC	Implement comprehensive IPC measures with tailored guidelines, supplies, and training in health facilities, schools and communities to control active mpox transmission.	Develop and revise IPC guidelines and supply necessary PPE to quickly control sporadic mpox transmission Enhance IPC measures at PoE	Develop and revise IPC guidelines and SOPs Prepare at-risk health districts by building capacity in IPC, waste management, and WASH services for potential mpox outbreaks	Develop and revise IPC guidelines and SOPs Strengthen routine IPC measures in health facilities, schools and communities to maintain alertness for mpox transmissions.
Vaccination	Implement a targeted mpox vaccination strategy to stop acute outbreaks, ensuring vaccine allocation to high-risk groups and areas, integrated with other public health measures.	Develop national vaccination plans to address human-to-human transmission quickly, ensuring access and safety monitoring. Obtain regulatory approvals for emergency use of vaccines	Develop a vaccine readiness introduction plan Obtain regulatory approvals for emergency use of vaccines	Enhance routine vaccine uptake through RCCE approaches and local manufacturing advocacy. Obtain regulatory approvals for emergency use of vaccines
Research and Innovation	Launch rapid research initiatives on diagnostics, vaccines, therapeutics and mpox transmission dynamics to address critical knowledge gaps and support response efforts Quickly conduct KAP studies to enhance therapeutics and vaccines uptake	Launch rapid research initiatives on diagnostics, therapeutics and mpox transmission dynamics to address critical knowledge gaps and support response efforts Quickly conduct KAP studies to enhance therapeutics and vaccines uptake	Prepare at-risk countries by developing research protocols and obtain relevant approvals	Prepare countries by developing research protocols and obtain relevant approvals

Pillar	Category			
	Category 1: sustained human-to-human transmission	**Category 2: sporadic human cases and / or, endemic zoonotic reservoirs for mpox**	**Category 3: Countries at risk based on the proximity to Category 1 countries by land, air or sea**	**Category 4: Others**
Operational Support and logistics	Ensure equitable and efficient supply of medical countermeasures and PPE to control active mpox transmission. Ensure provision of supplies to areas with active outbreak	Ensure provision of supplies to areas with active outbreak and pre position in at-risk districts	Prepare at-risk countries by developing strategic stockpiles, coordinating demand forecasting, and enhancing cold chain capacities. Pre position of supplies at national and/or in at-risk districts	Maintain routine supply chain monitoring and cooperative networks to ensure readiness and alertness for mpox outbreaks Pre position of supplies at national level
Continuity of essential services	Ensure close monitoring of continuity and utlization of essential health, education, and social services Maintain continuity of essential health services	Maintain continuity and utlization of essential health, education, and social services Monitor utilization of essential services	Advocate for service continuity, and addressing potential challenges to maintain essential health gains and establish monitoring systems	Advocate for service continuity, and addressing potential challenges to maintain essential health gains and establish monitoring systems

8. Budget September 2024 – February 2025

The effective implementation of the plans required adequate and sustained resources to support the various activities outlined in the response strategy. This section details the key resource requirements for the first six months of operations (September 2024 to February 2025), which are crucial to stopping acute human-to-human transmission and mitigating zoonotic transmission.

Planning and Costing Assumptions for mpox Preparedness and Response in Africa:

The estimated resource requirements provide an initial funding envelope for international support to national mpox responses on the African Continent. Resource estimates include establishing and operating joint Incident Management Support Teams (IMSTs) for coordination and technical assistance across all levels, consistent with the Response Implementation Framework and the provision of operational support to national response plans.

The estimates assume an initial case load of 2,000 cases per week, increasing to 4,000 cases per week during the first two months of operations. This level is expected to continue through the fourth month, after which cases may decrease as acute outbreaks are controlled. The total estimated number of suspected cases for planning purposes is **92,000** over the first six months.

