

WHO AFRO Director Dr. Mathidiso Moeti - Keynote Address

- The president of the Society for AIDs in Africa, the Hon Dr. Pagwesese Parirenyatwa,
- The moderators of this Monkeypox webinar,
- Disintighuied colleagues,
- Ladies and gentement
- Good morning, good afternoon, wherever you may be joining us from, for this important webinar.

I am very pleased to join you for this webinar on yet another Public Health Emergency of International Concern, after COVID-19.

Since 1970, human cases of Monkeypox have been reported in 11 African countries: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Cote d'Ivoire, Liberia, Nigeria, the Republic of the Congo, Sierra Leone, and South Sudan.

The true burden of monkeypox is not known. Nevertheless, Monkeypox is a disease of global public health importance affecting not only countries in west and central Africa, but the rest of the world.

In 2003, the first Monkeypox outbreak outside of Africa was reported in the United States of America and was linked to contact with infected pet prairie dogs. These pets had been housed with Gambian pouched rats and dormice that had been imported into the country from Ghana. This outbreak led to over 70 cases of Monkeypox in the U.S.

Monkeypox had also earlier been reported in travelers from Nigeria to Israel in September 2018, to the United Kingdom in September 2018, December 2019, May 2021, and May 2022, to Singapore in May 2019, and to the United States of America in July and November 2021.

Since 1 January 2022, cases of monkeypox have been reported to WHO from **103 Member States across all 6 WHO regions**. As of September 14, 2022, at 17h CEST, a total of **59,147 laboratory confirmed cases** and **489 probable cases**, including **22 deaths**, have been reported to WHO.

With the exception of [countries](#)² in West and Central Africa, the ongoing outbreak of monkeypox continues to primarily affect men who have sex with men who have reported recent sex with one or multiple partners. At present there is no signal suggesting sustained transmission beyond these networks.

WHO assesses the global risk as **Moderate**. Regionally, WHO assesses the risk in the **European Region as High** and as **Moderate** in the **African Region, Region of the Americas, Eastern Mediterranean Region** and the **South-East Asia Region**. The risk in the **Western Pacific Region** is assessed as **Low-Moderate**.

The number of [weekly](#)¹ reported new cases globally has decreased by **3.2%** in **week 36 (05 Sep - 11 Sep) (n = 4,863 cases)** compared to **week 35 (29 Aug - 04 Sep) (n = 5,026 cases)**. Most cases reported in the past 4 weeks were notified from the Region of the Americas (75.4%) and the European Region (23.6%).

The 10 most affected countries globally are: **United States of America (n = 21,834), Spain (n = 6,947), Brazil (n = 6,129), France (n = 3,833), The United Kingdom (n = 3,552), Germany (n = 3,551), Peru (n = 1,964), Canada (n = 1,321), Colombia (n = 1,260), and Netherlands (n = 1,195)**. Together, these countries account for **87.2%** of the cases reported globally.

In the past 7 days, **24** countries reported an increase in the weekly number of cases, with the highest increase reported in Mexico. **33** countries have reported no new cases in the past 21 days.

In the past 7 days, **2** countries reported their first case. countries which reported their first case in the past 7 days are: **Jordan (08 September), Guam (12 September)**.

Following the ongoing outbreak, the Director- General (DG) WHO convened a team of experts on the Emergency Committee of the IHR (2005) regarding the multi-country outbreak of Monkeypox to review the situation and advise him accordingly. The WHO Director-General recognizes the complexities and uncertainties associated with this public health event.

On 23rd July 2022, the DG, having considered the views of the IHR Emergency Committee Members and Advisors, as well as other factors in line with the International Health Regulations, determined that the multi-country outbreak of

Monkeypox constitutes a Public Health Emergency of International Concern (PHEIC).

Pursuant to the declaration of a PHEIC, temporary recommendations were issued. The implications of the declaration of the PHEIC as well as the temporary recommendations for the African continent are numerous, including:

- Quick assessment and classification of each country according to the 4 categories in the temporary recommendations.
- Detailed review of the ongoing response in each country.
- A step-by-step review of the preparedness and readiness capacity using the WHO checklist.
- Strategically instituting public health response measures and conducting research into potential vaccines, therapeutics, and diagnostics.
- Strengthening multisectoral coordination mechanisms
- Improving capacities at points of entry.
- Training and re-training rapid response teams.
- Establishing laboratory diagnostics capacities,
- Enhancing risk communication and community engagement and
- Ensuring timely access to medical countermeasures, operational support, and logistics

Today, along with the Society for AIDS in Africa we take a closer look at Monkeypox disease with the goal of advocating proactive measures for its containment and sharing best practices learned from our collective response to COVID-19.

I would like to encourage all participants, particularly those in Ministries of health to pay attention to the panelists that we have put together for this webinar so that countries quickly and effectively respond to this Monkeypox outbreak and contain it before the end of this year.

I will be glad to receive a report on the proceedings of this webinar and the concrete actions to take moving forward.

Thank you for your attention.