WHO Emergency Appeal: Monkeypox
July 2022 – June 2023
To change the course of this monkeypox outbreak and advance the state of global health security, we must act on the lessons learned from the COVID-19 pandemic. In particular, we must urgently strengthen the systems and tools for epidemic and pandemic preparedness and response in countries, regions, and globally.

WHO Director-General
Dr Tedros Adhanom Ghebreyesus

On 23 July 2022, the WHO Director-General declared the escalating monkeypox outbreak a Public Health Emergency of International Concern (PHEIC), WHO’s highest level of alarm under international law. Since early May 2022, cases of monkeypox have been reported from countries in Europe and the Americas, amounting to an unusually high number of cases and a wide geographical spread of the virus. The current outbreak continues to spread in all WHO regions and in all demographic groups, underscoring the need for all countries to design and deliver information and services tailored to all at-risk communities at the same time as ensuring human rights and dignity.

Monkeypox can be acquired by all people, regardless of geographic location, gender identity, or sexual orientation. Widespread monkeypox transmission is of particular concern for vulnerable groups at higher risk of severe disease, for whom infection may result in poor health outcomes, including: people with suppressed immune systems, people who are pregnant, and young children. In addition, uncontrolled transmission provides more opportunities for the virus to adapt, potentially resulting in strains that are more challenging to control or treat.

As monkeypox continues to spread globally, WHO has published the Monkeypox Strategic Preparedness and Response Plan (SPRP) for July 2022 – June 2023 with the overarching goal to stop the monkeypox outbreak.

There is a window of opportunity to intensify collective efforts to achieve this goal under the leadership of national authorities and with the support of WHO and partners. To this end, WHO needs US$ 33.82 million between July 2022 to June 2023 to work with countries, partners and other stakeholders to end the monkeypox outbreak. Strong collaboration promotes coordinated public health actions and allows for strategic adjustments to be made in a rapid manner as the epidemiological situation evolves. In this respect, the public health response to monkeypox must uphold the principles of equity, inclusion and human rights in all countries.
WHO EMERGENCY APPEAL: MONKEYPOX

STRATEGIC OBJECTIVES AND PRINCIPLES

Goal: Stop the monkeypox outbreak.

Strategic objectives:

• Interrupt human-to-human transmission of monkeypox, with a focus on population groups at high risk of exposure.¹
• Protect vulnerable groups at risk of severe monkeypox disease.²
• Minimize zoonotic transmission of monkeypox virus.

WHO’S RESPONSE STRATEGY

The ability to effectively stop the monkeypox outbreak and achieve the strategic objectives depends on operational preparedness, readiness and response capacities across five core components (5Cs):

C1 | Emergency coordination

Strengthen emergency operations and foster coordination between Member States and key stakeholders for responsive public health and adaptive key health services

• Support countries in the development of their national response plans appropriate for their specific context.
• Provide emergency response support at global, regional, and country levels through direct technical assistance in the development of guidance and tools.
• Provide direct technical assistance in the provision of surge staff support, operations support, and in conducting field missions.
• Provide support to national authorities with the establishment/enhancement of coordination mechanisms at national and subnational levels, based on established principles of incident management supporting existing national public health emergency operations centres (EOCs).

¹ Population groups at high risk of exposure: At the time of publication, in many settings the primary population group at high risk of exposure was men who have sex with men, particularly those who have multiple partners. In other settings, heterosexual exposure is also emerging as an important risk in this outbreak. Some communities may be at risk of zoonotic transmission. It remains critical to appreciate that other population groups may also be at risk of exposure as the outbreak evolves.

² Vulnerable groups at risk of severe monkeypox disease: At the time of publication, this includes people with immune suppression (such as those on immunosuppressive therapy or living with poorly controlled HIV), people who are pregnant, and children.
C2 | Collaborative intelligence
Monitor and share information to improve the collective understanding of how this outbreak is evolving, identify specific risks and inform response measures