The following costing assumptions have been made for each 4,000 suspected cases per week:

- Number of PCR tests: 3,200 per week (80% of suspected cases)
- Number of positive PCR tests: 1,600 confirmed cases (assuming a test positivity rate of 50%)
- Number of genomic sequencing tests: 80 samples per week (5% of confirmed cases per week assuming of test positivity rate of 50%)
- Number of cases isolated and treated in health facilities: 320 per week (20% of cases)
- Number of vaccinations: At least **10 million** persons vaccinated in 6 months out of approximately 13 million eligible persons (assuming a 75% vaccination coverage).
    - 8.4 million contacts in 6 months or 352,000 contacts per week (based on vaccinating approximately 20 primary contacts per confirmed case and 200 secondary contacts per confirmed case, noting that specific vaccination strategies will differ between countries).
    - 2.8 million children 1-17 years in 6 months or 167,000 Children 1-17 years per week (Based on the DRC vaccination phase 1 targeting 30 health zones in blocs 1 and 2, Burundi data TBC).
    - Frontline HCWs
    - Key populations
    - Immunocompromised e.g. HIV
    - Refugees, IDPs, migrants…
    - Prisoners
    - Others social and community contacts

Budget Summary

The cost of vaccine procurement is not reflected here because it will depend on the outcome of ongoing negotiations with manufacturers including a possible decrease in price, thanks to the transfer of technology and manufacturing of mpox vaccines in Africa. The detailed budgets of the national response plans from the 14 affected member states are in Annex 1.

The overall estimated budget of this six-month (Sep 2024 – Feb 2025) plan is **US$ 599,153,498.00** of which **53% (US$ 315,311,463.00)** to support mpox outbreak response in 14 affected member states, **2% (US$ 14,000,000.00)** to support the 15 high risk non affected member states with emergency preparedness and **45% (US$ 269,842,035.00)** for the partners' operational and technical support (as detailed in Tables 5,6,7).

Minimum budget to be mobilized by partners in support to 14 affected member states

While member states have dynamic and comprehensive response plans with budgets as referenced in annex 1, under this continental plan the minimum resources to be mobilized to support core aspects of the national plans are summarized in Table 5 below:

Table 4: Summary of the budget required to support mpox response

Summary	Budget Required
Vaccine Procurement	In-kind donation
Member States Response Budget	$315,311,463.00
Funding required to support readiness in 15 Member States	$14,000,000.00
Partners operational and technical support to the mpox preparedness and response	$269,842,035.00
TOTAL BUDGET	**$599,153,498.00**

Table 5: Minimum budget to be mobilized by partners to support mpox response in the affected 14 Member States

Member State	Budget
DRC	$171,477,980.00
Burundi	$15,488,522.00
CAR	$13,196,944.00
Congo	$9,646,370.00
Cameroon	$11,717,817.00
Cote d'Ivoire	$4,067,698.00
Gabon	$2,386,366.00
Liberia	$2,744,515.00
Kenya	$8,922,598.00
Nigeria	$8,484,694.00
Republic of Guinea	$4,000,000.00
Rwanda	$9,368,862.00
Uganda	$8,309,097.00
South Africa	$45,500,000.00
Total	**$315,311,463.00**

Funding required to support readiness in 15 Member States

The allocation for critical readiness intervention in member states is based on the risk categorization and the level of readiness as per the assessment (Table 6).

Table 6: Funding required to support readiness in 15 Member States

Country	Allocated budget
Angola	$1,000,000.00
Zambia	$1,000,000.00
Eswatini	$500,000.00
Lesotho	$500,000.00
Ethiopia	$1,000,000.00
South Sudan	$1,000,000.00
Tanzania	$1,000,000.00
Malawi	$1,000,000.00
Morocco	$1,000,000.00
Egypt	$1,000,000.00
Benin	$1,000,000.00
Mozambique	$1,000,000.00
Sudan	$1,000,000.00
Sierra Leone	$1,000,000.00
Somalia	$1,000,000.00
Total	**$14,000,000.00**

Partners Operational and technical support to the mpox preparedness and response

The minimum resources required by the partners under this plan are summarized below. The total funding requirements for the partners in summarized in Annex 2.

