



AfricaCDC

Centres for Disease Control
and Prevention

Safeguarding Africa's Health

UNITED IN THE FIGHT AGAINST MPOX IN AFRICA HIGH-LEVEL EMERGENCY REGIONAL MEETING

MEETING REPORT

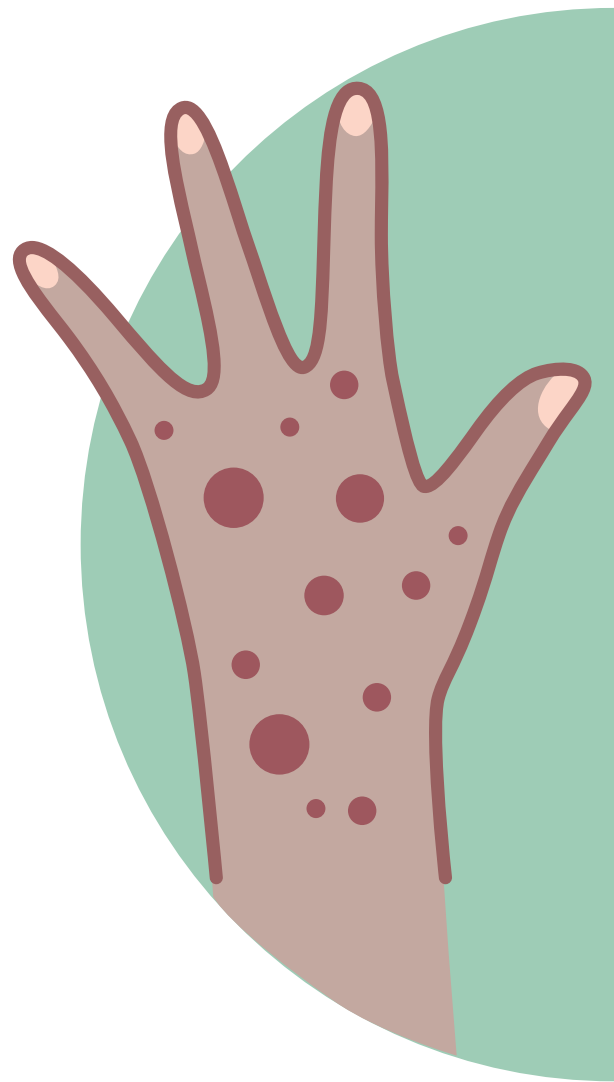
11 - 13, APRIL 2024

KINSHASA, DEMOCRATIC
REPUBLIC OF CONGO



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CONGO**

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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.

Safeguarding Africa's Health

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Abbreviations

ASLM	African Society for Laboratory Medicine
CBS	Community-based Surveillance
DHCPP	Division of High-Consequence Pathogens and Pathology
DRC	Democratic Republic of Congo
EBS	Event-based surveillance
EOC	Emergency Operations Centre
FETP	Field Epidemiology Training Program
IDSR	Integrated Disease Surveillance and Response
INSP	National Institute of Public Health
NPHI	National Public Health Institute
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
MS	Member States
PEPFAR	President's Emergency Plan for AIDS Relief
PHEIC	Public health emergency of international concern
RISLNET	Regional Integrated Surveillance and Laboratory Network
RCCE	Risk Communication and Community Engagement
SAGE	Strategic Advisory Group of Experts on Immunization
UNICEF	United Nations Children's Fund



Executive summary

From April 11-13, 2024, a 'High-Level Emergency Regional Meeting on mpox in Africa' was convened by Africa CDC in collaboration with the Democratic Republic of Congo (DRC) and multiple other partners, including CEPI, WHO, UNICEF, INSP, and US Government among others. This report highlights key findings from 9 technical sessions. The high-level ministerial meeting brought together over 05 Ministers of Health and delegates from 11 AU Member States (1) To share the latest research and insights on Mpox, including its epidemiology, transmission, and prevention strategies (2) To review and enhance existing response frameworks and collaboration mechanisms among affected countries (3) To foster partnerships and coordinate efforts with international health organizations and donors for effective outbreak response and management including vaccination and, (4) To develop a comprehensive action plan for Mpox surveillance, control, and prevention across the continent.

The high-level emergency meeting recognized the need for timely, accurate, and quality information on mpox situation in Africa to inform decision-making, program interventions, monitoring, and evaluations for the fight against mpox in Africa. The Ministers of Health of Angola, Benin, Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of Congo, Gabon, Ghana, Liberia, Nigeria, Uganda, and partners emphasized the urgent need for strengthened preparedness and response to mpox in the African Union Member States, highlighting the need for cross-border integrated disease surveillance and a coordinated regional approach. It called for partners to harmonize support and interact with the African Taskforce for mpox coordination to fulfill mandates.



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11-13 APRIL 2024

KINSHASA, DEMOCRATIC REPUBLIC OF CONGO

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MEETING ID: 987 8399 9834

PASSCODE: 424256

Session I: Introductory Session

The meeting started with a high turnout of 500 participants (in-person and virtual) at the political and technical levels and with the national anthem of DRC and the African Union.



Dr Dieudonné Mwamba

Dr Dieudonné Mwamba, The Director General of the National Public Health Institute, Democratic Republic of Congo (DRC); Dr Boureima Hama Sambo, WHO Country Representative, DRC, H.E. Dr Jean Kaseya, The Director General of Africa CDC, and H.E. Dr Roger Kamba, Honourable Minister of Public Health and Hygiene, DRC made opening remarks during the introductory session.

Dr Dieudonné Mwamba, the Director General of INSP, DRC, emphasized the need for solidarity and compassion for the affected people in addition to dealing with the mpox disease. He underscored the need for multisectoral response, data sharing, and bench-marking response experiences from other Member States.



Dr Boureima Hama Sambo

Dr Boureima Hama Sambo, WHO Country Representative, DRC, mentioned the engagement of WHO since the beginning of the outbreak, and mpox was declared a Public Health Emergency of International Concern (PHEIC) in July 2022. He also underlined the WHO strategy, which included controlling the mpox outbreak and promoting research on medical countermeasures. He highlighted the operational responses including multisectoral responses including the country office, the regional office, and WHO headquarters, and Strengthening the health service. He invited Dr Mike Ryan, the WHO emergency response representative, who virtually remarked on the WHO's commitment and highlighted the importance of working together against poverty, universal health coverage, and misinformation to address the outbreak responses.

H.E. Dr Jean Kaseya, the Director General of Africa Centres for Disease Control and Prevention (Africa CDC), started by thanking the Ministry of Public Health and Hygiene of DRC, other Member States, partners, and civil society for participating in this important meeting. He expressed

gratitude to UNICEF for guaranteeing their support in dealing with the mpox pandemic and thanked the pharmaceutical industries for their participation. Dr Kaseya outlined the importance of the meeting. He shared the African CDC's commitments with the US Government, China CDC, CEPI, Wellcome Trust and other organizations regarding mpox and the response to the outbreak. He said that the Africa CDC decided to organize this high-level regional emergency meeting in DRC, recognizing the need for solidarity and commitment to address the mpox situation in DRC and 11 other countries. H.E. Dr Jean Kaseya the situation of mpox in Africa is alarming with more than 19,000 cases and at least 1000 deaths recorded. The sexual transmission claim is based on clinical and epidemiological data: 1) median age: young adults sexually active with majority females; 2) genital lesions; 3) a high proportion of sexual workers; the need for a coordinated response by Member States, mpox is a Public Health Emergency of Continental concern and, more than 70% of deaths happen in children less than 15 years -of-age needs attention. For example, experts should make the data speak. He also talked about the discussion in the ongoing pandemic agreement negotiation - Africa should benefit from the products that are developed using the pathogens isolated from cases in Africa i.e. PABS (Pathogen Access and Benefit Sharing). Africa CDC is raising Africa's voice in the ongoing Pandemic Agreement negotiation. He re-emphasized the need to conduct mpox clinical research trials in Africa. He addressed the need for pharmaceutical companies to get the WHO Prequalification for the drugs developed to treat mpox. He also stated the need to strengthen the laboratory diagnostic capacity as only 10% of the cases are confirmed by the laboratory. Furthermore, he stressed the importance of making the decisions now and moving forward. He said the result of the meeting will be reported to the African Union assembly in July 2024 [Fig. 2].



