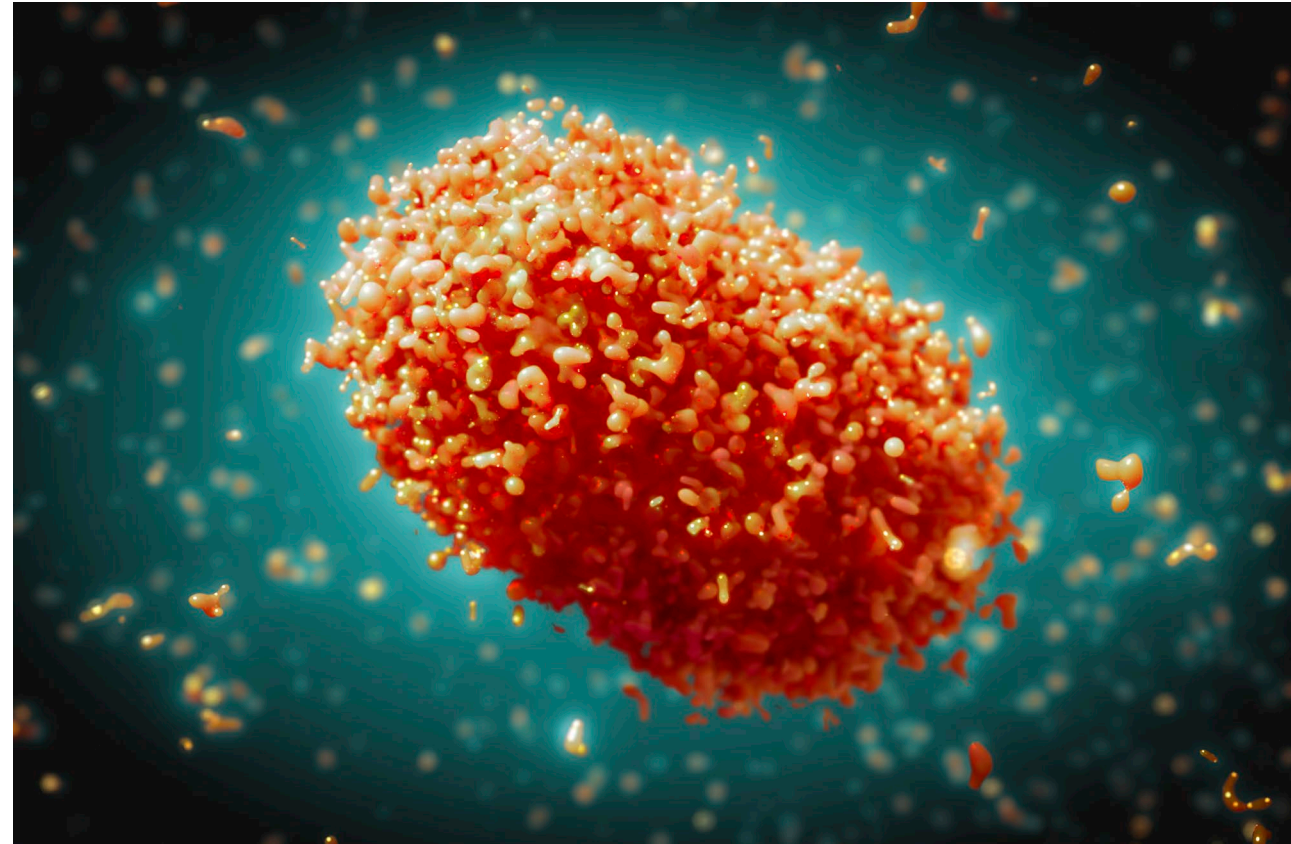


# Strategic framework for sustaining control and achieving elimination of human-to-human transmission of mpox

## WHO Member State information session

27 September 2023



Monkeypox virus, illustration. Credit: MAURIZIO DE ANGELIS/SCIENCE PHOTO LIBRARY

