



- Hon Dr Sleiman Kwidini, Honorable Deputy Minister of Health and Child Care, Republic of Zimbabwe, representing the chairperson of the Committee of SADC Ministers of Health
 - Honourable Ministers of Health of the SADC Member States
 - Your Excellency Ms Angele Makombo Ntumba, **SADC Deputy Executive Secretary,**
 - Dr Jean Kaseya, the Director General of Africa CDC (or his representative)
 - Distinguished Ladies and Gentlemen
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- **Good afternoon.**
 - I want to express my appreciation to **SADC Heads of State and Governments** for directing that an urgent meeting of SADC Ministers of Health should be convened to assess the impact of mpox so and agree on a coordinated regional response.
 - This is justified. The epicenter of the outbreak that triggered the declaration of mpox a **Public Health Emergency of International Concern** by WHO Director General and a **Public Health Emergency of Continental Security** by Africa Centers for Disease Control Director General is in a SADC country, the DRC.
 - **I sincerely thank the Ministers of Health and all health workers in the front line,** in mpox-affected countries for their dedication and hard work in combating the ongoing outbreaks.
 - Mpox has been **declared a public health emergency of international concern for the second time in just two years.** This time, we face a new and formidable challenge with the latest strain (clade 1b), which is associated with higher mortality especially among vulnerable populations.
 - More than 22,000 suspected cases have been reported by 14 countries in the WHO African Region. Confirmed mpox cases have increased **seven-fold in 2024 compared to same period in 2023**.** **This points to the urgency of the situation requiring our concerted efforts to reverse the trend.**
 - **Two SADC countries have recorded outbreaks this year: DRC and South Africa.** DRC is the most affected country accounting for 90% of the burden in the region. We are witnessing at least 2 different outbreaks, added to endemicity in the DRC, in the region with Clades 1a and 1b in DRC and clade 2b in South Africa.

- I would like to **commend DRC and South Africa** for the intensive effort to stop transmission of mpox. I would also like to acknowledge the efforts by neighbouring countries to heighten surveillance and address readiness capacities.
- On 26 August 2024, WHO published a **global strategic preparedness and response plan** for mpox covering a six-month period, September 2024 to February 2025. This document outlines the **urgent actions needed at global, regional and national level**. Surveillance, equitable access to medical countermeasures, community empowerment and research are emphasized.
- We have worked closely with the Africa CDC to finalize an **mpox continental preparedness and response plan specifically for Africa**. This plan, which aims to support all African countries to prevent and control mpox outbreaks, will be launched by Africa CDC and WHO in the coming days.
- We are working closely with Africa CDC and other global partners to **mobilize resources** to complement domestic resources required for the timely implementation of priority strategies recommended by the response plans.
- We're also working to accelerate access to, and delivery of, vaccines. Manufacturers of **two mpox vaccine manufacturers submitted their applications for Emergency Use Listing** to WHO on 23rd August 2024. We are working to review these applications as fast as possible.
- The WHO Director General has already given **greenlight to GAVI and UNICEF to proceed with procuring mpox vaccines**, in parallel with the EUL process.
- Through the African Vaccine Regulatory Forum (AVAREF) at WHO AFRO, we have provided **support to 13 countries in the region for a joint review of vaccine dossiers for emergency use authorization of vaccines**. Both the DRC and South Africa have advanced in the necessary processes to facilitate emergency authorization.
- **Honourable Ministers, vaccines are only one component of a comprehensive strategy** to control mpox. We must continue to **intensify surveillance, contact tracing, community engagement and case management capacities and actions**. Mpox outbreaks can be controlled.

- Twenty-one countries in the WHO African region, nine of which are SADC countries, have conducted **readiness assessments**, with the support of WHO. These countries are now using the findings to **fine-tune their national mpox preparedness and response plans**.
- Honourable Ministers, the importance of finalizing readiness assessments to guide the finalization of **context-specific mpox national response plans** cannot be over-emphasized. I therefore respectfully urge your personal leadership in this regard.
- To mitigate the spread and impact of mpox, we are **scaling up operational response efforts in affected countries and supporting proactive readiness measures in high-risk countries**.
- In the most affected country, DRC, we have **surged our human resources capacities on the ground, expanding our presence**. An operational base in Goma, East DRC is overseeing our field support throughout the country, with a dedicated team deployed to work closely with the government authorities and partners. We have **expanded the scope of work of close to 400 existing staff and consultants**, to cover mpox active surveillance, investigation and reporting at community and facility levels.
- We are **leveraging capacities established during the COVID-19 pandemic to scale-up mpox response**. For instance, we are working with countries to enhance their existing laboratory capacities to ensure timely diagnosis of mpox.
- Just last week, **we trained 36 laboratory personnel from 14 countries from West and Central Africa** on mpox laboratory diagnostics. We are in discussions to undertake a similar capacity building workshop for East and Southern African countries.
- We have **distributed 2,500 starter laboratory test kits to 13 priority countries and pre-positioned 4,000 test kits at the WHO sub-regional emergency hubs** in Nairobi and Dakar.
- WHO field teams are also supporting the **continued delivery of essential health services** in the most affected areas – we learned that lesson from COVID, which triggered a measles epidemic in the region.

Honourable Ministers:

- **To stop outbreaks of human-to-human transmission of mpox**, we will need to rapidly detect and control outbreaks; advance research and access to medical countermeasures; and minimize zoonotic transmission.
- **We need collaboration across borders.** We need to establish or strengthen cross-border collaboration for the surveillance and management of mpox suspected cases and provide information to travellers **without imposing travel and trade restrictions** that would unnecessarily impact economies. We've shared guidance on this with WCOs. WHO must be informed of the measures taken.
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- Let's walk this path together, united in our mission for a healthier and more resilient Africa.
- Thank you.

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