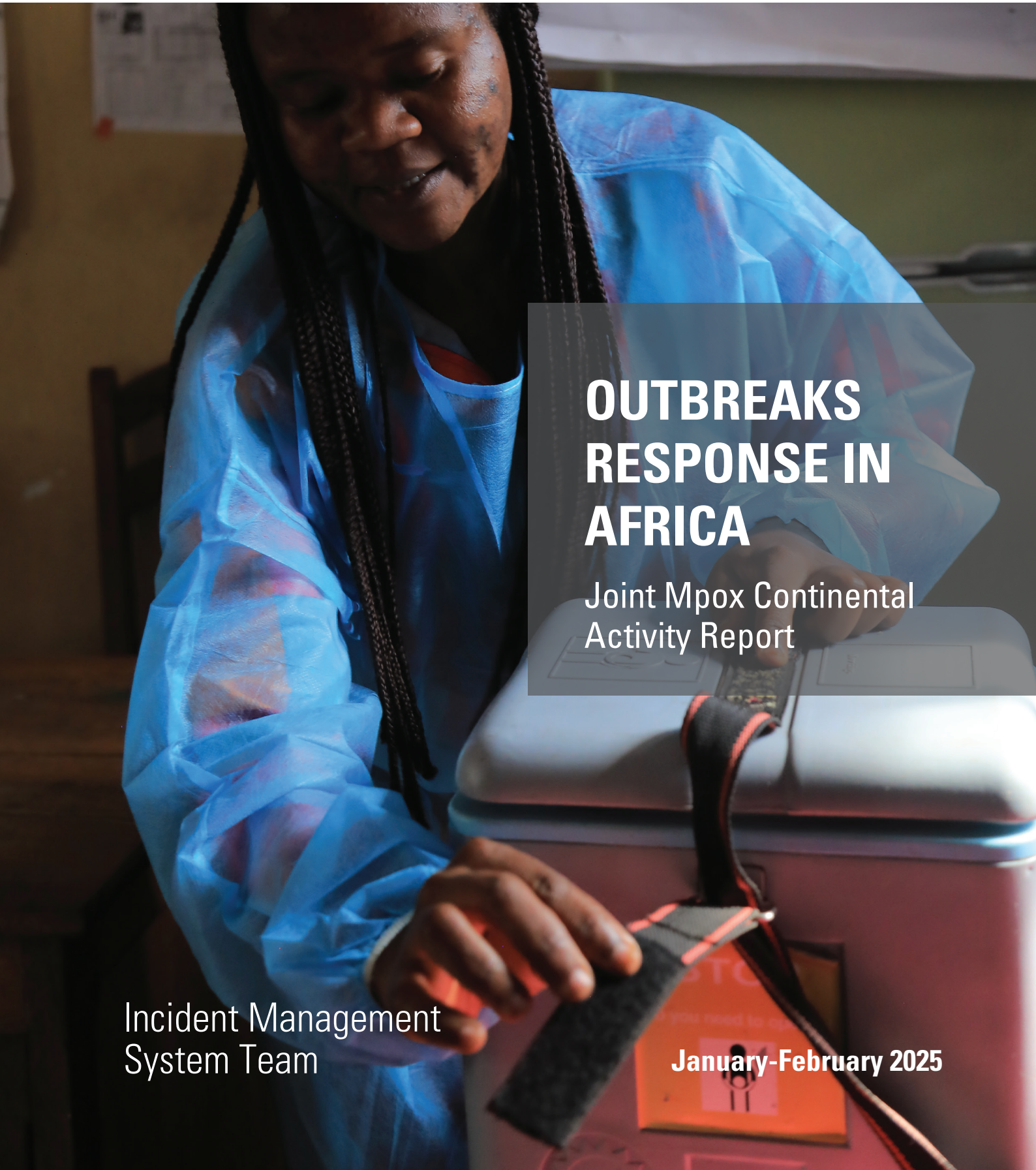
AfricaCDC
Centres for Disease Control and Prevention

World Health Organization
African Region



# OUTBREAKS RESPONSE IN AFRICA

## Joint Mpox Continental Activity Report

Incident Management System Team

**January-February 2025**

AfricaCDC
Centres for Disease Control and Prevention

World Health Organization
African Region

## Incident Management System Team

The Incident Management Support Team (IMST) is Africa's continental effort co-led by Africa CDC and WHO, that collaborates with ministries of Health, regional partners, and global stakeholders to expand vaccination efforts, enhance diagnostic access, and strengthen health system resilience.

