UNHCR
The UN Refugee Agency

MPOX EMERGENCY

Addressing critical needs of forcibly displaced people in Africa

August - December 2024

KEY 2024 FIGURES

15 countries reporting cases in Africa

Over 20,000 suspected cases of mpox reported in Africa

42 million forcibly displaced people in Africa

88 cases reported among refugee populations

9.9 million forcibly displaced people and host communities targeted in 35 countries

$21.4 million needed for regional response and prevention efforts

UNHCR, the UN Refugee Agency, is urgently appealing for $21.4 million[1] to scale up efforts to protect and assist forcibly displaced people in 35 African countries in response to a new outbreak of mpox in 2024. These funds are essential to ensure that refugees and other forcibly displaced people are fully integrated into government-led preparedness and response plans, in alignment with the Mpox Continental Preparedness and Response Plan for Africa co-led by the World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (Africa CDC). UNHCR's targeted interventions will also help countries uphold their obligations toward refugees and asylum-seekers, all while safeguarding public health.

[1] This appeal and the figures featured herein reference operations and financial needs across three of UNHCR's Regional Bureaus in Africa: the East and Horn of Africa and Great Lakes, Southern Africa, and West and Central Africa. Requirements have been identified within approved budgets of country operations.

OVERVIEW

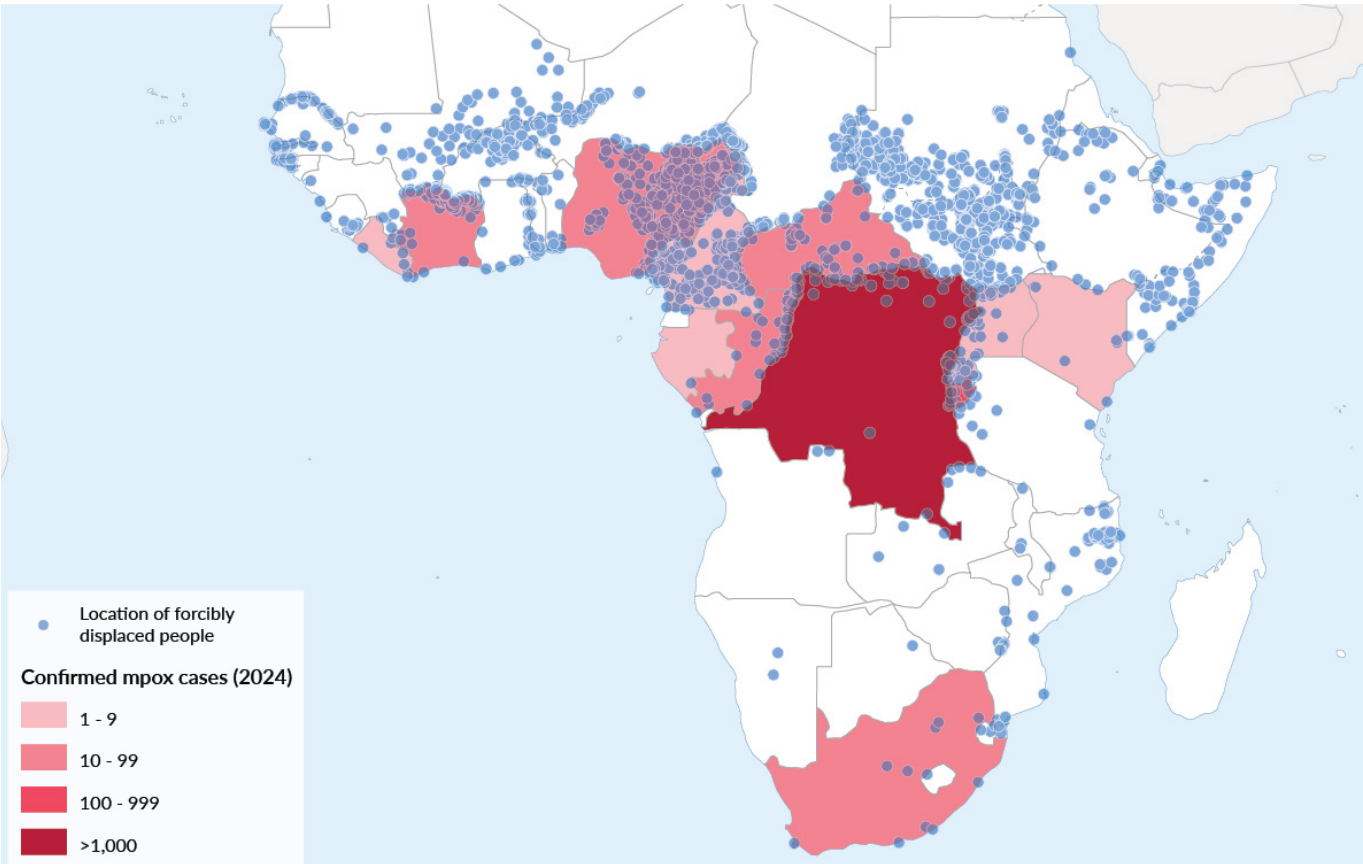
On 14 August, WHO declared a surge in mpox cases in the Democratic Republic of the Congo (DRC) and its spread to neighbouring countries as a Public Health Emergency of International Concern under the International Health Regulations (2005).

