

Mpox Preparedness and Response Plan for Africa 2025



Access the CRP



A patient hospitalized at the Nyiragongo mpox treatment centre, Democratic Republic of the Congo border © IOM 2024 / Antoine Lemonnier

January - December 2025

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IOM VISION

IOM aims to prepare for and respond to the potential further spread of mpox cases and mitigate the spread across the African continent. IOM will support governments and communities to address the mobility dimensions of public health threats and ensure that affected and at-risk populations benefit from appropriate and timely support. IOM will support in preventing, detecting, and responding to mpox and other communicable disease outbreaks focusing on points of entry (PoE) and exit, key congregation points along mobility corridors, and sites for displaced people, other mobile populations and cross-border communities.

Updated: December 17, 2024

\$46,091,778

Funding Required

3,812,196

People Targeted

63

Entities Targeted

PRIMARY TARGET GROUPS

1. Internally displaced person
2. Local population / community
3. Internal migrant
4. Refugee
5. International migrant

CONTACT INFORMATION

East, the Horn, and Southern Africa:ROEHSAMHD@iom.int
ronboepcteam@iom.int

West and Central Africa:rodakarepcteam@iom.int

Continental:MHDHQEmergencyHealth@iom.int

IOM PROPOSED RESPONSE



Saving lives and protecting people on the move

\$27,914,400
FUNDING REQUIRED

2,911,161
PEOPLE TARGETED

58
ENTITIES TARGETED



Driving solutions to displacement

\$11,651,298
FUNDING REQUIRED

2,145,975
PEOPLE TARGETED

55
ENTITIES TARGETED



Facilitating pathways for regular migration

\$6,526,080
FUNDING REQUIRED

2,119,140
PEOPLE TARGETED

54
ENTITIES TARGETED

BREAKDOWN OF FUNDING REQUIREMENTS (USD) 2025

ACTIVITY AREAS	2025
Health PRIORITY	\$42,541,300
Mental health and psychosocial support PRIORITY	\$2,208,000
Cross-cutting priority Protection-centered	\$1,342,478
TOTAL FUNDING REQUIRED	\$46,091,778

CONTEXT ANALYSIS

The multi-country mpox outbreak, first reported in 2022, has spread rapidly since the beginning of 2024 due to a new mpox variant. This led to the declaration of a [Public Health Emergency of Continental Security by Africa Centres of Disease Control and Prevention \(Africa CDC\)](#) and a [Public Health Emergency of International Concern under the International Health Regulations \(2005\) \(IHR\)](#) by the World Health Organization (WHO) in August 2024.

As of 31 October 2024, the WHO has reported over 10,722 confirmed cases including 36 deaths in 19 countries across Africa (Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo [DRC], Gabon, Ghana, Guinea, Kenya, Liberia, Mauritius, Morocco, Nigeria, Rwanda, South Africa, Uganda, Zambia, and Zimbabwe) ([WHO, 2024](#)). More than 80 per cent of confirmed cases were reported in DRC, followed by Burundi at 14 per cent. Nine of the affected countries reported their first mpox case this year.

In addition to the mpox outbreak, the Ministry of Health (MoH) of Rwanda confirmed [the country's first outbreak of Marburg virus disease \(MVD\)](#) on 27 September 2024 and the MoH of South Sudan declared a cholera outbreak on 28 October 2024, further compounding [ongoing cholera and acute watery diarrhea outbreaks](#) in 19 countries across Africa.

The complexity and severity of disease outbreaks occurring across the continent is placing a heavy burden on under-resourced health systems. Marginalized and hard-to-reach populations, including refugees, internally displaced persons (IDPs), migrants, and other highly mobile populations (including truck, bus, taxi, and motorcycle drivers; fishing communities; and sex workers), often face significant barriers in accessing essential healthcare services, which further increases their vulnerability to health risks. Africa experiences significant international migration, both within the continent and with other regions. Migration to, through and from countries across the continents is driven by rapid economic growth, strategic geography, and displacement from conflict and natural hazards. In 2020, over 21 million Africans lived in another African country, and the continent hosted about 25.4 million international migrants ([IOM, 2024](#)). Minimizing cross-border public health threats while ensuring safe population mobility without travel and trade restrictions is crucial in this context.