H.E. Dr Jean Kaseya

Key Messages by H.E. Dr Jean Kaseya, Director General, Africa CDC

- The mpox outbreak situation is alarming – the high burden, its sexual transmission, and its impact on the children need an urgent and concerted multi-sectoral response.
- One of the critical elements of the pandemic accord, Pathogen Access and Benefit Sharing (PABS), is essential to ensure Africa benefits from global products.
- Science and data should drive mpox response efforts and it is essential to strengthen clinical trial capacity in Africa.



H.E. Dr Roger Kamba

In his keynote speech, H.E. Dr Roger Kamba, the Honourable Minister of Public Health and Hygiene, DRC, acknowledged the high level of participation of Member States, partners and experts. He described that DRC has nine neighboring countries with high rainforests, indicating that the health crisis in DRC is a crisis in the region and globally. He underlined the vitality of the science-driven decision for mpox response. He reiterated that mpox response should not only focus on addressing the virus but also need to strengthen the whole health system. He also addressed that as diseases have no borders, a need to channel through the Africa CDC for decisions for Africa and

WHO for decisions globally. He also emphasized the necessity of multilateral, pharma, and donors, working together to ensure health security. He recognized Professor Jean-Jacques Muyembe for his work from the beginning and thanked the health ministers, meeting organizers, and participants. He also noted that the experts' opinions will be considered in the decision making, and the response will not be done alone but with other countries. He also highlighted the problem among sex workers as it is related to the social problem and underlined that the response should not only be medical but social as well. He then officially opened the high-level meeting.



Session II: Objectives of the Meeting and Epidemiological Situation of Mpox: Mechanisms National and Regional



Dr Wessam Mankoula

Meeting objectives, expected outcome of the meeting sessions, and post-meeting activities

Dr Wessam Mankoula, Head of Africa CDC Emergency Operation Centre (EOC), summarized the high-level meeting objectives, sessions, expected outcome of the meeting sessions, and post-meeting activities.

Objectives of the Meeting

- To strengthen cross-border collaboration and coordination for prevention, preparedness, readiness, and response to the ongoing mpox and other emerging health emergencies.

Expected Outcome of the Meeting

- A joint communique with participating Member States,
- Establishing the Africa Task Force for mpox Control - under the leadership of the Member States with support from the Africa CDC, WHO, and other partners to support cooperation and collaboration,
- Drafting a regional roadmap for addressing mpox in Africa.

In connection to this, he described the post-meeting activities as (1) developing Joint Plans of Action for coordination and collaboration, (2) establishing a platform for sharing alerts, data, resources, and assets for mpox response, prevention, and control, and (3) holding regular meetings to track the progress in preparedness, readiness and response to mpox in Africa.

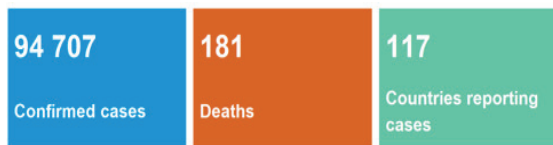


Prof. Christian Ngandu

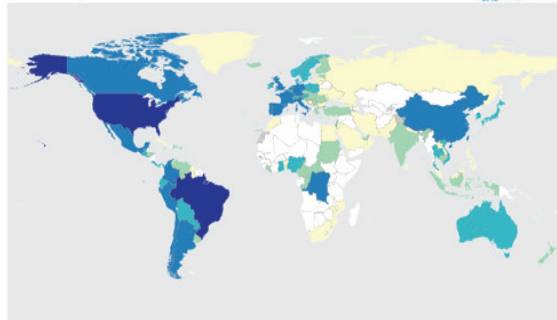
Epidemiological situation of mpox in the world

Moderated by Prof Christian Ngandu (PHEOC manager/INSP DRC), Dr Rosamund Lewis, Technical manager, smallpox and orthopoxviruses, WHO, Geneva, presented the Epidemiological situation of mpox in the world. He said that from January 1, 2022 - February 29, 2024, 94,704 cases and 181 deaths of mpox were reported from 117 countries around the globe and mpox continues to spread in Africa and threatens global health security [Fig.1]. She also addressed that the mpox epidemic curve has increased in Africa, America, and Europe over the last six months. Between 2022-

2024, more than 2,700 confirmed cases and 22 deaths among confirmed cases, had been reported in Africa. These represent 3% of confirmed cases globally and 12% of deaths. The presentation highlighted that Nigeria and DRC report the most cases in the African region; genomic epidemiology of Simian pox virus (MPXV) reveals two clades: Clade I (Clade circulating in Central Africa) and Clade II (circulating in West Africa) and documentation of sexual transmission of clade I for the first time in the DRC in 2023 (Kwango, South Kivu) [1].

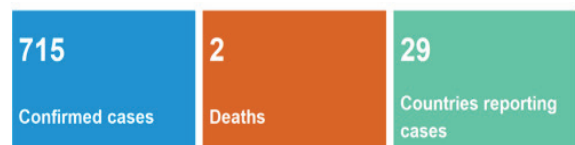


Total mpox cases
from 1 Jan 2022, as of 29 Feb 2024

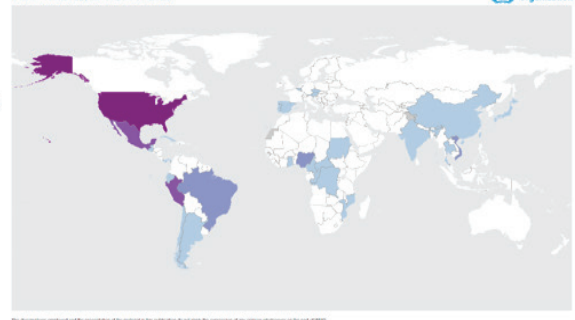


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Data Source: World Health Organization



Total mpox deaths
from 1 Jan 2022, as of 29 Feb 2024



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Data Source: World Health Organization

Figure 1: The global burden of mpox, Jan 2022 – Feb 2024



Dr Rosamund Lewis

Dr Rosamund Lewis spoke out about WHO's standing recommendations for the fight against mpox as issued by the Director-General of WHO by the IHR (2005) – August 2023, including; (1) Developing or updating national mpox plans and integrating strategies into broader health systems. The capacity that has been built in resource-limited settings and among marginalized groups must be supported, (2) Strengthen and maintain testing and surveillance capacities and ensure that new cases of mpox are reported nationally and to WHO, (3) Protecting communities through risk communication and community engagement; continue to build trust between the population and public health authorities and fight against stigma and discrimination, (4) Invest in research to better understand mpox disease and modes of transmission, and to de-

velop improved vaccines, tests and treatments, (5) Provide travelers with information to protect themselves and others before, during and after travel; avoid implementing travel-related health measures, including screening and mpox testing for travelers, (6) provide optimal clinical care to patients, integrated into HIV and STI programs where relevant, with access to treatments and measures to protect health workers and caregivers, and (7) Work for equitable access to safe, effective and quality-guaranteed vaccines, diagnostic tests and treatments. A WHO strategic framework for mpox outbreak control focuses on Emergency coordination, collaborative Surveillance, community protection, clinical care, countermeasures, and research.