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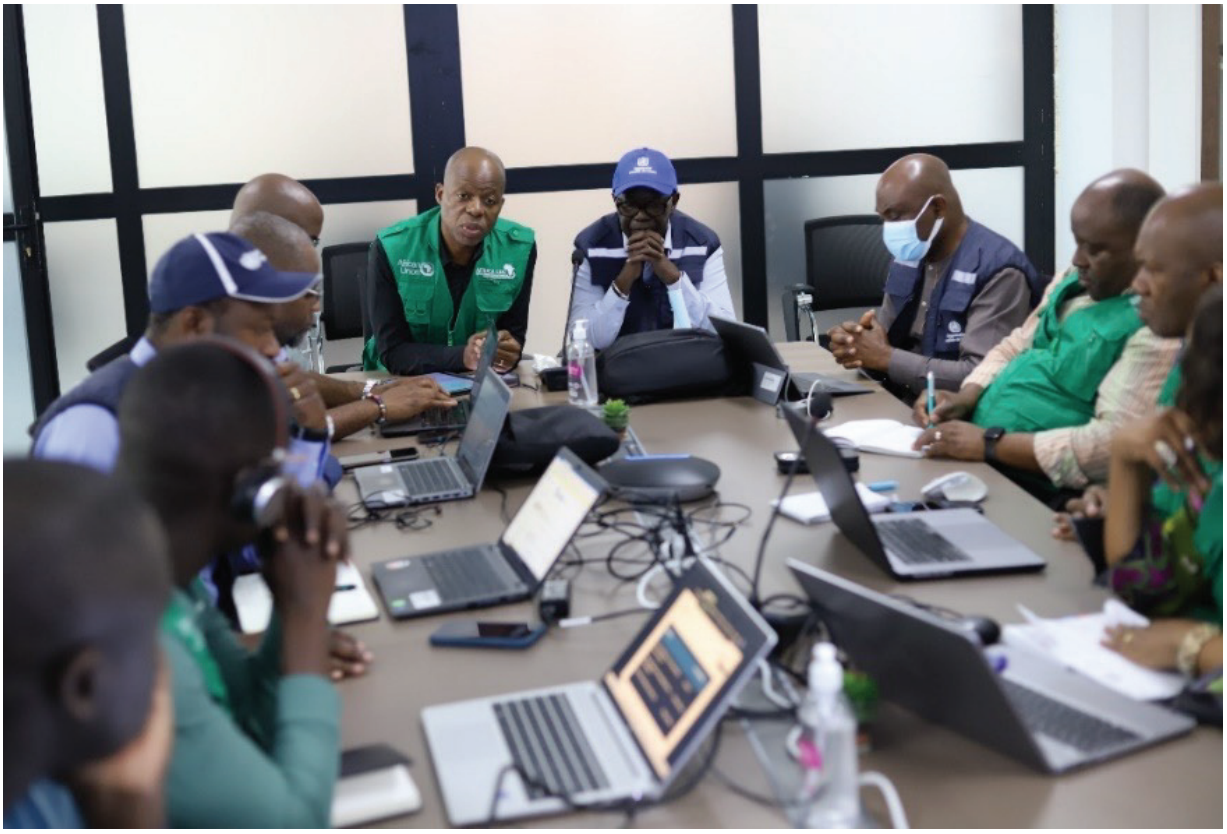


# EXECUTIVE SUMMARY

During the reporting period, significant progress was made in strengthening the mpox response across the continent. The lessons learned and challenges identified during the joint mpox continental intra-action review (IAR), which took place successfully in December 2024 in Addis Ababa have guided the development of the action plan for the response to the mpox epidemic in January and February 2025.

Country support is ongoing through country visits including DRC, Uganda and Burundi, weekly deep dives with priority countries, experience sharing between countries and technical support by continental IMST pillars. Support has been provided to some countries, remotely or on-site, to conduct the intra-action review. The Financial Tracking Mechanism (FTM) continues to provide a comprehensive assessment of financing, including pledges, commitments, and disbursements. Strengthening decentralization of laboratory diagnostic capacities is ongoing. Guidelines and technical documents have been developed/updated and shared with countries, such as updated guidelines on infection prevention and control and clinical management, SOPs for data cleaning and standardization, and infodemic management guides. Harmonized and Integrated mpox data from surveillance, laboratory, and treatment centers set up in DRC. Risk communication and community engagement have reduced the stigma of mpox patients and increased acceptance of vaccination against mpox. Through coordinated efforts a total of 1.4 million doses of vaccines have been allocated to 12 countries, among which 7 countries have already received 687,780 doses and 5 countries are currently vaccinating (DRC, Rwanda, Uganda, Central African Republic and Nigeria).

However, despite these accomplishments, challenges such as poor decentralization of the response at sub national level, data incompleteness and timeliness in many countries, slow progress in the decentralization of laboratory capacity, low testing coverage, passive surveillance and the low vaccination coverage hamper the response. In addition to that, the funding freeze from the USG has further weakened response capacities, particularly for sample transportation, laboratory testing, and vaccine deployment. The conflict in Eastern DRC has worsened disease control efforts, leading to increased migration of affected populations into neighboring countries. Given this cross-border movement, the risk of further regional spread is very high.