However, Africa is particularly vulnerable to cross-border disease transmission. This vulnerability stems from factors such as inadequate border health capacity for detecting and responding to health risks at points of entry (PoEs), weak health infrastructure, and insufficient awareness and prevention measures. In 2023, the average IHR score of capacity to respond to public health events at PoEs in Africa was only 48 per cent, highlighting the need for significant improvement to address public health events ([WHO, 2024](#)). PoEs are essential for preventing cross-border transmission of infectious diseases. Establishing robust response mechanisms at PoEs to address outbreaks such as mpox, MVD, and other diseases is vital to mitigate their spread.



A Nurse observes patient conditions at the Nyiragongo mpox treatment centre, Democratic Republic of the Congo border © IOM 2024/Antoine Lemonnier

COORDINATION

At the headquarters level, IOM actively participates in the Global Outbreak Alert and Response Network (GOARN) led by WHO. As a member of the Global Health Cluster and an active participant in the Inter-Agency Standing Committee (IASC), IOM coordinates closely with United Nations (UN) agencies, the U.S. Centers for Disease Control and Prevention (CDC), donors, other clusters, and committee actors to ensure a holistic response in its health programming. At the continental level, IOM participates in continental coordination meetings on mpox and MVD preparedness and response activities with Member States, UN agencies, partners and donors. As a leading organization for the PoE under surveillance pillar in the [Mpox Continental Preparedness and Response Plan for Africa](#), IOM chairs the PoE Technical Working Group (TWG) meetings in partnership with the Africa CDC and WHO to support Member States on PoE response. At the regional level, the IOM Regional Office for East, Horn, and Southern Africa (EHSA) participates in the Health Group Partner meeting, a joint Eastern African regional meeting led by Africa CDC, and the IOM Regional Office for West and Central Africa (WCA) also participates in relevant regional coordination meetings. Through participation in these meetings, IOM coordinates with UN agencies, the Africa CDC, Regional Economic Communities (East African Community, Intergovernmental Authority on Development, and Economic Community of West African States), partners, and donors for the regional response to mpox and other health emergencies. Additionally, the Regional Offices for EHSA and WCA participate in several TWGs including risk communication and community engagement (RCCE) and surveillance. The Regional Office for EHSA also coordinates biweekly internal coordination meetings with multi-sectoral participants at the headquarters, regional, and country levels. At the country level, IOM has long-standing relationships with various actors including Ministries of Health, National Programmes of Hygiene at Borders, National Public Health Institutes, Public Health Emergency Operations Centres, Expanded Programmes on Immunization, Ministries of Interior, district local governments and district health teams, UN agencies, Africa CDC, non-governmental organizations (NGOs), civil society organizations (CSO), and local communities including community health workers (CHWs). In each country, IOM's main partner is the IHR designated Port Health Authority and IOM aims to support national governments to meet their commitments to IHR by supporting national, provincial and local efforts on disease prevention and control, as well as cross border coordination, including understanding population movement across borders. IOM participates in several coordination platforms including the national coordination platform, the surveillance subcommittee, national PoE working groups, the UN emergency coordination team, and TWG meetings on RCCE, PoE, and Mental Health and Psychosocial Support (MHPSS). IOM leads coordination leadership roles in several countries, including IOM South Sudan co-leading surveillance at PoEs, IOM Malawi co-leading port health coordination, IOM Tanzania co-chairing the UN Emergency Coordination Group, and IOM Zambia providing leadership in the UN Network on Migration to support bilateral cross-border meetings on health. IOM will continue to implement programming in partnership with all government stakeholders, and in collaboration with UN agencies, specifically WHO, Africa CDC, national and sub-national taskforces and committees, intersectoral and inter-agency mechanisms and partners in each country, and at the regional, continental and headquarters levels to ensure a synergy of efforts.

