

**UNAIDS INFORMATION/GUIDANCE
NOTE ON THE MPOX RESPONSE**

28 AUGUST 2024

This document was last updated on August 26, 2024. The information presented here is based on the latest available evidence and information and may be subject to revision as new data and insights emerge. It will be updated as necessary. Please verify you are consulting the latest version of this document to ensure you have the most up-to-date information. WHO updates a toolkit to support the outbreak response. See here: <https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/mpox-outbreak-toolbox>

Introduction

The resurgence of mpox with a new variant and rapid spread of the virus in several African countries triggered the Africa Centre for Disease Control and Prevention (Africa CDC) to declare the ongoing mpox outbreak a Public Health Emergency of Continental Security ([PHECS](#)) on 13 August 2024. The World Health Organization (WHO) declared mpox a Public Health Emergency of International Concern ([PHEIC](#)) for the second time, on 14 August 2024. UNAIDS fully supports the WHO PHEIC Declaration and the Africa CDC PHECS Declaration. The UNAIDS Executive Director, in [her letter](#) of 15 August 2024 on behalf of Cosponsors, committed to supporting the Africa CDC through regional and country offices and country joint teams to assist national efforts in dealing with this challenging crisis.

UNAIDS, including its secretariat and the cosponsors, has the mandate to actively support countries, including to support and protect people living with and affected by HIV from mpox. Some communities which are at risk and/or are vulnerable to HIV may be at higher risk of infection or vulnerable to severe outcomes if exposed to mpox. These communities might include children¹, adolescents, women, people living with HIV, and key populations including sex workers, gay men and other men who have sex with men transgender people and the sexual networks of these groups, people in prisons and other closed settings, refugees and internally displaced populations. Mpox has been a concern for people living with HIV, particularly when they are not viral load suppressed. This could be due to: undiagnosed HIV status; not being on antiretroviral treatment; having advanced HIV disease; and/or experiencing interruption of treatment for a variety of reasons. Evidence shows that immunosuppression in the setting of advanced HIV infection is associated with an increased risk of severe mpox symptoms and disease, which can lead to higher rates of mortality.

Lessons learnt from decades of responding to HIV, recent responses to Ebola, Zika and COVID-19, and to the 2022 mpox outbreak have shown that comprehensive public health and community infrastructure, are foundational to the HIV response, and are critical elements for successfully responding to pandemics. The lessons learnt also include: policies and actions that ensure community-led and community-based efforts; affordable, equitable access to health technologies (prevention tools, diagnostics, treatments); surveillance; health and community workforce capacity; and sustainable financing as well as international solidarity. These lessons must be leveraged from the HIV response to help countries respond to mpox.

The purpose of this Information/Guidance Note is to provide the Joint Programme including UNAIDS and cosponsors at all levels, with guidance in drawing upon the full collective experience of the Joint Programme and engaging and supporting national mpox responses, alongside our

¹ Mpox spreads from person to person mainly through close contact with someone who has mpox. Close contact includes skin-to-skin (such as touching or sex) and mouth-to-mouth, or mouth-to-skin contact (such as kissing), and can also include being face-to-face with someone who has mpox (such as talking or breathing close to one another, which can generate infectious respiratory particles). During the global outbreak that began in 2022, the virus mostly spread through sexual contact. More research is needed on how mpox spreads during outbreaks in different settings and under different conditions. Someone who comes into physical contact with an animal which carries the virus, such as some species of monkeys or a terrestrial rodent (such as the tree squirrel), may also develop mpox. Exposure by such physical contact with an animal or meat can occur through bites or scratches, or during activities such as hunting, skinning, trapping, or preparing a meal. The virus can also be caught by eating contaminated meat which is not cooked thoroughly. Children in the Democratic Republic of the Congo and neighbouring countries have acquired mpox through close contact with family or household members and also through infected animals.

efforts in advancing HIV service coverage, to protect people vulnerable to HIV. This guidance is produced in line with the [UNAIDS Position](#) on Pandemic Prevention, Preparedness and Response (PPPR), WHO Strategic Framework for Enhancing Prevention and Control of Mpox (2024-2027) and the Global AIDS Strategy (2021–2026).

