



**AUGUST 2024 - JANUARY 2025**

# MPOX PREPAREDNESS AND RESPONSE PLAN

**EAST, HORN AND SOUTHERN AFRICA**

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## REGIONAL SITUATION ANALYSIS

The Mpox preparedness and response plan specifically targets migrants, internally displaced persons (IDPs), highly mobile populations, and host communities across the East, Horn, and Southern Africa (EHSA) region. The EHSA region, is home to approximately 634 million people. As of 2020, the region hosts 12.2 million international migrants, representing nearly half (48%) of all migrants in Africa. This significant migratory presence is due to the region's role as an origin, destination and transit hub, driven by its rapidly growing economies and strategic geographical position. However, the region's interconnectedness poses significant challenges for managing communicable diseases. Inadequate public health systems, coupled with limited border management capacities, can hinder effective disease prevention and control. Marginalized and hard-to-reach populations, including refugees, displaced persons, highly mobile population and migrants, often face significant barriers in accessing essential healthcare services, further increasing their vulnerability to health risks.

The EHSA region is currently grappling with several urgent public health threats, one being Mpox. Mpox is an infectious disease caused by the orthopoxvirus (OPXV). Known variants of MPXV are divided into two clades, Clade I (formerly known as the Congo Basin clade) and Clade II (formerly known as the West African clade). Since the virus was first discovered in 1958 and the first case was reported in the Democratic Republic of the Congo (DRC) in 1970, Mpox has mainly been considered a zoonotic disease in the forested areas of Central Africa, causing limited epidemics in rural areas. To date, the animal reservoir of the virus remains unknown and only clade I of MPXV has been detected in the country.

In August 2024, Africa Centre for Disease Control and Prevention (Africa CDC) declared the ongoing Mpox outbreak a Public Health Emergency of Continental Security (PHECS) in a press release<sup>1</sup>, marking the agency's first such declaration since its inception in 2017. This decision highlights the severity of the outbreak, which has spread to at least 12 African countries. During the same period, the World Health Organization (WHO) reported in a press release<sup>2</sup> that the African region is experiencing an unprecedented increase in Mpox cases since the start of 2024. The WHO highlighted that the Democratic Republic of the Congo (DRC) is experiencing one of the largest Mpox outbreaks Globally, with over 15,000 suspected cases and 537 death reported since the beginning of the year, contributing substantially to the global Total of more than 100,000 cases. By 8th August, 12 African countries have reported an outbreak, among these, six countries are in the EHSA region. As of July 2024, new cases have emerged in Kenya, Burundi, Rwanda, and Uganda which were previously unaffected, the spread has been contributed to cross border infection. As of 12th August, DRC accounts for 89% of the total cases, followed by Burundi at 4.1 percent. In Burundi, most cases are male (52%), and the most affected age groups are children under 5 years (35%) and individuals between 11 and 20 years (25%) and 31 to 40 years (25%). Other countries that reported cases include South Africa (24 cases, 3 deaths), Rwanda (4 cases), Uganda (2 cases), and Kenya (1 case). In South Africa, majority of cases are among men who have sex with men (MSM) (75%), predominantly aged 25 to 39 years.

Many countries in the region are particularly vulnerable to Mpox transmission due to factors such as inadequate border health capacity, weak infrastructure, limited resources, and insufficient awareness and prevention measures. These vulnerabilities heighten the risk of cross-border transmission, making it imperative to enhance the region's ability to detect, prevent, and respond to the spread of Mpox effectively.

This preparedness and response plan aims to prepare for and respond to the anticipated surge in Mpox cases and mitigate the spread and the likely negative impacts of the virus spreading throughout the region. The funds will be allocated to address the health needs of migrants, internally displaced persons (IDPs), highly mobile population and affected host communities, enhance disease surveillance, support contact tracing, improve risk communication and community engagement, strengthen response at border points, improve prevention and response efforts, and strengthen multi-sectoral cross-border coordination across the region in order to promote one health approach.<sup>W</sup>

IOM is committed to ensuring that its response is centered on the needs, rights, and capacities of affected populations. [The Accountability to Affected Populations \(AAP\) framework](#) is integral to our preparedness and response plan, ensuring that our actions are guided by principles of transparency, participation, and responsiveness.

[Protection from Sexual Exploitation, Sexual Abuse and Sexual Harassment \(PSEAH\)](#) is a top priority for IOM, and the Organization consistently demonstrates its commitment to addressing it, both internally and through the Inter-Agency Standing Committee (IASC) and UN system. To protect affected populations from SEA, IOM will implement various measures, including integrating SEA risk mitigation into all response sectors, enhancing the capacity of frontline workers and partners, establishing safe and accessible complaint mechanisms, participating in inter-agency PSEA responses, and ensuring that SEA and Gender based violence (GBV) survivors receive quality and timely support.