CAPACITY

IOM, as a leading organization for the PoE sub-pillar in the [Mpox Continental Preparedness and Response Plan for Africa](#) and a leading global actor on migration health, responds to the health needs of migrants including IDPs, refugees, and highly mobile populations throughout all phases of the migration process, as well as to the public health needs of host communities by strengthening health systems and migration policies and practices. IOM has substantial experience in responding to public health emergencies including Ebola Virus Disease (EVD), COVID-19, mpox, cholera, measles, and other disease outbreaks at the national and regional levels, particularly with regard to understanding human mobility and border surveillance and management during extraordinary circumstances, including the influx of IDPs and refugees and health outbreaks. The Organization's health and cross-sectoral expertise is in part based on IOM's [Health, Border and Mobility Management Framework \(HBMM\)](#) developed during the West Africa EVD outbreak. Through the HBMM framework, IOM delivers and promotes comprehensive preventive and curative health programmes, which are beneficial, accessible, and equitable for migrants and other mobile populations, and local populations worldwide. IOM does this by assisting governmental and non-governmental partners in the development and implementation of relevant programmes and policies to prevent, detect and respond to potential health threats along the mobility continuum (at points of origin, transit, destination and return). At the core of HBMM is the understanding of the implications of human mobility for communicable disease by population mobility mapping (PMM) and targeting of public health interventions throughout the mobility continuum at physical or regulated border areas. These locations include official PoEs as well as locations where informal cross-border movements take place, travel routes, and spaces of vulnerability where the risk of disease transmission may be high. PMM is a participatory mapping of cross-border and in-country population movements against epidemiological data to identify priority spaces of vulnerability where IOM supports governments in implementing health screening and active surveillance, RCCE,

and establishment of infection prevention and control (IPC) measures to strengthen of operational capacity and address immediate life-saving gaps. IOM is equipped with the technical capacity and on-the-ground experience in outbreak preparedness and response based on its successful interventions through the HBMM framework and has expertise in PMM, screening and surveillance, risk communication, and establishment of IPC systems in Algeria, Burundi, Cameroon, Côte d'Ivoire, DRC, Ghana, Guinea, Kenya, Libya, Nigeria, Malawi, Mozambique, Rwanda, Sierra Leone, South Sudan, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe. IOM health teams also have global deployment rosters to support the implementation of the HBMM framework during health emergencies. IOM's comparative advantage includes its multi-sectoral collaboration; health teams' work alongside IOM's protection including MHPSS, gender-based violence (GBV) and sexual exploitation and abuse - water, sanitation, and hygiene (WASH), Displacement Tracking Matrix (DTM), camp coordination and camp management (CCCM), immigration and border governance, and shelter and settlements teams. IOM commits to addressing mobility dimensions of crises in conflict-affected and fragile contexts and applying a conflict sensitive approach in all humanitarian and public health emergency programmes.

ENGAGING WITH GOVERNMENT

This mpox preparedness and response plan aims to support governments to address the mobility dimensions of public health threats by supporting governments to conduct needs assessments and PMM, capacity strengthening, technical support to develop standard operating procedures (SOPs) and policies, assisting coordination within countries and across borders. At the regional level, IOM supports Member States to facilitate multi-country dialogue and coordination. At the country level, IOM supports governments to meet IHR requirements for public health emergency preparedness and response at PoEs. IOM supports national mpox initiatives led by the MoH and engages with relevant government actors to support PoE health interventions. IOM works closely with local authorities to ensure that outreach activities are culturally appropriate, sensitive, and acceptable to community members to maximize their impact. For example, IOM Tanzania supports the government at the national and regional levels to address health emergency situations. IOM Tunisia supports the MoH to improve its IHR capacities at PoEs. IOM Uganda supported the government to integrate crisis response measures into the broader national development plan and mpox national response plan. IOM Zambia actively engaged with the MoH through participating in national and regional mpox coordination platforms. IOM Zimbabwe supports the government to strengthen global health security at PoEs. IOM in Benin, Ghana and Togo is recognized as a key actor for health and border activities by governments and supports Member States to improve policies, legislation, operational systems, and human resources to address migration and border management challenges.