Dr Merawi Aragaw

Epidemiological situation of mpox in Africa

In his presentation, Dr Merawi Aragaw, Head of Surveillance and Disease Intelligence, Africa CDC, addressed the epidemiological situation of mpox in Africa. He described that mpox in humans was first reported in DRC in 1970 and was endemic in 12 central, west, and east African countries. He stated the wide host range nature of mpox makes it challenging to define the natural reservoir host and transmission dynamics. Between 2022 and 2024, 672 cases were reported in Africa of which more than half occurred among males and 17.7% were children under 4 years of age [Fig.2].

In the continental situational update, it's indicated that the testing capacity is limited in Africa, for example, it is 12% in DRC, and there is a need to strengthen cross-border transmission, regional collaboration, and genomic Surveillance in Africa. Moreover, Dr Merawi indicated that assessments were conducted to prioritise countries in response to the mpox outbreak, and technical support was provided to strengthen the response. Dr Merawi addressed the key challenges that have been identified as (1) Weakness of multi-sectorial, one health coordination (2) Low capacity for case detection, case investigation, contact tracing, and monitoring of suspected cases (3) Low capacities for sample collection, transportation, genomics testing and characterization of clades (4) Insufficient IPC supplies and practices for health facility and communities, and (5) Limited capacity and insufficient Risk Communication and Community Engagement (RCCE) and adaptation to local languages.

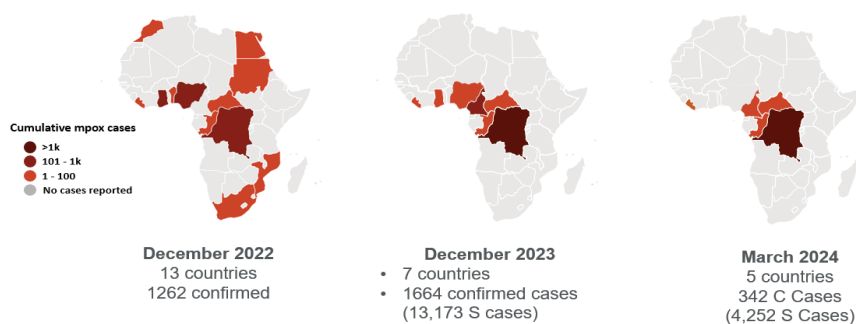


Figure 2: mpox cases in Africa, Jan 2022 – March 2024



Dr Raoul Kamadjeu

Towards a child and community-sensitive response to mpox- overview of UNICEF approach to mpox response in Africa

Dr Raoul Kamadjeu, Health Specialist, Public Health Emergencies at UNICEF presented a summary of mpox in children: including what has been known about transmission, prevention, and treatment. He indicated that data on the epidemiology, prevention, treatment, and case fatality of mpox in children in endemic countries is limited. He also outlined, that those below 15 years of age are disproportionately affected by mpox in Africa, compared to the US and Europe; and advised that understanding the drivers of the mpox burden in children would be a priority. He underscored that the strategic objectives were aligned to govern-

ments' response and implementation of multisectoral interventions focusing on UNICEF areas of sectoral leadership suggested among multisectoral responses to mpox. In his final words, he addressed the need to integrate Outbreak Analytics (IOA) and mpox in DRC and address information and knowledge gaps. UNICEF will continue to provide multisectoral support to affected countries, focusing on its global and country leadership areas in partnership.



Dr Aimé Cikomola

Epidemiological situation and response to mpox in the DRC

Dr Aimé Cikomola. Médecin Directeur. Programme Élargi de Vaccination de la RD Congo. Gombe, Kinshasa, Democratic Republic of the Congo, provided epidemiological situational and response to mpox in the DRC. The presentation of the ministry highlighted that mpox is endemic in the DRC in 11 provinces and the number of suspected mpox cases and deaths increased in DRC, from 2021 to 2023. Since 2024 only 480 confirmed cases have been reported of which 60% were males and 50% among children below 15 years of age. He also highlighted the response activities are being

implemented, including (1) the Development of the National Integrated Preparedness and Response Plan for mpox (2) the strengthening of the surveillance capacity and testing (3) Strengthening case management, IPC, RCCE, and Psychosocial components are few to mention. Low media coverage of the mpox, weak monitoring at the point of entry and point of care, non-compliance with preventive measures, and low rate of testing were among the key challenges he reported.



Dr Odianosen Ehiakhamen

Epidemiological situation and response to mpox in Nigeria

Dr Odianosen Ehiakhamen, representative of the Nigeria Center for Disease Control & Prevention (NCDC) addressed the epidemiological situation and response to mpox in Nigeria. Mr. Ehiakhamen said since 2024, 286 suspected and 12 confirmed cases were reported in Nigeria and mpox re-emerged after 40 years in 2017 in Nigeria. Activation of the mpox Emergency Operation Centre (EOC) and coordination of national response activities were among the ongoing response activities as mentioned by Dr Ehiakhamen.

ology of mpox among children is limited, and response to mpox is limited due to limited multisectoral collaboration and coordinated efforts. Thus, increased resources for strengthening mpox testing capacity, IPC supplies, and RCCE were considered critical.

The key home take messages of session II underlined the burden of mpox is high, with substantial cases and deaths, including in children and the distribution of mpox has been increasing from time to time. Moreover, data on the epidemi-

Session III: Emergency Response Coordination Mechanisms National and Regional



Dr Wessam Mankoula

An overall strategic approach to the control of mpox

Moderated by Dr Wessam Mankoula, Head of Africa CDC EOC, representatives of the selected agencies gave their perspectives on the overall strategic approach to the control of mpox.

Panelists: **Dr Salam Gueye**, WHO AFRO, **Dr Aimé Cikomola**, MOH, DRC, **Dr Dieudonné Mwamba**, INSP, DRC, **Prof. Joseph Nyandwi**, NPHI, Burundi, **Dr Odianosen Ehiakhamen**, NCDC, Nigeria.

Democratic Republic of Congo (DRC): MOH-DRC noted that at least six countries were covered during that period of Surveillance; there were 430 cases, and 95% of these were in DRC. The mpox pandemic cases were increasing every year. In the beginning, just a couple of provinces were expanded from Surveillance of 3 provinces out of 26. The DRC speaker showcased recent work on the pandemic from the year 2024. Comparing one week to week 12 from last year we already have 4500 cases. He said there was a declaration of the pandemic last year, which led to the establishment of a management system to manage the endemic and its weaknesses. For the time being, the results are almost the same from last year, he explained. There are more and more cases of sexual transmission in the county. In Kinshasa, the pandemic started in August 2023 and sexual transmission is going on in provinces, especially among female commercial sex workers aged between 20-40 years. Statistics from laboratory science show 426 samples but 10% of the samples' quality is lost. There are problems with transporting samples to the laboratory and also collecting them. Africa CDC supported 79% percent of laboratories. Another issue the researcher said they could not reproduce research documents from the investigation office. For treatment, he said they have a standard while they are waiting for specific medicines to be medication to be produced. He said the situation in DRC was serious and had more complications. He suggested starting immunization and vaccinating those under 18.

Nigeria: According to Dr Odianosen Ehiakhamen, NCDC, Nigeria, West Africa is not doing well when it comes to outbreak management, citing the 2017 library emergency outbreak reports.

