

GABRIEL, 1, joyfully plays with his mother, Sarah, outside their home in Kamanyola, South Kivu Province, Democratic Republic of the Congo, in July 2024. Gabriel survived mpox, receiving treatment at the UNICEF-supported Kamanyola Hospital.

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UNICEF GLOBAL MPOX PREPAREDNESS AND RESPONSE FOR CHILDREN

September 2024 – February 2025

11 September 2024. This document will be updated periodically as the situation evolves.

SITUATION OVERVIEW

On 21 August 2024, UNICEF activated a Level 3 Corporate Emergency scale-up in countries affected by outbreaks of mpox, which is caused by the monkeypox virus. This followed the declaration by the Africa Centres for Disease Control and Prevention (Africa CDC) of a [public health emergency of continental security](#) on 13 August and the declaration by the World Health Organization (WHO) of a [public health emergency of international concern](#) on 14 August.

There are two clades of the virus. In 2022–2023 a global outbreak of mpox was caused by clade 2. Infections due to clade 2 tend to be less severe with a lower number of deaths, and most people survive. Sexual transmission has been a major route of spread. Clade 2 spread to countries around the world during the outbreak and didn't particularly affect children. This clade is also endemic in some countries in central and west Africa.

The 2024 outbreak of the new clade 1b and an older clade 1a is different from the 2022 outbreak. Although there are unknowns and more research is needed, clade 1 appears to be more transmissible than clade 2 strains and may cause more severe illness and lead to higher numbers of deaths. Clade 1b and clade 1a can be particularly severe in children, immunocompromised individuals and pregnant women. Clade 1 strains are resulting in a high proportion of children affected compared with clade 2, with an estimated 60 per cent of cases this year occurring in children under age 15. Around 80 per cent of deaths due to mpox are among children. The mpox outbreak also has the potential to cause other harms to children, such as secondary infections, as well as stigma in communities.

The high proportion of infections among children likely reflects the increased transmissibility of the virus and as well as vulnerabilities linked to lack of access to quality

health care, malnourishment of children and displacement.

Across all affected countries on the African continent, there have been nearly 20,000 cases and more than 600 deaths (confirmed and suspected). The Democratic Republic of the Congo is currently the epicentre of the crisis in Africa, and the responses to outbreaks there and in Burundi are in urgent need of support. The outbreak in the Central African Republic is also concerning. In other countries that have had cases of the new strain – Kenya, Rwanda and Uganda – actions are required to prevent further spread. Sweden and Thailand have also confirmed a case each of clade 1b in recent days.