Coordination in emergencies is important. Joint Programme entities are required to align their work with the global, regional and country level structures and mechanisms established to respond to the PHEIC. At the global level this includes international leadership and coordination through WHO and working through established emergency partners and networks, including Access to COVID-19 Tool Accelerator (ACT-A), the Standing Committee on Health Emergency Prevention Preparedness and Response (SCHEPPR) and Medical Countermeasures Network (MCM-Net) for mpox. At the regional level, this includes joint work between WHO and Africa CDC in the African Region guided by a single plan and budget, tailoring of strategic and operational guidance to the regional context, cross-border collaboration and readiness; and contingency planning. At the country level, the Joint Programme should support the national coordination mechanism in leading the inclusive response, while at the same time providing programme implementation support to the HIV and mpox responses, with a focus on community engagement, risk communication, surveillance and rapid response, vaccination and clinic care, cross-border coordination, health system strengthening, public health education and international collaboration, in the context of a multisectoral response.

The current situation

Mpox epidemiology—the big picture

A total of 934 new laboratory confirmed cases of mpox and four deaths were reported to WHO from 26 countries, illustrating the continuing transmission of mpox across the world². The most affected WHO regions, ordered by the number of laboratory-confirmed cases, were the African Region (567 cases, 96% of which were from the Democratic Republic of the Congo), the Americas (175 cases), the European region (100 cases), the western Pacific (81 cases) and south-east Asia (11 cases).

According to the [WHO report](#), in the most heavily hit country—the Democratic Republic of the Congo—from 1 January to 26 May 2024, a total of 7851 mpox cases were reported (not necessarily laboratory confirmed), and 384 deaths (Case Fatality Rate/CFR 4.9%). These cases were reported in 177 of the 519 (34%) health zones across 22 out of the 26 provinces (85%). The new case in Goma raises this to 23 of 26 (88%) provinces. It is worth noting that during this period, reported cases for those under 15 years of age came to 67% (5254/7851) and 84% (321/384) of the total reported death due to mpox in the Democratic Republic of the Congo. Additionally, it is notable that HIV Early Infant Diagnosis (EID) rate is low in the country.

Globally, around half (18 628 of 35 861 cases, or 51.9%) of cases with available information on their HIV status are reported to be in the group of persons living with HIV, according to the WHO External Situation Report 35 on Multi-country outbreak of mpox based on the data received from

² WHO External [Situation Report 35](#). Issue of 12 August 2024. Geneva: WHO; 2024.

national authority as of 30 June 2024. This proportion approximates that reported in the last six months (237 of 543 cases, 43.6%) and is related to the common risk factor of sexual exposure between the two conditions. Information on HIV status is not available for most cases in the African region, and the above description might not be fully representative of cases with different demographics in this region.

Challenge of accessing mpox diagnostic testing, vaccine and treatment

Mpox testing is critical for identifying infection, contact tracing and surveillance - all fundamental to detect the spread of the virus, define mutation and track transmission. Although most countries have GeneXpert diagnostic platforms, the challenge is testing capacity and lack of affordable and sustainable supply of mpox cartridges. For example, between week 1 and 30 of 2024, only 39.3% of suspected cases were tested by standard PCR or GeneXpert in the Democratic Republic of the Congo. The demand for GeneXpert machines and test cartridges is likely to increase, while the current cost per cartridge by the producer Cepheid is US\$ 19.80/cartridge.

In terms of vaccine requirements, Africa CDC currently estimates that ten million doses would be needed, while the production capacity of Bavarian Nordic company to produce the MVA-BN (Jynneos) vaccine is two million doses in 2024 and possibly eight million in 2025, subject to secured payment. Despite donations to Africa from the USA, EU, Japan and the Bavarian Nordic Company, the gap remains enormous.

According to WHO, experience with therapeutics in the context of an outbreak of mpox is growing but still limited. While work on the scientific front continues, and the gaps between the needs and availabilities are to be established, UNAIDS needs to promote efforts to facilitate the availability of vaccines and therapeutics and to ensure equitable distribution of tecovirimat and other therapeutics.

UNAIDS' role in mpox as it intersects with HIV

Working through the Joint Programme mechanism, UNAIDS can significantly support countries in their national mpox response by leveraging country structures, networks and partnerships, including with communities, and through its global influencing and advocacy capacity, country and regional presence and experience to add value to the response to mpox.