# Global situation - mpox

90,618

Confirmed cases

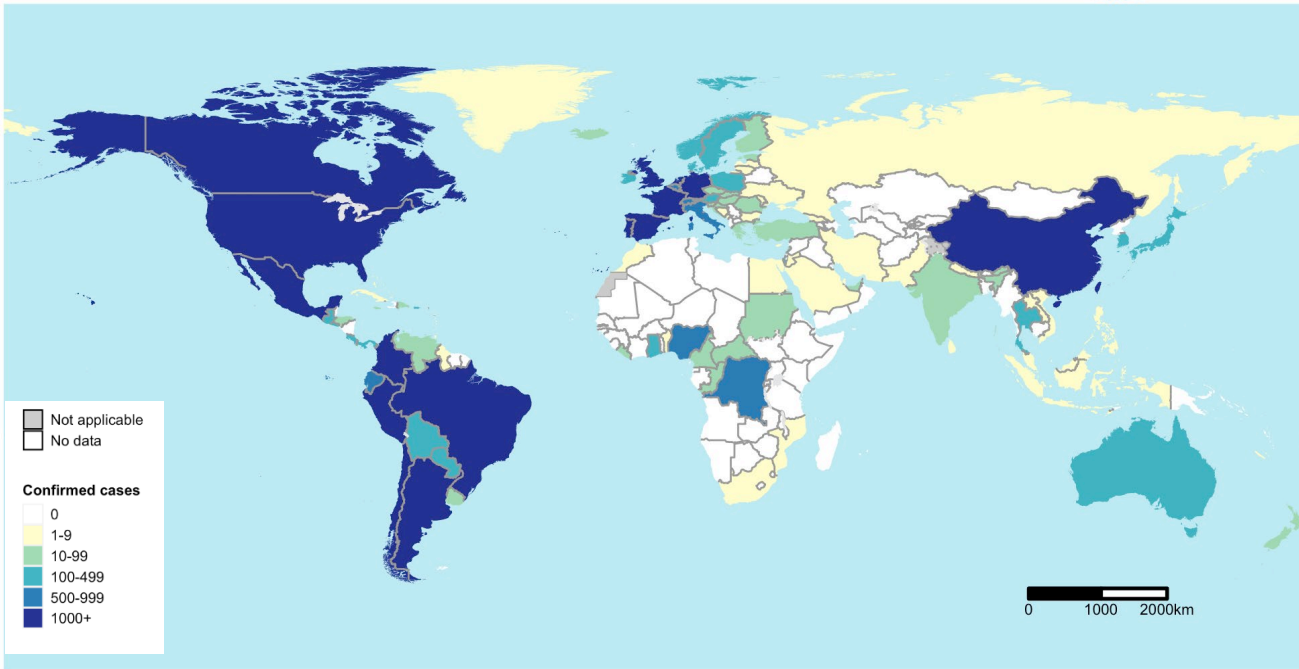
157

Deaths

115

Countries reporting cases

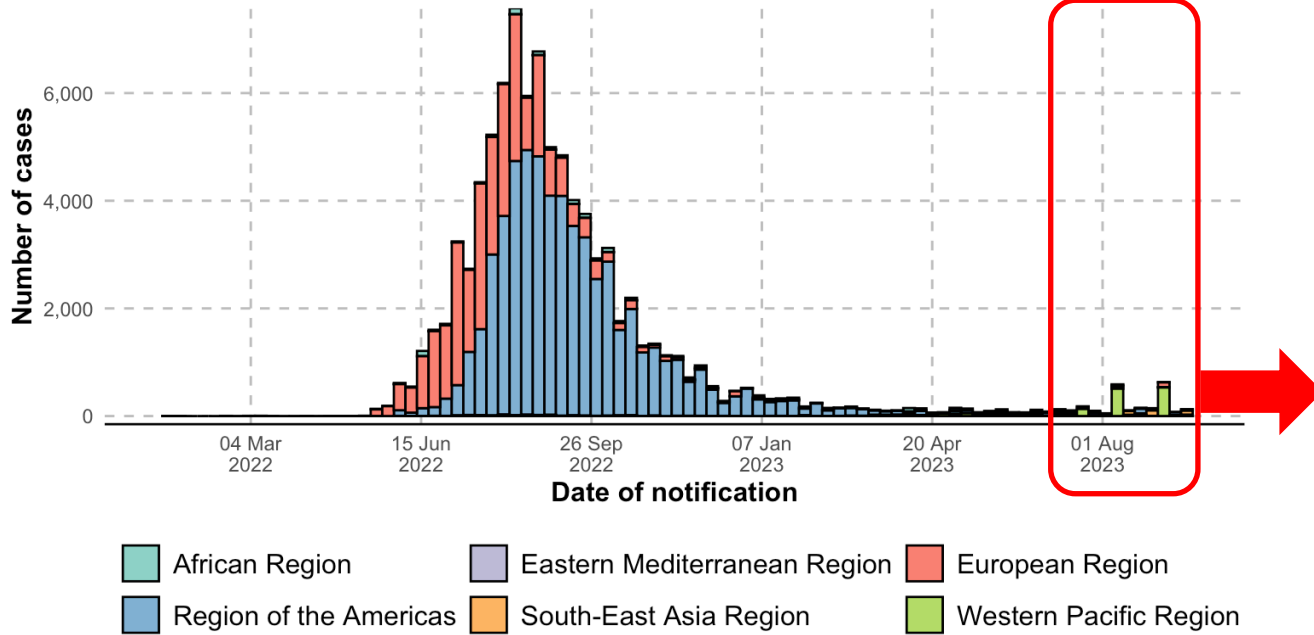
Confirmed cases of mpox  
from 1 Jan 2022, as of 26 Sep 2023



