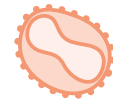


## WHO appeal

# Mpox public health emergency 2024



World Health  
Organization



## Snapshot

WHO needs US\$ 87.4 million from September 2024 to February 2025 to work with countries, partners and other stakeholders to stop and contain the current outbreak of mpox.

WHO will support countries to:

- foster coordination and coherence between Member States and stakeholders involved in the response;
- enhance disease surveillance and rapid response;
- empower communities to actively participate in outbreak response and ensure a rights-based approach;
- ensure safe and scalable clinical care and equitable access to mpox related service;
- strengthen research and improve access to effective medical products.

## At a glance

**100 000** cases confirmed

**121** countries affected

**6** WHO regions affected

**US\$ 87.4** million required

## Strategic objectives and principles

**Goal: Stop outbreaks of human-to-human transmission of mpox through coordinated global, regional and national efforts.**

**Strategic objectives:**

- rapidly detect and control outbreaks
- advance research and ensure equitable access to countermeasures
- minimize zoonotic transmission.

## Contact

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On 14 August 2024, the WHO Director-General declared the upsurge of mpox in the in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa a [public health emergency of international concern](#) (PHEIC), WHO's highest level of alert under international law. This declaration underscores the severity of the current situation and highlights the urgent need for intensified international collaboration and support to control the outbreak.

The rapid spread of a new virus strain in DRC, clade 1b, and its detection in countries neighbouring the DRC is especially concerning, and one of the main reasons for the declaration of the PHEIC. Since May 2022, the mpox outbreak has led to nearly 100,000 confirmed across 116 countries. More than 18 000 suspected mpox cases, with 575 deaths, have been reported in DRC alone. Although global case reports are declining, underreporting likely masks the outbreak's true scale. Sporadic cases continue globally, including in countries that previously controlled the virus, highlighting its ongoing threat.

Mpox can infect anyone, regardless of geographic location, gender identity or sexual orientation. Of particular concern is the risk to vulnerable groups, including people with immune suppression, such as those with poorly controlled HIV, young children and pregnant individuals. For these groups, mpox infection can result in severe health outcomes.

This [Global Mpox Strategic Preparedness and Response Plan](#) (SPRP), developed with partners, aims to provide a comprehensive approach to halt human-to-human transmission through coordinated global, regional, and national efforts. It emphasizes surveillance, research, equitable access to medical countermeasures, and community empowerment.

WHO urgently requires US\$ 87.4 million in funding to work with countries, partners and other stakeholders to implement a strengthened, agile and collaborative response. We call on all donors to urgently fund the full extent of the mpox response to prevent further spread and protect those most at risk.





# WHO's response strategy

The ability to effectively stop and contain the mpox outbreak depends on operational preparedness, readiness and response capacities across **five core components**.

## Core component 1. Strengthened surveillance and detection

- **Integration with existing surveillance systems.** Strengthen mpox surveillance by integrating it into existing disease surveillance platforms, such as the Integrated Disease Surveillance and Response (IDSR) system in the African Region.
- **Cross-border collaboration and information sharing.** Enhance collaboration and information sharing across borders to facilitate the early detection and coordinated response to mpox outbreaks, particularly in regions with high population mobility and cross-border interactions.
- **Enhanced surveillance at the human-animal interface.** Improve surveillance systems to monitor mpox transmission risks in areas where human-animal interactions are prevalent.
- **Laboratory capacity enhancement.** Strengthen laboratory infrastructure by expanding and upgrading existing facilities and establishing new laboratories in underserved areas. Provide training and resources to laboratory personnel, ensuring they have the necessary skills and equipment to conduct accurate mpox diagnostics.
- **Expansion of diagnostic testing.** Increase access to mpox diagnostic testing, particularly in remote and underserved areas, by deploying point-of-care diagnostics and establishing efficient sample referral networks.
- **Integration of genomic sequencing.** Incorporate genomic sequencing into routine mpox surveillance to enable the rapid identification of new viral strains, track the spread of the virus and inform the development and deployment of effective countermeasures.
- **Public health intelligence and analytics.** Establish systems to integrate and analyze data from various sources, including epidemiological, laboratory and clinical data, to generate actionable insights for decision-making and response. Utilize advanced analytics and modeling techniques to forecast outbreaks.