Table 7: Partners operational and technical support to the mpox preparedness and response

Budget	
Africa CDC	$58,256,991.00
WHO	$75,056,050.00
UNICEF	$47,716,000.00
IOM	$27,828,300.00
IFRC	$45,500,000.00
WFP	$15,484,694.00
Total	**$269,842,035.00**

9. Monitoring and Evaluation

Monitoring and evaluation for this plan will be centered on a results-based management approach, ensuring capture and analysis of key performance results information and dissemination for management decision-making, reporting, and use by the stakeholders at all levels (Annex 2).

Monitoring: Input and output monitoring will be ensured through a set of reporting tools developed by the IMS that will be adhered to by all stakeholders. Process monitoring will be conducted using specific tools such as the IPC assessment checklist; EPR readiness checklist; and Risk communication checklist among others.

Periodic and ad-hoc joint support supervision visits will be undertaken; and to ensure the correctness, completeness, and timeliness of monitoring data, a series of internal review mechanisms will be used, including weekly and monthly reviews at national, regional and continental levels.

Evaluation: The Continental IMT will conduct periodic evaluations of the plan including Intra and After-action review; and accountability forum; among others.

Report Chains and Data Submission: Data collected during the implementation of this plan will be shared with the Continental IMT which has the primary mandate for its monitoring

10. Annexes

Annex 1: Total funding requirements by pillar for all affected Member States

Strategic Objectives	Total per pillar	Percentage
Coordination and Collaboration	$12,590,186.00	4.0%
RCCE	$39,063,879.00	12%
Surveillance and data	$39,942,065.00	12.8%
Laboratory testing and sequencing	$16,374,482.00	5.2%
Case Management (Medical, Nutrition & Mental Health)	$55,908,097.00	17.9%
Infection Prevention and Control and WASH	$41,476,987.00	13.2%
Vaccination and Logistics	$76,305,111.00	24.2%
Research	$26,212,696.00	8.3%
Continuity of essential services	$7,437,960.00	2.4%
TOTAL	**$315,311,463.00**	**100%**

Annex 2: Total funding requirements by affected Member States

Strategic Objectives	DRC	Burundi	CAR	Congo	Cameroon	Côte d'Ivoire
Coordination and Collaboration	$5,472,833.00	$656,152.00	$449,032.00	$480,195.00	$702,799.00	$120,542.00
RCCE	$24,660,605.00	$631,538.00	$1,290,565.00	$410,589.00	$839,799.00	$512,618.00
Surveillance and data	$18,413,498.00	$3,868,230.00	$1,070,543.00	$821,848.00	$4,295,102.00	$768,926.00
Laboratory testing and sequencing	$5,254,463.00	$829,192.00	$556,648.00	$196,581.00	$456,634.00	$427,181.00
Case Management (Medical, Nutrition & Mental Health)	$38,366,100.00	$4,704,070.00	$2,112,132.00	$71,492.00	$200,000.00	$939,799.00
Infection Prevention and Control and WASH	$22,232,666.00	$3,079,607.00	$1,332,258.00	$57,813.00	$3,079,607.00	$598,054.00
Vaccination and Logistics	$42,677,815.00	$1,207,733.00	$5,860,766.00	$7,187,286.00	$1,228,746.00	$512,618.00
Research	$12,400,000.00	$312,000.00	$325,000.00	$220,566.00	$615,130.00	$100,000.00
Continuity of essential services	$2,000,000.00	$200,000.00	$200,000.00	$200,000.00	$300,000.00	$87,960.00
SUBTOTAL	**$171,477,980.00**	**$15,488,522.00**	**$13,196,944.00**	**$9,646,370.00**	**$11,717,817.00**	**$4,067,698.00**