- Outside of Africa: mostly in gay, bisexual and other men who have sex with men with multiple partners
- In Africa: men, women, and children
- Cases reported in health workers and sex workers
- ~50% cases in persons living with HIV
- Immunosuppressed at greater risk of severe disease
- Clade I and II are sexually transmissible

# Mpox global epidemic curve

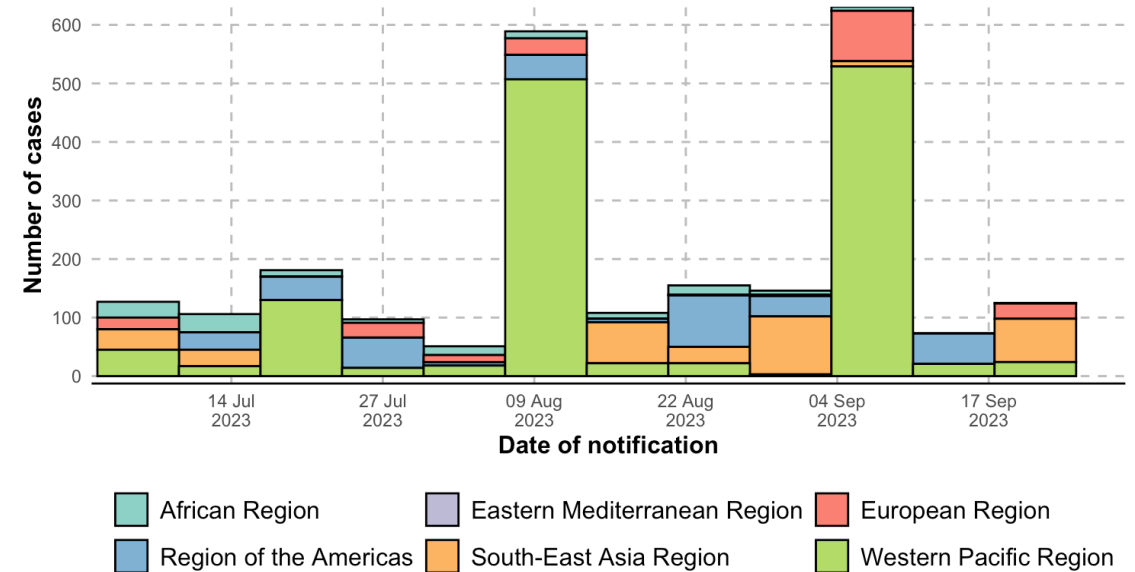
data as of 24 Sep 2023 17:00 CET



Source: WHO

## Last 12 weeks (03 Jul 2023 - 24 Sep 2023)

data as of 22 Sep 2023 17:00 CEST



Source: WHO

### Concerning outbreaks

1. China (> 1000 confirmed cases in 3 months, 93% seek care)
2. Thailand (>350 confirmed cases during outbreak, continuing)
3. DRC (>9000 suspected cases/2023; test positivity > 60%)

# Elimination of human-to-human transmission

## Key considerations & challenges

### Considerations

- Focus on human-to-human transmission essential to avert establishment of mpox a “new” human poxvirus.
- Following eradication of smallpox 45 years ago, this is critical for global health security today.
- Elimination of human-to-human transmission of mpox is a global effort that depends on community engagement and local action.
- Comprehensive research agenda to be coordinated and funded.

### Challenges

- Continuing fear of stigma and need for RCCE adapted to different contexts.
- Continuing gaps in testing capacity and genomic sequencing with the need for new testing modalities.
- Lifting the PHEIC following by decline in surveillance & reporting.
- Continuing equity gaps in access to vaccines and therapeutics.
- Understanding of monkeypox virus ecology and dynamics of spillover events is limited.
- Funding for WHO and Member States, particularly for extensive needs in Africa.