<sup>1</sup> Africa CDC Declares Mpox A Public Health Emergency of Continental Security, Mobilizing Resources Across the Continent – Africa CDC

<sup>2</sup> African region faces an unprecedented surge in Mpox cases | WHO | Regional Office for Africa

# MPOX PREPAREDNESS AND RESPONSE PLAN

## EAST, HORN AND SOUTHERN AFRICA



This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

## FUNDING REQUIREMENTS

**USD 18,552,168**

## PEOPLE TARGETED

**1,960,000 INDIVIDUALS**

COUNTRY	STRATEGIC OBJECTIVE 1 (USD)	STRATEGIC OBJECTIVE 2 (USD)	STRATEGIC OBJECTIVE 3 (USD)	STRATEGIC OBJECTIVE 4 (USD)	STRATEGIC OBJECTIVE 5 (USD)	GRAND TOTAL FUNDING REQUIREMENT (USD)
BURUNDI	410,000.0	370,000	310,000		50,000	<b>1,140,000</b>
DEMOCRATIC REPUBLIC OF THE CONGO	2,000,000	4,000,000	2,500,000	100,000	400,000	<b>9,000,000</b>
ESWATINI, MALAWI, MOZAMBIQUE, ZAMBIA		400,000	400,000			<b>800,000</b>
KENYA	290,000	280,000	65,000	55,000	40,000	<b>730,000</b>
REPUBLIC OF SOUTH AFRICA		150,000	100,000			<b>250,000</b>
RWANDA	75,000	535,000	80,000	25,000	120,000	<b>835,000</b>
SOUTH SUDAN	270,000	345,000	15,000		70,000	<b>700,000</b>
UGANDA	663,360	1,010,000	250,000		110,000	<b>2,033,360</b>
UNITED REPUBLIC OF TANZANIA	150,000	1,050,000	100,000		100,000	<b>1,400,000</b>
ZIMBABWE	85,000	65,000	40,000		10,000	<b>200,000</b>
REGIONAL COORDINATION AND SUPPORT					1,500,000	<b>1,500,000</b>
<b>GRAND TOTAL FUNDING REQUIREMENT (USD)</b>	<b>3,933,680</b>	<b>8,186,713</b>	<b>3,853,300</b>	<b>180,000</b>	<b>2,398,475</b>	<b>18,588,360</b>



At both the regional and national levels, the International Organization for Migration (IOM) closely collaborates with governments, United Nations (UN) agencies, key stakeholders, and partners to enhance preparedness and response initiatives for Mpox. IOM's crisis response approach is built upon IOM's Health, Border, and Mobility Management (HBMM)<sup>3</sup> Framework, which was originally established during the West Africa Ebola outbreak and further developed during the Ebola response in the Democratic Republic of the Congo. This framework combines an understanding of population mobility with disease surveillance to create tailored for regional and country-specific interventions, all in alignment with the 2005 International Health Regulations (IHR)<sup>4</sup>. The framework also emphasizes the importance of strengthening health systems along key mobility routes.

Community engagement and empowerment are central to the HBMM framework, recognized as essential components for effective outbreak preparedness and response. IOM is actively participating in various national and regional Mpox technical working groups.

The technical working groups are led by WHO regional Hub and, Africa CDC which focus on key areas such as laboratory diagnostics, case management, risk communication, disease surveillance, and the management of Points of Entries (PoEs).

With over two decades of experience in the region, IOM has consistently provided support to Member States and migrants, managing migration during both crises and stable periods. Beyond its extensive work with internally displaced persons in countries like Burundi, Ethiopia, Somalia, and South Sudan, IOM also maintains a significant presence near refugee camps in Kenya, the United Republic of Tanzania, and Uganda. The migration health teams in the region include clinicians, nurses, laboratory technicians, radiologists, data management specialists, and public health professionals, all of whom are highly experienced in responding to outbreaks, including Ebola, Covid 19, cholera, and measles among other outbreaks and public health emergencies. In addition, in Southern Africa, IOM under the SRHR-HIV Knows No Borders Project, in partnership with government and partners have been supporting efforts to improve access to sexual reproductive health and HIV services for migrants, sex workers, young vulnerable people and other populations in migration affected communities around major border towns in the region for the past eight years in Eswatini, Lesotho, Malawi, Mozambique, South Africa, Zambia and Zimbabwe. IOM's multidisciplinary professional teams from various divisions offer vital operational and logistical support for country-specific responses.