IOM RESPONSE

CROSS CUTTING PRIORITIES

-  Data and evidence
-  Protection mainstreaming
-  Gender equality
-  Prevention of sexual exploitation and abuse
-  Disaster risk and climate change
-  Law and policy

KEY OPERATING MODALITIES

-  Participation and empowerment
-  Conflict sensitivity
-  Integrated programming
-  Collaboration and partnership
-  Localization

LOCALIZATION: A KEY OPERATING MODALITY

The HBMM framework promotes a multisectoral approach to health crises. This approach emphasizes preparedness, response and resilient recovery while considering population mobility, cross-border dynamics, and vulnerable communities along the mobility continuum. It aligns with IOM's [Localization Framework](#), which links humanitarian interventions to sustainable development for long-term health system resilience at all levels. IOM's response prioritizes direct implementation and service delivery at the local and national levels. This approach involves building partnerships with local and national actors (LNAs), including governments, community leaders, and CSOs. Simultaneously, IOM encourages LNAs and communities to be active participants and engaged in the implementation of activities, to ensure that interventions leverage local expertise and capacities in the dynamic context. Capacity strengthening and participation of LNAs and affected populations are integral to this Mpox preparedness and response plan. IOM aims to improve the capacity of governments and communities to manage the mobility dimensions of communicable disease control. This is achieved by sharing knowledge and resources, and by actively engaging LNAs and affected populations in planning and risk communication. Strengthening coordination mechanisms and ensuring participation of LNAs are core activities in this plan. IOM emphasizes collaboration with LNAs. This is demonstrated through regular updates in monthly external situation reports and social media, showcasing the visibility of these partnerships. Through localized mpox preparedness and response efforts, IOM supports strengthening the institutional and technical capacities of LNAs and ensures their active coordination and participation.



Objective 1

SAVING LIVES AND PROTECTING PEOPLE ON THE MOVE

FUNDING REQUIRED

\$27,914,400

ENTITIES TARGETED

58

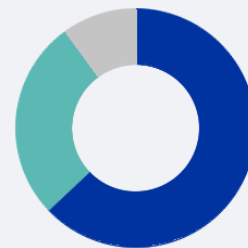
PEOPLE TARGETED

2,911,161

PRIMARY TARGET GROUPS

Internally displaced person
Local population / community
Internal migrant
Refugee
International migrant

LONG TERM OUTCOMES



- **63%** Human suffering is alleviated
- **27%** Threats and vulnerabilities are reduced
- **10%** The quality of humanitarian assistance is enhanced

Intended outcomes

IOM will aim to achieve: (1) evidence-based public health responses to mpox and other communicable diseases through an understanding of population mobility to inform the delivery of assistance to crisis-affected populations; and (2) mobility-sensitive and inclusive health, including border health, systems and services to crisis-affected populations for the prevention and early detection of disease. This objective also comprises a range of activities to enhance the technical and operational capacity of health systems to deliver mobility-sensitive health services, along with border health capacity. Planned activities, including the integration of MHPSS principles, will contribute to reduce the threats and vulnerabilities experienced by crisis-affected populations by enhancing the evidence base on the human mobility dimensions of communicable disease. Additionally, the activities will build health system and border health capacity at PoEs and along the mobility continuum to uphold the dignity and rights of people affected by crisis and reduce barriers to access quality health care services that respond to their needs.



Objective 2
DRIVING SOLUTIONS TO DISPLACEMENT

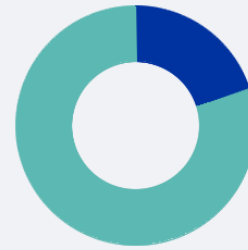
FUNDING REQUIRED
\$11,651,298

ENTITIES TARGETED
55

PEOPLE TARGETED
2,145,975

PRIMARY TARGET GROUPS
Internally displaced person
Local population / community
Internal migrant
Refugee
International migrant

LONG TERM OUTCOMES



- 20% Adverse drivers of displacement are minimized
- 80% Displaced people are resilient and self-reliant

Intended outcomes

IOM will aim to (1) improve population awareness, trust, behavioural change, and community engagement in response to mpox and other communicable disease threats through access to relevant and critical information about health risks; (2) address health emergencies in coordination with governments and communities in a way that is responsive to the needs of migrants and mobile populations ; and (3) strengthen health systems to create a safe, secure living environment for affected communities and to respond to their needs, with special attention to vulnerable and marginalized groups. RCCE activities will include women, youth, and marginalized populations by reaching out to through community health workers (CHWs) and other community-based actors and addressing potential stigmatization faced by vulnerable groups. Planned activities will enhance community engagement based on IOM's community-based planning methodology and empower people affected by crisis through communicable disease prevention and response at PoEs and along the mobility pathway to be resilient to health emergencies, as well as at sites for displaced people in cooperation with CCCM teams. This objective will also support the long-term development of mobility sensitive health systems that are inclusive of migrants, mobile populations, and cross-border communities for communicable disease prevention, detection and response.



