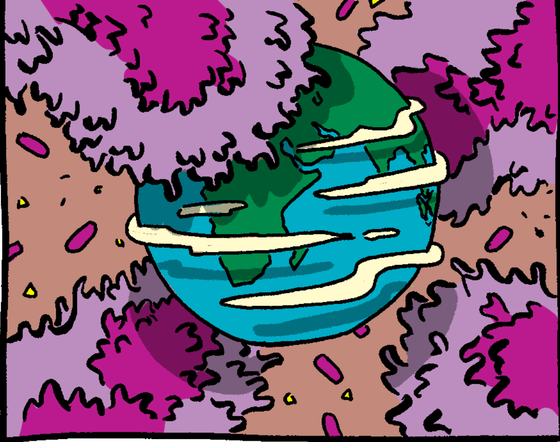
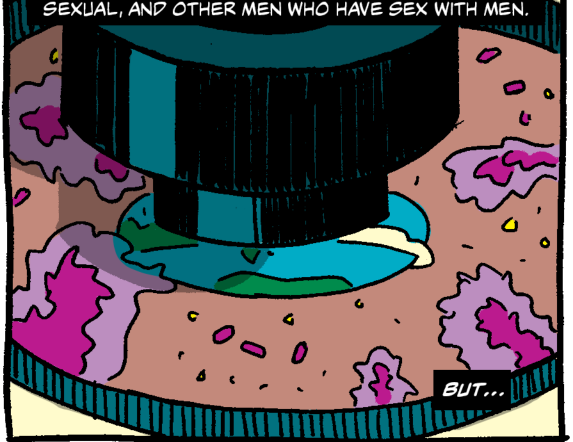
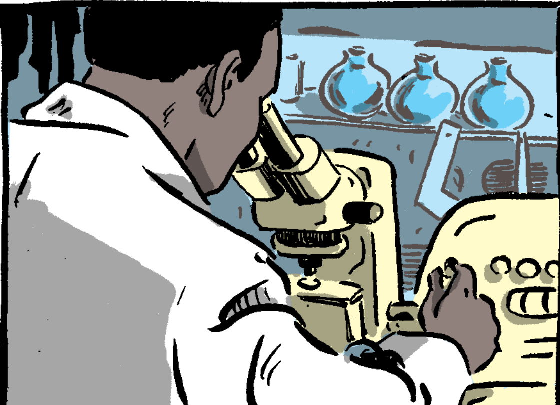

IN JULY 2022 THE WORLD HEALTH ORGANIZATION (WHO) DECLARED AN MPOX OUTBREAK ACROSS MULTIPLE COUNTRIES A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN.

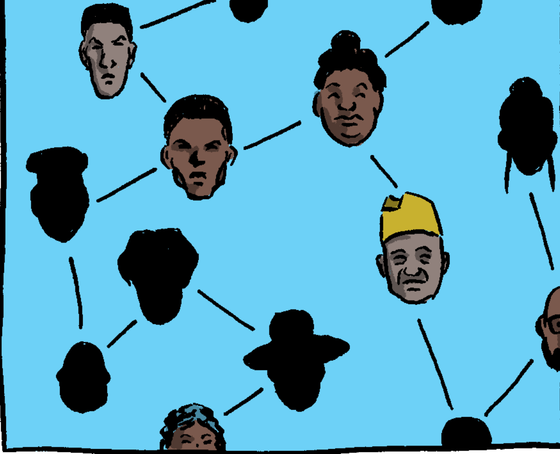

DESPITE REPORTS OF EARLIER OUTBREAKS FROM THE AFRICAN CONTINENT, THE HEIGHTENED CONCERN FOCUSED ON THE PRESENCE OF THE DISEASE IN COUNTRIES PREVIOUSLY CONSIDERED 'NON-ENDEMIC', WITH MUCH ATTENTION GIVEN TO THE DISEASE'S CONCENTRATION AMONG GAY, BI-SEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN.
BUT...

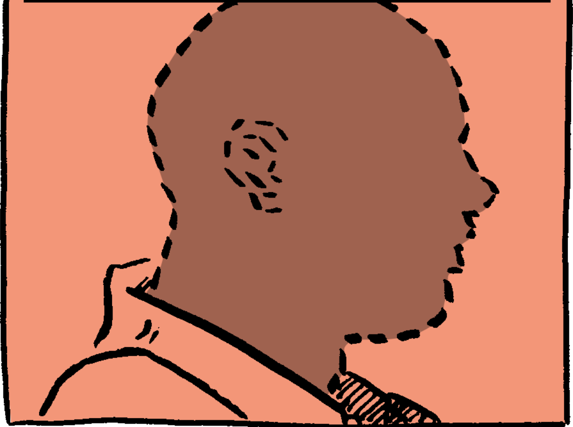

NIGERIAN EPIDEMIOLOGISTS HAD BEEN PUBLISHING ABOUT MPOX DETECTION IN THEIR COUNTRY SINCE 2017, WHEN THEY DETECTED OUTBREAKS WITH UNKNOWN TRANSMISSION AFTER DECADES OF NOT DETECTING MPOX. THE PICTURE IN NIGERIA IN 2022 DOESN'T SEEM TO BE EXACTLY THE SAME AS THAT UNFOLDING IN NON-ENDEMIC COUNTRIES WHICH HAS CAUGHT THE WHO'S ATTENTION.

