WHO Member State Information Session: Monkeypox
29 September 2022
Monkeypox - Epidemiological Situation

- **66,343** confirmed cases
- **26** deaths
- **105** Member States/all WHO regions

**Cases by WHO Region**

- **AMRO**: 41,027
- **EURO**: 24,495
- **AFRO**: 567
- **WPRO**: 180
- **EMRO**: 53
- **SEARO**: 21

*Data as of 25 Sep 2022 17:00 CEST*
Monkeypox - Epidemiological Situation

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

Case Profiles for case reports with details %

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>89</td>
</tr>
<tr>
<td>HIV +</td>
<td>47</td>
</tr>
<tr>
<td>Health worker</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Transmission</td>
<td>87</td>
</tr>
<tr>
<td>Hospitalised</td>
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</table>

WHO Global Dashboard
Monkeypox - Outbreak Response

- Emergency management
- Community engagement
- Technical guidance
  - Surveillance
  - Testing and laboratory
  - Clinical management & IPC
  - Vaccines & immunization
  - RCCE
- 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

- Tecovirimat RCT protocols
- 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

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

**Ghana**
- AFRO- MoH- WCO
- Technical Support Mission
- 3-7 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

**CORE COMPONENTS**

**C1: Emergency coordination:**
Strengthen emergency operations and foster coordination between Member States and key stakeholders for responsive public health and adaptive key health services.

**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.

**C3: Community protection:**
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.

**C5: Countermeasures and research:**
Improve access to effective medical products for monkeypox and drive the cross-cutting research agenda.

**OBJECTIVES**

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

- **Protect vulnerable groups at risk of severe monkeypox disease.**

- **Minimize zoonotic transmission of monkeypox virus.**

**GOAL**

Stop the monkeypox outbreak.
# Financial Requirements

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<tr>
<th>PILLAR</th>
<th>AFRO</th>
<th>AMRO</th>
<th>EMRO</th>
<th>EURO</th>
<th>SEARO</th>
<th>WPRO</th>
<th>HQ</th>
<th>Grand Total</th>
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<tr>
<td>P1. Leadership, coordination, planning, financing, and monitoring</td>
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<td>0.16</td>
<td>0.11</td>
<td>0.18</td>
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Unit: million