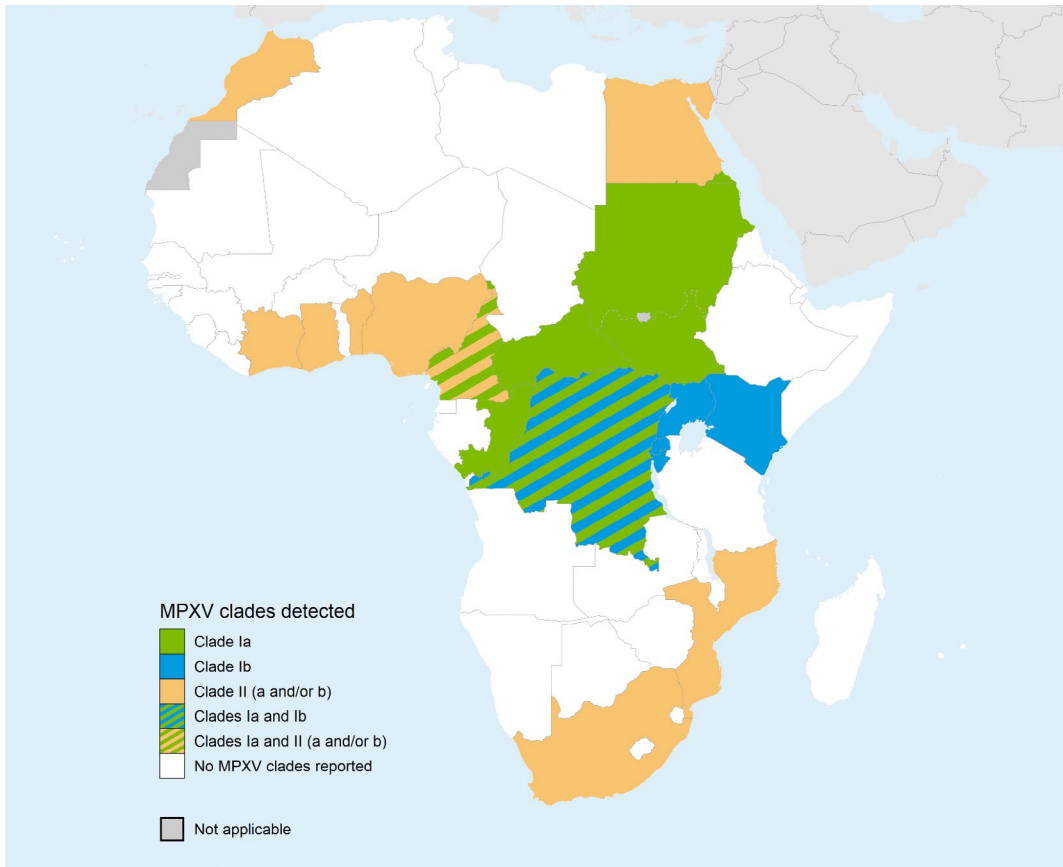
There are cases of the clade 2 strain in **Cameroon, Congo, Côte d'Ivoire, Gabon, Liberia, Nigeria and South Africa**. UNICEF is closely monitoring the situation in these and other countries, and particularly the impact on children.



ALINE*, 1 month, receives treatment in the mpox isolation unit at the UNICEF-supported Kamanyola Hospital in South Kivu Province, Democratic Republic of the Congo, in July 2024. Between April and July 2024, this hospital recorded 654 suspected cases of mpox, mostly in children under age 5.

*Name changed

Map 1: Mpox clades detected in Africa from 1 January 2022 to 1 September 2024



Data source: World Health Organization

WHAT IS MPOX?

Since the virus that causes mpox was first identified in 1958 and the first case of human infection was reported in the Democratic Republic of the Congo in 1970, mpox has mainly been considered a zoonotic disease occurring in the forested areas of central Africa, causing limited epidemics in rural areas. The exact source of mpox in nature is not known, but it is believed that small mammals may carry the virus in parts of west and central Africa.

The disease spreads through close contact with infected animals or individuals (including

intimate or sexual contact) through lesions, respiratory droplets, blood and other bodily fluids. The virus can spread through contact with objects, fabrics and surfaces that have not been disinfected after use by someone with mpox. It can also be transmitted through needle injuries in health-care settings.

Mpox symptoms can include a skin rash or external or internal lesions accompanied by fever, headache, muscle aches, back pain, low energy and swollen lymph nodes. Unfortunately, signs and symptoms of mpox, especially in the early stages, are

similar to those of other common childhood illnesses, such as chickenpox, measles, scabies and malaria.

There are currently no specific treatments for mpox, so supportive care is the cornerstone for managing the disease. This focuses on relieving symptoms and preventing secondary infections. Mpox supportive treatment includes skin care, hydration and nutrition support, pain and fever management and management of secondary bacterial infections if present.



AGISHA, 7 months, gazes up at his mother, Mapendo, in the mpox isolation unit at the UNICEF-supported Kavumu Hospital in Kavumu, South Kivu Province, Democratic Republic of the Congo, in July 2024.

WHO IS AT RISK OF MPOX?

UNICEF's highest concern is the trend in this current outbreak of children being more highly affected than in the past.

The next few weeks are a critical time to intervene decisively and prevent further regional and global spread. Given the dynamic changes we are seeing in the virus, protecting children from mpox must be a top priority.