Making full use of the UN system HIV response

- The Joint Teams on HIV in a country have a critical role to play:
 - As the convenor of the UN Joint Team on AIDS, UNAIDS can facilitate the integration of mpox into Joint Team programming, including its workplan and budget
 - Prioritize leadership, coordination, resource mobilization and partnerships to address HIV-related aspects of the emergency and response and in support of the national response to mpox.
 - In countries where there is no reported mpox outbreak yet, or at a low level of outbreak, emphasize prevention, preparedness and the need to strengthen HIV and sexually transmitted infection programmes. Ensure that all people living with HIV know their status, are on treatment and are adherent for sustained viral load suppression—focus on re-engagement in care for those experiencing interruptions in treatment.

- The UN Country Team and Humanitarian Coordination Team (UNCT and UNHCT) can:
 - Support WHO and the UNCT/UNHCT through active participation and engagement in the UN wide discussions and efforts, including developing funding requests, reprogramming resources to assist the country in meeting the gaps and respond to the crisis, ensuring surveillance and information systems are functional and capture information on mpox, following the guidance from the overarching emergency response structures at the global and regional levels.

Support to the national response to mpox

- UNAIDS can work closely with national authorities for Pandemic Prevention, Preparedness and Response and other key partners to promote a whole-of-government, whole-of-society approach to ensure communities are part of the decision-making and at the centre of implementation and action. It can ensure there is a multisectoral, human rights based, ethical and people-centred mpox response.
- UNAIDS can advocate for countries to consider pandemics like mpox and HIV as examples of critical elements that should be factored into the pandemic accord that is currently under negotiation by WHO Member States.

Country example

In the Democratic Republic of the Congo—the country most affected by the resurgence of mpox—UNAIDS is supporting the national response to HIV and mpox in the country. Under the leadership of the National Multisectoral AIDS Control Programme (PNMLS) and with the National AIDS Control Programme (PNLS—Ministry of Health), the Ministry of Gender, the Ministry of Human Rights, Ministry of Education and other public sector bodies, civil society (coordinated by the Alliance Nationale des Organisations de la Société Civile engagé dans la Riposte—ANORS), the private sector and technical and financial partners, notably the US President’s Emergency Plan for AIDS Relief (PEPFAR) (including USAID and the US Centers for Disease Control and Prevention) and the Global Fund, UNAIDS has developed a clear set of recommendations for action as input to the national mpox response plan. These recommendations focus on risk communication and community engagement (RCCE) and infection prevention and control (IPC) to ensure rapid and effective action for the protection and response to mpox, among people living with HIV and populations most at risk of both HIV and mpox from the point of view of sexual transmission.

The UNAIDS Joint Teams should work closely with WHO on the following concrete areas of work: integrating mpox into HIV/sexually transmitted infection programmes; advocating and supporting engagement and participation of communities; promoting equitable access to diagnosis, vaccination and treatment services; campaigning for sustainable supply of affordable mpox products; combating stigma and discrimination to safeguard human rights and ethical mpox approaches; and improving health systems, including improved surveillance, human resources for health, laboratory and supply mechanism and sustained financing. Other initiatives include:

strengthening strategic information on size estimation for key populations at risk of mpox, as well as collecting information regarding location, age, gender and the coverage of HIV testing and treatment among them. Finally, UNAIDS can advocate for the protection of the frontline health work force and other community health service providers responding to mpox.

A. Advocating and supporting community-led and community-based efforts in the mpox response

The Greater Involvement of People Living with HIV (GIPA) principle should be applied to engage people with lived experience for mpox and members from at-risk and vulnerable populations. Advocate and support communities, including people living with HIV, key population groups, women's groups and organizations serving children are unique and trusted partners at different stages of the response to mpox. The Joint Programme can:

- Advocate and support meaningful engagement and participation in multisectoral coordination mechanisms and the development and implementation of national mpox prevention preparedness and response plans.
- Assist in sharing correct and up to date information produced and disseminated by community groups (HIV positive networks, key population networks, women's groups and organizations serving children) and considering the toolkits offered by WHO on Risk Communication and Community Engagement (RCCE) for mpox, to improve community awareness, increase demand for diagnostic, preventive and curative services. In addition, participate in the collection of community information and contact tracing, and linking people exposed to mpox infection risk with relevant services.
- Advocate for funding for community-led responses to mpox, including for advocacy, the development of awareness campaigns and nuanced prevention messages for specific affected populations, etc.
- Advocate for social protection and mental health support for people required to self-isolate following exposure to mpox or after having tested positive for mpox.
- Ensure that community groups are well supported to participate in community data collection and have the required demographic and behavioural data as required by the national authority, while take appropriate actions to safe-guards and protect the privacy and confidentiality of affected individuals, identification and communication on testing and treatment coverage service gaps and stockouts, as well as human rights violations in mpox services, to inform decision-making.
- Advocate for inclusion of affected community representatives in mpox prevention and control governance structures at all levels.
- Advocate and support communities, including marginalized groups, to be aware of their human rights and support communities in informing and driving anti-stigma and anti-discrimination initiatives that address both mpox and HIV.
- Advocate and ensure community participants in mpox services are well equipped to protect themselves, including services free from harassment in hostile and abusive environment towards key populations, and the availability of personal protection equipment (PPE) according to national standards.
- Pay special attention to the gender dimension in the planning of the mpox response. This is because the caregivers in households are predominantly women and girls and they are at risk

of mpox exposure. Women also constitute the majority of the frontline community health-care workers, who are largely overburdened while unpaid or poorly paid.

B. Promote and ensure equitable access to mpox medical products

In a pandemic, no one is safe until everyone is safe. Low income countries and low to middle income countries from Africa comprise the majority of recent mpox cases, with low or a complete lack of cartridges for mpox testing, vaccines and treatment. Moreover, the price for the vaccines and tests are out of reach for affected countries, putting people and communities at risk of not being able to prevent and control of mpox. The Joint Programme can:

- Advocate and support global and regional platforms by WHO, African Union, etc., to make the necessary medical products (diagnosis, vaccines, treatment and PPE) available and at affordable prices for these countries to serve the people who need them the most.
- Advocate for all Member States to follow WHO and Africa CDC on product allocation/distribution prioritization recommendations to ensure equitable access, with particular attention to the most vulnerable populations.
- Advocate with pharmaceutical companies and manufacturers for affordable medical products (i.e. lower Cepheid's GeneXpert cartridge and vaccine price) and with high income countries for better international distribution of these products.
- Advocate for sustainable supply of affordable medical products by persuading companies to share technology with African manufacturers.
- Advocate for countries to make full use of TRIPS flexibilities to address public health needs during health emergencies to secure sustainable supply of tests, vaccines and treatment for infectious diseases.

C. Advocate for the specific service needs for people living with and/or at risk of HIV including those who are unaware of their HIV status

People living with HIV who achieve viral suppression through antiretroviral treatment do not appear to be at any higher risk of severe mpox than the general population. Use of daily effective HIV treatment (antiretrovirals) reduces the risk of developing severe mpox symptoms in the case of infection. The Joint Programme can:

- Prioritize the promotion of HIV testing, timely treatment initiation, enhance HIV treatment adherence support using differentiated service delivery approaches for all people living with HIV to know their HIV status and receive support for treatment for viral load suppression, which will also reduce the chances of a severe mpox disease outcome, if infected. Ensure that people living with HIV who are receiving treatment have access to CD4 and viral load monitoring to understand how well they are responding to HIV treatment. Keeping HIV under control through consistent treatment can help strengthen the immune systems of people living with HIV
- Advocate for the prioritization of people living with HIV, with focus on those whose viral load is not suppressed, who have been exposed to or anticipate exposure to mpox, to receive vaccinations.
- Support networks of people living with HIV to emphasize the importance of antiretroviral treatment to reduce the chances of severe disease, and the promotion of vaccination as part of the awareness raising activities about mpox.

- Ensure that the HIV and mpox services are covering all people who need them, including: children; adolescents; women; key populations like sex workers, gay men and other men who have sex with men; transgender people and the sexual networks of these groups; people in prisons and other closed settings; refugees; and internally displaced populations. Education and school health systems, as important platform for information and prevention, can also be used for mpox, alongside HIV messaging.
- For those who are not HIV infected, but at risk or vulnerable, including sex workers and gay men and other men who have sex with men, and transgender people, the Joint Programme should promote HIV prevention programmes and services (like PrEP) to raise awareness, promote prevention and early detection of HIV.