Moving forward, priorities include the ongoing development of a Response and Legacy plan to guide response efforts from March to August 2025. The intensification phase of this plan, from March to May 2025 will ensure the control of human-to-human transmission of mpox, while the second phase from June to August 2025 will concentrate on resilience and Legacy of the response.

# KEY ACHIEVEMENTS PER PILLAR

## COORDINATION & LEADERSHIP

During this period, significant progress was made in strengthening the Mpox response across the continent.

- Ongoing country support through (i) periodic deep dives with priority countries, (ii) joint field missions to engage with countries, (iii) experience sharing between countries, and (iv) technical support by continental IMST pillars.
- Following the intra-action review that took place in December 2024, continental IMST experts provided support to some countries (Burundi, CAR), remotely or on-site, to conduct their intra-action review.
- Financial Tracking Mechanism (FTM) continues to provide a comprehensive assessment of financing, including pledges, commitments, and disbursements. The FTM team engaged with over 21 contributors worldwide to update the status of their financial contributions. From the first round of fundraising for the first continental response plan, over USD 1.1 billion was pledged, with the IMST team tracking USD 972 million through the Financial Tracking Mechanism (FTM). Among this, USD 564,393,002 (58%) committed, USD 259,173,978 (27%) pledged, USD 136,260,053 (14%) disbursed/transferred and USD 13,000,000 (1%) domestic contribution.
- Guidelines and technical documents have been developed/updated and share with countries, such as updated guidelines on infection prevention and control and clinical management, SOPs for data cleaning and standardization, infodemic management guides.
- Harmonized and Integrated mpox data from surveillance, laboratory, and treatment centers set up in DRC with the support of the Surveillance pillar.
- Encouraged best practices through capacity-building efforts, such as webinars and training sessions for healthcare workers, to enhance case management, infection prevention, and risk communication.
- Collaboration with partners was reinforced through partner coordination meetings.
- Through coordinated efforts, a total of 1.4 million doses of vaccines have been allocated to 12 countries, among which 7 countries have already received 687,780 doses, of which 5 countries are currently vaccinating (DRC, Rwanda, Uganda, Central African Republic and Nigeria).

| Challenges | Recommendations |
|---|---|
| • The conflict in Eastern has negative impacted the response efforts | • Take advantage of humanitarian corridor to continue implementation of response activities adapted to the context |
| • The funding freeze from the USG has further weakened response capacities, particularly for sample transportation, laboratory testing, and vaccine deployment, hindering outbreak control efforts. | • Discussions are ongoing with other stakeholders to realign the available resources in order to cover the gaps caused by funding freeze from the USG;<br>• Intensification of resources mobilization |
| • FTM: The key challenge remains data sharing by implementing entities and national governments on their pillar-specific allocation. | • FTM: It is recommended that priority countries share a detailed financial update with the continental IMST. |

| Challenges | Recommendations |
|---|---|
| • Low participation of country representatives in coordination meetings (engagement meetings, periodic deep dives with priority countries, experience sharing meetings) which slowed down effective engagement and experience sharing. | • Strengthen engagement with countries through support from WHO and Africa CDC focal points in the countries to encourage the directors of the NPHI, EOC coordinators and the incident managers to participate in country engagement meetings |
| • Limited decentralization of the response coordination at sub national level: whereas national coordination mechanisms are in place, there are inadequate coordination capacities at provincial/ district level. | • Advocate with country to speed decentralization of responses activities at sub-national level |

**Next Steps**

- Finalize the development of a Response and Legacy plan to guide response efforts from March to August 2025.
- Strengthening of human resources availability in high-burden areas, including epidemiologists and community health workers CHW).
- Decentralization of laboratory capacity including strengthening sample transportation systems.
- Engage with national authorities to streamline clearance processes (tax exemptions) for response countermeasures.
- Conduct joint missions to high-burdened provinces in DRC and priority countries to provide on-ground support.
- Scale up of integrated community level interventions
- Accelerate vaccination roll out in priority countries.
- Support integrated syndromic response to address other conditions being detected through mpox surveillance and testing (including measles, chicken pox).
- Continue Financial Tracking Mechanism to collect data on pillar-specific breakdown by implementing entity and by country.
- Conduct deep dive analysis for affected countries.
- Support other countries in conducting their IAR (Uganda)

## RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)

***RCCE system and coordination capacities enhanced.***

- Conducted a Training of Trainers for 35 national RCCE experts in DRC on strategic coordination, leadership and community protection.
- Supported 3 countries (Burundi, Kenya, and Uganda) to strengthen the RCCE data ecosystem with development of the RQA (Rapid Qualitative Assessment) protocol in English and French.
- Developed 3 training packages (RCCE strategic interventions in mpox, Community Protection and RQA training packages) to support capacity building.