Burundi: Prof. Joseph Nyandwi, NPHI, Burundi, re-emphasized on sexual transmission route of mpox, but their data is not detailed compared to findings presented by DRC. They expressed their problems in executing Surveillance in their country. They wanted to know the screening strategies for suspected cases both by the National Institute of Public Health as well as in the sector of traditional health medicine and the private health sector.

Highlights from the audience and/or the session chair:

Dr Ngashi, Africa CDC asked WHO, how they could find answers to all those questions related to mpox that remain unknown. For instance, there was no data on Nigeria from 2023-2024. What are the challenges of collecting data in different African countries? He said the Central African Republic had no quality data, yet the situation on mpox is worsening in African countries. He also wanted to know how data from sequencing was shared among countries. Prof. Oyewale Tomori had a question on DRC and wanted to know more about the arrangement of sending mpox samples to California, which has stalled in DRC. He also wanted to understand, why Nigeria was not using the facility to move samples among African countries. Nigeria, which has a network of labs across the country, wanted to know why they were not being used to solve the problem of mpox. The overall home-take message of the round-table discussion on the overall strategic approach to the control of mpox highlighted that the epidemiological burden of mpox is increasing and an integrated response approach is required.

Session IV: Strengthening Surveillance Capabilities



Dr Fiona Braka

How to strengthen epidemiological surveillance capacities at the national level and across borders as well as Infection prevention and control (IPC)

Representatives of five Member States and Africa CDC Regional Coordinating Centre (RCC) for the Western Africa Region, moderated by Dr Fiona Braka WHO AFRO, provided reflections on how to strengthen epidemiological surveillance capacities at the national level and across borders and Infection prevention and control (IPC). The moderator questioned the panelists on the challenges of mpox surveillance systems and on what needs to be done in their countries. The following were reflections from the panelists:

Republic of Benin: Through the support of USAID, the country has prepared a response plan that emphasizes training of a rapid response team, health workers including community health workers and capacity building of laboratories, development and implementation of a communication plan, and sensitization of communities. The NPHI Director stressed the need for more funding and collaboration with partners to implement this comprehensive plan.

CAR: CAR has been reporting all cases of mpox since 2016. The country builds on the previous capacities built through the World Bank support and the experience from the COVID-19 response. The discussant mentioned the effort being made to identify populations at risk of acquiring mpox, including those in rural areas and populations in the forest. Once the populations at risk are identified, targeted strategies that cater to the needs of such populations will be implemented.

Nigeria: Nigeria's panelist emphasized that outbreaks start in communities and end in communities; hence, surveillance systems must be synchronized with primary health care (PHC). Nigeria mentioned daily epidemic intelligence meetings to sensitize and create awareness among senior leadership as best practice-

es. Community-based surveillance (CBS) has been established and strengthened through the adoption of event-based surveillance (EBS) tools, capacity building, and sensitization of communities.

Ghana: Ghana mentioned the implementation of community-based surveillance supported by the Global Fund not only for mpox but all other diseases using an integrated approach. Ghana has also done a lot on the sensitization of clinicians and strengthening of laboratories, including having a strong laboratory service at Noguchi Memorial Institute for molecular diagnosis and sequencing and improving the reporting of cases through strengthening IDSR.

Liberia: Liberia strengthened Surveillance following a multifaceted approach learning from the Ebola virus Disease outbreak which claimed more than 4000 lives, its representative explained. Liberia has 98 districts and each district has been assigned one district surveillance officer. The information management system has been strengthened and is linked with the EOC in Monrovia. Two counties have reported and are responding to the mpox outbreak. Case reporting is done through the strengthening of integrated disease surveillance and response systems, and the country's coordination mechanism follows one health approach. The front-line Field Epidemiology Training Program has made a significant contribution to containing outbreaks through the training of 400 epidemiologists. To increase access to testing, Liberia is implementing the Riders' Initiative which has deployed more than 200 riders who bring specimens from all corners of Liberia to Monrovia. With this system, cases can be notified within 48 hours. Liberia has also executive FETP program for senior officials to sensitize and bring them quickly to the same level of understanding.

Africa CDC RCC for Western Africa Region: Dr Herlinda Temba, Western Africa CDC RCC, focused on the challenges of surveillance systems at the national and regional levels and described some regional efforts. The following key challenges were mentioned; duplication of effort by partners leading to confusion at the country level including reporting requirements to multiple partners; inefficient use of scarce resources; lack of invest-

ment at the community level; inadequate investment for public services, basic WASH and health workers not being well equipped to dispatch responsibilities; even though there are few efforts, there is lack of integration of surveillance systems and, multiple guidelines developed by different partners may pass conflicting message making it difficult to adopt into country context.

Highlights from the audience or the session chair(s):

The session chairs and audiences have highlighted various points following the discussion on how to strengthen epidemiological surveillance capacities at the national level and across borders as well as IPC. It's stated that the panelists have not discussed or described the role of social media in supporting event-based surveillance and how to manage and verify rumours well. In response, the panelists emphasized the importance of integrating social media as part of Surveillance. Ghana mentioned the importance of establishing national call centers for the verification of rumours even though they have not yet been established. Nigeria mentioned they are already using social media as part of their EBS. In addition, it is noted that community-based surveillance is critical for the early detection of cases. Nigeria is a very big and complex country. How does it implement case-based surveillance, and what does your laboratory network look like? The representative from Nigeria responded that they focus on supporting through front-line responders and EOCs are available and functional in most states. The approach is through integration with PHC to strengthen community-based surveillance systems. The panelist also mentioned there is a network of reference laboratories supported by a specimen referral network. Liberia presented the best experience in the transportation of specimens but it is a small country and the distance to be covered is very short. How can we bring the experience of Liberia to DRC? Liberia's discussant responded by saying that DRC is a vast and complex country and that the setup cannot be compared with Liberia. Liberia is a small country and the maximum distance to be covered is less than 1000 km. However, the "hub and spoke model" or relay system practiced in Liberia can be tried in DRC as well. It is also underlined that, unless strong capacity building is considered at the community level, media communication may create chaos and rumors propagated can hinder response to mpox. How can this be addressed? This was acknowledged as a potential drawback of social media. More effort has to be made in educating the community, verification of rumors, and regular com-

munication. Even if there are strong surveillance systems unless we address challenges related to the secure transfer of data, surveillance systems will not be effective. The challenges in the fast data transfer are many including lack of electricity. What solutions can be proposed to address these challenges? Panelists from Benin and CAR responded to this important topic. Benin mentioned the deployment of community healthcare workers with tablets (one community health worker for 200 households). CAR also mentioned a similar approach of community-level data collection and sending the data anytime they have internet access. Furthermore, it is highlighted that during the investigative phase of the mpox response, there is a challenge in getting more information on risk factors for exposure and transmission of the disease including knowing the transmission route. What can be done to strengthen this aspect? The panelists acknowledged that these are key questions to address. The answer will not be simple; it requires animal sector workers to better understand animal-to-human transmission. A strong surveillance system is needed to better characterize human-to-human transmission. At the last, the discussant emphasized the importance of integrating mpox Surveillance with STI surveillance systems as the disease continued to be transmitted through sexual contact.

The home takes message coming out from the discussion 'how to strengthen epidemiological surveillance capacities at the national level and across borders as well as IPC' are challenges related to Surveillance and response including limited health workforce, limited capacity of laboratory systems, inefficiency in resource utilization and lack of coordination and collaboration of partners, require concerted efforts of every stakeholder. Moreover, integrating community-level Surveillance, using media and call centers for EBS, and setting up a strong surveillance system, including STI surveillance, was considered a critical takeaway message.