Lucia Elmi, Director, UNICEF Office of Emergency Programmes, and Global Emergency Coordinator for the UNICEF mpox response

The Democratic Republic of the Congo has been the worst affected country so far, with 19,695 cases reported; 60 per cent of cases and 80 per cent of deaths are in children. The risk of spread to other countries is very real: Burundi, Kenya, Rwanda and Uganda have reported cases of clade 1b in 2024.

Burundi has the second-highest number of cases in Africa attributed to the new strain. More than 320 cases have been confirmed in about 60 per cent of the country's districts. Children and young people under age 20 account for nearly 60 per cent of the cases, with children under age 5 representing about 25 per cent of cases. No deaths have been reported in Burundi at the time of publication. The Central African Republic and Gabon are endemic for clade 1a, and both have active transmission of mpox.

Children in some of these countries are also particularly vulnerable because they are already threatened by ongoing measles and cholera outbreaks, have untreated or

undiagnosed HIV infections or are malnourished – or are experiencing a combination of these conditions. Poor water and sanitation conditions and weak primary health care services compound the situation.

The eastern part of the Democratic Republic of the Congo is also affected by armed conflict and high levels of forced displacement, with hundreds of thousands of children living in extremely difficult conditions in vast and overcrowded camps. Gender-based violence and sexual violence against children pose an additional threat for mpox spread. Other challenges in this area include a shortage of diagnostic test kits and essential medicines and low community risk awareness. And the socioeconomic effects of mpox – disruption to social services critical for children such as routine immunization, malnutrition diagnostic and treatment services and education – may impact children who are already facing significant hardships and threats.

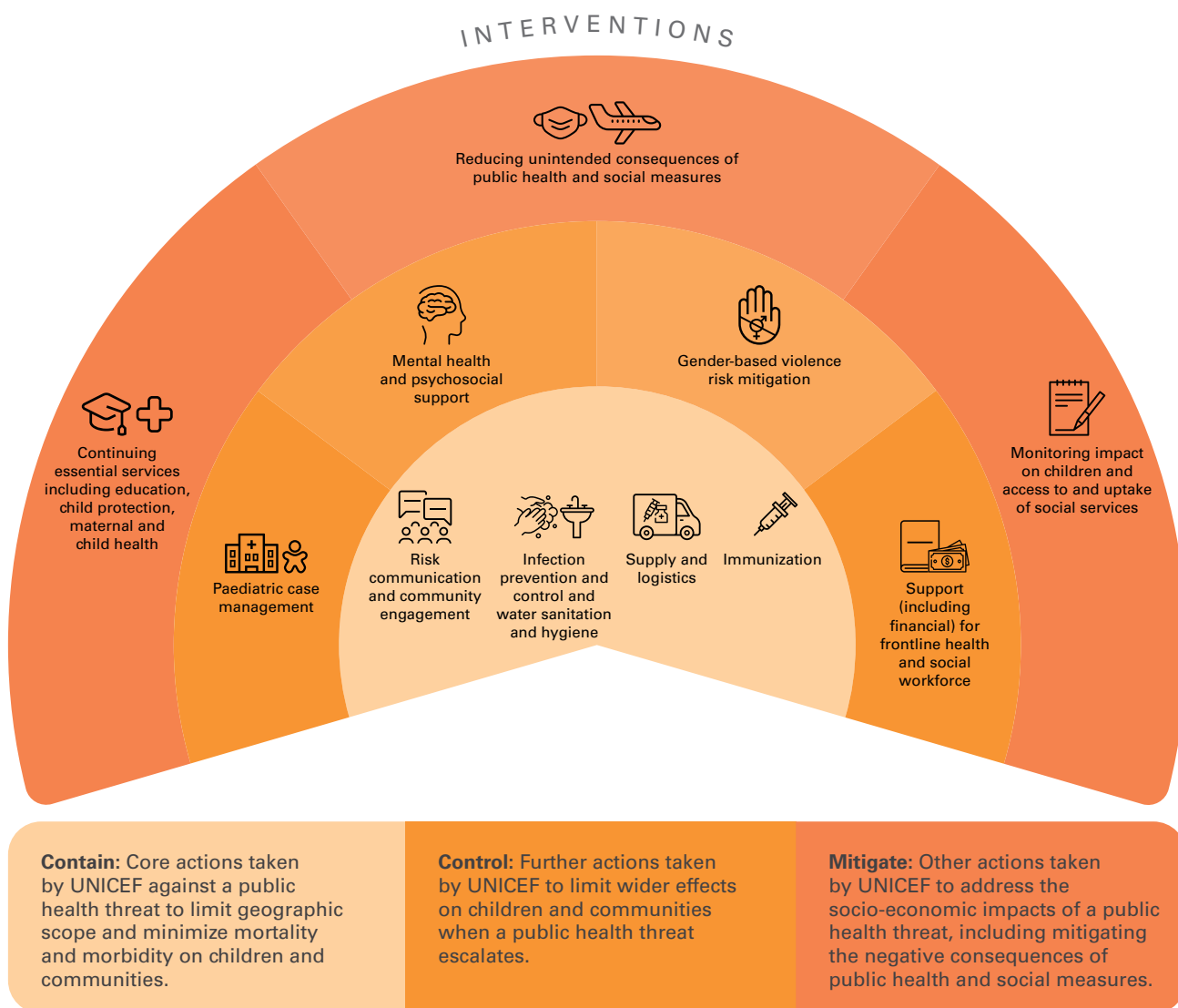
WHAT IS UNICEF DOING?

