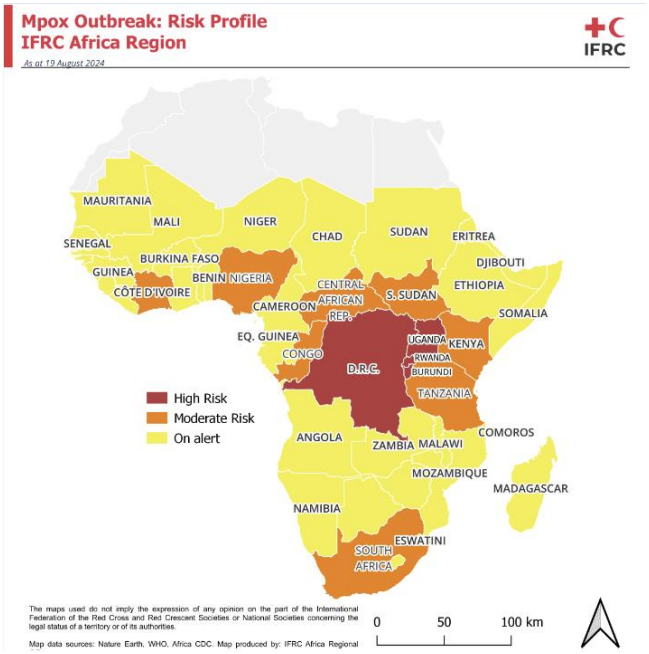
EMERGENCY APPEAL

Africa Region | Mpox Epidemic

DRC Red Cross volunteers in Equateur province share health information and conduct community surveillance on the Mpox outbreak using skills honed through USAID's CP3 program since 2018 © Alioune Ndiaye/IFRC.

Appeal №: **MDRS1003**	IFRC Secretariat Funding requirements: **CHF30 million** Federation-wide Funding requirements: **CHF40 million**[1]	
Glide №:	People [affected/at risk]: **300 million people**	People to be assisted: **30 million people**
DREF allocation: **CHF5 million**	Appeal launched: **20/08/2024**	Appeal ends: **30/06/2025**

[1] The Federation-wide funding requirement encompasses all financial support to be directed to the Operating National Societies in response to the emergency. It includes the operating National Societies' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 10 million), as well as the funding requirements of the IFRC Secretariat (CHF 30 million). This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities.



SITUATION OVERVIEW

A worrying surge in Mpox cases and deaths in 2024 is being observed in Africa, with over 17,000 cases and 500 deaths across 12 countries in 2024, representing a 160% and 19% increase in cases and deaths, respectively, in comparison to the same period of 2023. The Democratic Republic of the Congo (DRC) is the epicentre of this epidemic with 92% of the total cases in the Africa region. Cases have now been reported in all 26 provinces of the DRC, with multiple Clades[2] concurrently appearing in different provinces. Cross-border transmission from the eastern provinces of North and South Kivu to non-endemic countries is on the rise, especially into Burundi, but also into Rwanda and Uganda as well as Kenya.

In endemic countries such as Nigeria, Central African Republic, and Cote d'Ivoire, outbreaks are slowly expanding or have re-emerged. While the 2022 global epidemic also continues and has expanded into new countries like South Africa. This makes it the first time that many Mpox cases and sustained transmission have been reported concurrently in endemic and non-endemic countries and with multiple Clades (Clade 1a, 1b and 2) in disparate geographical areas.

These worrying developments, linked with an increased risk profile, have led organisations such as the Africa Centres for Disease Control and Prevention (AfCDC) and the World Health Organisation (WHO) to declare this outbreak a public emergency of continental and international concern. The IFRC joined these organisations in raising the alert through a statement on August 13 and activated internal coordination mechanisms to enhance preparedness and scale-up response.

Mpox is a viral illness caused by the Mpox virus, a species of the genus Orthopoxvirus, which is related to smallpox although less severe. The disease typically starts with flu-like symptoms such as fever, headache, muscle aches and swollen lymph nodes, followed by a rash. The rash often begins on the face and then spreads to other parts of the body. The rash progresses to pustules and eventually scabs. Mpox can spread from animals to humans (zoonotic transmission) and human to human through close contact with the lesions, bodily fluids, respiratory droplets, or contaminated materials like bedding. Supportive care improves outcomes for Mpox; outbreaks can be controlled through public health and social measures. Vaccines developed for smallpox are effective in preventing Mpox.

