

MULTICOUNTRY MPOX SITUATION REPORT #8

PREPAREDNESS AND RESPONSE FOR AFRICA



REPORTING PERIOD: 12 November - 9 December 2024



IOM community health workers conducting Mpox and cholera sensitisation in Masvingo, Zimbabwe ©IOM 2024

APPEAL STATUS



USD - 27.8 MILLION
TOTAL FUNDING REQUESTED

USD 681,000 (2%)
RECEIVED



2,860,000
PEOPLE TARGETED

HIGHLIGHTS

The International Organization for Migration (IOM) continues to support the following activities to prevent, detect, and respond to the Mpox outbreak with a focus on points of entry (PoEs) and key congregation points along mobility corridors. During the reporting period, IOM's key achievements included:

- o Continued to lead on the PoE and Cross Border Coordination sub-pillar under the [Mpox Continental Preparedness and Response Plan for Africa](#) coordination structure, including PoE Technical Working Group (TWG)¹ meetings.
- o Supported over 60 PoEs and cross-border areas with government officials to strengthen PoE capacity in Burundi, the Democratic Republic of the Congo (DRC), Guinea, Kenya, Mozambique, Rwanda, South Sudan, Uganda, Zambia and Zimbabwe.
- o Conducted [population mobility mapping \(PMM\)](#)² exercises in DRC, Uganda, and Rwanda, covering 15 districts to assess population mobility dynamics and patterns to identify priority areas for public health emergency preparedness and response.
- o Over 24 districts in DRC, Mozambique, Uganda, and Zimbabwe were supported with community event-based surveillance (CEBS) by community health workers (CHWs) and generated over 40 alerts in Uganda.
- o Conducted over 7,800 health screenings in Guinea and Uganda, and generated over 20 alerts in Uganda, bringing the cumulative total of health screenings to over 1,064,300 in DRC, Guinea, South Sudan, and Uganda.
- o Over 1,000 government officials were trained on PoE response for Mpox and other disease outbreaks in DRC, Mozambique, and migration and health in Guinea, bringing the cumulative total of trained individuals by IOM to over 3,900 in nine countries.
- o More than 24,680 people were reached by IOM with Mpox awareness messages and sensitized in DRC, Mozambique, Uganda, Zambia, and Zimbabwe, bringing the cumulative total of individuals reached by risk communication and community engagement (RCCE) to over 76,800 in eight countries.
- o Almost USD 20,600 worth of medical supplies was procured in Burundi including Infection Prevention and Control (IPC) supplies, and Personal Protective Equipment (PPE).
- o Mapped [population mobility at point of entry/exit at PoEs for Mpox and Marburg Virus Disease \(MVD\) response](#) in seven countries.

¹TWG members are IOM, Africa CDC, WHO, IFRC, UNHCR and will plan to include other members.

² Population mobility mapping (PMM) is a set of tools to map population mobility dynamics and characteristics adapted by IOM Migration Health Division [from Displacement Tracking Matrix \(DTM\)](#) methodology, notably Flow Monitoring. PMM is a population movement mapping approach that aims to inform public health interventions through the analysis of the mobility routes and patterns of all travellers including highly mobile populations, migrants, IDPs, refugees, and characteristics of human mobility within a certain geographical space.

- o IOM released [Global Crisis Response Plan for Mpox Preparedness and Response Plan for Africa 2025](#) appealing for USD 46 million to support its response to prevent and control Mpox, targeting 3.8 million individuals including migrants, internally displaced persons (IDPs), highly mobile populations, and cross-border communities.
- o Funding for IOM's response remains critically low and additional funds are urgently needed to maintain IOM's essential support to cross-border coordination and national responses at PoEs at the regional level and in all countries affected by Mpox as well as other disease outbreaks including MVD and Cholera.

SITUATION OVERVIEW

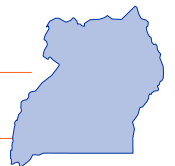
As of 10 December 2024, the World Health Organization (WHO) reported over 13,257 laboratory confirmed cases including over 60 deaths in 20 African countries since the beginning of this year, increasing the number of confirmed cases by nine per cent since 14 November 2024³. The majority of Mpox cases in 2024 are from DRC accounting for 78 per cent of all cases, followed by Burundi (15%) and Uganda (4%)². During the reporting period, several countries reported a cholera outbreak and other public health threats⁴. Mozambique tested over 200 individuals as suspected Mpox cases and no suspected cases among migrants and other mobile populations⁵.