The UNICEF response is aligned with the [Africa CDC and WHO joint continental response plan for Africa](#), and contributes to outbreak control and to the mitigation of the socioeconomic impacts of the outbreak.

Given how quickly mpox clade 1b and 1a can spread, and its effects on children and pregnant

women, UNICEF's response to the mpox outbreak focuses on breaking active transmission of the disease, preventing secondary harm to children and supporting preparedness efforts. The figure below from UNICEF's Operational Response Framework for Public Health Emergencies summarizes how UNICEF achieves these related goals.

Figure 1: UNICEF interventions for a multisectoral approach (UNICEF Operational Response Framework for Public Health Emergencies)



UNICEF is calling for an accelerated, well-coordinated and efficient response to mpox, where children and communities are tested and provided supportive care to recover their health with dignity and free from stigma. This includes ensuring that national primary health care services are strengthened and continuity of health and social services for children and pregnant women is ensured to avoid secondary harm and adverse socioeconomic impacts of mpox. The response to mpox must not overlook pre-existing humanitarian needs, and mpox prevention and response measures should be integrated into existing and/or planned humanitarian responses.

Key areas of UNICEF's preparedness and response include:



Global coordination, governance, preparedness and technical support: Enhancing organization-wide mobilization and support to scale up and respond to the mpox outbreak. UNICEF headquarters and regional offices in West and Central Africa and Eastern and Southern Africa are supporting country offices in their respective regions to ensure emergency preparedness and response to the mpox outbreak. Regional experts in public health emergencies risk communication and community engagement, and infection prevention and control have been deployed on surge to the countries most affected to boost coordination and response activities. The headquarters and regional offices are also working to help UNICEF teams in country step up response readiness in other at-risk countries, for example through technical support for the development of national response plans and risk communication materials or the pre-positioning of medical and hygiene supplies.
(UNICEF's Corporate Emergency Activation Procedure (CEAP) for Level-3)



National coordination: Supporting national and provincial health authorities with planning, data and implementation of national response strategies in coordination with Africa CDC and WHO. In addition, UNICEF will work alongside national authorities supporting coordination and promoting synergies across interventions and throughout the response.
(Africa CDC Pillar 1/WHO HEPR Emergency Coordination)

The new strain of mpox is a serious threat to vulnerable children and families. Aside from an immediate life-saving response, risk communication efforts and cross border collaboration, investments in overall health system strengthening, continuity of essential services and a targeted focus on programmes that support overall child well-being must be prioritized.