***Community data, Infodemic management/social listening strengthened***

- Supported countries with development of an RCCE field capacities assessment tool to enhance evidence-based planning and implementation.
- Supported 2 countries (Kenya and DRC) on infodemic management with, regular weekly IM reports and clear recommendations to guide response interventions.
- Continued dissemination of relevant infodemic management guides for strategized response to infodemic: public health taxonomy for social listening on mpox conversations, Viral Fact Africa on

mpox as well as the Risk communication and community engagement readiness and response toolkit: mpox.

- Supported 4 countries (Burundi, DRC, Uganda, CAR) via active social listening using mobile system (U-Report in DRC), Community Volunteers and Call center (DRC)
- Supported DRC to develop and implement the infodemic management guide for effective and efficient IM interventions.
- Conducted community Rapid Assessment (CRA) in 6 countries (Burundi, CAR, Kenya, DRC, Rwanda and Uganda) to assess mpox community awareness, information ecosystem, and preventive measures uptake, including vaccine acceptance.

***Engaging affected and at-risk countries/groups, communicate risk 3 Countries.***

- Promoted community leaders' engagement (community health workers, key populations and sex professionals workforces) via community interventions, training of local health workers and formative supervisions in Paka Juma/DRC and other priority communities such as IDPs camps and prisons in Eastern DRC.
- Supported Burundi and Uganda in strengthening accountability mechanisms in reporting access for abuse and exploitation, feedback mechanisms, and essential services for affected populations and field staff during the Mpox outbreak.
- Human Centered Design (HCD) strengthened: User journeys for Burundi and Uganda have been developed focusing on sexual and exploitation abuse prevention and women focus (Burundi) and Health-seeking behaviors and CHW (Uganda).

| Challenges | Recommendations |
|---|---|
| • Lack of resources delaying and affecting effective RCCE interventions, including with at-risk groups | • Priority-based planning and enhanced capacities for sustained RCCE resources mobilization |
| • USG decision with direct unexpected impact on the RCCE partners' activities on the ground | • Need for advocacy to fill the gaps created by the USAID support suspension |
| • Insecurity in the Nord and Sud Kivu (East of DRC) affected funds utilization in terms of deadlines and the implementation areas/entities | • Need for advocacy on donors/partners flexibility to expand/reconsider the funds utilization deadlines and implementation strategy |
| • Capacity Gaps in Data generation and utilization | • Improve data management in terms of capacity building to enhance data generation and utilization |
| • Bureaucracy in engaging financial processes leading to delayed planning and implementation processes | • Management should prioritize emergency mechanisms in engaging financial processes to reduce bureaucracies and enable fast planning and implementation approaches |

**Next Steps**

- System strengthening and coordination capacity building: ToT for Burundi, CAR, content development workshop for DRC; Support countries' joint missions (DRC, CAR, Burundi); Maintain coordination meetings at continental, regional and national levels
- Support Inoculation/debunking activities in priority provinces in DRC.
- Continue providing support to infodemic management report/insights, U-Report, CFB in Burundi, DRC, Kenya and Uganda.
- Community Engagement with affected/at-risk groups and risk communication: dissemination of key messages on vaccine, health risk messages for contextual security in East DRC, targeted activities with the Key Populations in priority countries.

## SURVEILLANCE, CONTACT TRACING, & CASE INVESTIGATION

- Established a joint surveillance database between Africa CDC and WHO to improve analysis.
- Supported the Ministry of Health of the DRC to harmonize and integrate mpox data from surveillance, laboratory, and treatment centers.
- Addressing discrepancies between national and provincial databases, with multiple reporting formats leading to data inconsistencies.
- Developed SOPs for data cleaning and standardization at provincial and national levels.
- Identified persistent gaps requiring further technical support and system integration.

| Challenges | Recommendations |
|---|---|
| • Non-standardized case investigation and laboratory reporting tools, affecting the accuracy of surveillance. | • Continue support for harmonized Database |
| • Gaps in laboratory data sharing, as some provinces were not transmitting complete data. | • Finalize data integration at the national level. |
| • Passive surveillance highlighted by high testing positivity rate in many countries | • Strengthen active surveillance with the deployment of CHWs and Epidemiologists |

**Next Steps**

- Changing the data compilation process at the national level.
- Full implementation of the DHIS2 Tracker.
- Improving reporting tools.
- Planning regular quality audits to ensure data accuracy.
- Begin capacity building webinar series
- Support community-based surveillance