IOM RESPONSE

IOM is urgently appealing for USD 27,828,300 to support the [Mpox Continental Preparedness and Response Plan for Africa](#) led by Africa Centres for Disease Control and Prevention (Africa CDC) and WHO through the [IOM Multi-Country Mpox Preparedness and Response Plan for Africa](#) to respond to the health needs of migrants, IDPs, highly mobile populations, and cross-border communities. IOM is less than two per cent funded and funding received to date is USD 681,000 from the U.S. Centers for Disease Control and Prevention, the Government of the Republic of Korea, and internal resource mobilization, with a remaining funding gap of USD 27.1 million. IOM's Mpox response is based on [Health, Border, and Mobility Management \(HBMM\) Framework](#) that articulates IOM's strategic role and objectives in the prevention, detection and response to communicable diseases including Mpox, MVD, Cholera, and other health emergencies in the context of widespread and multidirectional human mobility. IOM extended Mpox as a target disease for preparedness and response to the current health project and has implemented activities to strengthen PoE capacity to address outbreaks.

East, Horn and Southern Africa Region (EHSA)

Uganda



IOM supported around 5,100 health screenings through the use of IOM thermal scanners; 24 alerts were flagged for secondary screening and nine were confirmed Mpox (test positivity rate: 38%). Over 700 CHWs trained by IOM in Kisoro and Elegu districts conducted CEBS, 25 alerts were generated for secondary screening and five were confirmed Mpox (test positivity rate: 20%). CHWs also delivered Mpox messages to over 5,700 people.

IOM conducted PMM exercise in Nakasongola on 14 November, which identified and mapped six mobility axes, eight PoE, and several congregation points including bar, church, factory, hotel, market, school and land site. The developed map and findings show that the positive Mpox cases used the major mobility corridors and most asymptomatic cases did not seek care at the hospital but used traditional healers. During the site evaluation, IOM raised 21 alerts in the landing sites and five were confirmed Mpox (test positivity rate: 24%). The findings will be disseminated to key stakeholders and partners for the establishment and strengthening of the response and preparedness plan against Mpox outbreaks by understanding human mobility dynamics.

IOM reached over 1,500 people with messages on Mpox during PMM exercise and reached over 3,000 people indirectly through the distribution of posters at churches in Nakasongola that were identified as key congregation points during PMM exercise. Additionally, IOM provided Mpox awareness raising messages through the procured 21 TV screens and advertising kiosks at eight PoEs including at Entebbe International Airport, reaching an estimated 6,000 people.

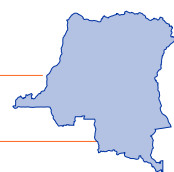
³ [WHO 2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends \(WHO\)](#) (accessed 16 December 2024)

⁴ [Weekly bulletins on outbreaks and other emergencies | WHO | Regional Office for Africa](#)

⁵ IOM Mozambique



Democratic Republic of the Congo (DRC)



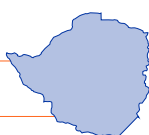
IOM signed a Memorandum of Understanding between 18 priority PoEs to support sick travellers including migrants. IOM trained over 740 border officials including health at priority PoEs on laboratory, screening, coordination and communication, and online data management platforms. IOM supported 17 districts to conduct CEBS and distributed over 500 leaflets on Mpox. IOM conducted an RCCE to raise awareness of Mpox and at four priority PoEs, reached over 1,230 people. Additionally, IOM conducted PMM exercises in Kinshasha covering two health zones (N'sele and Gombe) to identify and prioritize locations to better prevent, detect, and respond to Mpox.





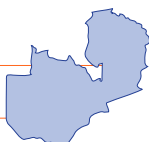
IOM CHW conducting a Mpox and cholera awareness raising roadshow in Masvingo, Zimbabwe © IOM 2024

Zimbabwe



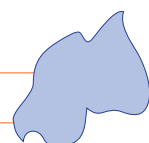
IOM conducted a roadshow on Mpox and cholera awareness raising at over 20 spaces of vulnerabilities⁶ in Masvingo. IOM reached over 2,600 (61% female and 39% male) young vulnerable people aged 10 to 29, migrants, and sex workers, and referred over 210 cases to receive care. During the reporting period, 20 IOM's CHWs in four districts (Beitbridge, Bulawayo, Harare, and Masvingo) conducted CEBS, and over 100 signals of diseases were generated to receive care. Additionally, IOM coordinated weekly meetings in four districts to validate CEBS data and discussed public health surveillance for Mpox and cholera.

Zambia



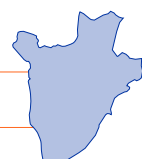
From 4 to 5 December, IOM and Save the Children conducted a cross-border coordination meeting between Malawi, Mozambique, and Zambia in Tete, Mozambique. During this meeting, over 30 participants shared epidemiological situations and experiences of Mpox, HIV/AIDS, and migration health and developed an information-sharing platform using a messaging application to continue sharing information among countries. Over 200 CHWs provided Mpox awareness raising messages in three cross-border communities (Chipata, Katete, Vubwi) bordering Malawi and Mozambique.