Session V: Strengthening Laboratories' Capacity for Mpox



Dr Yenew Kebede

Laboratory-based surveillance for mpox in Tshuapa and Tshopo Provinces

Moderated by Dr Yenew Kebede, Head of Division of Laboratory Systems, Africa CDC, Andrea McCollum (Poxvirus and Rabies Branch [DHCPP] [NCEZID]) addressed the Laboratory-Based Surveillance for mpox in Tshuapa and Tshopo Provinces. She stated that although, mpox cases have historically been reported from mostly remote, forested areas; mpox testing is limited to one laboratory in DRC. Enhanced mpox Surveillance started in DRC in 2010 and enhanced Sur-

veillance with GeneXpert in 2022. Analysis of preliminary GeneXpert results (September 2022 – June 2023) from specimens of 243 individuals with suspected mpox using the OPXV-MPXV-VZV multiplex assay reveals, that 70% were positive for mpox. Positioning a GeneXpert machine closer to the point of case detection could lead to faster public health responses and clinical management of severe cases.



Dr Emmanuel Agogo

Evaluation of mpox point-of-care essays

Dr Emmanuel Agogo representing FIND highlighted that until recently, mpox occurred sporadically in Central and East Africa (clade I) and West Africa (clade II). From 2023 onward, large outbreaks of clade I occurred in DRC. Point-of-care tests are useful in screening and early diagnosis in settings with limited laboratory infrastructure. Analytical evaluation of mpox point-of-care tests was conducted to determine the performance of point-of-care tests for the detection of mpox using the Limit of detection study and PCR reference test. She also

added clinical evaluation was also done by defining clinical sensitivity and specificity. The limit of detection for POC molecular tests was (Ct<40). POC molecular test had higher sensitivity and specificity compared to AgRDTs. A limited number of mpox-negative individuals from the UK cohort, absence of sequencing to confirm MPXV clade for clinical evaluation, and test selection is done in late 2022 - missed new or improved assays for evaluation were some of the limitations to mention.



Dr Lorenzo Subissi

Strategies for strengthening mpox diagnostics

Dr Lorenzo Subissi, Responsible for the laboratory pillar mpox team, WHO Geneva, Switzerland, spoke about a strategic framework for controlling mpox encompassing coordination, Surveillance, community protection, case management, medical countermeasures, and research. Dr Lorenzo added to the molecular epidemiology of MPXV clade I that clade-specific PCR targets are not recommended as the sole PCR to confirm mpox virus (MPXV) infection (they should always be combined with a generic orthopoxvirus PCR or MPXV). There is a need to update the laboratory guidelines to give caution about the risk of deletions at the ends of the MPXV genome and call for appropriate preparation in all regions, including the African region. He said several coordination meetings have already taken place: alignment on the objectives of surveillance-related interventions and research questions. Spirit of collabora-

tion between partnerships, and creation of functional commissions by a pillar 1. epidemiological care & Surveillance, 2. laboratory, 3. risk communication and community engagement, etc.) which will report to the management of the SGI. The next harmonized interventions were aimed to (1) describe, quantify, and study risk factors for mpox severity (2) Describe, quantify, and study risk factors for mpox severity (3) Describe transmission patterns, including growth rates, secondary attack rates, and the respective contributions of different modes of human-to-human and zoonotic transmission (using contact tracing) and, (4) evaluate the performance of POC tests to decentralize mpox diagnosis. The next steps, incorporating discussions from this emergency regional meeting into the work plan for collaborative Surveillance (including diagnostics) were emphasized by the speaker from WHO.



Dr Collins Tanui

Pathogen genomics sequencing for mpox

Dr Collins Tanui, Principal Technical Officer, Africa CDC addressed the situation of Pathogen Genomics Sequencing for mpox in Africa. She said that the Africa CDC Institute of Pathogen Genomics (IPG) was launched in 2020 to support adopting and implementing pathogen genomics and bioinformatics in NPHIs across Africa. In the post-COVID-19 era, 39 functional NGS capacities in public health laboratories, out of 7 available in 2018/19, were available [Fig.3]. In 2023, 166 public health events were reported in Africa, including Cholera and mpox.

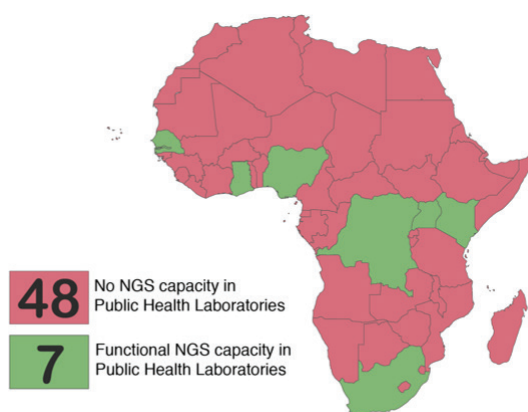


Fig 3: Pathogen genomics sequencing laboratories in Africa, 2023

There is a need for an effective, concerted, and continent-wide response to improve detection, reporting, and response. As of October 2022, mpox has been reported from 12 AU Member States. Clade I – most frequently reported from Member countries in central Africa, tends to be more severe than clade II whereas; Cameroon is the only country known to harbor both clades. 3 Training Workshops conducted on RT-PCR Laboratory Diagnosis for mpox Virus Detection (DRC, Nigeria, and South Africa). 56 Laboratory scientists trained from 44 AU Member States, and 10 Member States supported with mpox RT-PCR kits. Genomics sequencing is important for (1) Tracing the source of outbreaks, understanding transmission dynamics, and assessing vaccine efficacy (2) Identifying genetic variations

within mpox strains and (3) Detecting potential changes in virulence or drug resistance. She mentioned some key challenges including limited infrastructure and expertise in genomic Surveillance in many African countries; high costs associated with sequencing technologies and data analysis and difficulty in obtaining high-quality samples from remote or resource-limited areas.

Highlights from the audience or the session chairs

Presentations from the overall sessions on strengthening laboratories' capacity for mpox highlighted that active surveillance of mpox in the DRC began in 2005. It is also underlined that the decentralization with GenExpert will need to be validated and percentages of samples will be sent for quality control to be determined. The use of drones for transporting samples was also suggested and challenges in transporting PFA samples to integrate other diseases under Surveillance was mentioned as a challenge.

The key take-home messages of the session on strengthening laboratories' capacity for mpox included: mpox testing capacity is limited – disproportional to the burden, point-of-care test for mpox is critical and demonstrated to have high sensitivity and specificity, a need to update laboratory guidelines, and genomic sequencing capacity has been expanded due to the COVID-19 pandemic and still challenges related to limited infrastructure and expertise, sample processing and data analysis need to be addressed.

Session VI(a): Therapeutics

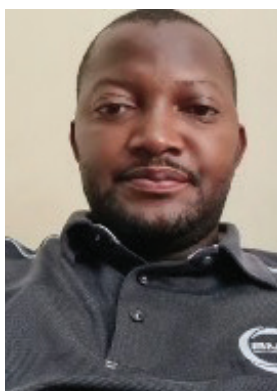


Prof. Christian Ngandu

Discussion and experience sharing

Standard Support Protocol: Moderated by Prof. Christian Ngandu, PHEOC Manager, INSP DRC, KACITA Cris (Operations Manager, SGI mpox at COUSP/INSP spoke about standard support protocol. This speech highlighted that mpox can be staged based on the number of skin lesions: Mild Stage (less than 25 skin lesions), Moderate Stage (25-99 skin lesions), Severe Stage (100-250 skin lesions), and Critical Stage (>250 skin lesions). In addition, signs of severity among under-five year children can be characterized by: a disorder of the state

of consciousness, circulatory system disorder, respiratory disorder, eye damage, number of skin lesions ≥ 100 , and lymphadenopathy with pus immunodeficiency, whereas damage to the genitals and appearance of complications may be observed among pregnant. KACITA Cris underlined that detailed treatments for different stages of mpox are indicated in the treatment guideline and the best preventive measures include vaccination, prevention of secondary infections, prevention of dehydration, and prevention of malnutrition.