- Provide global data on monkeypox cases and deaths, other epidemiological information, and risk assessments, to support countries and the global community in their response efforts.
- Provide epidemiological analysis to allow evidence-based global strategic decision-making, such as for medical countermeasure deployment and research and innovation prioritization.
- Conduct disease modelling, data collection and monitoring, and make further improvements to data visualization dashboards.
- Strengthen regional capacity for data analysis, visualization and interpretation of monkeypox outbreak dynamics.
- Support countries to conduct case investigations, specimen collection, and contact identification at both national and subnational levels.
- Support establishing and strengthening national contact tracing systems and countries’ alert management systems.
- Support countries to ensure surveillance, including monitoring of mass gathering events, epidemiological investigation and contact tracing which is inclusive of affected communities.
- Continue to develop and disseminate guidance on laboratory and diagnostics.
- Work with countries to optimize laboratory testing capacities for confirmation of all suspected cases of monkeypox.
- Support countries to increase access to genomic sequencing of the monkeypox virus found in the current outbreak through national capacity-building and international referral.
- Organize regional and national training capacity-building for surveillance teams, health care, and community health workers to ensure safe, appropriate and accurate sample collection, handling and testing.
- Provide diagnostic support and scale-up testing across all six WHO regions through centralized procurement of diagnostic tests, transport of positive control materials, sharing testing protocols, and shipping samples to referral laboratories.

C3 | Community protection
Delivery of preventive measures and empowerment of communities

- Continue to share scientific updates in an accessible way to enable decision-makers and the public to understand the facts, including through a series of webinars.
- Work closely with affected community representatives and key stakeholders to develop risk communication and community engagement (RCCE) products for preventive and social measures. WHO Regional Offices will tailor approaches for affected populations in their regions.
- Through the WHO Information Network for Epidemics (EPI-WIN), inform stakeholders and the general population and provide real-time intelligence on challenges and best practices in prevention, testing and treatment.
- Conduct risk perception and Knowledge, Attitude and Practices (KAP) surveys among key affected populations across regions using existing networks and Civil Society Organizations.
- Organize and conduct community awareness campaigns that aim to stop the spread of monkeypox through national, social, and community media channels and WHO will also ensure that routine immunisation services.
- Support the scale-up of engagement with priority communities, support message dissemination across various platforms, and enhance collaboration with Civil Society Organizations to prevent stigmatization at national and subnational levels.
- Develop and distribute Information, Education and Communication (IEC) materials and translate public health advice for gatherings.
- Provide online training for event organizers.
- Support countries with vaccine rollout, with a focus on:
  - Orientation of National Immunization Technical Advisory Groups (NITAGs) and preparedness assessment.
• Development of national monkeypox vaccine roll-out plans and strengthening existing coordination structures (e.g., identification of target groups for vaccination).
• Training, microplanning and capacity-building of teams at national and subnational levels, including regional adaption of training materials.
• Ensuring vaccine safety monitoring.
• Development and rollout of mobile applications to support national and regional pharmacovigilance and vaccine surveillance processes.
• Communication and demand generation activities at regional, national and subnational levels.
• Support Ministries of Health and national regulatory bodies in identifying and addressing barriers to vaccine introduction.

C4| Safe and scalable care
Provide safe and quality clinical care for individuals and prevent infections in health care settings
• Develop monkeypox guidelines for infection prevention and control (IPC) and support countries to implement appropriate IPC measures to mitigate and control the transmission of the disease in health care and community settings.
• Provide capacity-building for countries through the development and delivery of training to healthcare workers at national and subnational levels.
• Support countries to adapt and print IPC/WASH guidelines and Standard Operating Procedures (SOPs) for health facilities and communities.
• Work with countries to ensure that their response strategies are contextualized and help to reduce the spread and impact of monkeypox by regularly monitoring health service availability and capacity.
• Support the joint/assisted review of clinical trial applications and the joint monitoring of the safety of experimental products for monkeypox.
• Support coordination and effective implementation of case management/clinical management, including by recruiting additional staff in high-priority countries.
• Support the implementation of guidelines with direct deployments.
• Conduct disinfectant studies.
• Support countries to establish/adapt mechanisms to monitor service utilization at designated treatment centers with agreed triggers for expansion of capacity to avoid congestion and disruption in routine health services.