Although mpox has been endemic in parts of West and Central Africa since the 1970s, the dramatic increase in reported cases in 2024 has led to multiple national outbreaks across the continent. In 2024, over 20,000 suspected mpox cases were reported from 15 African countries as of 1 September, including over 3,910 confirmed cases and 32 deaths according to WHO.[2] Due to limited diagnostic capacity, especially in remote areas, a significant number of suspected cases that are clinically compatible with mpox are not tested and never get confirmed.

The rise in cases within the DRC is particularly alarming, driven by two distinct outbreaks: the established MPXV clade Ia in Equateur province and other endemic provinces, and the emergence of a new MPXV clade Ib in the South and North Kivu provinces. Since January 2024, the DRC has reported the highest number of suspected and laboratory-confirmed cases, totalling 19,393, including 3,361 confirmed as of 1 September with 638 deaths reported (25 confirmed). Burundi, Central African Republic, Cote d'Ivoire, Nigeria and South Africa are also experiencing sustained human-to-human transmission.

As of 10 September 2024, over 88 cases had been reported among refugees in Africa. The majority (68) were reported from the DRC, with cases also being reported in the Republic of Congo and Rwanda.

AFRICA: Confirmed mpox cases and forcibly displaced people | 2024



Data sources: World Health Organization - 2022-24 Mpox Outbreak: Global Trends (as of 1 September 2024), UNHCR

[2] *WHO 2022-24 Mpox Outbreak: Global Trends*

IMPACT ON FORCIBLY DISPLACED PEOPLE

There are 42 million forcibly displaced people in Africa, accounting for over one-third of the global total. Many of these individuals reside in countries grappling with mpox transmission. The DRC, at the epicentre of this crisis, is the second-largest displacement situation in Africa after Sudan, with over 520,000 refugees and asylum-seekers and over 7 million internally displaced people (IDPs).

Refugees and other forcibly displaced populations often endure overcrowded living conditions with limited access to essential services like healthcare, clean water, and nutritious food. These environments significantly increase the risk of mpox transmission and the likelihood of severe health outcomes, particularly among vulnerable groups such as children, older persons, and individuals with pre-existing conditions like HIV/AIDS and malnutrition.

Displaced populations face substantial barriers to healthcare access due to fragile health systems, exclusion from national health insurance schemes, and the prohibitive costs of public services. The lack of sufficient response capacity in areas hosting refugees, including gaps in early detection, isolation, and vaccine availability, presents further challenges in containing the virus and mitigating its impact.

The mpox emergency threatens to further strain already overstretched humanitarian resources, potentially disrupting critical services such as food distribution, education, and protection activities. The compounded effects of reduced humanitarian access and assistance delivery, alongside the ongoing public health crisis, could leave refugees more exposed to protection risks, including gender-based violence.

Refugees and displaced individuals also face a heightened risk of stigma and discrimination, as fear and misinformation about mpox can lead to scapegoating and tensions with host communities. This stigma not only endangers the dignity and safety of displaced populations but also undermines effective public health responses, as individuals may hide symptoms or avoid seeking medical help out of fear.

If not contained, the spread of mpox within areas hosting displaced populations could trigger secondary displacement, as individuals and families seek treatment or safer conditions elsewhere. Such movements would further destabilize already vulnerable communities and complicate efforts to control the virus and deliver coordinated humanitarian assistance.

Volatile security conditions in some regions further impede timely access to necessary interventions, exacerbating the crisis.

RESPONSE

Drawing on our experience and long-standing presence across Africa, UNHCR has been responding to the mpox outbreak since it first emerged in 2022, working in collaboration with national and local authorities, UN agencies including WHO, and partners. Our efforts are aimed at ensuring that refugees and other displaced populations are included in national preparedness and response activities and receive the critical support and protection services they need during this ongoing health crisis, including access to vaccination campaigns where available.

