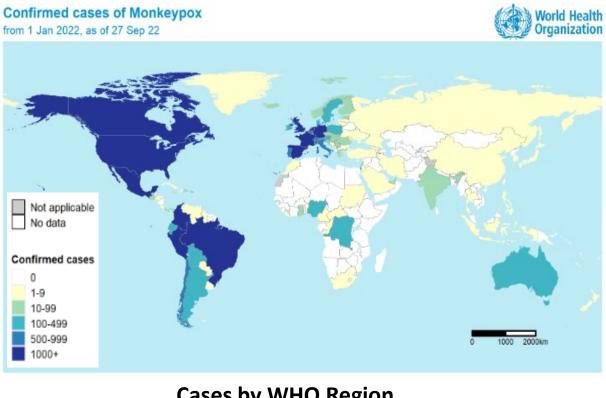
### WHO Member State Information Session: Monkeypox 29 September 2022







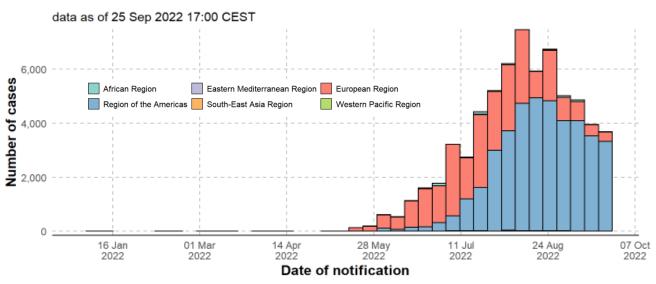
## **Monkeypox - Epidemiological Situation**



Cases by WHO Region						
<b>AMRO</b> : 41,027	<b>WPRO</b> : 180					
<b>EURO</b> : 24,495	<b>EMRO</b> : 53					
<b>AFRO</b> : 567	<b>SEARO</b> : 21					



- 26 deaths
- **105** Member States/all WHO regions







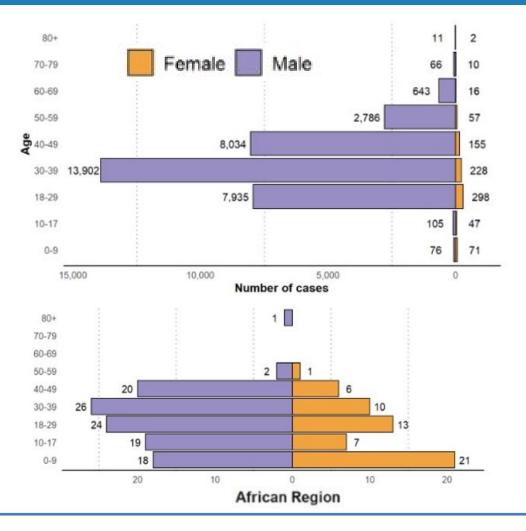
### **Monkeypox - Epidemiological Situation**

97% men, median age 35 years Most commonly reported exposure: sexual activity

Case Profiles for case reports with details %							
MSM	89						
HIV +	47						
Health worker	4						
Sexual Transmission	87						
Hospitalised	0.2						

#### WHO Global Dashboard







## Monkeypox - Outbreak Response

- Emergency management
- Community engagement
- Technical guidance
  - Surveillance
  - Testing and laboratory
  - Clinical management & IPC
  - Vaccines & immunizationRCCE
- Public health advice
  - MSM / events & gatherings
  - Protecting yourself / care at home
  - Sex workers
  - Prevention of stigma
- Research and development
  - Global consultation
  - Protocols and studies
  - One Health / Tripartite







### **Monkeypox – Access to Countermeasures**



HQ procuring kits to support countries

- **38k** tests purchased for 58 Member States
- **31k** tests purchased by PAHO for 32 MS
- 6k tests purchased by EURO
- 23k tests received by countries



- 2500 treatment courses donation from manufacturer for expanded use (MEURI)
- Small number of tecovirimat available for compassionate use
- Vaccine: MVA-BN, LC16 regulatory review
- Studies being planned







### **Monkeypox - Country Support**



#### Ghana

- AFRO- MoH- WCO
- Technical Support Mission
- 3-7 October

#### Saudi Arabia

- EMRO/GULF CDC
- Risk Assessment Workshop
- Riyadh (9-10 October)





#### Nigeria

- AFRO- MoH- WCO
- Technical Support Mission
- 10-14 October





## **Responding to monkeypox : Our way of working**



#### • Information - tailored risk communication at the heart of the response

- Co-create messages through community engagement and partnerships
- Address stigma in population groups most affected by the outbreak