Objective 3
FACILITATING PATHWAYS FOR REGULAR MIGRATION

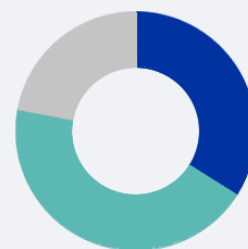
FUNDING REQUIRED
\$6,526,080

ENTITIES TARGETED
54

PEOPLE TARGETED
2,119,140

PRIMARY TARGET GROUPS
Internally displaced person
Local population / community
Internal migrant
Refugee
International migrant

LONG TERM OUTCOMES

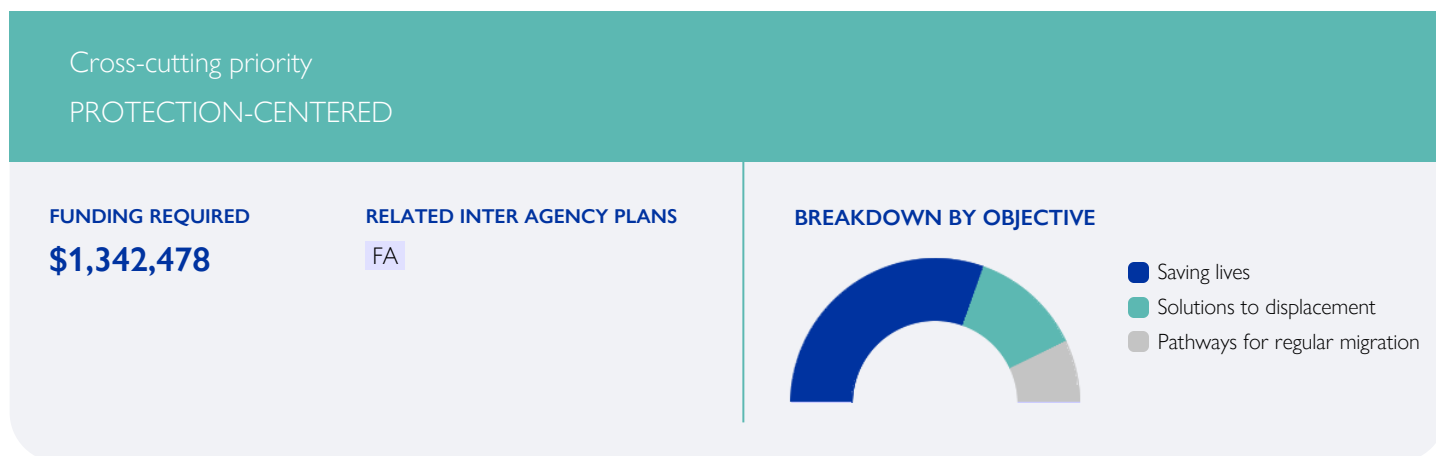


- 34% Migration flows and cross-border mobility are well managed
- 44% Migration policy and legal frameworks are aligned with international standards
- 22% Migrants are protected from violence, exploitation and abuse

Intended outcomes

IOM will aim to achieve: (1) policy, legal, and strategic frameworks that are coordinated through a whole-of-governmental approach, align with international standards, and protect and promote public health and the rights of migrants including IDPs, migrant workers, mobile populations, and communities near borders and in migrant-dense areas; and (2) enhanced multisectoral and cross-border collaboration for mpox and other communicable disease preparedness, prevention, detection and response. The enhanced collaboration will improve the management of migration flows and cross-border mobility to ensure the health, security,

and safety of migrants and other mobile populations, along the mobility continuum. Interventions focus on advocacy and technical support to ensure that governments mainstream migration in related policies and strategic decision-making across sectors and agendas, promote mobility-sensitive health systems and responses to ensure migrants including IDPs have access to essential healthcare along migration routes and the risks that population mobility may pose to individuals and public health are mitigated. By fostering an enabling environment for migrant-inclusive public health action, IOM will aim to increase the effectiveness of measures to prevent, detect, and respond to health threats at the local, national, regional, and continental levels while contributing to realizing universal health coverage through facilitating access to health services for migrants and mobile populations. This objective also facilitates multisectoral dialogue and coordination across borders through developing cross-border information sharing platform and using mobility and surveillance data for preparedness and response to health emergencies. Through these efforts, this objective will enable safe population mobility without unwarranted travel restrictions and limit the transmission of health threats across borders.



