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Democratic Republic of the Congo: a strengthened response to mpox could help revitalise the country's healthcare system

Over the past year, the Democratic Republic of the Congo has grappled with the largest outbreak of mpox in the past half century. Despite obstacles, an enhanced response to the crisis can provide a blueprint for fortifying the healthcare system

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Since 1 January 2023, the Democratic Republic of the Congo (DRC) has reported over 13 000 suspected cases of mpox and more than 600 deaths, marking the region's largest recorded outbreak.¹ Cases have been documented across 22 of DRC's 26 provinces, including major outbreaks in urban areas like Kinshasa and Goma.¹ Although the clade I mpox virus has been endemic to central regions of DRC since the 1970s, a new, mutated strain of the virus known as clade Ib was reported in Kamituga in April 2024 and has alarmed global experts with its enhanced transmissibility and ability to evade detection by some tests.² Researchers attribute the recent rise in mpox cases and spread of the new clade Ib virus to sexual transmission among key populations such as men who have sex with men.³

Against this backdrop, DRC's public health response to the mpox epidemic over the past year has faced substantial challenges. Insufficient surveillance capacity and limited diagnostic equipment have led to widespread underdetection.^{1,3} Prevention efforts have similarly encountered obstacles caused by the absence of a licensed mpox vaccine in DRC and infrastructural limitations that would hinder a large scale vaccination programme.⁴ The World Health Organization (WHO) has also issued warnings regarding limited public awareness of mpox and the stigma associated, which have driven outbreaks underground as men who have sex with men and other key populations refrain from reporting symptoms.¹

Unfortunately, the mpox public health emergency is further exacerbated by DRC's fragile healthcare system, which has remained underdeveloped because of decades of civil unrest.³ Although medical supplies and services from foreign actors like The United States Agency for International Development (USAID) have offered a lifeline, WHO estimates that 7.4 million people across the country still urgently require health assistance.⁵ Given these challenges, we argue that the recent mpox outbreak in DRC presents a strong opportunity to revitalise the country's healthcare system.

As the vice minister of public health in DRC (SH), I have been involved in several high level regional emergency meetings on mpox with African leaders, and the prevailing consensus has been the need to mitigate sexual transmission of the virus through public health education efforts. Thus, we propose implementing national campaigns to disseminate information about mpox, its risk factors, and

preventative measures like safe sex and proper hygiene.⁶ But even with increased awareness, stigma can still lead affected people to refrain from reporting symptoms, so we suggest sharing personal testimonies from people previously affected by mpox to emphasise that the virus can affect anyone, regardless of sexual orientation. Information can be disseminated through various channels in DRC including academic institutions, social media, community organisations, billboards, and even workplaces. This comprehensive approach could then be expanded to cover health information on other infectious diseases such as HIV and malaria.

DRC could also seek funding to increase its diagnostic and surveillance capacity, as limitations in these areas have led to under-reporting of cases during the recent mpox surge.¹ The DRC government, with support from international organisations like WHO, can invest in mpox diagnostic equipment and establish robust data systems for reporting infections, hospital admissions, deaths, and vaccinations. Local health systems can collect and share these data within their designated jurisdictions, facilitating data integration across provinces. This will enable better national level surveillance and guide public health officials when implementing targeted policies to tackle disease outbreaks in DRC regions. The bolstered data systems could then also be used to track the spread of other infectious diseases and understand the epidemiology of diseases like hypertension, diabetes, and cancer.

Building on these steps, organisations like USAID and WHO could fund academic centres in DRC to champion clinical and community based research on mpox to better understand transmission and risk factors for infection.³ Studies on effective mpox treatments and implementation studies are needed to increase uptake of preventative practices and facilitate access to care. Investing in local research infrastructure could then prove helpful in investigating emerging pathogens and developing evidence based therapies and drugs against them.

Local community health centres could additionally be established to combat mpox in DRC. Presently, USAID is the largest healthcare provider in DRC, offering health services at 1793 health facilities and serving 12 million citizens.⁷ The existing USAID infrastructure, presently focused on HIV and malaria, could be broadened to offer mpox care including treatment of skin rashes and antiviral therapies.⁸ Expanding the number of community health centres

and services available at them can be a crucial step toward a comprehensive primary care system in DRC.

Finally, USAID and other global health actors could work to import and distribute mpox vaccines.⁹ These vaccines, which have proven highly effective in reducing severe illness and death from mpox,¹⁰ have been unavailable in DRC because of constraints in global supplies and regulatory hurdles.² Given the severity of the current mpox outbreak and pandemic potential of the new clade Ib strain, we encourage WHO and other global authorities to expedite approval of mpox vaccines for use in DRC and prioritise allocation in areas where mpox is endemic to reduce spread to other regions.¹ On approval, DRC can use USAID community health clinics and facilitate the nationwide distribution of mpox vaccines. These vaccination efforts can establish a foundation that can later be used to boost vaccination rates for other diseases of concern such as covid-19 and cholera.¹¹

Although DRC's mpox outbreak is a public health emergency fuelled by decades of conflict and healthcare underdevelopment, it also provides DRC a vital blueprint it can use to rejuvenate its healthcare system, better prepare itself to combat epidemics, and provide humanitarian relief for its citizens.

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