## Core component 2. Enhanced community protection

- **Community engagement and participation.** Actively involve affected communities, particularly those with lived experiences of mpox or those at higher risk, in the design, implementation and evaluation of mpox prevention and control interventions.
- **Data-driven and targeted risk communication.** Gather and utilize data on at-risk groups, knowledge gaps, risk perceptions, behaviors and the prevalence of stigma and discrimination to guide the development of clear, accurate and evidence-based communication strategies.
- **Community-based early detection and service delivery.** Empower community volunteers and health workers to identify suspected cases early and report them promptly to the national mpox surveillance system. Develop a community-based surveillance strategy tailored to specific settings and populations.
- **Addressing stigma and discrimination.** Implement comprehensive strategies to combat stigma and discrimination associated with mpox, particularly related to sexual orientation, gender identity and HIV status. Train healthcare workers and community leaders on stigma reduction, promote positive messaging.
- **Vaccination of people at risk of infection.** Ensure the optimal deployment of mpox vaccines, prioritizing individuals at high risk of infection and healthcare/frontline workers in areas with incident cases. Strengthen vaccine delivery systems to reach remote and underserved areas through transparent communication and active community engagement.
- **Public health and social measures (PHSM).** Implement PHSM to reduce transmission risks or make exposures safer, including personal protection, social adjustments and international travel and trade measures.
- **Health education and promotion.** Conduct comprehensive health education and promotion activities to increase knowledge and awareness about mpox, promote preventive behaviours and encourage early healthcare-seeking.
- **Community infection prevention and control (IPC) and water, sanitation and hygiene (WASH) measures.** Implement IPC measures and ensure basic WASH services in high-risk settings. Conduct assessments of WASH availability to strengthen hand hygiene, safe water access, sanitation and safe waste disposal.
- **Cross-border and mass gathering surveillance.** Strengthen cross-border surveillance and management of suspected cases in the context of international travel, including at points of entry and during mass gatherings. Apply a risk-based approach to travel and mass gatherings to mitigate mpox transmission risks, while avoiding unnecessary restrictions on travel and trade.
- **Prevention of zoonotic spillover.** Implement comprehensive measures to prevent zoonotic transmission by educating communities on the risks of wildlife interactions, promoting safe practices, such as proper cooking of bushmeat and avoiding contact with potentially infected animals.



## Core component 3. Safe and scalable care

- **Development of scalable clinical care pathways.** Establish adaptable clinical care pathways that cover the entire patient journey from initial presentation to recovery. Tailor these pathways to specific patient populations, care settings and the unique challenges posed by mpox, ensuring that all individuals receive timely and appropriate care.
  - **Ensuring availability of essential medicines and supplies.** Maintain and manage adequate stockpiles of essential medicines, supplies and investigational products necessary for mpox treatment and supportive care. Optimize supply chain management processes to ensure equitable and timely distribution of these resources.
  - **Strengthening healthcare infrastructure.** Enhance capacity and resilience of healthcare facilities to manage mpox cases by expanding isolation facilities, ensuring availability of essential medical equipment and providing adequate supplies of personal protective equipment. Ensure healthcare settings have access to safe water, sanitation and hygiene services to support IPC.
  - **Protection of healthcare workers and patients.** Implement robust IPC measures in all healthcare settings to minimize the risk of mpox transmission to healthcare workers and other patients. Provide healthcare workers with the necessary training and resources to manage mpox cases safely.
  - **Integration of mental health and psychosocial support.** Incorporate mental health and psychosocial support services into mpox clinical care pathways to address the psychological and social impacts of the disease.
  - **Maintenance of essential health services.** Ensure the continuity of essential health services during mpox outbreaks by adapting service delivery models and mobilizing additional resources as needed, including critical health programmes such as maternal and child health immunization, and chronic disease management
- **Use of CORE protocols for clinical trials.** Strengthen research capacity by ensuring that clinical trials for mpox use simple and robust designs that are inclusive, efficient and scalable. Develop simple trial designs and core protocols, provide technical and operational support.
  - **Streamlined regulatory frameworks.** Expedite the review and approval of mpox countermeasures by enhancing regulatory processes. Strengthen national regulatory capabilities, provide technical assistance and establish agile regulatory requirements for emergencies, ensuring timely access to critical medical products.
  - **Operational research.** Facilitate and fund operational research to evaluate the effectiveness and accessibility of mpox countermeasures in diverse settings. This research will generate critical insights into the practical application of these tools.