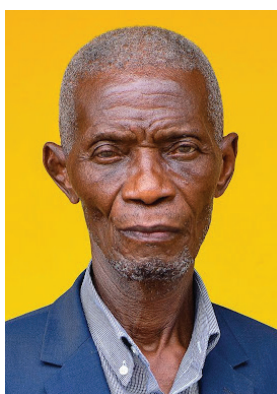


Dr Olivier Tshiani Mbaya

Tecovirimat, use, effectiveness and safety

Dr Olivier Tshiani Mbaya representing the National Institute of Biomedical Research stated that the worldwide surge of mpox cases (2022) has raised the question of the effectiveness of therapeutic options and Tecovirimat is one of the most advanced drugs to treat mpox. The FDA originally approved it for the treatment of smallpox and more recently expanded by EMA for the treatment of mpox and cowpox (under animal rules). Tecovirimat is an antiviral drug that inhibits viral protein p37, encoded by the F13 gene of several Orthopoxviruses. It has an oral and intravenous dosage option, and administration depends on the weight of the patient. No undesirable pharmacodynamic effects were ob-

served on the cardiovascular, respiratory, and CNS systems. Although multiple clinical studies with TPOXX have been completed in adults, no safety signals were identified during the conduct of those studies. In addition, Olivier Tshiani added that the mpox MEURI protocol provided access to tecovirimat to patients with mpox during the multi-country outbreak while clinical trials cannot be immediately initiated, maintaining ethics and regulatory oversight; and ensuring data monitoring, reporting, and sharing. There are research gaps in monitoring mutations, improvement of available Dx tests, validation of RDT, clinical characterization, and ecological studies.



Prof. Michel Ekwanga

Immunotherapeutic against mpox

Prof. Michel Ekwanga representing University of Lubumbashi, discussed the existing evidence about immunotherapeutics against mpox. This discussion outlines that a pathogen escapes or diverts all components of the adaptive immune system more it becomes an infectious contaminant and dangerous consequence. There is a need to boost the immune system so that it recovers its capacity to function formally, eliminating

the pathogen and installing homeostasis. In addition, absence of funding for fundamental and clinical research we have chosen therapeutic repositioning. Therapeutic repositioning consists of using commercial molecules intended to treat certain infections to treat other similar or close infections depending on their inducing pathogens—their multiplication strategies.

In addition, the discussion addressed the terse information received from the international conference of experts, to review the available data and identify gaps in mpox-related research, but did not address our concerns said Prof. Michel Ekwelanga. Observation should target the identification of zoonotic hosts (reservoirs and vectors) and a complete description of the clinical spectrum and natural history of the infection. Moreover, a better understanding of the genomic and epidemiological evolution of orthopox viruses, the utility of genomic field diagnostics, and improved disease control strategies, including the possibility of vaccination with the new generation of non-replicating smallpox viruses, may benefit the prevention initiatives.

Key home take messages: mpox can be staged based on the number of skin lesions and treatment options will depend on the stage and weight of the patient the best preventive measures include vaccination, prevention of secondary infections, prevention of dehydration, and prevention of malnutrition. In addition, a pathogen diverts all components of the adaptive immune system more it becomes an infectious contaminant and dangerous consequence. Thus, key messages indicated a need to identify zoonotic hosts and provide a complete description of the clinical spectrum of the infection. They also emphasized that a better understanding of the genomic and epidemiological evolution of orthopox viruses will benefit the available intervention strategies.



Session VI(b): Vaccines Against Mpox

Discussion and experience sharing

Panelists: Dr Beatrice Ngwette, DRC



Dr Saad Omar

Updates on mpox vaccines, effectiveness and safety

Dr Saad Omar (SAGE Member) and Dr Tomoya Saito - (OMS guest) spoke about the updates on mpox vaccines, effectiveness, and safety. They shared the experience of DRC and said that it's well set up since the system and some data available from the previous trial, 14 pregnant women were included and followed up and no obvious severe adverse reactions were observed. According to SAGE, limited vaccine effectiveness studies before 2022. MVA-BN evaluation shows 2 doses, and pre-exposure is better (89%); one dose and post-exposure are not as effective.

Clinical evaluation of LC16m8 and Conventional Small [pic Vaccines in children in Japan (1968 -1974). LC16m8 had fewer adverse events. SAGE's evidence on vaccine safety reveals that the use of LC16m8 in Children (1974- 50k children; 30k adverse reports and circa 11k data submitted for licensure); MVA-BN – fairly safe, LC16m8-similar profile, third generation (LC16, MVA-BN) lower adv than second GEN, 200 cases/millions of pericarditis and graded evidence on safety is low to very low.



Dr Kate O'Brien

SAGE's recommendations

Dr Kate O'Brien from WHO presented the pertinent SAGE's recommendations. Dr Kate pointed out that vaccine and immunization are important to mpox intervention strategies (community protection, MCM, and research). New information from MVA-BN has updated the 2024 mpox vaccine and immunization recommendations. SAGE's recommendations included: (1) Vaccination for high risk (based on epidemiology- children, MSM, multiple sex partners, contacts of those with mpox) (2) Laboratory personnel; periodicity not clear- 2-5-year repeat (3) non-replicating (MVA-BN, minimally replication

(LC16-KMB) for immunocompetent and non-pregnant (4) special populations (generally ACAM2000- replicating vaccine is CI). Accordingly, LC16kMB is preferred for children under 18 based on Japanese data, Immunocompromised- MVA-BN is preferred, and pregnancy- MVA-BN (off-label use) (5) vaccination can be repeated whether or not previously vaccinated despite a scar- revaccination can be used. Off-label use of vaccine schedules and doses- We need to collect further data on vaccine use where off-label vaccines are used in an outbreak setting.



Dr Donald Brooks

Vaccination strategies

Dr Donald Brooks representing WHO head office said that volumes of vaccines are low- a public health approach needs to be adopted to get good coverage and impact. There is a need to do long-term follow-up and collect evidence.

Discussions

Panels representing WHO, US CDC, NITAG, Regional Immunization, and Technical Advisory Group made discussions on vaccination strategies. During the discussion, NITAG recommended the use of MVA-BN for adults, although in DRC, since the children are more affected, LC16 is recommended. There may be a situation where MVA-BN is used for children where LC16 is not available as an off-label and EUL scenario. However, there is very limited research to support this alternative approach. Concerning vaccination among pregnant women (14 women); there was a follow-up to the time after delivery. Following the discussion, the panels have recommended Member states be made aware of the effectiveness of the currently available vaccines, although the limitations in the data, and use in special populations (children, pregnant women, and immunocompromised) are noted. Furthermore, Member States can contribute to generating and reporting this data collection and generating the evidence for the global mpox response.

Key messages from the discussion spotlight that evidence from available data indicates no obvious severe adverse reactions were observed among pregnant women following vaccination. In light of this, SAGE highly recommends high-risk and lab personnel vaccinations, non-replicating vaccines for immunocompetent and non-pregnant individuals, and replicating vaccines for the general population. In addition, LC16kMB is preferred for children under 18 based on Japanese data and NITAG has recommended the use of MVA-BN for adults. However, there may be a situation where MVA-BN is used for children where LC16 is not available as an off-label and EUL scenario and Member States to be made aware of the effectiveness of the currently available vaccines. Furthermore, the discussion highlights that Member States can play a role in generating and reporting this data collection and generating evidence for the global mpox response.