## LABORATORY

- Delivered $5.74M worth of lab equipment, reagents, and consumables, officially handed over by the Africa CDC Director General in the presence of the DRC President.
- Supporting lab decentralization through ongoing equipment procurement, weekly DRC-COUSP Lab Pillar meetings, partner coordination (WHO, Africa CDC, SANRU, FHI360).
- Expanded mpox testing capacity in DRC from 12 labs (Dec 2024) to 21 labs.
- Assisting DRC-COUSP Lab Pillar in developing an integrated action plan for partner coordination and data management.
- Engaged in discussions with Africa CDC, WHO, FIND and INRB for rapid test and multiplex qPCR validation.
- Maintained 100% testing rate in all affected Member States,
- Trained lab personnel on sample collection and ISO standards, and provided technical guidance to CPHL and UVRI in Uganda
- Supplied critical lab reagents, testing kits, and sample collection materials to countries (Burundi, Uganda, Sierra Leone).
- Improved laboratory data received from countries compared to 2024

| Challenges | Recommendations |
|---|---|
| • Testing coverage still far from the 80% of target despite the progress on the laboratory capacities expansion (decentralization) | • The situation in the DRC requires special attention to sample collection<br>• Accelerate the deployment of the CHWs and epidemiologist<br>• Continue and speed up lab decentralization. |
| • Limited sample management capacity (collection and transport), leading to long turnaround times | • Strengthen community-based surveillance by accelerating the process of recruiting and deploying community health workers and epidemiologists on the field. |
| • Slowness in the implementation of the decentralization plan | • Accelerate procurement and delivery of the ancillary equipment.<br>• Speed up advocacy with the DRC's authorities to speed up customs procedures for laboratory equipment and reagents; |
| • Logistics & Shipment Clearance Delays | • Engage with national authorities to streamline clearance processes (tax exemptions) |
| • Gaps in IT Equipment & Data Harmonization | • Provide essential IT equipment, and accelerate the DHIS2 tracker deployment |

**Next Steps**

- Continue weekly CIMST and DRC/PHEOC Lab Pillar meetings.
- Follow up with the logistics to accelerate the procurement of ancillary equipment for the rapid GeneXpert sites' decentralization plans.
- Rapidly deployed the joint team for qPCR site assessments: engage with PHEOC to integrate the assessment into the ongoing deployment plan or proceed with a separate deployment plan based on the submitted TOR awaiting validation.
- Address shipment clearance issues, including tax exemptions.
- Organize discussions with WHO/Africa CDC/FIND on RDT evaluation efforts.
- Continue weekly laboratory data collection from priority countries.
- Continue weekly lab pillar presentation review meetings

## VACCINATION

***Development of vaccination deployment plans***

- Supported countries in active phase to develop, refine and finalize mpox vaccination plans. To date, 13 countries have vaccination plans that have been reviewed by the vaccination pillar and Technical Review Committee (TRC), and feedback has been provided to the countries.

***Policy and Regulatory considerations for mpox vaccination***

- Supported DRC's ACOREP to update the EUA to include children from 1 year and above`
- Supported 2 countries' NITAGs (Kenya, Sierra Leone) to make recommendations on mpox vaccine use - made presentations to the countries NITAGs and shared data to guide their decisions and recommendations.
- Supported NRAs in 3 countries (Sierra Leone, Cote d'Ivoire and Kenya) to initiate and grant Emergency Use Authorization for mpox vaccines - MVA-BN.

***Mpox vaccine deployment***

Vaccination was launched in CAR and Uganda in addition to three (3) other countries that had already rolled out vaccination. In total, five (5) countries have rolled out vaccination by the end of February 2025.

- DRC: as of 28 Feb 2025, 381,838 doses had been administered. Support was provided to DRC to finalize the vaccination acceleration plan, mobilize resources and provide technical assistance.
- Nigeria has vaccinated 7,957 people; first round 4,287 and second round: 3,626 people as of 30 Jan. 2025. Six (6) states plus the Federal Capital Territory (FCT) were prioritized for vaccination (Benue, Cross River, Akwa-Ibom, Enugu, Rivers, Bayelsa and the FCT – Abuja)
- Rwanda: As of 27th Jan 2025, 6,269 doses have been administered; 1st doses: 4,624 and 2nd doses 1,655.
- Central African Republic launched vaccination on 18 January 2025 but has not rolled out the vaccination beyond the launch as they finalize their micro-plans.
- Uganda launched vaccination of 1st February 2025 targeting high risk groups, utilizing 9,980 out of the 10,000 doses that were available in country

Table 1: Mpox vaccine doses delivered and administered by country, February 2025

| Country | Cumulative number of doses delivered as of date of report | Cumulative number of doses administered | Date of report |
|---|---|---|---|
| Central Africa Republic | 12,300 | 10 | 18 January 2025 |
| Cote d'Ivoire | 11,300 | | |
| Democratic Republic of Congo | 657,280 | 381,842 | 28 February 2025 |
| Liberia | 10,800 | | |
| Nigeria | 20,200 | 7,957 | 30 January 2025 |
| Rwanda | 25,400 | 6,269 | 27 January 2025 |
| Uganda | 10,000 | 9,980 | 10 February 2025 |
| Sierra Leone | 58,300 | | |
| Total | 806,080 | | |

