

THE MPOX EMERGENCY IN AFRICA



JOINT RECOMMENDATIONS ON THE MPOX EMERGENCY IN AFRICA

By WHO AFRO's Emergency Preparedness and Response Technical Advisory Group (EPR TAG) and Regional Immunization Technical Advisory Group (RITAG)

23 August 2024

We support the WHO's declaration of mpox as a Public Health Emergency of International Concern (PHEIC) and the Africa CDC's declaration of mpox as a Public Health Emergency of Continental Security (PHECS). These declarations have rightfully drawn global attention from world leaders, noting that an outbreak of this nature is a matter of global health security. A regionally led response is the best strategy to stop this outbreak.

The 2022 outbreak demonstrated how rapidly the Clade 2B MPXV can spread, affecting 116 countries in just one year. While Clade 2B continues to be detected in some African as well as other countries, the new outbreak with its epicentre in the Democratic Republic of Congo is being caused by a new variant, Clade 1B, which is associated with higher mortality and transmissibility, including sexual transmission. Clade 1B has now spread to several African countries and threatens other countries beyond the continent.

We must forge ahead quickly and decisively to ensure that African Member States have the resources, expertise and tools to stem this outbreak. As some of Africa's leading experts on emergency preparedness and immunisation, we share with you our recommendations that require immediate regional action.

WE MUST ACT TOGETHER

The WHO, Africa CDC, GAVI, Member States and all partners should prioritise the following actions to effectively respond to the outbreak

Ensure united African leadership

- The WHO and Africa CDC work together and co-lead the continental response, through the existing Joint Emergency Action Plan (JEAP), and include others such as Gavi, UNICEF, Member States and NGOs.
- The principle of one team, one plan, one budget, and one monitoring mechanism should be the cornerstone of a regional strategic preparedness and response plan (SPRP), and on-ground response efforts.
- It is critical that each organisation utilises its comparative strengths, response efforts are streamlined, resources are shared equitably between affected Member States, and adequate support and clear direction are offered.

Strengthen surveillance capacity

• WHO and Africa CDC should prioritise securing the finances to strengthen surveillance capacity in Member States, including laboratory and human resource

Ensure equitable access to vaccines, diagnostics, and therapeutics

- Noting that Africa CDC currently estimates that 10 million vaccine doses are urgently required, WHO and Africa CDC should join efforts to secure the required vaccine supplies. This should include dialogue with manufacturers, and with Member States who possess stockpiles.
- WHO and Africa CDC should jointly develop the strategy for equitable vaccine and diagnostic allocation to affected Member States. This should take into consideration financial, contractual, regulatory and procurement requirements to enhance rapid distribution.
- WHO and Africa CDC should support Member States to develop national plans that address local epidemiology, identify priority populations and ensure that diagnostic and clinical services for mpox are available.
- WHO and Africa CDC should accelerate a comprehensive mpox ethical research agenda in the African region, including epidemiological studies, clinical research, implementation science and social-behavioural research.
- For the medium-term, WHO and Africa CDC should continue to advocate for enhanced local and regional capacity for vaccines, diagnostics, and therapeutics development and manufacture. This includes improved and harmonised regulatory processes at national, regional, and global levels both for routine and emergency use.



Drive community-centric risk communication and engagement

 WHO and Africa CDC should support Member States to coordinate and activate Risk Communication, Community Engagement (RCCE) and Social and Behaviour Change Communication (SBCC) operational strategies to ensure that communities and health providers are well-informed and integrated into all response initiatives for effective emergency preparedness and response, while addressing mis- and disinformation.

Ensure delivery of routine health services, especially routine immunisation

WHO and Africa CDC should work with Member States to ensure that resources are not diverted from other essential services including routine immunisation.

MPOX, A PUBLIC HEALTH EMERGENCY WE MUST END

Mpox has been neglected in Central and Western Africa since the 1970s. Insufficient global investment in research, surveillance, and countermeasures has exacerbated the current growing outbreak. The global experience of Covid-19, that an outbreak in one region can rapidly spread elsewhere, appears not to have prepared the global community to adequately and swiftly respond to this mpox outbreak.

These joint recommendations signal our support for WHO AFRO and Africa CDC's clarion calls to the global community for swift and just action. As world leaders continue negotiations on the Pandemic Accord, this mpox outbreak serves as an opportunity to advocate for the centrality of equity as a guiding principle.

We stand in support of you and are committed to lending our support and a voice to amplify your efforts.

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