Session VII: The Regulation, Financing, and Investment of the Manufacturing of Mpox Vaccines and Therapeutics in Africa



Dr Ngashi Ngongo

How can development banks help advance the manufacturing of the mpox vaccine in Africa? Regulatory considerations for mpox vaccine deployment in Africa

Moderated by Dr Ngashi Ngongo, Africa CDC

Panelists: Dr Kwasi Nyakor (WHO AFRO), Prof Oyewale Tomori, CEPI, AOREP, GHANA FDA, and Afreximbank, NAFDAC discussed the three topics.

These topics included how to improve international collaboration to prevent and control mpox, the key partnerships that have contributed to the fight against mpox outbreaks on the continent and how can these partnerships be strengthened to improve the response to the epidemic.

Nigeria: Prof. Mojisola Adeyeye noted that Nigeria sought assistance from USAID and the US CDC in obtaining necessary vaccination application documentation. After many discussions between the partners and the manufacturer, they agreed.

Africa CDC: Dr Abebe Genetu Bayih outlined that the Africa CDC is working with regional manufacturers to offer vaccines, but accurate regulatory processes are still necessary. Therefore, there is a need to assist the national regulatory system and production. Moreover, Africa CDC added that regional cooperation allows countries to share experiences and help one another and Nigeria agrees with the vaccine producer on quality control and effectiveness standards. The National Regulatory Authorities would be responsible for approving the mpox vaccine.

WHO-AFRO: Dr Kwasi Nyakor representing WHO AFRO said the case of DRC, the WHO country office worked closely with the ACOREP in the process of acquiring the vaccine and the head office has not up provided much advice about which vaccine to

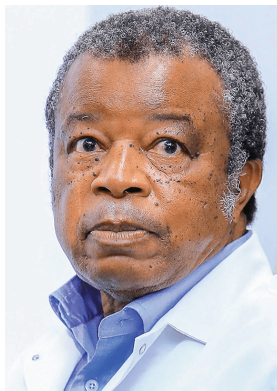
use due to a lack of evidence-based data.

ACOREP: Panelists representing ACOREP outlined that the country has received a SAGE group report and may now apply for the vaccine and the country will require assistance and advice in its vaccine procurement efforts.

CEPI: It has been recognized that CEPI supports many projects and possesses an agreement with the Africa CDC to assist countries in resolving product regulatory issues. There is a chance of assisting the countries with vaccine approval.

Key takeaway messages were to include the national agencies for the Food and Drug Administration of each country should work closely with international agencies (FDA, EMA) to ensure a review of a mechanism to get authorization for the emergency use of vaccines, at the country level. It is important to consider local manufacturers when it comes to vaccine production or the regulatory system, and local manufacturers play a crucial role in vaccine manufacturing, and regulation at the country level was emphasized. Moreover, the country has the SAGE vaccine use report and is now implementing the Expanded Vaccination Program (PEV) to meet demand, CEPI is financially prepared to support the country in several projects, including vaccine acquisition, two vaccines, LC16 and MVA, has been evaluated and approved for vaccination and the PEV need clear guidance to prepare a letter of demand were part of the key messages.

Session VIII: Addressing the Re-emergence of Mpox in Africa: The Mpox Research Consortium



Prof. Jean-Jacques Muyembe

Moderator: Prof. Jean-Jacques Muyembe

Speakers: Prof. Jean Nachega, Prof. Placide Mbala, Dr Lilith Whittles, Prof. Dimie Ogoina, Prof. Nadia Sam-Agudu, Dr Steve Ahuka

The mpox Research Consortium (MpoX-ReC) has devised a comprehensive strategy to confront the resurgence of mpox in Africa. At its core lies the establishment of an African-led, multi-disciplinary, multi-country mpox Research Consortium (MpoX-ReC), with the primary objective of forming a research network to propel the elimination of mpox. Initially focusing on Cameroon, the Central African Republic, the DRC, Ghana, Nigeria, and the Republic of Congo, mpoX-ReC will amalgamate basic research, clinical studies, disease surveillance, risk communication, community engagement, phylogeographic, ecological, and anthropologic studies, novel medical countermeasure research, and capacity-building to address mpox epidemics and ultimately terminate its human-to-human transmission.

Recognizing the need for sustainable local diagnostic laboratories, research capacity, and shared epidemic preparedness frameworks in mpox-endemic countries, mpoX-ReC endeavors to fulfill these requirements. By providing outcome monitoring and Surveillance across endemic African countries, mpoX-ReC aims to contribute to vital South-South, multi-disciplinary, and interprofessional research collaborations and capacity-building initiatives. The generated data must be scrutinized and interpreted with a translational lens to ensure that the relevant policies, practices, and procedures are influenced by the research outcomes. Additionally, mpoX-ReC will institute expectations of products, patents, and scalable innovation.

A pivotal aspect of MpoX-ReC's strategy is the enhancement of the mpox Virus (MPXV) surveillance. This entails leveraging decentralized Point-of-Care (POC) rapid diagnostic tests and portable genomics sequencing tools for real-time monitoring to bolster early detection and tracking of mpox outbreaks across multiple countries.

Furthermore, mpoX-ReC stresses the importance of conducting multi-country clade-specific epidemiological and clinical studies to gain insights into mpox transmission dynamics, pathogenesis, and clinical manifestations. These studies will not only inform response efforts but also significantly contribute to ongoing mpox elimination endeavors in Africa.

In tandem, the consortium emphasizes implementation science, which involves identifying and implementing effective strategies for delivering evidence-based interventions. Community engagement, crucial for successful implementation, fosters shared leadership and strong, bidirectional trust between communities and researchers. Effective community engagement aligns with implementation science and can influence agenda-setting, project design, selection of implementation strategies, ethics, equity, and justice.

Aligned with the One Health approach, MpoX-ReC underscores the importance of identifying the MPXV reservoir and assessing MPXV infections across species boundaries. While squirrels are

identified as likely reservoirs, MPXV has been found in various wild mammals, including non-human primates, suggesting multiple potential reservoirs. MpoxReC will leverage its longstanding multidisciplinary collaborations with institutions such as INRB and the University of Kinshasa, TransVIHMI, and CREMER in Cameroon, to conduct retrospective screening for MPXV and set up prospective studies in mpox endemic areas. These collaborations include renowned experts like Profs JJ. Muyembe, S. Ahunka Mundeke, P. Mbala-Kingebeni, and Dr C. Kouanfack, have extensive experience in studying infectious diseases using a multidisciplinary and One Health approach. With established laboratory infrastructure, trained staff, and experience in collecting samples from diverse wildlife species, we have access to a wealth of samples from previous collaborative studies on pathogens like HIV, malaria, Ebola, Coronaviruses, and others. This resource will facilitate the rapid initiation of MPX screening on existing samples and the implementation of prospective studies on relevant animal species in mpox endemic regions.

Another key aspect of MpoxReC's strategy is the rapid expansion of access to mpox vaccines, accompanied by implementation studies to ensure equitable access and address existing gaps in vaccine coverage. Moreover, MpoxReC advocates exploring alternative vaccine technologies, such as mpox mRNA and protein sub-unit vaccines, for their potential advantages in scalability and ease of administration. However, successful deployment in African settings necessitates careful consideration of logistical challenges and tailored implementation strategies.

Using mathematical modeling to provide age-specific of case-fatality ratio for clade I mpox, based on a systematic review of published case reports up to 2022 indicates the severity of clade I mpox infections concentrated in the youngest age groups and declines in an approximately reciprocal relationship with age. Evidence suggests vaccine protection against death among individuals with breakthrough infections. Data from the ongoing DRC outbreak show a similar pattern but with slightly lower CFR at young ages and slightly higher at older ages, as vaccine protection ages out of the population. There was no indication of severity worsening over time. Limitations of the analysis were scarce data and imperfect case-ascertainment, geographic assignment of the clade, and unconfirmed vaccine status assigned by birth cohort.

