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

WHO Member State information session

27 September 2023
Global situation - mpox

- 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
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%)

https://worldhealthorg.shinyapps.io/mpx_global/#35_Symptomatology
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 ≥ 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 4th IHR Emergency Committee

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