***Vaccines allocation***

- The TRC's allocated 238,300 doses of MVA-BN to 4 countries in Round 2 i.e. (Angola, Guinea, Sierra Leone and Uganda). Cumulatively, 1,137,300 doses of MVA-BN have been allocated in 2 rounds to 12 countries. A total of 516,480 vaccine doses out of the total allocated doses were delivered to 6 countries during the reporting period.

| Challenges | Recommendations |
|---|---|
| • Low utilization of vaccine doses received in some countries due to administrative processes and no readily available operational funds from Gavi and other sources. | • Support countries to update their plans to scale-up operational activities and support resource mobilization to improve utilization rates. |
| • Non-disaggregated data and sporadic submission of data from countries | • Communicate the IMST's minimum reporting requirements on vaccination through a memo and follow up on reporting by countries to the IMST. |
| • Difficulty keeping up with changing epidemiology and associated hotspot identification. | • Support countries to continuously map hotspots based of epidemiology in the past 4 weeks to inform efficient use of available mpox vaccine doses for maximum impact |
| • Disruptions by other competing health system activities including other vaccine preventable disease outbreaks and Routine Immunization | • Increased technical support to Member States and integration of response activities |
| • Countries have not authorized vaccines for 1-17 years of age | • Increased advocacy to the NITAGs and NRAs for recommendations and updated EUAs respectively, on vaccination of children based on local epidemiology and available data. |

**Next Steps**

- Increase technical support/guidance/ training from vaccine pillar for effective implementation in priority countries through remote support, missions, consultants/HR to priority countries.
- Continue advocacy to NITAGs and NRAs for vaccination of children with mpox vaccine based on local epidemiology.
- Follow up with countries to report data to the IMST weekly and provide guidance to countries to finalize the vaccine deployment plans and other preparedness requirements for vaccine deployment.
- Conduct a series of webinars to facilitate cross learning among countries that have rolled out vaccination and document learnings so far.

## RESEARCH & DEVELOPMENT

- Conducted meetings with stakeholders on the Pilot study of the Epidemiology of mpox study in Kinshasa
- Trained epidemiologists, community health workers and other data collectors for the mpox epidemiology study
- Participated in meeting on the WHO Informal Technical Working Group Interim guidance on social and behavioral research for mpox
- Developed technical guidance document on the conduct of social behavioral studies in emergencies
- Identified and engaged with three principal investigators from three universities in Goma to conduct social behavioral research on mpox in Goma
- Together with the identified PIs, Co-created protocol for social behavioral study on mpox in Goma
- Submitted the social behavioral research protocol: putting the community at the center of response, to be conducted in Goma, to the Institutional approval authorities in DRC
- Obtained WHO ethical clearance for the conduct of the social and behavioral study on mpox in Goma
- More than 48 research projects generating critical evidence for public health strategies have been developed.

| Challenges | Recommendations |
|---|---|
| • Delay in the release of approved funds for studies | • Funds for research may need to be released to a third party so that it can be available when needed.<br>• Speed up ongoing data collection by prompt release of funds. |
| • The unrest in Goma delayed the mpox socio-behavioral study<br>• Delay in getting local clearance for the study | • Fast track the process of approvals as this is an emergency |
| • There is a need for more people on the ground in DRC to support the Science and Innovation pillar. | |
| • Involvement of other partners has not been optimal. | • There is a need to have a physical meeting of all partners leading mpox research on the continent for synergy. |

**Next Steps**

- Commencement of the mpox Epidemiology study
- Completion of data collection for the mpox socio-behavioral study
- Support the analysis and publication of research data in high-impact journals, ensuring that findings are translated into policy to guide future responses to outbreaks.
- Conduct the Brincidofovir therapeutic trial and AI-powered diagnostics for mpox which will serve as legacy projects.

## LOGISTICS

- **Test Kits and Diagnostics Distribution:** Delivered 50,000 test kits from Singapore to CAR, Burundi, and Uganda (excluding DRC, which received 25,000 kits); followed up on the shipment of 2,592 sequencing (Illumina) kits to DRC, currently awaiting clearance at the airport; and initiated the procurement of Mpox diagnostic tests for Sierra Leone, with 288 sequencing reagents already delivered.
- **Vaccine Shipments and Distribution:** Facilitated the delivery of over 345,400 Mpox vaccine doses across multiple African countries, including:
    - 10,000 MVA-BN doses to Uganda (donated by HERA through Africa CDC).
    - 50,000 LC16m8 doses to DRC (donated by Japan, the first shipment of this vaccine to Africa).
    - 5,800 MVA-BN doses to Rwanda, 200,000 to DRC, 11,300 to Côte d'Ivoire, 10,000 to CAR, and 58,300 to Sierra Leone (procured by UNICEF/Gavi through Africa CDC).
- **Laboratory and Diagnostic Support:** Recruited a data analyst for Mpox consumption data, established a data collection process across 15 laboratories, and developed monitoring sheets for tracking. Shipped and distributed GeneXpert cartridges, sample collection kits, and lab equipment across multiple provinces in DRC to enhance Mpox diagnostics.
- **Logistical and Infrastructure Support**: Followed up on the delivery of 5 KH Medical Machines to DRC, part of 7 QPCR machines provided through Africa CDC's agreement with KH Medical. Supported the renovation of Clinique Kinoise and other health facilities, enhancing IPC measures through plumbing improvements and designated patient areas. Provided tents, fuel, and logistical support for Mpox patient care, evacuation, and surveillance.