• Action - rapid and effective action is needed in all spheres of the response



- Evidence effective response is informed by monitoring and research
  - Forward-looking clinical and public health research
  - Support response strategies and efforts

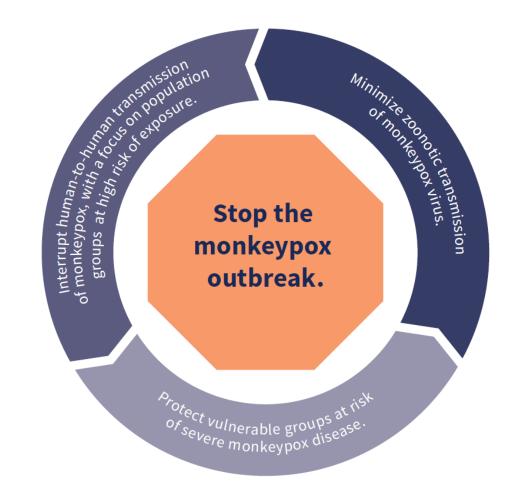


• Equity - access to information, services and resources within and across national borders





### **Monkeypox SPRP – Strategic Objectives**



1 Interrupt human-to-human transmission of monkeypox, with a focus on population groups at high risk of exposure\*

2 Protect vulnerable groups at risk of severe monkeypox disease\*\*

**3** Minimize zoonotic transmission of monkeypox virus



\*Population groups at high risk of exposure: in many settings the primary population group at high risk of exposure was men who have sex with men; in other settings, heterosexual exposure is also emerging as an important risk; some communities may be at risk of zoonotic transmission. It remains critical to appreciate that other population groups may also be at risk of exposure as the outbreak evolves.

**\*\*Vulnerable groups at risk of severe monkeypox disease:** this includes people with immune suppression (such as those on immunosuppressive therapy or living with poorly controlled HIV), people who are pregnant, and children.

### An Integrated Approach



Five core components **(5Cs)** of preparedness, readiness and response are central to achieving the strategic objectives:

- **C1** | Emergency coordination
- **C2 Collaborative surveillance**
- **C3 Community protection**
- C4 | Safe and scalable care
- **C5** | Countermeasures and research





### Implementation and Mutual Support

#### **OBJECTIVES CORE COMPONENTS** GOAL C1 Emergency coordination: Strengthen emergency operations and foster Interrupt human-tocoordination between Member States and key human transmission Stakeholders for responsive public health and of monkeypox, with adaptive key health services. a focus on groups at high risk of exposure. C2| Collaborative surveillance: Monitor and share information to improve the collective understanding of how this outbreak is evolving, identify specific risks, and inform response measures. Stop the Protect vulnerable monkeypox C3| Community protection: groups at risk of severe outbreak. monkeypox disease. Raise awareness and empower communities to adopt protective measures. C4| Safe and scalable care: Provide safe and quality clinical care for individuals and prevent infections in health and community settings. Minimize zoonotic transmission of C5| Countermeasures and research: monkeypox virus. Improve access to effective medical products for monkeypox and drive the cross-cutting research agenda.



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# **Financial Requirements**

Unit: million

PILLAR	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ	Grand Total
P1. Leadership, coordination, planning, financing, and monitoring	0.65	0.16	0.11	0.18	0.34	0.27	0.35	2.05
P2. Risk communication and community engagement	0.90	0.72	0.17	0.36	1.03	0.45	0.58	4.22
P3. Surveillance, epi investigation, and contact tracing	2.62	0.40	0.27	0.24	0.77	0.25	1.31	5.86
P4. Travel, trade and points of entry	0.20	0.06	0.03					0.29
P5. Diagnostics and testing	0.85	0.47	0.10	1.48	0.97	0.51	0.15	4.53
P6. Infection prevention and control	1.50	0.19	0.05	0.05	0.31	0.32	0.15	2.58
P7. Case management and therapeutics	0.70	0.17	0.04	0.10	0.18	0.14	0.09	1.42
P8. Operational support and logistics	0.10	0.07	0.02	0.10	0.31	0.12		0.72
P9. Essential health systems and services		0.02						0.02
P10. Vaccination	2.28	0.18	3.25	0.20	0.66	0.23	4.58	11.38
P11. Research and innovation		0.32	0.21		0.12	0.04	0.07	0.75
Grand Total	9.80	2.76	4.25	2.72	4.68	2.33	7.28	33.82