In response to the current mpox emergency, UNHCR has swiftly reactivated critical measures deployed in previous public health outbreaks such as COVID-19, Ebola and cholera and is rapidly scaling up efforts to protect and assist 9.9 million forcibly displaced people and their host communities across 35 countries in Africa. Cash assistance will also be considered as a vital component in the response. Key sectors of the response include:

Health:

- Strengthened disease **surveillance** and reporting including reinforcement of monitoring and reporting networks for active surveillance, screening, referrals and contact tracing within refugee camps and host communities
- Supporting **laboratory capacity** in refugee-hosting areas to enhance access to rapid diagnosis
- Enhancing **case management** through supporting the capacity and resilience of health systems, ensuring the availability of essential medicines and supplies and building the capacity of frontline health workers and refugee volunteers
- Strengthening **infection prevention and control** measures in health facilities and ensuring that health workers have the means to protect themselves
- Ensuring the continuity of essential health and social services
- Targeted **awareness campaigns** to provide information on key public health measures among forcibly displaced populations
- **Advocacy for equitable access** to effective diagnostic testing, therapeutics and vaccines for forcibly displaced populations

Protection:

- **Adaptation of protection services** to ensure continuity, including remote modalities for interviews and case management
- **Community engagement initiatives** to counter misinformation, reduce stigma, and prevent discrimination against forcibly displaced populations

Shelter:

- Construction and **establishment of temporary centres** for handling suspected and confirmed cases, including quarantine facilities

Water, sanitation and hygiene (WASH):

- Repair and reinforcement of **water supply systems**
- Installation of context-sensitive **handwashing facilities**
- Distribution of **soap**, disinfectant supplies and hygiene materials
- Enhanced **waste management**
- **Hygiene promotion campaigns**

Under the leadership of governments and with the contribution of partners, UNHCR is the lead UN agency providing assistance to and seeking solutions for refugees and coordinating refugee responses. This includes health actions in refugee operations at national and sub-national levels, under the leadership of national health authorities and with support from WHO. UNHCR also works closely with UN Resident Coordinators and Humanitarian Coordinators and WHO to support protection efforts for IDPs through the Cluster system. UNHCR's efforts in prevention and response towards mpox for forcibly displaced populations are in line with the Africa CDC and WHO co-led Mpox Continental Preparedness and Response Plan for Africa.

FINANCIAL REQUIREMENTS

While UNHCR has already reprioritized some resources to respond swiftly to the outbreak, the scale and complexity of the situation demand additional funding to prevent further spread of the virus and to meet the urgent needs of forcibly displaced populations.[3]

The financial requirements in the table below categorize countries based on both WHO-identified risk levels (high risk, high to moderate risk, and risk of importation) as well other contextual considerations such as size of refugee populations, status of inclusion of refugees in health systems and UNHCR presence.

Table 1. Budget by WHO risk category and sector

Country by WHO risk level	Targeted population	Sector	Total in $
Category 1 - Countries at high risk DRC, Burundi, Nigeria, South Africa, Côte d'Ivoire, Central African Republic	1,162,881	Health	2,572,000
		Protection	880,000
		WASH	1,645,000
Sub-total			5,097,000
Category 2 - Countries at high to moderate risk Rwanda, Kenya, Uganda, Liberia, Ghana, Cameroon, Gabon, Republic of Congo, Benin, Mozambique, Sudan	4,053,055	Health	3,282,823
		Protection	879,000
		Shelter	100,000
		WASH	2,563,500
Sub-total			6,825,323
Category 3 - Countries at risk of importation Angola, Zambia, Eswatini, Lesotho, Ethiopia, South Sudan, Tanzania, Malawi	2,088,268	Health	2,997,000
		Protection	679,420
		WASH	1,515,920
Sub-total			5,192,340
Category 4 - Other countries Botswana, Burkina Faso, Chad, Djibouti, Mali, Namibia, Niger, Somalia, Togo, Zimbabwe	2,552,159	Health	2,153,890
		Protection	803,450
		Shelter	60,000
		WASH	1,253,400
Sub-total			4,270,740
Grand total	9,856,363		21,385,403

[3] *As the situation on the ground evolves, financial requirements may be further adjusted to reflect needs.*

Table 2. Budget by UNHCR region and sector

UNHCR region	Sector	Total in $
East and Horn of Africa and Great Lakes	Health	7,099,500
	Protection	1,480,500
	Shelter	100,000
	WASH	4,719,000
Sub-total		13,399,000
West and Central Africa	Health	2,208,000
	Protection	1,081,000
	WASH	1,441,000
Sub-total		4,730,000
Southern Africa	Health	1,698,213
	Protection	680,370
	Shelter	60,000
	WASH	817,820
Sub-total		3,256,403
Grand total		21,385,403

The importance of flexible funding

As this crisis continues to evolve, UNHCR appeals for flexible funding to safeguard the lives, dignity, and well-being of those forced to flee where and when the needs are most urgent.

Without immediate support, our ability to provide critical services will be severely compromised, leaving vulnerable populations exposed to even greater harm.

Cover photo: Micheline, a refugee from the Central African Republic and her family return from the Democratic Republic of Congo to Bangui. Micheline and other returnees undergo medical screening at the border entry point to ensure their safety. © UNHCR/Stella Fatime

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