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## Monkeypox PHEIC decision hoped to spur the world to act

WHO has declared the global outbreak of monkeypox a Public Health Emergency of International Concern in a bid to intensify efforts to control the disease. John Zarocostas reports from Geneva.

The decision by WHO Director-General Tedros Adhanom Ghebreyesus to declare the multi-country outbreak of monkeypox a Public Health Emergency of International Concern (PHEIC) on July 23—the highest global alert level—is expected to intensify international cooperation and coordination efforts to try and control the disease outbreak.

“We have an outbreak that has spread around the world rapidly, through new modes of transmission, about which we understand too little, and which meets the criteria of the International Health Regulations. For all these reasons I have decided”, Tedros said. In a break with tradition, he said it was time to declare a PHEIC even though “there was no consensus” in the Emergency Committee (with nine against and six in favour).

“We believe”, Tedros noted, “this will mobilise the world” to act together. It also needs, he said, coordination and solidarity—especially with the use of vaccines and treatments able to control the outbreak. He also called for countries to intensify surveillance and public health measures, strengthen clinical management, and accelerate research. The WHO chief said the outbreak is concentrated among men who have sex with men, which means this is an outbreak that can be stopped with the right strategies in the right groups.

“Dr Tedros’ decision to override the majority of the Emergency Committee and declare a PHEIC was courageous and demonstrated exceptional leadership. His judgment was undoubtedly correct. And it is far better to err on the side of decisive action than delay and prevarication”, Lawrence O Gostin, a Professor of Global Health Law at Georgetown University, told *The Lancet*.

But Tedros and health experts recognise that major political and policy challenges lie ahead. Gostin

said that declaring an emergency is not enough. WHO, he stressed, should rapidly publish a global action plan that includes resources for strengthening national health systems, providing support for and supporting the community of men who have sex with men, and facilitating scientific cooperation and equitable sharing of vaccines and therapeutics.

**“Repeating vaccine nationalism and inequality will prolong the outbreak and unjustly deepen suffering.”**

Matthew Kavanagh, UNAIDS Deputy Executive Director declared: “We are concerned that some low- and middle-income countries are struggling to get access to vaccines being deployed now in high-income countries. Repeating vaccine nationalism and inequality will prolong the outbreak and unjustly deepen suffering.”

According to senior health officials and health diplomats, the vaccine—a non-replicating vaccine sold as Imvanex in Europe and Jynneos in the USA—costs about \$100 a dose. Rolf Sass Sorensen, Vice President for Investor Relations at Bavarian Nordic, the company that makes the vaccine, declined to provide any details when asked by *The Lancet* about the high cost but said the company was in talks with WHO, GAVI, and the UN for “other prices”.

WHO has called for member states and manufacturers to work with the agency to ensure diagnostics, vaccines, and therapeutics are made available on public health needs, solidarity, and “at reasonable cost” to countries where they are most needed. Tim Nguyen, Head of High Impact Events at WHO, said on July 23 that roughly half of countries with cases have already

secured access to the vaccine. He said that the equivalent of 16.4 million doses exist in bulk, requiring fill and finish. Sorensen said that Bavarian Nordic has capacity to produce 30 million doses in bulk this year.

Monkeypox is a neglected disease, which has been endemic in central and west African nations for decades. It has spread since the multi-country outbreak was first reported in early May to nearly 17 000 reported cases in 75 countries, and five deaths. David Heymann, Professor of Infectious Disease Epidemiology, London School Of Hygiene & Tropical Medicine, told *The Lancet* that African countries need more research funds. “What we need to understand is transmission patterns in sub-Saharan Africa, especially with the Congo Basin clade that is associated with smallpox-like disease and an estimated case fatality rate of 10%.”

According to Heymann, African researchers are keeping track of both the west African clade (which is responsible for the current global outbreak) and the Congo Basin clade in non-endemic countries, through surveillance and outbreak investigation. “They now need resources to continue their research with partners they select, not parachute research where researchers from outside come in, direct the research, and in some instances take the data and specimens back to their own countries to complete their study. African countries have laboratories and skills—they need recognition and funding, especially to better understand the reservoir or reservoirs in nature; the natural history of infection, especially in the immunosuppressed; and strategies that they can use to better control emergence and person-to-person transmission.”

John Zarocostas

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