Etleva Kadilli, UNICEF Regional Director for Eastern and Southern Africa



Teams discuss the mpox epidemiological situation during a coordination meeting on the mpox response plan at Goma's Provincial Health Division, North Kivu Province, Democratic Republic of the Congo, in September 2024.



Risk communication and community engagement: Engaging in child-focused risk communication and community engagement, particularly in settings experiencing the new strain of mpox, and with a strong focus on preventing misinformation and stigma. Interventions include collecting social and behavioural data to guide the response, communicating risks and how to access services for affected populations, engaging communities as planners and implementors and training community health workers and social mobilizers.

(Africa CDC Pillar 2/WHO HEPR Community Protection)



A UNICEF-supported community outreach worker uses his megaphone to raise community awareness about mpox in Kamanyola, South Kivu Province, Democratic Republic of the Congo, in July 2024.



Infection prevention and control: Implementing appropriate infection prevention and control measures to mitigate and control transmission of mpox. Enhancing infection prevention and control in homes, communities, schools and health-care facilities by providing hygiene supplies and training parents, community leaders and teachers.

(Africa CDC Pillar 6/WHO HEPR Community Protection & Safe and Scalable Care)



A UNICEF education officer shows pupils at Marie Madeleine Primary School how to wash their hands to protect themselves from mpox in Kinshasa, Democratic Republic of the Congo, in September 2024.



Vaccination: Supporting vaccine delivery and roll-out, to include training, vaccination supplies and logistics and cold chain management.
(Africa CDC Pillar 7/WHO HEPR Community Protection & Medical Countermeasures)



The first shipment of 99,100 doses of mpox vaccine arrives in Kinshasa, Democratic Republic of the Congo, in September 2024. UNICEF will support the deployment of these vaccines to priority areas, along with training of vaccination teams and community awareness-raising activities.

Addressing the current mpox vaccine shortage and delivering vaccines to communities who need them now is of paramount importance. There is also a pressing need for a universal and transparent allocation mechanism to ensure equitable access to mpox vaccines.

Leila Pakkala, Director, UNICEF Supply Division



Case management: Ensuring mpox isolation centres are appropriate for children and women and that separation is prevented through family-based care. Providing nutritional support for affected children and their families. Providing vital supplies, including medical kits, and supporting rapid diagnostic testing.
(Africa CDC Pillar 5/WHO HEPR Safe and Scalable Care)



A UNICEF-supported mpox treatment unit at the Bukavu University Clinic in Bukavu, South Kivu Province, Democratic Republic of the Congo, in August 2024.



Mental health and psychosocial support: Addressing stigma and discrimination through targeted mental health and psychosocial support interventions for children and caregivers.

(Africa CDC Pillar 5/ WHO HEPR Community Protection)

The mpox outbreak [in the Democratic Republic of the Congo] is overwhelming a health-care system already weakened by previous epidemics. Without immediate action and additional funding, the consequences for children will be severe.

Gilles Fagninou, UNICEF Regional Director for West and Central Africa



Continuity of essential services: Ensuring continued access to essential social services, including health care, schooling and child protection interventions, particularly for children and girls and in densely populated communities. During the mpox outbreak, women and girls are at higher risk of gender-based violence because their burden of care includes caring for sick family members and supporting their families' survival needs, as seen in previous public health emergencies. UNICEF is investing in mitigating risks, putting mechanisms in place to prevent harm and ensuring gender-based violence prevention and response services are available and accessible.

(Africa CDC Pillar 10/WHO HEPR Community Protection)

UNICEF's response is underpinned by a desire to better understand mpox dynamics, and we will adjust our response based on evidence, to ensure the best interests of children and women. We will support field-based data collection from multiple sources to analyse and holistically interpret epidemiological mpox data. This includes supporting research on how mpox impacts women and children.