Strategic Objectives	Gabon	Liberia	Kenya	Nigeria	Rwanda	Uganda	South Africa	Republic of Guinea
Coordination and Collaboration	$148,659.00	$449,032.00	$192,307.00	$656,152.00	$480,195.00	$982,288.00	$1,500,000	$300,000
RCCE	$349,776.00	$85,250.00	$1,290,565.00	$1,500,000.00	$987,271.00	$1,005,303.00	$5,000,000	$500,000
Surveillance and data	$485,278.00	$182,500.00	$1,070,543.00	$120,616.00	$642,807.00	$1,402,174.00	$6,000,000	$800,000
Laboratory testing and sequencing	$392,152.00	$84,500.00	$829,192.00	$80,622.00	$1,961,813.00	$1,705,504.00	$3,000,000	$600,000
Case Management (Medical, Nutrition & Mental Health)	$132,833.00	$65,500.00	$200,000.00	$200,000.00	$629,485.00	$186,686.00	$7,600,000	$500,000
Infection Prevention and Control and WASH	$186,251.00	$70,000.00	$1,332,258.00	$120,616.00	$1,001,171.00	$186,686.00	$7,700,000	$500,000
Vaccination and Logistics	$91,417.00	$1,207,733.00	$1,207,733.00	$2,206,688.00	$1,916,120.00	$600,456.00	$10,100,000	$300,000
Research	$400,000.00	$400,000.00	$2,200,000.00	$3,000,000.00	$1,150,000.00	$1,240,000.00	$3,600,000	$250,000
Continuity of essential services	$200,000.00	$200,000.00	$600,000.00	$600,000.00	$600,000.00	$1,000,000.00	$1,000,000	$250,000
SUBTOTAL	**$2,386,366.00**	**$2,744,515.00**	**$8,922,598.00**	**$8,484,694.00**	**$9,368,862.00**	**$8,309,097.00**	**$45,500,000**	**$4,000,000**

Annex 3: Total Budget for all implementing partners (Africa CDC, WHO, UNICEF, WFP, IOM, IFC)

Strategic Objectives	Africa CDC	WHO	UNICEF	WFP	IOM	MSF	IFRC
Coordination and Collaboration	$19,631,664	$20,555,000	$4,230,000	-	&3,414,695	-	$5,950,000
RCCE	$2,755,966	$1,099,650	$11,750,000	-	$4,482,500	-	$15,750,000
Surveillance and data	$5,689,926	$11,436,360	$1,421,000	-	$7,539,230	-	$11,900,000
Laboratory testing and sequencing	$15,239,358	$3,225,640	$940,000	-	$375,000	-	-
Case Management (Medical, Nutrition & Mental Health)	$2,000,000	$8,229,900	$5,640,000	-	$5,377,500	-	-
Infection Prevention and Control and WASH	$5,633,713	$2,939,250	$12,690,000	-	$1,449,375	-	$11,900,000
Logistics and Operational support	$1,932,364	$15,000,000	-	-	$4,410,000	-	-
Vaccination	$2,974,000	$8,818,750	$9,400,000	-	-	-	-
Research	$1,400,000	$2,464,000	$470,000	-	$780,000	-	-
Continuity of essential services	$1,000,000	$1,287,500	$1,175,000		-		-
Subtotal	**$58,256,991.00**	**$75,056,050.00**	**$47,716,000.00**	**$15,484,694.00**	**$27,828,300.00**		**$45,500,000.00**

Annex 4: KPI and M&E

The following KPIs are designed to ensure effective monitoring of the mpox response plan.

Objective	KPI	Target	Means of verification	Frequency of reporting
Establish a functional coordination structure with one team, one plan, one budget at continental, national, and subnational levels	Functional coordination structure established at continental, national, and subnational levels	One at each level	TORs, Reports, meeting and minutes	Monthly
Support and engage communities, particularly the most vulnerable members, so that they practice key public health recommendations and access the needed services to reduce mpox transmission, morbidity, mortality and secondary impacts.	Percentage increase in public knowledge about mpox transmission and prevention measures.	Number of populations reached 90% reach as measured by surveys.	Survey Report	Quarterly
	Percentage of individuals who report practicing recommended measures to protect themselves from mpox (broken down by behaviour)	90%	Survey	Monthly
	% of targeted areas where community members actively participate in emergency related decision-making processes	90%	Field monitoring report	Monthly