D. Ensure a human rights based and ethical response to mpox without stigma and discrimination

Freedom from stigma and discrimination is a fundamental human right. This principle is embedded in various international human rights frameworks and agreements (i.e. the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights). Stigma and discrimination undermine mpox responses just as they undermine HIV, COVID-19 and Ebola responses. The Joint Programme needs to:

- Promote and support communities to ensure they are aware of their human rights.
- Engage HIV media and social media partners, including influencers, to combat misinformation and fake news and help build a narrative about the outbreak that is based on evidence and is non-stigmatizing.
- Engage and support communities in developing nuanced communication strategies and messages that provide affected communities with the clear information they need to protect themselves without fueling stigma and discrimination. Make clear statements that Mpox is not a 'gay disease', and gay men or sex workers are not to be blamed or shamed for the outbreak. Reinforce the message that stigma is counterproductive. Mpox is nothing to be ashamed of and is not associated with a specific sexual orientation, nationality or other population group. Everyone needs to learn the basic facts of Mpox and know how to prevent it.
- Include commitments to ensuring that gathering and sharing of health data respects the rights to privacy and protects vulnerable and marginalized individuals.
- Urge people to demonstrate compassion and assist in ensuring that the response to mpox is ethical and follows the principles of justice, beneficence, utility, respect for persons, liberty, reciprocity and solidarity.

E. Sustainable financing and system strengthening

Recent pandemics have revealed the insufficiency and rigidity of overall financing options and schemes, as well as weak health systems, as factors seriously hindering a successful response. The Joint Programme can:

- Advocate for increased domestic investment in public health, which should be treated as a public good and national security priority and be protected from fiscal consolidation measures or debt-related pressures.
- For meeting the immediate needs of low income countries in responding to the mpox pandemic emergency, international solidarity is required. Organizations and mechanisms such

as WHO, Global Fund, PEPFAR, Africa CDC and the pandemic fund should be leveraged for resource mobilization, building on previous experience in the COVID-19 emergency response.

- Provide technical assistance, support and advocate to integrate surveillance systems that capture cases of mpox along with relevant characteristics in a system that is timely and linked to other health information.
- Advocate for improved laboratory and adequately trained health workforce, uninterrupted supply and essential medical products.
- Ensure community infrastructure is strengthened including sufficient community health workforce. Support the participation of community-led organizations in community data collections and service provision, as part of improved systems for health that work for mpox, HIV, tuberculosis and other public health priorities in the country, and that can function in an integrated and people-centred manner.
- Advocate for sufficient PPE availability for health workers (including community health workers and community members doing outreach work) who may provide services to Mpox patients. Ensure good ventilation for rooms where physical examinations will be conducted.
- Mobilize sustained core funding for the Joint Programme, as being critical to promptly and effectively leveraging its unique reach and capabilities in contributing to the mpox response.

References and additional resources

[UNAIDS Executive Director's Letter to Director General of Africa CDC](#). 15 August 2024.

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[WHO Risk Communication and Community Engagement Readiness and Response Toolkit: Mpox](#). April 2024.

[Public health advice on protecting yourself and others from mpox](#).

[Public health advice for men who have sex with men on preventing mpox](#).

[Public health advice for gatherings during the mpox outbreak](#).

[Public health advice for gay, bisexual and other men who have sex with men on mpox](#).

[Public health advice on mpox and sex-on-premises venues and events](#).

[Public health advice for sex workers on mpox](#).

[Public health advice on understanding, preventing and addressing stigma and discrimination related to mpox](#).

[Public health advice on mpox and congregate settings: settings in which people live, stay or work in proximity](#).

UNODC WHO info notes on MPOX prevention and control: key recommendations for protecting people living and working in prison, for [prison staff](#), [people living with HIV in prison](#) and [visitors to prison](#).

[Risk communications and community engagement public health advice on understanding, preventing and addressing stigma and discrimination related to monkeypox](#). September 2022.



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