The health implications of protection violations need to be addressed throughout all stages of the health response to crises because public health emergencies can exacerbate pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age, disability, nationality, status and/or ethnic origin. IOM is committed to ensuring that protection, gender equality, age, and disability considerations are taken into account at every step of its health programming, while targeting at-risk groups, to ensure that its approach is gender/vulnerability-responsive and inclusive. Protection principles will be mainstreamed across interventions to ensure safety and dignity, avoid causing harm and guarantee meaningful access to assistance for all the persons in need, without discrimination. IOM supports the continuum of critical protection mechanisms and responses during public health and other emergencies, including across borders, in order to provide urgent protection services and referrals to appropriate services to those most in need. Such populations include stranded migrants, displaced populations, affected communities, and other persons in vulnerable situations or in need of specific care and protection, such as women and girls at risk of or survivors of gender-based violence (GBV), persons with disabilities, children including unaccompanied and separated children, elderly persons and so forth. Health interventions will recognize, understand, and respond to the unique needs, capacities and priorities of these individuals through needs assessment and RCCE. RCCE messages will be culturally and linguistically tailored for effective community engagement. Health programmes will ensure prevention of sexual exploitation and abuse (PSEA) visibility and communication materials for IOM staff, partners and beneficiaries at PoEs and sites for displaced people and will establish complaint channels for beneficiaries to report. Finally, IOM's HBMM approach aligns with the guiding principles of the [Global Compact for Safe, Orderly and Regular Migration](#), as follows: human rights, people-centred, international cooperation, national sovereignty, rule of law and due process, sustainable development, gender responsive, child sensitive, whole-of-government and whole-of-society approach.



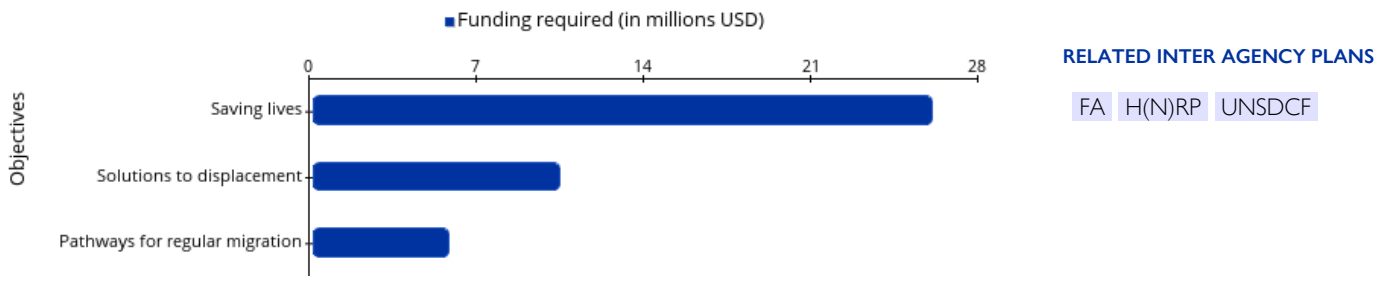
IOM conducts a training for community health workers on Mpox awareness raising in Mozambique. © IOM 2024