In summary, the mpox Research Consortium's multifaceted strategy aims to accelerate progress towards eliminating mpox from the African continent by leverag-

ing advanced surveillance techniques, conducting epidemiological studies, prioritizing community engagement, adopting a One Health approach, and expanding access to vaccines.

Key takeaway messages that arose while addressing the re-emergence of mpox in Africa included the recent mpox outbreaks highlighting the global inequities in resource allocation and access to vaccines, diagnostics, treatments, and other life-saving commodities. To overcome this challenge, there is a need for Africa CDC, Member States, and partners to advocate for the swift expansion of access to mpox vaccines, with concurrent implementation studies to better characterize their distribution, safety, and effectiveness in African contexts. In addition, MpoxReC and the WHO Strategic Advisory Group of Experts on Immunization (SAGE) have recommended wider use of attenuated vaccinia-based mpox vaccines. MpoxReC and SAGE also issued a call to action to advance vaccine access, regulatory and procurement processes, data collection, and sustainable investment in research and regulatory capacity in Africa. Important needs include the development of immunization strategies to maximize impact where vaccine supplies are limited and ensuring delivery of vaccines and injection materials with attention to logistics, cold chain requirements, health worker training, and safety monitoring. For products in development, such as mpox mRNA and protein sub-unit vaccines, considerations include field-appropriate storage and handling requirements, vaccine presentation and packaging (e.g., multi-dose vials), and innovative administration methods. For new products, it will be important to seek consensus on acceptable vaccine assessment and regulatory pathways before registration.

Session IX: Social Mobilization and Community Engagement



Dr Benjamin Djoudalbaye



Jackline Kiarie

Moderated by **Dr Benjamin Djoudalbaye**, Head of Policy and Health Diplomacy at Africa CDC and **Ms Jackline Kiarie**, Regional Programme Manager, AMREF, the social mobilization and community engagement session was discussed by panelists represented from the MOH DRC, development partners such as WHO and UNICEF, and Civil Society such as SANRU and Africa Frontline First.

The discussion emphasized the need to recognize the centrality of communities in all health emergency and response efforts across all pillars. It is, therefore, critical that we pay special attention to communities in the co-creation of solutions, design, and implementation of the interventions. In designing these solutions, considerations should be made to social determinants of health, such as socio-economic levels likely to be key drivers of human-to-human mpox transmission at the community level. Further, the community interventions should be designed to address the different segments of the

community with proper communication tools and processes employed to reach the targeted audiences.

Moreover, panels stressed the integration of mpox social mobilization and RCCE with other community disease control and prevention efforts is critical to promote efficiencies. Adapting promising social mobilization and RCCE strategies is critical to ensure they are fit for context and address the changing disease dynamics and social-cultural aspects of mpox. Community interventions should be evidence-based – with data drawn from research (clinical studies), Knowledge Attitude and Practice (KAP) studies, and utilization of routine Community Health Information System (CHIS) data. Furthermore, the panels stressed partnerships and collaboration are necessary to optimize the different capacities of the various actors e.g., MOHs who lead in policy and guideline development, multisectoral action, and development of key messages on community interventions, development partners who can share global strategies for adaption at local levels and provide technical assistance to civil society is a critical partner in community engagement and forms the link between the community and health facilities, communities that support the operationalization of all pillars at the community level, including community-based disease surveillance system. In addition, the discussion underscored the necessity of multisectoral action at national and decentralized levels involving human, animal, and environmental health actors through continued investment to facilitate the operationalization of the multisectoral efforts.

Conclusions

The goals of the high-level emergency meeting, key takeaways from speakers and attendees, roundtable discussions on several sessions, research findings, and next steps are all included in this report. The protracted and ongoing mpox epidemic in several countries in Central and West Africa, along with the possible risk of transmission to neighboring countries and beyond, have raised serious concerns about the virus's changing dynamics of transmission, high death rate, and transmissibility, as well as the disease's effects on morbidity, mortality, and the social and economic spheres. In light of the national and regional offices' progress in the fight against mpox in Africa, the high-level emergency meeting acknowledged the need for timely, accurate, and high-quality information on the situation of mpox in Africa to inform high-level decision-making, program interventions, monitoring, and evaluations.

Way Forward

The high-level emergency meeting commits governments and institutions to produce a joint communique with participating Member States resolving to identify and implement priorities to bolster preparedness, readiness, and response capacity for mpox across all high-risk countries by enhancing multi-sector engagement of national stakeholders to establish a multisectoral response implementation. In addition, the meeting recommends improving cross-border collaboration and timely data sharing related to mpox and other emerging and re-emerging diseases of regional concern, including climate-related emergencies. Moreover, the high-level emergency meeting stressed implementing workforce capacity development, including joint training, exchange learning, benchmarking visits, and simulation exercises by sharing technical expertise and other resources necessary for control of mpox in Africa through enhancing cross-border joint planning and implementation of mpox preparedness and response activities, including risk communication and community engagement campaigns. Furthermore, Member States and institutions are called to decide to establish the Africa Taskforce for mpox under the leadership of the Member States with support from the Africa CDC, WHO, and other partners to support the cooperation and collaboration described above. To end, the high-level emergency meeting calls upon all partners to draft a regional roadmap for addressing mpox in Africa.

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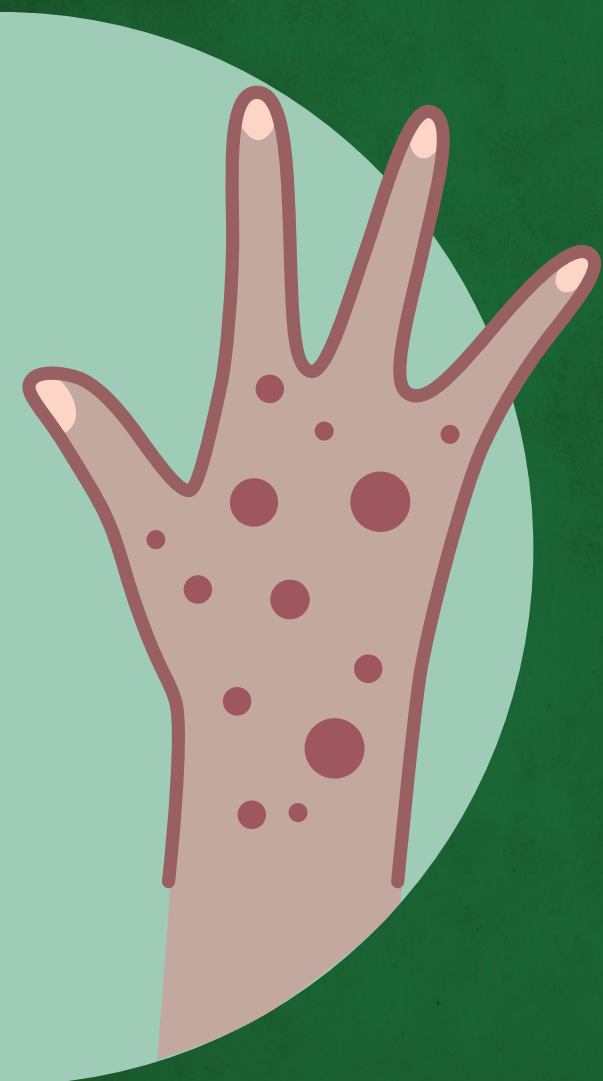
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