### Access, allocation and supply chain coordination

- **Establishment of disease commodity package standards.** Ensure the availability of essential mpox countermeasures by developing pre-defined lists of essential commodities and associated technical standards. Formulate evidence-guided policies for the use of these countermeasures and establish mechanisms for the rapid updating of standards.
- **Coordinated demand forecasting and planning.** Anticipate and meet the demand for medical countermeasures through coordinated demand forecasting and aggregation efforts. This involves conducting risk-based demand analysis, generating aggregated forecasts across multiple countries and regions and utilizing robust methodologies to inform supply chain strategies.
- **Coordinated procurement, negotiation and market shaping.** Enhance decision-making and collaboration for the procurement and supply of medical countermeasures by strengthening analytical capacity and utilizing real-time decision-making tools.
- **Equitable and transparent needs-based allocation.** Implement fair and transparent mechanisms for the allocation of medical countermeasures. Develop needs-based allocation frameworks that are adaptable. Establish a global allocation process that manages conflicts of interest and ensures that resources are distributed with a commitment to equitable access.
- **Logistics and distribution.** Ensure availability, integrity and efficient distribution of medical countermeasures through robust logistics and distribution systems.

## Core component 4. Equitable access to medical countermeasures

### Research and development (R&D)

- **Coordinated research prioritization.** Develop and maintain a dynamic mpox R&D agenda that aligns with outbreak response goals by prioritizing research on transmission, epidemiology and medical countermeasures. Establish global coordination mechanisms to streamline efforts and prevent duplication
- **Enabling research and data sharing.** Create a supportive environment for mpox R&D by standardizing research methods and establishing mechanisms for data sharing. Adapt global ethical standards to local contexts, secure funding for research initiatives and implement protocols for the safe exchange of biological samples and pathogen data, linked to benefit-sharing agreements.



## Core component 5. Emergency coordination

- **Establishment of response coordination mechanisms.** Create dedicated incident management support teams at global, regional and national levels to provide expertise, guidance and coordination for the mpox response.
- **Enhanced communication and collaboration.** Maintain open lines of communication with Member States, relevant committees and partners to ensure regular updates on the situation and response efforts.
- **Development of evidence-based response strategies.** Conduct comprehensive assessments of the epidemiological situation, transmission patterns and evolving risks to inform the development of effective response strategies.
- **Mobilization and allocation of resources.** Establish scalable mechanisms for the mobilization and allocation of financial and human resources to support the implementation of response plans.
- **Operational support and logistics.** Provide robust operational support and logistics to translate strategies into effective action. This includes ensuring the safety and security of all staff involved in the response.
- **Continuous monitoring, review and reporting.** Implement a system of continuous monitoring and evaluation to track progress and impact of the response. Regularly conduct strategic and operational reviews.
- **Safeguarding operations from PSEAH.** WHO will collaborate with inter-agency committees and response stakeholders to systematically integrate protection from sexual exploitation, abuse and harassment (PSEAH) into all operations. PSEAH measures will be embedded from the outset, with a risk-based approach informing safe programming.
- **Continuous monitoring, review and reporting.** Implement a system of continuous monitoring and evaluation to track the progress and impact of the response. Utilize data and insights to inform decision-making, ensuring accountability and transparency in all aspects of the response.
- **Operational risk management.** Implement a robust operational risk management framework to identify and mitigate risks related to response delivery, safeguarding, ethics, financial stewardship, partnerships and reputation.

## Financial requirements for WHO (September 2024 to February 2025)

WHO requires US\$ 87.4 million to implement critical activities outlined in the global SPRP.

Table 1. Financial requirements (US\$ million)

	Coordination and technical assistance			Operational support and supplies	Total
	WHO global	WHO African Region	Other WHO regions		
Collaborative surveillance	0.7	5.7	0.8	9.0	16.2
Community protection	0.5	3.5	0.5	22.2	26.8
Safe and scalable care	0.5	3.5	0.8	8.3	13.1
Access to countermeasures	5.5	2.5	0.4	-	8.3
Emergency coordination	1.1	11.0	1.3	9.6	23.0
<b>Total</b>	<b>8.4</b>	<b>26.2</b>	<b>3.8</b>	<b>49.0</b>	<b>87.4</b>

### Mpox response drawing on WHO core capacities

The funding sought through this appeal is intended to scale up WHO's mpox response over a period of 6 months, going beyond what is covered by WHO's core capacities.

The effectiveness of the mpox response relies on these core capacities, which are funded through WHO's core budget. This budget supports WHO's global presence, technical expertise, and real-time surveillance, enabling rapid detection, risk assessment, and informed decision-making. With continuous updates to strategies, WHO provides essential guidance and support to help countries implement effective public health measures and train healthcare workers to manage the outbreak.

A well-financed WHO core budget is crucial for ensuring that these core functions are robust and sustainable. When adequately funded, the core budget strengthens WHO's ability to respond effectively to the mpox outbreak, allowing the specific funds raised through the mpox appeal to be used more efficiently for immediate needs like vaccines and on-the-ground support.