As the lead agency for PoEs during the COVID-19 outbreak, and in alignment with WHO's regional preparedness and response plan, IOM will support Member States in coordination efforts, including cross-border coordination and surveillance with neighboring countries. IOM will also provide technical assistance for developing Standard Operating Procedures (SOPs) for managing Mpox crises at borders, including protocols for prevention, detection, notification, and referral of sick travelers.

IOM will collaborate closely with surveillance teams, PoEs health personnel, and supervisors to ensure effective implementation of SOPs, health screenings, data collection, and infection prevention measures, particularly through public risk communication at PoEs and control points. Additionally, IOM will contribute to risk communication and community engagement efforts among travelers and within cross-border host communities. IOM will address the comprehensive range of activities necessary at PoEs for the Mpox response.

Understanding mobility dynamics is core to IOM mandate to better prevent, detect and respond to public health threats. Through IOM's Regional Data Hub for the East and Horn of Africa, will support Member States through the provision of real-time mobility data and analysis, particularly conducting Population Mobility Mapping (PMM) to inform preparedness and response team and Technical Working Group. Tailored data collection efforts will be initiated based on mobility mapping requirements across different countries, while ongoing technical support will ensure the generation of disaggregated and harmonized migration data. IOM will also innovate in information management by expanding the use of the Displacement Tracking Matrix (DTM) for early warning alerts and by producing spatial and geographical data for outbreak surveillance.

<sup>3</sup> mhd\_infosheet\_hbmm\_01.06.2021\_en.pdf (iom.int)

<sup>4</sup> International Health Regulations (2005) – Third edition (who.int)

IOM will execute this response plan by leveraging core activities defined in the HBMM framework, organized under the five strategic objectives as follows:

### Strategic Objective 1:

#### Enhance the evidence base on the human mobility dimensions of communicable disease to inform effective prevention, detection and response

Support national governments in enhancing disease surveillance, particularly in border communities and at PoEs. Leveraging its expertise in community event-based surveillance (CEBS), data collection, and population mobility mapping, IOM will provide insights into mobility trends to better inform Mpox initiatives planning and response efforts.

Generate data and analytics on human mobility to enhance surveillance information, with a focus on border communities, PoEs, and areas and routes with high migrant populations.

Train government counterparts and other key partners on community evidence-based surveillance and linking mobility information to surveillance data particularly within migrant-dense area.

Conduct quality assessment at PoEs, identifying possible gaps and means for improvements.

Support active surveillance including health screening, referral and data collection at PoEs.

### Strategic Objective 2:

#### Build health system and border health capacity at points of entry and along the mobility continuum for communicable disease prevention, detection and response

Support the development and dissemination of PoE-specific Standard Operating Procedure (SOPs) for detection, notification, isolation, management and referral

Train immigration and border health staff on SOPs to manage ill travelers and on infection, Prevention and Control (IPC), and in areas where there are no health staff, advanced training for immigration and customs staff

Training on IPC for health professionals, immigration officers, customs and other relevant actors at PoE and other settings.

Assisting in provision of needed Personal Protective Equipment (PPE) and supplies for screening.

Provision of PPE and screening supplies along with supporting supply chain management, capitalizing on our existing Shelter and Non-Food Items (NFI) operational capacities and capacity to supply essential drugs, consumables and medical equipment.

IOM will support vaccination and sample collections at PoE targeting migrants, IDPs and highly mobile population.

Provision of direct primary health care services delivery including sexual and reproductive health services to IDPs and migrants, whilst using a service delivery model calibrated for urban areas, camps, and migratory routes.

### Strategic Objective 3:

#### Enhance community engagement and empower migrants, mobile populations and host communities in communicable disease prevention and response

Adapt risk communication materials and strategies to be inclusive of migrants, ensuring that messages are culturally and linguistically tailored for effective community engagement.

Design communication and educational outreach initiatives aimed at the public, focusing on the needs of the most vulnerable populations, including women, children, the elderly, and informal workers. These efforts will seek to raise awareness, combat xenophobia and racism, and promote social cohesion.

Establish a repository of information, education, and communication (IEC) materials, along with intervention models and practices that ensure inclusive communication for migrants and other displaced populations.

Direct provision of MHPSS including training to healthcare workers and other key actors by providing training in psychological first aid tailored for Mpox, utilizing proven models developed during previous outbreaks like Ebola.

### Strategic Objective 4:

#### Promote mobility-sensitive and inclusive policy, legal and strategic frameworks

Provide technical support for the development and implementation of mobility-sensitive and inclusive policies, strategies, and legal frameworks, coupled with advocacy efforts to promote these frameworks.