Rwanda



IOM conducted PMM exercise and needs assessment in 13 districts, supported screening at 11 PoEs, and trained over 230 border officials on disease symptoms for screening. Additionally, IOM supported the development of two Standard Operating Procedures (screening at point of entry/exit and referral at PoEs).

Burundi



IOM provided IPC supplies, PPE, and other medical supplies to three priority PoEs (Gatumba, Rumonge and Vugizo) in Rumonge and Bujumbura provinces totalling over USD 20,580 to strengthen the capacity of PoEs response to outbreaks.

Kenya



IOM continued Mpox awareness raising with community leaders and healthcare workers and reached 904 community members residing in urban informal settlements (37% female, 63% male) including migrants.



IOM staff distributing critical supplies to border officials at priority PoE, Burundi © IOM 2024

⁶ Space of Vulnerability (SOV): geographical areas and locations where migrants and mobile populations interact with stationary, local communities, such as PoEs, mobility corridors, point of congregation, and key transit locations. These locations represent an environment that is conducive to increased health vulnerabilities, such as communicable disease outbreaks.

Mozambique



From 21 to 22 November, IOM conducted training on protocols of the preparedness for Mpox and MVD to detect, report, and respond to suspected cases, trained over 35 government officials including the MoH, Ministry of Transport and Communication, Ministry of Agriculture, Ministry of Interior including immigration and border police, transport association from key PoEs, and border officials (both health and non-health personnel) from five priority PoEs (Ponta D'Ouro, Ressano Garcia, Maputo Airport, Port of Maputo and Matola).

IOM distributed over 500 flyers to over 20 PoEs to raise awareness on Mpox for identifying and managing suspected cases of Mpox to border officials and travellers.

During the reporting period, 141 IOM's CHWs conducted CEBS and RCCE, reaching over 10,300 individuals (24% IDPs and 76% cross-border community members) in six districts in Cabo Delgado and Niassa provinces bordering Tanzania and Malawi.



IOM staff conducting training on Mpox protocol to government officials, Mozambique © IOM 2024

South Sudan



IOM conducted HBMM framework training from 11 to 14 December for over 13 participants including government officials and partners in Renk, where an active outbreak of cholera was reported. The training aimed to address the mobility dimensions of public health threats including cholera and Mpox.

Regional coordination and support

Regional office developed population mobility at priority points of entry/exit for Mpox and MVD outbreaks in seven EHSA countries using the past PMM and DTM data to provide insight into population mobility dynamics between affected areas, other cities of the country, and bordering countries. The map shows that most reported areas were along the major population mobility routes from past PMM and areas with higher cases were located at PoEs with a high volume of population flow and in urban areas. There is need to conduct full PMM in the region to understand the broader mobility patterns and predict epidemiological trends of potential transmission of disease based on the current patterns of human mobility. Additionally, the regional office conducted trainers of training for HBMM framework and PMM and ten IOM participants from four Southern African countries participated.



IOM staff conducting participatory mapping exercise during trainers of training © IOM 2024

West and Central Africa Region (WCA)

Guinea

IOM organized a [workshop](#) on access to health for migrants on 26 November in Conakry to promote and implement migrant-inclusive health policies. Over 25 participants from the MoH and partners raised awareness of the need for mobility-sensitive and inclusive health policies and health programs and discussed the establishment of a multisectoral technical committee on migration and health. IOM continued to support health screening at two PoEs (Kpaou and Zénié) in Macenta and over 2,600 screenings were conducted, no alerts were identified.



IOM workshop on health and migration in Conakry, Guinea © IOM 2024

Ghana

IOM participated in the incident management coordination meeting led by the Emergency Operation Centre and health partners. Currently, Ghana significantly increased cholera cases and related deaths in various parts of the country and IOM implemented the HBMM framework for cholera response that also addresses other health threats including Mpox in an affected district.

Regional coordination and support

From 11 to 15 November, the regional office and IOM Ghana participated in a simulation exercise hosted by the Ghana Armed Forces to support capacities for public health emergency preparedness and response by deploying innovative rapid response at health facilities to manage outbreaks effectively. Participants included health authorities from the DRC, Ghana, Guinea, Kenya, Malawi and Uganda, and Africa CDC. IOM contributed to the discussion of the need for an appropriate referral pathway for suspected cases that present to the Infectious Disease Treatment Centre from across the border and advocated the importance of building migrants and mobile populations inclusive system. Through the Rapid Response Team, the regional office facilitated the two-month deployment of a migration health coordinator, a water, sanitation, and hygiene specialist, and an information management officer to support the cholera response in Ghana and Togo.

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DONORS

IOM response is supported by:

The U.S CDC,

The Government of the Republic of Korea

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