ACTIVITY AREAS



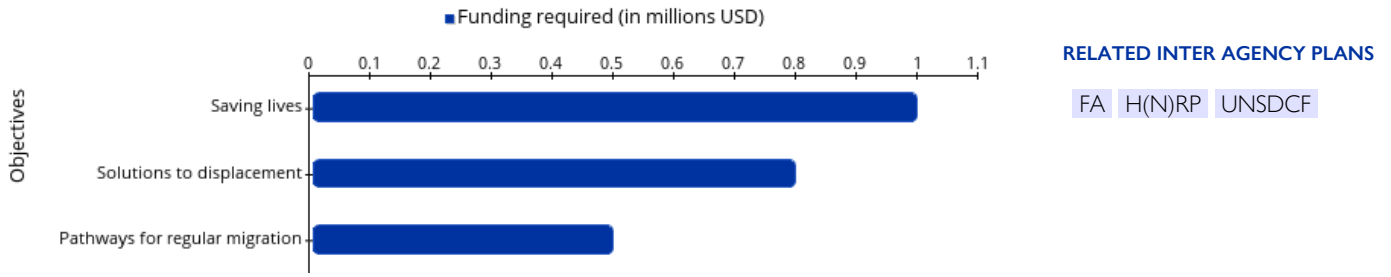
Health

PRIORITY



IOM will support governments and partners across the African continent to strengthen health systems and border health capacity at PoEs and along the mobility continuum for communicable disease prevention, detection and response focused on enhancing evidence-based response, engaging communities, promoting mobility-sensitive and inclusive strategies, and multisectoral partnerships. Proposed activities include:

- Needs assessment and risk analyses on national and cross-border capacities for preparedness and response to disease outbreaks;
- PMM and information-sharing for public health decision-making;
- Disease surveillance including community event-based surveillance;
- Operational research on migration and health;
- Development of standard operating procedures and guidelines;
- Establishing and conducting health screening and referral at PoEs and other spaces of vulnerability;
- Capacity-strengthening of health and border officials to detect and respond to communicable diseases and IPC measures;
- Support to vaccination activities;
- Delivery of critical health services and clinical case management at borders and migrant-dense areas or other areas where gaps may be present;
- Support for the national capacity of laboratory and testing;
- Provision of IPC and medical supplies;
- Mobility-sensitive RCCE;
- Social and behaviour change communication to address rumours, misinformation, discrimination, and stigma;
- Establishment and/or strengthening of complaints and feedback mechanisms at PoEs and IDP sites;
- Advocacy and technical support to governments and partners to develop and implement mobility-sensitive and inclusive policies, legal and strategic frameworks;
- Technical support to governments to integrate policies of health authorities and border management authorities; and
- Multisectoral coordination within and across countries.



In the context of Mpox, IOM's MHPSS activities have the goal of protecting and promoting the mental health and well-being of affected individuals and communities. They are also an important means to effectively deliver other health activities, as integrating MHPSS principles across programming can overcome key psychosocial barriers to accessing services, such as fear, mistrust and stigmatisation. Proposed activities are:

- Provision of technical support and operational assistance to governments and partners to support migrant and mobile populations, their families and communities to address the mental health and psychosocial impacts along the mobility continuum, including fears of illness or death, mistrust of responders, isolation, social exclusion and discrimination against persons who are from, or perceived to be from, affected areas;
- Capacity strengthening of health and/or border officials on MHPSS in epidemics, for instance on [psychological first aid](#) and anti-stigmatization, to increase sensitivity to the psychosocial needs of vulnerable populations, and of screeners in good communication skills and other MHPSS principles that can help overcome issues of mistrust and stigma;
- Support to establish community-based and community-run response mechanisms, including volunteers who check in with older persons and other vulnerable populations, creation of peer support networks and basic psychosocial skills training for leaders and activists;
- Direct provision of MHPSS services including through deployment of psychosocial mobile teams;
- Referral of individuals with severe mental health conditions to specialists and health facilities, and;
- Support to front-line responders to support their own well-being

CONTRIBUTES TO SUSTAINABLE DEVELOPMENT GOALS



CONTRIBUTES TO GLOBAL COMPACT FOR MIGRATION OBJECTIVES

1 DATA	2 MINIMIZE DRIVERS	7 REDUCE VULNERABILITIES	15 ACCESS TO BASIC SERVICES	16 INCLUSION AND SOCIAL COHESION	17 ELIMINATE DISCRIMINATION



 GCRP



 www.iom.int

 rmd@iom.int

INTERNATIONAL ORGANIZATION FOR MIGRATION
17 Route des Morillons, 1211 Geneva 19, Switzerland
+41 22 717 9111