SOME OUTBREAKS HAVE APPEARED TO FOLLOW THE EXPECTED RURAL "SPILLOVER" PATTEN OF ANIMAL TO HUMAN TRANSMISSION, BUT THERE HAVE ALSO BEEN EXAMPLES OF HUMAN TO HUMAN TRANSMISSION, INCLUDING OUTBREAKS IN DENSELY POPULATED URBAN AREAS.

WEST AFRICA IS CONSIDERED ENDEMIC FOR MPOX, WITH NIGERIA DISPLAYING THE LARGEST NUMBER OF DETECTED CASES IN AFRICA IN 2022. THE SPREAD OF INFECTION APPEARS HETEROGENEOUS IN THAT IT AFFECTS PEOPLE OF BOTH SEXES, DIFFERENT AGES, OCCUPATIONS AND SEXUAL ORIENTATIONS.
NIGERIA

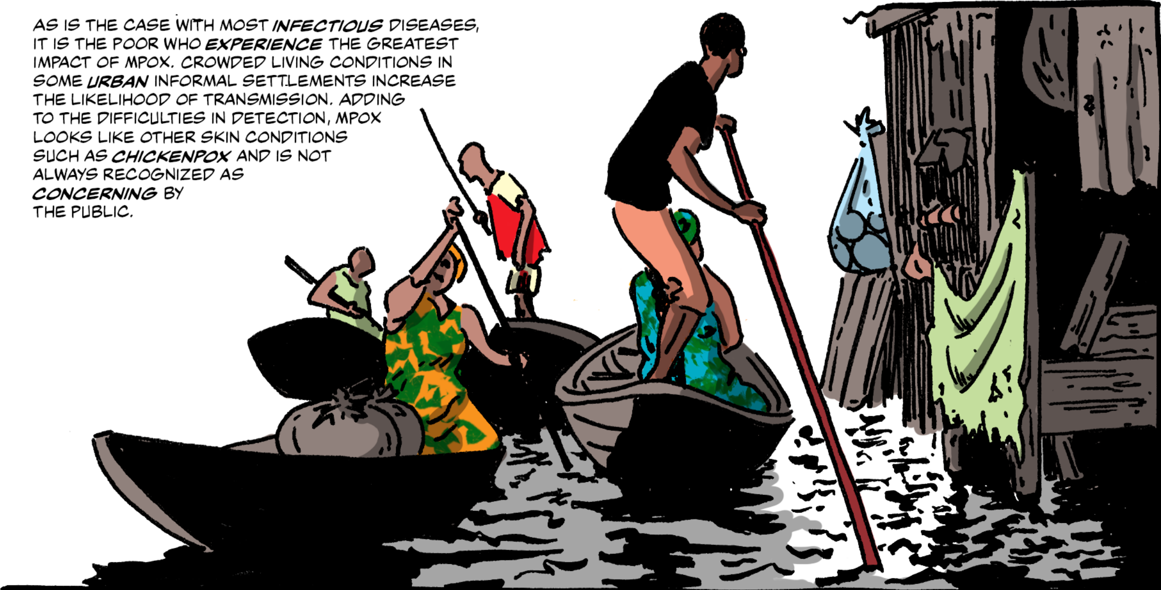
DISEASE SURVEILLANCE POSES A PROBLEM FOR MANY REASONS AND THE COMMUNITY LEVEL OF DETECTION OFTEN RECEIVES LESS ATTENTION IN INITIATIVES TO STRENGTHEN PANDEMIC PREPAREDNESS. THUS, IT IS DIFFICULT TO DETERMINE THE FULL PICTURE ON THE GROUND IN NIGERIA, DESPITE A STRONG NIGERIA CENTER FOR DISEASE CONTROL (NCDC) THAT WAS ESTABLISHED IN 2011.


WHILE THE NCDC IS MAKING PROGRESS, CHALLENGES TO SURVEILLANCE, DETECTION AND CONTACT TRACING MAKE IT EXTREMELY HARD TO TELL IF THE FULL EXTENT OF CASES IN NIGERIA IS KNOWN.