Objective	KPI	Target	Means of verification	Frequency of reporting
Establish or enhance functional event-, community-, and cross border mpox surveillance systems at continental, national and subnational levels	Percentage of suspected cases and events investigated within 24 hours of reporting.	90% of cases investigated within 24 hours	SitRep and weekly epidemic intelligence report	Monthly
	Percentage of contacts traced and investigated	90% of contacts monitored	Surveillance report	Monthly
	Percentage of suspected cases and deaths reported by Member States	100% of cases and deaths reported	SitRep and weekly epidemic intelligence report	Weekly
	Percentage of Member States established cross border surveillance system	100% of Member States	Surveillance report	Monthly
Strengthen mpox laboratory testing and sequencing capacity to confirm 80% of mpox suspected cases and sequence at least 5% of epidemiologic and geographic representative confirmed mpox cases.	Number of laboratories with functional capacity to conduct mpox testing.	One laboratory per province in 5 hot spot countries and at least one national reference laboratory in at risk and other Member States	Laboratory Report	Monthly
	Percentage increase in testing rate for suspected cases. Positivity rate among suspected cases	80% of suspected cases are confirmed by quality assured testing	Report/data	Monthly
	Percentage of confirmed cases sequenced	Up to 5% of confirmed cases are sequenced	Report/data	Monthly
Support comprehensive case management for mpox, including medical, nutritional, and psychosocial care, with the aim of reducing the case fatality rate to below 1%.	Number of advocacy meetings, engagements, and events to improve case management	Case fatality rate below 1%	Report on CFR	Quarterly
	Number of facilities with staff trained on mpox case management			
	Facilities with SOPs and guidelines with clinical pathways on mpox case management			
Strengthen infection prevention and control measures at 80% of health facilities and schools in hotspots of mpox-affected and at-risk member states to minimize the risk of mpox transmission	Percentage of health facilities supported with IPC	80% of health facilities with strengthened IPC	Assessment report	Quarterly

Objective	KPI	Target	Means of verification	Frequency of reporting
Support the administration of mpox vaccines to the target population (HCWs/responders, contacts of cases, immunocompromised individuals, key populations, children, pregnant women[6] and other groups according to local epidemiology)	Number of vaccine doses acquired and distributed to Member States	10 million people including children vaccinated	Report	Monthly
		Target population and high-risk groups are vaccinated	Report	Monthly
Coordinate and conduct mpox operational and clinical research across the continent to address critical knowledge gaps and support response efforts	Research coordination mechanism established	A functional continental research coordination mechanism in-place	Report / Publications	Quarterly
	Percentage of knowledge gaps identified in the R&D Mpox roadmap addressed through ongoing or completed research.	Three clinical and/or operational research conducted	Three clinical and/or operational research conducted	Quarterly
Provide robust operational support, ensuring the safety and security of response staff, maintaining key infrastructure and ensure the efficient procurement and distribution of essential supplies (essential medicines, PPE, triage units, vaccines, RCCE materials, etc.)	Proportion of member states with high mpox transmission where community groups representing high-risk populations have received training, financial resources, and/or supplies to facilitate community outreach and engagement.	80%	Report/ Publications	Monthly
	Percentage of health districts in each member state with community transmission having access to WHO-approved mpox vaccines and therapeutics	80%	Assessment report	Monthly
	Percentage of member states with established mpox-related pre-defined lists of essential commodities and technical standards.	100%	Assessment report	Monthly
	Percentage of member states that receive at least 80 % of mpox-related supplies ordered.	80%	Report	Monthly
Advocate for and support Member states to monitor the implementation of basic services ensuring continuity to avert loss of gains	Percentage of health facilities in each member state that are providing basic essential health services and mpox-related services in hot spots health districts.	80%	Assessment report	Monthly

6 Schwartz, D. and Pittman, P. (2023). mpox (monkeypox) in pregnancy: viral clade differences and their associations with varying obstetrical and fetal outcomes. Viruses, 15(8), 1649. https://doi.org/10.3390/v15081649

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