# Standing recommendations for mpox

- 11 May 2023 the WHO DG terminated the PHEIC and to address the long-term challenges posed by mpox issued standing recommendations as advised by an IHR Review Committee.
- Standing Recommendations issued 21 August 2023 are in effect until 20 August 2024.
- Standing Recommendations were circulated to States Parties and will be transmitted to WHA 77 for consideration.

# Standing recommendations for mpox issued by Director-General in accordance with the IHR (2005)

## States Parties are recommended to

- A. Have national mpox plans integrated into broader health systems. Capacities that have been built in resource-limited settings and among marginalized groups should be sustained.
- B. Strengthen and sustain testing and surveillance capacity and ensure that new cases of mpox are notified nationally and to WHO.
- C. Protect communities through communication and engagement; continue to build trust and fight stigma and discrimination.
- D. Invest in research to better understand mpox disease and transmission patterns, and to develop improved vaccines, tests, and treatments.
- E. Provide travelers with information to protect themselves and others before, during and after travel and refrain from implementing travel-related health measures, including mpox screening and testing for travelers.
- F. Deliver optimal clinical care for mpox patients, integrated within HIV and STI programmes, with access to treatments and measures to protect health workers and caregivers.
- G. Work towards equitable access to safe, effective and quality-assured vaccines, tests and treatments for mpox.

# Strategic framework for mpox (2023 – 2027)

## Goal

Achieve sustained elimination of human-to-human transmission of mpox

## Objectives

- (1) Achieve control of mpox in every context
- (2) Advance mpox research and access to countermeasures
- (3) Minimize zoonotic transmission

**Elimination of human-to-human transmission** is the absence of new cases (without defined travel history or zoonotic exposure) for  $\geq$  three months in the presence of adequate surveillance. This goal applies to all countries and contexts.



# Global strategy for mpox control and elimination

## Approach

Know your epidemic

Know your risks

Know your needs

Take action

## Guiding principles

Context-appropriate and community-led

Equity and human rights

Integrated programmes and services

Continuous learning

This approach and these principles reflect the crucial role **of community-led action** in achieving control of the outbreak that began in 2022— and building on the lessons learned in tackling the HIV epidemic.



# Strategic direction – endorsed by 4<sup>th</sup> IHR Emergency Committee

Maintain surveillance	Integrate with HIV & STI programmes	Strengthen capacity	Implement research	Enhance access
<p>Maintain epidemiological surveillance, consider making mpox infection <b>nationally notifiable</b> and continue to share confirmed and probable mpox case reports with WHO to support elimination where feasible</p>	<p><b>Integrate mpox surveillance, detection, prevention, care and research</b> into innovative sexual health, HIV and STI prevention and care and other relevant programmes and services.</p>	<p><b>Strengthen capacity in resource-limited settings</b> where mpox continues to occur, including <b>risk communication and community engagement</b> and for One Health and animal health</p>	<p>Implement a <b>strategic research agenda</b> to ensure ongoing evidence generation</p>	<p><b>Enhance access to diagnostics, vaccines and therapeutics</b> through allocation mechanisms and technology transfer to <b>advance global health equity</b>, including for ethnic and racial minorities and those in the global south.</p>
<p><b>Countries to develop elimination or control plans according to national context</b></p>				

