

MULTICOUNTRY MPOX SITUATION REPORT #5 PREPAREDNESS AND RESPONSE FOR AFRICA



REPORTING PERIOD: 1-14 October 2024



Health workers screen travelers as part of the mpox response protocols at a Petite Barrière Point of Entry at the Rwanda/Democratic Republic of the Congo border, DRC. © IOM 2024/Antoine Lemonnier

APPEAL STATUS



USD - 27.8 MILLION
TOTAL FUNDING REQUESTED

USD 1,081,000 (4%)
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 Exit, and key congregation points along mobility corridors. During the reporting period, IOM's key achievements included:

- o IOM continued to lead on the PoE sub-pillar under the [Mpox Continental Preparedness and Response Plan for Africa](#) coordination structure and led the PoE Technical Working Group (TWG) meetings.
- o Supported over 90 PoEs in Burundi, the Democratic Republic of the Congo (DRC), Guinea, Kenya, Mozambique, Rwanda, Tanzania, Uganda, and Zimbabwe.
- o Conducted over 174,340 health screenings in two countries (DRC and Uganda), bringing the cumulative total of health screenings to over 1,047,900.
- o Eleven districts in DRC, Mozambique, and Uganda were

- supported with Community Event-Based Surveillance (CEBS).
- o Over 460 border officials, border health officials, health professionals, and Community Health Workers (CHWs) were trained to detect and respond to Mpox in three countries (Kenya, South Sudan, Libia, and Uganda), bringing the cumulative total of capacity building reached to nearly 2,300 individuals.
- o Over 3,610 people were reached with Mpox awareness messages in Mozambique.
- o Medical supplies was procured in DRC and Uganda including health screening supplies, Infection Prevention and Control (IPC) supplies, and Personal Protective Equipment (PPE).
- o Deployment of four technical health experts to support IOM teams in DRC, Burundi and Uganda.

SITUATION OVERVIEW

As of 17 October 2024, the World Health Organization (WHO) reported 8,540 confirmed cases including 33 deaths reported in 18 African countries since the beginning of this year, increasing the number of confirmed cases by 38 per cent since 30 September 2024¹. The majority of Mpox cases in 2024 are from the following three countries: DRC (6,962 confirmed cases, 25 deaths), Burundi (1,169 confirmed cases, no deaths)², and Nigeria (94 confirmed cases, no deaths).

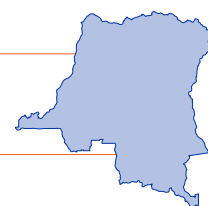
During the reporting period, Zambia (one confirmed case) and Zimbabwe (two confirmed cases) reported their first Mpox cases, Ghana reported its first two Mpox cases in 2024, and Kenya reported its first death related to Mpox³. Confirmed cases continue to rise including in children, totalling 39,724 cumulative cases of Mpox (including both suspected and laboratory confirmed cases) reported from the African continent. The situation continues to worsen in Uganda with 82 confirmed cases during the reporting period, increasing the total cumulative confirmed cases to 104 (an increase of more than five times the confirmed cases since the last IOM situation report)⁴.

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 IOM's Multi-Country [Mpox Preparedness and Response Plan](#) to respond to the health needs of migrants, Internally Displaced Persons (IDPs), highly mobile populations, and cross-border communities. IOM is less than four per cent funded and funding received to date is USD 1,081,000 from the U.S. Centers for Disease Control and Prevention (CDC), the Government of the Republic of Korea, and the U.S. Agency for International Development and internal resource mobilization, with a remaining funding gap of USD 26.7 million (96%).

EAST, HORN AND SOUTHERN AFRICA REGION

Democratic Republic of the Congo



IOM was actively engaged in the regular Mpox vaccine campaign coordination meeting in Kinshasha to ensure the inclusion of migrants, IDPs, and highly mobile populations and cross-border communities. IOM participated in the launch of the Mpox vaccination campaign in North Kivu (Goma) and South Kivu (Miti Murhesa health zone) and supported the vaccine campaign from 6 to 16 October.

IOM supported three priority PoEs (Kamanyola, Ruzizi, and Kavimvira) in South Kivu province which has been reporting the highest number of suspected and confirmed Mpox cases in DRC. During the reporting period, IOM conducted 168,051 health screenings of travellers at supported PoEs, and two alerts were generated for secondary screening. IOM also conducted RCCE activities for travellers at the same PoEs focused on awareness raising of prevention measures and good health seeking behaviours. IOM's Sexual and Reproductive Health Officer supported health

workers and CHWs in providing Mpox awareness sessions and conducted monitoring of RCCE activities at health facilities for 87 pregnant women and 81 mothers, and 70 adults during their consultations at health facilities at supported PoEs and cross-border areas.