Cross-cutting approaches

Essential to our response and prevention efforts is empowering and equipping front-line community workers, especially community health workers, the social workforce and teachers. Another aspect of **localizing the response** will be looking at local procurement options for critical supplies. UNICEF applies a **gender-transformative approach** to enhance training, skills, remuneration and equipment for community health workers. **Preparedness, strengthening systems and recovery efforts** are critical and UNICEF aims to ensure enhanced preparedness and response through aligning capacity building and supply plans with the programmatic response. **Protecting affected populations from sexual exploitation and abuse** is cross-cutting to all UNICEF interventions.



Vanessa, 3, who is malnourished, drinks therapeutic milk in the arms of her mother Sifa at the UNICEF-supported Nyiragongo General Hospital in North Kivu Province, Democratic Republic of the Congo, in September 2024. Maintaining critical services for children, including treatment for children who are malnourished, is crucial during the mpox outbreak.

FUNDING REQUIREMENTS¹

UNICEF is appealing for \$58.8 million to respond to the outbreaks of mpox and reach affected children and communities, over a period of six months.

The following principles underpin the UNICEF response to mpox:

- Ensuring that the rights and needs of children are at the centre of all efforts
- Protecting children and pregnant women from exposure to mpox
- Minimizing morbidity and mortality due to mpox, particularly among children and pregnant women
- Leveraging UNICEF's recognized multisectoral expertise
- Taking a community-centred approach, including limiting disruption to services critical to children's well-being and sustaining continuity of essential services such as child protection, primary care and education

UNICEF is prioritizing interventions in countries where children are most affected – especially in those countries impacted by the rapid spread of clade 1, in places where there is active transmission and in non-endemic countries. The Democratic Republic of the Congo and Burundi are in urgent need of support.

The Central African Republic is also of concern. Other countries that have had cases of the new strain – Kenya, Rwanda and Uganda – require action to prevent further spread. UNICEF is also closely monitoring the situation in Cameroon, Côte d'Ivoire, Ghana, Liberia, Nigeria, Sierra Leone and South Africa. Flexible emergency funding will allow UNICEF and its partners to respond with agility to the greatest and most immediate needs in affected areas. Full funding will help to ensure that children and their families are treated for and protected from mpox and will help mitigate the many consequences of a major disease outbreak.

Funding requirements

Appeal sector	Requirement (US\$)	Burundi	Central African Republic	Democratic Republic of the Congo	Kenya	Rwanda	Uganda
Global coordination, governance, preparedness and technical support	5,899,750	–	–	–	–	–	–
National coordination	2,844,946	284,250	56,020	2,196,452	100,000	100,000	108,224
Risk communication and community engagement and accountability to affected populations	13,086,902	2,448,263	1,087,785	6,792,652	950,000	915,000	893,202
Infection prevention and control and WASH	12,217,950	1,980,221	520,062	7,674,160	700,000	790,000	553,507
Case management	15,238,708	1,176,275	1,388,597	11,587,694	400,000	220,000	466,142
Vaccination	2,500,000	–	–	2,500,000	–	–	–
Mental health and psychosocial support	3,837,694	386,011	129,731	2,770,027	100,000	225,000	226,925
Continuity of essential services	2,085,283	–	403,283	1,130,000	200,000	200,000	152,000
Protecting affected populations from sexual exploitation and abuse	1,046,300	130,000	125,000	591,300	50,000	50,000	100,000
TOTAL	58,757,533	6,405,020	3,710,478	35,242,285	2,500,000	2,500,000	2,500,000

¹UNICEF has already allocated \$6 million from its internal Emergency Programme Fund loan mechanism to meet critical needs until additional funding is secured. UNICEF requires, now more than ever, flexible and timely funding to respond in areas of greatest need, according to the evolution of the outbreak.

Contact us:

The purpose of this publication is to highlight UNICEF's commitment to protecting the most vulnerable populations during health emergencies; ensuring that children's needs are prioritized; ensuring the support and appropriate care and protection children require to navigate and recover from outbreaks such as mpox; and ensuring that child protection services remain functional.

Additional information on UNICEF mpox preparedness and response can be obtained from:

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