The virus is endemic in West and Central Africa, however since 2022 there have been outbreaks in countries outside of these regions. In countries with a longer history of Mpox, apparent wider population transmission is reported compared to previous years, with unclear routes. Two different Clades exist: Clade 1 and 2. Clade 1 is associated with more severe disease and higher mortality rate and has shown higher transmission rates compared to Clade 2. Clade 1a has been present in West and Central Africa for years, while Clade 1b was first identified in September 2023, in Eastern DRC where Mpox is not endemic. The new Clade 1b has resulted in high caseloads among sex workers and the broader population, including children, and is rapidly spreading to East African countries. Clade 2b led to the global 2022 Mpox outbreak, which was linked to networks of men who have sex with men (MSM).

Red Cross Red Crescent Societies are liaising with their respective Ministries to support their preparedness and response plans. In the DRC, the Red Cross is responding in Equateur province through risk communication and community engagement, community-based surveillance, and

[2] A clade is a "family" grouping of similar genetic lines or subtypes within a virus.

psychosocial support to affected families, and preparing an expansion plan to other provinces. In Burundi, the Red Cross Society has also received support from the IFRC-DREF to engage in the response. The IFRC network, through its 49 National Societies, 18,000 branches, 14,000 staff and 4 million community volunteers across Africa, can leverage its unparalleled reach to support governments as an auxiliary partner. This includes community–based surveillance; contact tracing and care for cases; risk communication and community engagement; infection prevention and control; water, sanitation and hygiene promotion; mental health and psychosocial support; and advocacy for, and direct involvement in vaccination programmes. With extensive community acceptance and access, and vast experience in combatting epidemics such as HIV/AIDS, Ebola, cholera or COVID-19 (450 million people reached), Red Cross Red Crescent Societies (RCRC) can play a crucial role in containing the Mpox outbreak and reducing suffering and death.

TARGETING

At the time of launching this appeal, 17,000 cases of Mpox have been reported in 12 countries in the Africa region in 2024. As of August 16, countries with confirmed Mpox cases include Democratic Republic of Congo (DRC), Burundi, Rwanda, Uganda, Kenya, Cote d'Ivoire, Central Africa Republic, South Africa and Nigeria. There are suspected cases being investigated in other countries. The DRC accounts for 92% of all cases, with all provinces affected. In the country's north-west provinces, Clade 1a is endemic, whereas in the east, Clade 1b is sustaining higher community transmission in non-endemic areas.

The DRC and bordering countries to the East – Burundi, Rwanda and Uganda – are currently assessed at higher risk due to continued and escalating transmission, with associated morbidity and mortality, including seeding into new contexts and establishment of community transmission in new areas. Other countries bordering DRC to the west – South Sudan, Tanzania – and non-endemic countries that have already reported imported cases – Kenya – are at moderate to high risk of generating new community transmission chains. There is also moderate risk in South Africa, Nigeria and countries of West and Central Africa where Mpox is endemic and currently active, spreading at a slower pace through multiple modes of transmission. Presently, these countries and areas will be the priority focus for preparedness and response.

Given the constant evolution and level of uncertainty at this phase of the epidemic, the IFRC will be constantly reassessing the risk profile of each country based on epidemiological history, modes of transmission, rates of transmission, demographics, case fatality rate (CFR), among other outbreak criteria. For this reason, the risk in all other countries in Africa and beyond must not be neglected.

PLANNED OPERATIONS

Through this Emergency Appeal the International Federation of Red Cross and Red Crescent Societies (IFRC) aims to support African National Societies in preparing to and respond to the Mpox epidemic. The strategy of the IFRC response is a tiered approach, according to the stage of evolution of the outbreak in each country at any given time.

- **Stage 1 – Countries at heightened risk of case importation**

National Societies in countries under stage 1 will receive resources to develop initial response in coordination with national authorities and provide technical auxiliary support, to develop national Mpox contingency plans. Update risk and scenario analysis to include Mpox and monitor outbreak trends close to its borders. Define risk mitigation measures and accelerate internal readiness to respond.

- **Stage 2 – Countries with imported cases**

In addition to the activities in stage 1 (in case it has not been previously initiated), National Societies in countries under stage 2 will receive support for targeted interventions aimed at isolating and supporting identified cases,

identifying contacts, and increasing awareness and readiness in the directly affected area. Initiate staff care protocols for responders. Ensure working relationships with civil society organisations that support high-risk populations or can prepare volunteers to adequately reach these population cohorts.