- **Vaccine Transportation and Coordination:** WFP transported 55,660 Mpox vaccines and 71,074 kits to South Kivu, Sankuru, and South Ubangi. UNICEF coordinated the airlift and delivery of 85,400 doses to Rwanda, Côte d'Ivoire, CAR, and Sierra Leone, with preparations for the shipment of 24,250 doses to DRC, Kenya, Nigeria, and Uganda.
- **Policy and Coordination Efforts:** Engaged in ongoing discussions to secure an insurance waiver for vaccines in DRC (alternative solutions identified with ECHO's support). UNICEF DRC received a charter flight in mid-February carrying 25 tons of non-vaccine Mpox supplies to strengthen response efforts.

| Challenges | Recommendations |
|---|---|
| • Delays in clearing the delivered items – DRC due to lack of budget for custom fee | • Closely communicating with focal people in the country to expedite the process |
| • There was a delay on the green light for the shipment of 25k test kits donated by the government of Singapore | • Closely communicating with focal people in the country to expedite the process |
| • Consumption data Visibility | • Design a system for collection of the consumption data for better decision making |
| • High insurance-related cost for vaccine shipments in DRC | • Advocacy is needed for obtaining a waiver on insurance for all related emergency supplies arriving in DRC |
| • Shortage of vaccines in country impacting delivery plans to Bukavu (south Kivu) and Gemena (sud Ubangi) | • Important to have a clear visibility on vaccines arrivals to facilitate distribution request plans |
| • Security challenges in Bukavu also require additional scrutiny on transportation lanes to ensure risk free deliveries. This is impacting delivery requests | • Monitor the security situation to identify the right time for deliveries. |

**Next steps**

- Finalize the procurement of Test kits under the AFDB and delivery to affected MS
- Follow the delivery of items on pipeline – kits to DRC and Sierra Leone
- Follow the clearance of items in DRC

## CONTINUITY OF ESSENTIAL HEALTH SERVICES

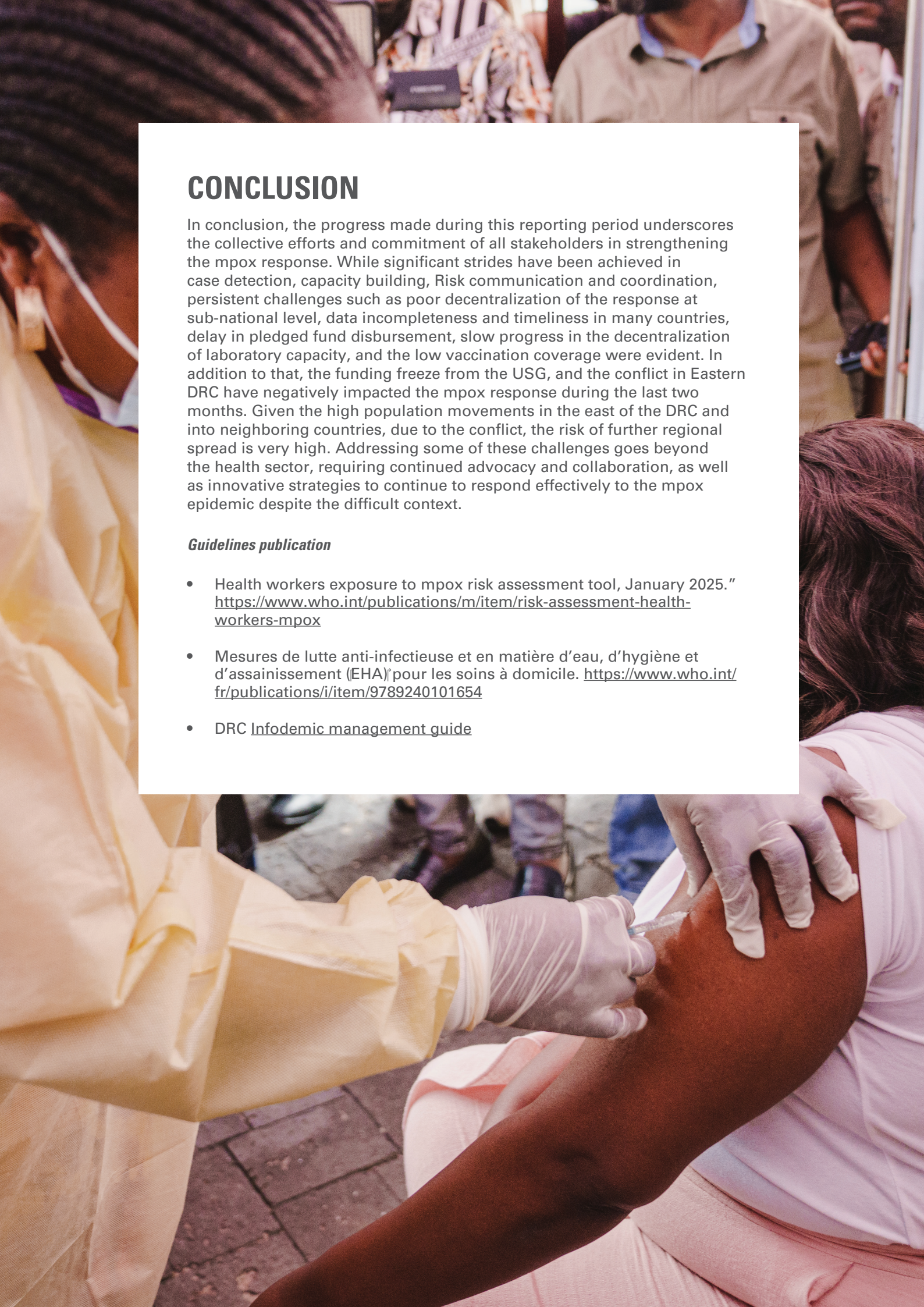
- Advocated for and supported the establishment of a dedicated team for the Continuity of Essential Health Services (CEHS) within the DRC PHEOC.
- Provided technical support for the development of Terms of Reference (ToR) for training on CEHS, drafting Mpox-specific CEHS guidelines, validating evaluation tools, and finalizing continuity plan templates.
- Offered technical guidance to identify key activities and checklists for the following areas:

Governance and Coordination; Information Management; Human Resources; Essential Medical Supplies and Equipment; Infrastructure and Equipment; Administration, Financing, and Logistics; Risk Communication and Community Mobilization; Delivery of Priority Essential Health Services; Adaptations for Vulnerable Populations; Safety and Security; Monitoring and Evaluation

| Challenges | Recommendations |
|---|---|
| • Suspension of partner funding (Momentum IRH/US-AID project) has weakened CSSE activities, resulting in a funding gap and delays in CEHS initiatives. | • Allocate additional funding to address the gap and accelerate CEHS activities in the most affected countries. |
| • Lack of a dedicated CEHS team for the pillar at the national level in most countries. | • Enable a strategic mission to help countries establish dedicated teams in charge of the CEHS pillar. |

**Next steps**

- Support affected member states to assess the capacity of health facilities to maintain continuity of services in 100% of hotspots districts and 100% of Mpox health Centers in the most affected countries (DRC, Burundi, Uganda, CAR…..)
- Orient Member States on continuity of services plans and Monitoring service delivery during the mpox outbreak in hotspots districts and the health centers 100% of hotspots districts and 100% of Mpox health Centers in the most affected countries.
- Support the Member states to develop and disseminate generic training modules for stakeholders on the continuity of essential health services in 100% of hotspot districts and 100% of mpox health Centers in the most affected countries.
    - Support a Regional Workshop to validate the Generic best practices with DRC, UGA, Burundi, and CAR.



# CONCLUSION

In conclusion, the progress made during this reporting period underscores the collective efforts and commitment of all stakeholders in strengthening the mpox response. While significant strides have been achieved in case detection, capacity building, Risk communication and coordination, persistent challenges such as poor decentralization of the response at sub-national level, data incompleteness and timeliness in many countries, delay in pledged fund disbursement, slow progress in the decentralization of laboratory capacity, and the low vaccination coverage were evident. In addition to that, the funding freeze from the USG, and the conflict in Eastern DRC have negatively impacted the mpox response during the last two months. Given the high population movements in the east of the DRC and into neighboring countries, due to the conflict, the risk of further regional spread is very high. Addressing some of these challenges goes beyond the health sector, requiring continued advocacy and collaboration, as well as innovative strategies to continue to respond effectively to the mpox epidemic despite the difficult context.

***Guidelines publication***

- Health workers exposure to mpox risk assessment tool, January 2025." https://www.who.int/publications/m/item/risk-assessment-health-workers-mpox
- Mesures de lutte anti-infectieuse et en matière d'eau, d'hygiène et d'assainissement (EHA) pour les soins à domicile. https://www.who.int/fr/publications/i/item/9789240101654
- DRC Infodemic management guide

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