IOM supported [Marburg Virus Disease \(MVD\)](#) preparedness efforts at national and provincial level to strengthen PoE capacity in North Kivu and South Kivu bordering in Rwanda. IOM donated screening supplies and IPC materials including thermal scanners, alcohol, alcohol gel, PPE, and medical waste bags to the National Border Health Agency.

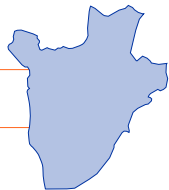
IOM Health Assessment Programme supported 13 screenings for Mpox as a part of Pre-Departure Medical Procedures and travelled internationally.

- ¹ [WHO 2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends](#) (WHO) (accessed 17 October 2024)
- ² TWG members are IOM., Africa CDC, and WHO and will plan to include other members
- ³ Ministry of Health Zimbabwe. 2024. Press release.
- ⁴ Ministry of Health Uganda, epidemiological bulletin, 14 October 2024.



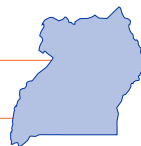
Donation of IPC materials to National Border Health Agency to support Mpox and MVD preparedness and response, Democratic Republic of the Congo. © IOM 2024/Antoine Lemonnier

Burundi



IOM participated in three coordination meetings on surveillance, PoEs, and RCCE and assisted surveillance and response activities at three prioritized PoEs with the technical support by a Migration Health Specialist deployed by IOM. IOM prepared a mass Mpox awareness campaign in prioritized health districts and planned the provision of screening supplies to supported PoEs to strengthen their response capacities.

Uganda



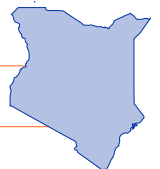
IOM provided Mpox surveillance trainings to over 90 border officials (both health and non-health personnel) working at Elegu PoE and 310 CHWs from Amuru district and cross-border community at Elegu PoE on Community Event-Based Surveillance (CEBS). During the reporting period, 20 alerts were generated for secondary screening from trained CHWs.

IOM assessed Mpox preparedness and readiness at one prioritized PoE, supported an estimated 5,200 screenings of travellers through the procured thermal scanners at the Entebbe international airport, and provided Mpox awareness raising messages through the procured 21 TV screens and advertising kiosks at eight PoEs. IOM provided thermal scanners for screening, IPC supplies, and PPE to prioritized PoEs and health facilities, and distributed 8,000 IEC materials.

IOM deployed two migration health specialists to provide

technical and operational support to respond to the Mpox outbreak and MVD preparedness. IOM continued to participate in the coordination meetings and weekly PoE partners meetings and contributed to discussing responses at PoEs from IOM's expertise on PoE interventions.

Kenya



IOM, in partnership with the MoH, WHO, and the International Civil Aviation Organization, conducted a workshop from 14 to 18 October on the International Health Regulations to improve cross-border health surveillance and trained 40 port health officers and airport staff at the Jomo Kenyatta International Airport. Additionally, IOM printed 8,000 RCCE materials to raise community awareness of Mpox for early detection and planned to distribute them in high-risk areas based on the national RCCE strategic plan that IOM supported.

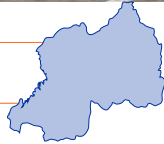


IOM staff facilitated the Community-Event-Based Surveillance training for Community Health Workers from cross-border community, Uganda. © IOM 2024



IOM conducted a walk through visit and workshop at Jomo Kenyatta International Airport, Kenya. © IOM 2024

Rwanda



IOM supported the MoH to conduct a risk assessment at prioritized PoEs and planned joint activities to strengthen capacity to control and manage the Mpox and MVD outbreaks.

Mozambique



IOM in collaboration with the MoH and partners, prepared a training on preparedness, readiness, and response to potential Mpox and MVD outbreaks from 28 to 30 October 2024 in Ponta de Ouro to strengthen the capacities of border officials at prioritized PoEs in the detection, reporting, and control of Mpox and MVD. During the reporting period, 141 CHWs trained by IOM conducted CEBS and RCCE and reached over 3,600 individuals (30% IDPs and 70% cross-border community members) in six districts in Cabo Delgado and Niassa provinces bordering Tanzania and Malawi.