### Strategic Objective 5 (Cross-cutting):

#### Strengthen multisectoral partnerships and coordination, including cross-order coordination.

Coordinate and produce harmonized SOPs and reports in collaboration with governments and relevant agencies, including WHO, to support country-level implementation. Additionally, IOM will establish a sharing mechanism to ensure these resources are accessible to all implementing agencies.

Lead technical working groups focused on regional coordination of PoEs for East, Horn and Southern Africa, working closely with WHO, and other coordination platforms.

Support coordination both within countries and across borders to ensure timely care and referrals in accordance with the IHR 2005. This includes engaging in relevant inter-sectoral coordination with other pillar leads and working groups at the national level.

Coordinate with migration and relevant border agencies and authorities to explore the integration of health information into existing immigration data systems, enabling real-time surveillance data.

Support governments to ensure continuation of essential migration services at key crossing points and points of entry that are directly linked to the transfer of medical goods and thus central to efforts to develop national preparedness and response.

Strengthen cross-border coordination and enhance national surveillance, information sharing and reporting.

Collaborate with the IOM DTM team and health experts to develop detailed geographic surveillance mapping.

## Funding Breakdown by Country

### Burundi



#### Funding Required

Strategic Objective 1	USD 410,000
Strategic Objective 2	USD 370,000
Strategic Objective 3	USD 310,000
Strategic Objective 5	USD 50,000

### Democratic Republic of the Congo (DRC)



#### Funding Required

Strategic Objective 1	USD 2,000,000
Strategic Objective 2	USD 4,000,000
Strategic Objective 3	USD 2,500,000
Strategic Objective 4	USD 100,000
Strategic Objective 5	USD 50,000

### Eswatini, Malawi, Mozambique, Zambia



#### Funding Required

Strategic Objective 2	USD 400,000
Strategic Objective 3	USD 400,000

### Kenya



#### Funding Required

Strategic Objective 1	USD 290,000
Strategic Objective 2	USD 280,000
Strategic Objective 3	USD 65,000
Strategic Objective 4	USD 55,000
Strategic Objective 5	USD 40,000

### Republic of South Africa



#### Funding Required

Strategic Objective 2	USD 100,000
Strategic Objective 3	USD 65,000

### Rwanda



#### Funding Required

Strategic Objective 1	USD 75,000
Strategic Objective 2	USD 535,000
Strategic Objective 3	USD 80,000
Strategic Objective 4	USD 25,000
Strategic Objective 5	USD 120,000

### South Sudan



#### Funding Required

Strategic Objective 1	USD 270,000
Strategic Objective 2	USD 345,000
Strategic Objective 3	USD 15,000
Strategic Objective 5	USD 70,000

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## Uganda



### Funding Required

Strategic Objective 1	USD 663,360
Strategic Objective 2	USD 1,010,000
Strategic Objective 3	USD 250,000
Strategic Objective 5	USD 110,000

## United Republic of Tanzania



### Funding Required

Strategic Objective 1	USD 150,000
Strategic Objective 2	USD 1,050,000
Strategic Objective 3	USD 100,000
Strategic Objective 5	USD 100,000

## Zimbabwe



### Funding Required

Strategic Objective 1	USD 87,000
Strategic Objective 2	USD 65,000
Strategic Objective 3	USD 40,000
Strategic Objective 5	USD 10,000

## REGIONAL COORDINATION AND SUPPORT

 **USD 1,500,000**

The IOM Regional Office provides ongoing technical, administrative, and operational support, including quality assurance for all country-level projects and interventions. In response to the Mpox outbreak, the Regional Office's role includes offering technical guidance, ensuring a unified response, enhancing coordination among missions, and facilitating resource mobilization.

IOM Regional Office planned response: Engage in various regional Technical Working Groups and coordination mechanisms alongside UN agencies and Implementing Partners. Generate and present regional analyses for decision-makers, featuring infographics and maps on human mobility in the context of Mpox surveillance, and regularly share these insights with stakeholders including regional mobility analysis.

- Support the revision and adaptation of risk communication materials, ensuring they address the specific needs of migrants, IDPs, and other vulnerable populations, including considerations for language and cultural norms.
- Develop an online training program focused on migration-sensitive RCCE.
- Deployment to provide technical support to the country offices and regional economic communities.
- Produce a regional surveillance risk map to aid in strategic planning and response.
- Create a standardized approach for managing crises at PoEs, aligned with the HBMM Framework.
- Customize and facilitate online training and coaching sessions on case management in the context of the Mpox response; propose innovative strategies, compile the latest information, and share it with relevant stakeholders.
- Establish a regional rapid response network of health practitioners—including doctors, nurses, and social workers/interns—to provide expert advice and assistance to health services and policy-related systems.
- Collect and disseminate data, situation assessments, information, and lessons learned on the conditions of migrant workers, their households, and communities.

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