- **Stage 3 – Established Mpox transmission**

Ensure key elements of stage 1 and 2 are in place. Scale interventions to reach vulnerable and at-risk populations across the affected area (or in geographic area assigned to the National Society as designated in national response plans). Roll-out contingency plans for scenarios of increased transmission, including response activation in the event of spread to new geographic areas. Ensure feedback and ongoing analysis systems are in place to adapt programming over time to changing community needs and epidemic dynamics.

All African National Societies

In addition to the above, every other African National Society will be provided with technical support including preparedness and response guidelines, staff health protocols, duty of care for staff and volunteers, as well as tools to engage with government authorities in defining the auxiliary role.

The Red Cross Red Crescent Epidemic Network is also being activated, to support cross-border information sharing, promote peer-to-peer support, share resources as possible, creating efficiencies between sister societies.

Priority areas for preparedness and response will focus on health, livelihoods and National Society capacity strengthening with particular mobilization on cross-border dynamics.

Building on experience from previous outbreaks, IFRC will also put emphasis on key coordination areas:

- Duty of care
- Risk management
- Business continuity planning
- Office readiness
- Lessons learned

	☒	**Health & Care including Water, Sanitation and Hygiene (WASH)** (*Mental Health and psychosocial support / Community Health*) • Disease surveillance and case detection: establish and intensify disease surveillance and improve access to testing for people at highest risk • Community-based health and hygiene promotion and disease prevention: identify and brief volunteers with experience in health promotion, identify referral pathways, raise awareness about Mpox, extend community health activities to include Mpox prevention, detection and response. Promote the uptake and appropriate use of prevention measures, including handwashing and hygiene-related behaviours, and support individuals with symptoms to seek testing and care • Mental Health and Psychosocial Support: provide targeted MHPSS support to cases and contacts, according to different age groups, and establish referral pathways. Equip responders with Psychological First Aid (PFA) skills and mainstream across sectors. Build community resilience and cohesion through awareness campaigns on psychoeducation, particularly targeting stigma, fear and distress, and supporting positive coping mechanisms. Support the mental wellbeing of staff and volunteers involved in the response. • Clinical care and infection prevention and control: Prepare and equip all National Society clinical facilities (or those supported by the National Society) to detect, refer, and/or treat Mpox cases. Improve awareness and knowledge among National Society healthcare workers. Provide safe, appropriate and confidential care to people with Mpox. Prevent nosocomial transmission in RCRC-supported health facilities.

		• Paramedical care and patient transport: prepare and equip all National Societies with existing ambulance services to safely transport Mpox cases, including awareness and knowledge of ambulance workers. Prevent nosocomial transmission in RCRC-run ambulances. • Health services and continuity of care in cases of isolation: reduce transmission by supporting the safe and dignified isolation of cases during the infectious period, including through psychosocial, financial and in-kind support • Vaccination: identify RC role in pre-emptive and response vaccination, and engage as required to reduce the transmission through the vaccination of at-risk people • Management of the dead: identify RC role in care for the dead and advocate for non-intrusive policies and reduce the risk of contact transmission during handling of deceased through adequate use of PPE, cleaning materials and training.
	☒	Community Engagement, Accountability, Protection and Inclusion (*Protection, Gender and Inclusion (PGI), Community Engagement and Accountability,)* • Context analysis and community mapping to understand structures, groups, beliefs, challenges and needs, with a clear focus on mapping vulnerable groups (and their respective leaders/influencers) in affected communities • Rapid qualitative assessment and operational research to understand knowledge, practices and perceptions and preferred methods of communication (how do communities like to receive information) • Capacity building of staff and volunteers on community engagement with a focus on behaviour change and risk communication approaches – as well as training for local community groups (and their respective leaders) on behaviour change and risk communication approaches • Intensify RCCE, with a major focus on engagement, strengthening community led ideas/solutions to control the outbreak • Scale up outreach activities and interactive media (social media, radio and TV shows) to provide accurate and trusted information. Outreach will focus on social mobilization to encourage positive behaviours and address fear, rumours, and stigma (e.g., house to house, loudspeaker systems, WhatsApp groups etc) • Set-up feedback mechanisms with at-risk populations to understand and address main doubts, concerns, rumours around transmission and protection measures. This will support the adaptation of response activities based on changing perceptions, transmission dynamics and information needs. • Social listening using the most effective channels, approaches, and languages to reach different groups and ensure that information is received, understood, trusted and useful • Promotion of dignified services, prevention of stigmatization and inclusion of vulnerable groups. • RCCE targeting low-risk groups, to demystify and reduce stigma/othering of affected populations, encourage positive behaviours and address fear, rumours and misinformation.
		**Socio-economic protection** *(Livelihoods and Multi-purpose Cash)* • Support affected people and families through a safety net scheme - multipurpose cash (timely, predictable, and regular) to meet immediate needs or enabling covering basic needs while recovering from Mpox infections. • Support the reintegration in the labour market of affected people that have lost livelihoods due to Mpox, through skills enhancement and diversification.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