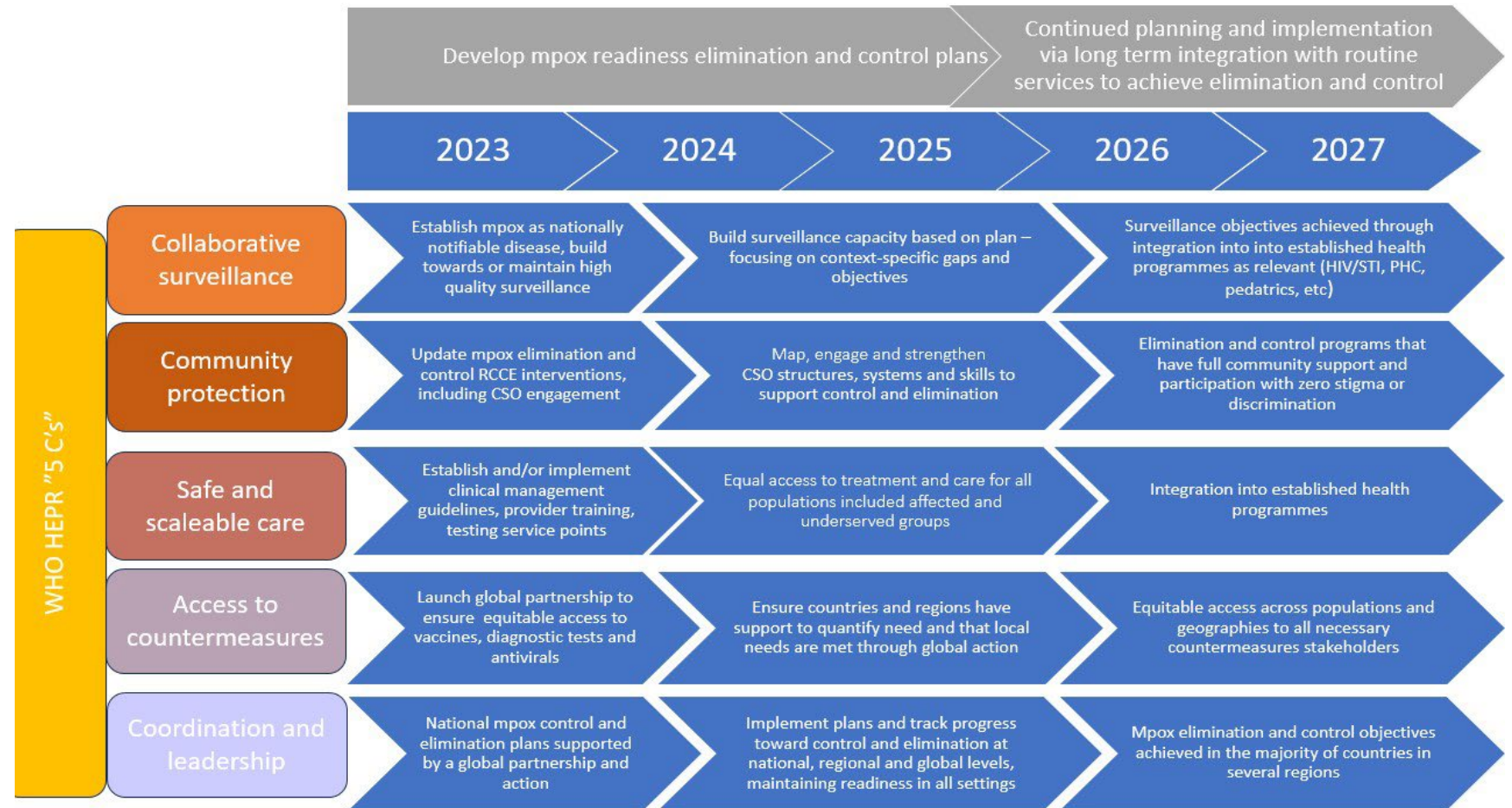
# In line with Health Emergency Preparedness and Response Architecture

Transitioning to long-term action leading to control and elimination will take years.

Integration of mpox activities with other HEPR-focused work and with health programmes including HIV/STI, PHC and others is key

WHO Regional offices will have a key role in defining regional strategies and targets

Global stakeholders, including WHO, have crucial roles within this framework



# Performance, quality, M&E areas of work

- **National programme surveys**
  - continue 2 times/year, adapt as needed, programme integration policies/ initiatives
- **Surveillance quality indicators**
  - timeliness, lab processing time
- **Outbreak performance indicators**
  - % suspected cases at national/local level
  - response time, feedback time...
- **Progress towards elimination**
  - % regions/countries with plans
  - n (%) countries in elimination/control/community transmission status
  - time since last case
  - absence of viral material in wastewater surveillance

# An action-oriented approach

The Strategic Framework and a complementary Country Planning Guide will guide action, with practical steps and milestones to:

- Develop national and regional plans to enhance control, minimize zoonotic transmission and achieve elimination of human-to-human transmission.
- Ensure that all WHO Regions and Member States have mpox preparedness and response integrated into relevant health, laboratory and community-based programmes.
- Strengthen and support links to achieve progress at every level.

# Discussion questions

- What context-specific resource needs, questions or priorities arise for regions and countries considering mpox elimination and control?
- What messages, resources (e.g., surveillance quality indicators, sample plan and M&E templates) and other content are important to include in the framework and the country planning guide?
- Where does content, purpose or strategy need to be clarified?

**Thank You**