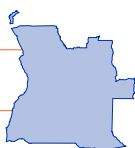
South Sudan



IOM trained 20 border health officials at Juba International Airport on Mpox to detect and manage Mpox suspected cases and best practices on IPC based on PPE and sanitation protocols. This training aimed to strengthen the surveillance system and addressed the needs of the MoH to strengthen the public health system at the airport. IOM printed banners with Mpox preventive messages to be displayed at the airport to raise awareness among travellers and airport staff.

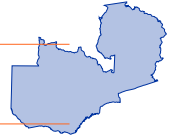
Additionally, IOM participated in coordination meetings and TWGs led by the MoH and Public Health Emergency Operation Center (PHEOC) and contributed to effectively control and manage Mpox at PoEs.

Angola



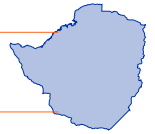
In partnership with WHO, IOM supported the development of the national Mpox contingency plan and activated the technical commissions at national, provincial, and district levels to respond to Mpox at border areas including five PoEs bordering DRC.

Zambia



IOM actively engaged with the MoH and partners to respond to the Mpox outbreak particularly through capacity building at prioritized PoEs and disease surveillance. IOM provided technical support to develop Mpox messages in collaboration with relevant agencies, specifically IOM provided guidance on the inclusion of migrants, IDPs, highly mobile populations, and cross-border communities using sensitive and inclusive language.

Zimbabwe



IOM continued to be involved in the Mpox coordination meetings led by the MoH and discussed PoE activities that IOM can support in order to manage the Mpox outbreak.

South Africa



IOM continued to participate in the coordination platforms and provided technical support focused on the response at PoEs and cross-border coordination.

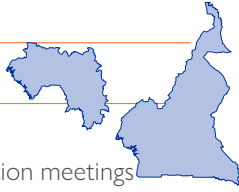
EHSA regional coordination and support

The Regional Office deployed a regional health specialist to DRC along with the Deputy Regional Director to provide technical support and engage with government officials and donors. The Regional Office in coordination with Headquarters developed IOM's Mpox database for efficient information sharing and monitoring of Mpox interventions from Country Offices. IOM led the PoE sub-pillar TWG in partnership with Africa CDC and finalized the TWG's Terms of Reference and planned activities to support Member States to enhance PoE interventions.

Biweekly coordination meetings with affected and high-risk countries are ongoing to identify gaps and challenges to provide better support and coordination among the Country Offices, Regional Offices, and Headquarters.

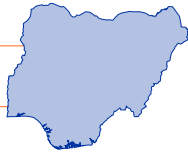
WEST AND CENTRAL AFRICA REGION

Guinea, Cameroon



IOM continued to participate in coordination meetings and monitor the situation to support IDPs, migrants, highly mobile populations, and cross-border communities.

Nigeria



IOM continued to actively participate in weekly coordination meetings led by the MoH and PHEOC, and the National Public Health Emergency Response Committee for PoE from 14 to 15 October 2024 to discuss the response plan for the Mpox and MVD outbreaks. IOM provided technical support and guidance to the development of travel advisories and travel measures at PoEs and contributed to strengthening public health measures at PoEs.

Ghana



IOM had a meeting with the MoH and requested to participate in the regular incident management meetings led by the PHEOC, and a meeting with the National Port Health Coordinator to discuss needs at PoEs. IOM in partnership with WHO explored the vaccination roadmap and advocated for the inclusion of migrants, IDPs, highly mobile populations, and asylum seekers in the northern part of Ghana into the vaccination plan.

Regional coordination and support

The Regional Office continues to engage in the regional preparedness & response, surveillance & modelling as well as the RCCE TWG. In this reporting period IOM joined WHO emergency hub in the accreditation ceremony for the Emergency Medical Team (EMT) 2 of Senegal's army; the first in the African Region to achieve certification for building capacity to respond rapidly and effectively to health emergencies.

NORTH AFRICA REGION

Libya



IOM conducted a surveillance training from 12 to 14 October in Benghazi in collaboration with National Center of Disease Control (NCDC). Mpox was one of the sessions and 22 medical officers from the public health facilities participated.

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DONORS

IOM response is supported by:

The U.S CDC

U.S. Agency for International Development

The Government of the Republic of Korea



IOM coordinated Surveillance training to medical officers at Benghazi, Libya. © IOM 2024