	☒	**National Society Strengthening** • National Societies will be supported to develop knowledge and capacities to respond to the specificities of the Mpox outbreak by preparing and equipping staff and volunteers, including trainings, duty of care, volunteer insurance, protective materials according to their level of exposure and risk. • National Society premises that are directly involved in the response, especially health facilities, will be equipped with relevant materials according to the activities they perform and implement infection, prevention & control protocols. • Other National Society Strengthening activities can be undertaken as appropriate, including reinforcing Information Management and PMER systems, communication, security, among others. • Safety, health and psycho-social welfare of our staff and volunteers will be supported through sharing and exchanging regular information and solidarity including the provision of and training in the use of PPE
	☒	**IFRC Secretariat services** • Technical support: develop and or update relevant technical guidance and materials in the different sectors (Health, CEA, PGI, and others) and ensure proper dissemination among National Societies through different channels. • Set-up Federation-wide coordination, including a PMER framework and Information Management services for an efficient use of members resources and expertise, where all engaged and interested National Societies can know where needs and gaps exist. • Surge readiness and deployment: prepare for and deploy experts to support National Societies preparedness and response as required, including the deployment of Emergency Response Units. • Actioning Business Continuity, including duty of care, predict and adapt to changing context, sustaining critical humanitarian operations, risk management and lessons learnt. • Logistics: the IFRC secretariat will establish an efficient supply chain system for quality health assets, goods and services as required by National Societies and their governments, when and if the same cannot be efficiently procured in country with the same quality standards. • Humanitarian diplomacy, communication and advocacy: the secretariat, in consultation with its members, will develop advocacy and communication engagement strategies towards external partners and the diplomatic community that enable the work of RCRC Societies in preparing, preventing and responding to the Mpox outbreak.
	☒	**Coordination and partnerships** • Establish health and multi-sectoral coordination mechanisms to facilitate effective preparedness and response to Mpox, including with Ministry of Health and other relevant authorities, humanitarian partners and technical agencies. Ensure RCRC mandate is clear, and relationships are in place for rapid National Society action. • Reactivate and strengthen the RCRC epidemic network (formed during Ebola Virus Disease response) for joint risk analysis and epidemic monitoring, share technical and material resources, engage in advocacy and diplomacy activities with governments and agencies. • Maintain partners up to date about the epidemic, RCRC preparedness and response, in particular developments in difficult to reach communities where the RCRC volunteers are present.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation Wide approach which includes response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 30 June 2025, response activities to this disaster will continue under the respective IFRC Network Country Plans for 2025. The IFRC Network Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's action. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared in due time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned timeframe.

RED CROSS RED CRESCENT FOOTPRINT IN AFRICA

Core areas of operation


Number of National Societies	**49**
Number of staff:	**14,000**
Number of volunteers:	**4 million**
Number of branches	**18,000**

The IFRC network is the largest humanitarian actor globally. In the Africa Regional Office, the 49 National Societies, 18,000 branches, 14,000 staff and 4 million community volunteers have a long history of responding to crisis and disasters, including health epidemics such as viral haemorrhagic fevers (VHF), polio, cholera, dengue and the COVID-19 pandemic. Accumulated years of experience and its unparalleled reach can make a difference in supporting governments to prevent and eventually stall transmission of the Mpox virus. Below are some examples of areas to be leveraged from previous epidemics:

- Prevention and Risk Mitigation: understanding community fears, misconceptions, and practices is fundamental for National Societies to create targeted strategies to reduce stigma, counter misinformation and guide the response. Establishing trust through transparent and clear communication is vital for encouraging public adherence to health guidelines. Involvement of trusted community leaders and CSOs helps in disseminating accurate information and gaining community support for the public health measures. Two-way communication is crucial to ensure a clear direction of actions to be taken for positive risk reduction.
- Community-led preparedness and response: Local communities bring a critical perspective to emergency response management. Their actions can inform risk assessments and action planning conducted by governments and other entities. Communities have local and cultural knowledge of the places where they live that enable them to understand the risks that contribute to health emergencies and how these events could impact them. This local knowledge of exposures, vulnerabilities, and local capacities enables communities to develop their unique risk profiles and determine priorities for action at the community level
- Disease surveillance: acquired expertise in community-based surveillance, contact tracing, expanding decisively the national health system outreach to isolated communities and with the potential to improve substantially the early health-seeking practices of suspected cases.
- Mental Health and Psychosocial Support: extended networks of support were established during COVID-19 and EVD responses, support groups and individual sessions, by trained volunteers

- Vaccination: many National Societies have expertise in supporting vaccination programmes, including supply chain to remote communities, vaccine awareness, administration and post-vaccination follow up

Response activities will leverage from existing programmes and capacity, such as the Community Epidemic and Pandemic Preparedness programme (CP3), ongoing in the DRC, Uganda, Kenya, as well as Sierra Leone, Cameroon and Guinea, for which lessons learnt can also be expanded to other countries; as well as to maximize the resources for health preparedness provided through the ECHO PPP, and activation of crisis modifiers, when needed. Lessons learned from previous preparedness and response DREFs will also be integrated.

IFRC Membership coordination

The IFRC Regional Office for Africa and its 15 cluster delegations provide support to 49 African National Societies in Sub-Saharan Africa, as well as all IFRC members that have presence in the continent and/or contribute to the work of African National Societies. The IFRC Secretariat has activated internal coordination structures at strategic and technical levels to ensure stewardship, technical support and coordination of the members response.

Federation-wide coordination mechanisms will also be revived at leadership and operational/technical levels, to ensure the approach to this emergency is inclusive of and support is reaching all concerned members. Particular emphasis is placed in actioning business continuity, looking at duty of care, adaptability, sustaining critical humanitarian operations, risk management and lessons learnt.

The existing Africa Disaster Management Advisory Group (ADMAG) and RC Net (composed of 14 National Societies and initially created for EVD response in Eastern Africa), will be used as platforms for joint cross-border monitoring and risk analysis, peer-to-peer information, resource sharing and technical exchange.

The IFRC Rapid Response mechanism will be activated to complement the workforce at both regional and country level and to enhance response capacity. Members will be called to contribute by deploying the following profiles: Operations, Health, MHPSS, RCCE, Med-Logs, Communications, PMER, IM, among others.

Red Cross Red Crescent Movement coordination

The provisions of the Movement Seville Agreement 2.0 will be enforced in this operation. In outbreak impacted areas where there is active conflict, the concerned National Society, IFRC and ICRC will discuss the most appropriate approach to access the vulnerable or most exposed groups, promoting the safety and security of staff, volunteers and populations.

External coordination

Since the onset of the Mpox outbreak, the IFRC at country, regional and global level coordinate with national authorities, international organisations such as WHO, UNICEF and members of the Global Outbreak Alert and Response Network (GOARN). The Global IFRC team participate in Inter-Agency Standing Committee meetings, including WHO-led discussion on ongoing preparedness and response, and has the opportunity to brief UN member states representation offices through its Delegation to the UN.

National Societies and IFRC are observers to, and participate in county level coordination fora, such as Humanitarian Country Teams, Inter-Agency and Cluster coordination meetings, to represent and inform external partners about the IFRC-wide response, share identified gaps and support the joint-response efforts. In countries with ongoing outbreaks and those that have activated crisis mechanisms, the National Society participates in these government-led coordination platforms, with a pre-agreed role and technical advisory as requested. IFRC co-lead the RCCE Collective Service for ESAR and is co-designing approaches and tools to ensure a coordinated and aligned community-centred approach.

At continental level, the IFRC maintains a close relation with the Africa Union (AU), through its Representation Office in Addis Ababa, and regularly exchange with the Africa Centre for Disease Control and Prevention (AfCDC) in all health-related matters. IFRC and AfCDC have partnered on several occasions in support to Member States and National Societies health responses, such as the COVID-19, Virus Haemorrhagic Fevers, among others.

Contact information

For further information, specifically related to this operation please contact:

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Reference

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