• Support countries to develop a contingency plan for service delivery adaptation to meet demands as the epi-situation may warrant and to ensure continuity of services

C5| Countermeasures and research
Improve access to effective medical products for monkeypox and drive the cross-cutting research agenda
Research and innovation
• Development of research agenda and research collaborative networks at national and subnational levels.
• Support coordinated local and contextualized research including development of research protocols, training of research personnel and field research operations (data collection, analysis, and research report) at national and subnational levels.
• Support research and scoping on governance issues and barriers and enablers to help shape assistance to countries.
• Develop research materials and evidence review for monkeypox vaccine policy.
• Conduct scientific seminars on safety and efficacy of vaccines and therapeutics and lessons learned from deployment of response measures (e.g., vaccines and therapeutics).
• Work with countries, manufacturers, research partners, and other stakeholders to develop a research framework that supports the use of antiviral and other potential therapeutics.
• Lead normative guidance on research and development, including target product profiles.
• Developing guidance for monkeypox vaccine and supply chain management, including the use of bifurcated needles.
• Communication and advocacy for the ethical conduct of research and development for new and improved vaccines and therapeutics.
• Continue to work with manufacturers of medical countermeasures to encourage scaling up diagnostics, therapeutics, and vaccine production, while supporting the equitable distribution of medical countermeasures supplies in lower resource settings.
• Provide legal support for medical countermeasure procurement (e.g., vaccines and therapeutics), donations and deployment.
• Help to identify gaps and provide evidence for allocation of monkeypox tools in an equitable manner.
• Support countries in building the evidence to support the use of new and improved tools
  ▪ Provide technical support for the review and approval of clinical trials for therapeutics and vaccines against monkeypox
• Support the joint/assisted review of clinical trial applications
• Capacity building and information sharing on monkeypox as a PHEIC AVAREF virtual forum for regulators and ethics committees and partners
• Support the joint monitoring of the safety of experimental products for monkeypox
• Evidence review for monkeypox vaccine policy
• Monitoring vaccine effectiveness

### Operational support and logistics

• Where necessary, conduct assessments of supply chains.
• Support with logistics and deployment of assorted supplies, such as personal protective equipment (PPE), to support partners’ response to monkeypox and concurrent outbreaks which may be affected by monkeypox.
• Facilitate temporary storage, re-packing and distribution of laboratory supplies to priority countries.

### Financial requirements (for the period July 2022 – June 2023)

#### Overall funding requirements broken down by major office

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office for Africa (AFRO)</td>
<td>US$ 2.33 million</td>
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<tr>
<td>Regional Office for the Americas (AMRO/PAHO)</td>
<td>US$ 4.68 million</td>
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<tr>
<td>Regional Office for the Eastern Mediterranean (EMRO)</td>
<td>US$ 2.76 million</td>
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<tr>
<td>Regional Office for Europe (EURO)</td>
<td>US$ 4.25 million</td>
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<tr>
<td>Regional Office for South-East Asia (SEARO)</td>
<td>US$ 2.72 million</td>
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<tr>
<td>Regional Office for the Western Pacific (WPRO)</td>
<td>US$ 2.76 million</td>
</tr>
<tr>
<td>Headquarters</td>
<td>US$ 9.80 million</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>US$ 33.82 million</strong></td>
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</tbody>
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#### Overall funding requirements broken down by pillar

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Grand Total</th>
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</thead>
<tbody>
<tr>
<td>Leadership, coordination, planning, financing and monitoring</td>
<td>US$ 2.05 million</td>
</tr>
<tr>
<td>Surveillance, epidemiological investigation and contact tracing</td>
<td>US$ 5.86 million</td>
</tr>
<tr>
<td>Laboratories and diagnostics</td>
<td>US$ 4.53 million</td>
</tr>
<tr>
<td>Risk communication and community engagement (RCCE) and infodemic management</td>
<td>US$ 4.22 million</td>
</tr>
<tr>
<td>Points of entry (PoE), international travel and transport, mass gatherings and population movements</td>
<td>US$ 0.29 million</td>
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<tr>
<td>Vaccination</td>
<td>US$ 11.38 million</td>
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<tr>
<td>Case management and clinical operations</td>
<td>US$ 1.42 million</td>
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<tr>
<td>Infection prevention and control (IPC)</td>
<td>US$ 2.58 million</td>
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<tr>
<td>Research and innovation</td>
<td>US$ 0.75 million</td>
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<tr>
<td>Operational support and logistics</td>
<td>US$ 0.72 million</td>
</tr>
<tr>
<td>Essential health systems and services</td>
<td>US$ 0.02 million</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>US$ 33.82 million</strong></td>
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For more information:

Laila Milad
Head of Unit, External Relations, Health Emergencies
miladl@who.int

Fabia Lonnquist
External Relations Officer
lonnquistf@who.int