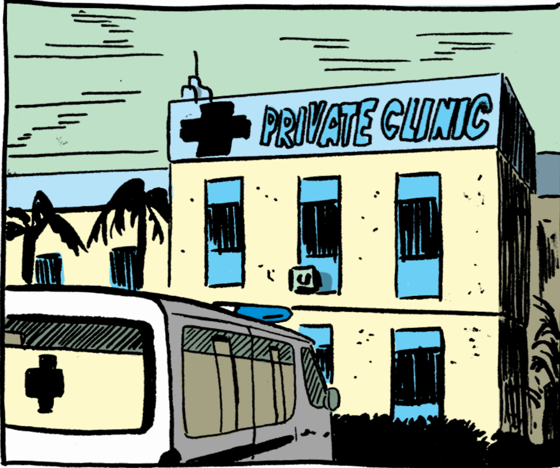

THERE IS ALSO THE QUESTION OF A "HIDDEN" OR "INVISIBLE" CASELOAD AMONG INDIVIDUALS WHO EXPERIENCE SOCIAL STIGMA OR CRIMINALISATION, SUCH AS MEN WHO HAVE SEX WITH MEN AND SEX WORKERS. IT IS DIFFICULT IN SUCH CIRCUMSTANCES TO KNOW HOW TO INVESTIGATE WITHOUT FURTHER STIGMATISING AND DRAWING UNDUE ATTENTION TO PEOPLE, THEIR SEX LIVES OR THEIR EMPLOYMENT.

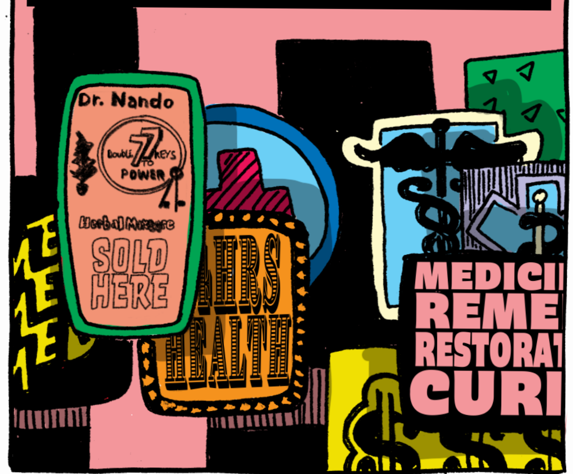
WHAT IS KNOWN IS THAT OVER A THIRD OF CASES ARE AMONGST WOMEN, WHICH SUGGESTS A WIDE SPREAD OF THE INFECTION ACROSS NIGERIAN SOCIETY. THE CASES IN NIGERIA ARE NOT JUST CONCENTRATED IN ONE GROUP.

IT IS ALSO KNOWN THAT CIRCUMSTANCES WHICH PLACE ONE IN CLOSE REGULAR PERSON TO PERSON CONTACT CAN INCREASE THE RISK OF INFECTION. THIS PLACES HEALTH CARE WORKERS AT PARTICULAR RISK.
THOSE WITH HEALTH COMPLICATIONS SUCH AS THE IMMUNO-COMPROMISED ARE AT RISK OF DEVELOPING VERY SERIOUS FORMS OF MPOX. THOSE WITH UNTREATED HIV ARE AT RISK BUT ALSO FACE STIGMA. STIGMA CAN MAKE IT DIFFICULT FOR PEOPLE TO SEEK TESTING OR TREATMENT, ESPECIALLY IN THE PUBLIC SECTOR.

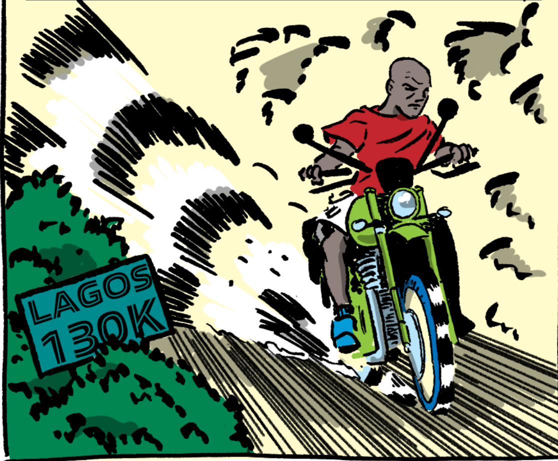

AS IS THE CASE WITH MOST INFECTIOUS DISEASES, IT IS THE POOR WHO EXPERIENCE THE GREATEST IMPACT OF MPOX. CROWDED LIVING CONDITIONS IN SOME URBAN INFORMAL SETTLEMENTS INCREASE THE LIKELIHOOD OF TRANSMISSION. ADDING TO THE DIFFICULTIES IN DETECTION, MPOX LOOKS LIKE OTHER SKIN CONDITIONS SUCH AS CHICKENPOX AND IS NOT ALWAYS RECOGNIZED AS CONCERNING BY THE PUBLIC.

THE PICTURE IS FURTHER OBSCURED BY THE NATURE OF HEALTH CARE PROVISION IN ***NIGERIA***, WITH OVER ***60%*** OF MEDICAL CARE IN THE ***PRIVATE*** SECTOR, DUE TO UNDERINVESTMENT IN PRIMARY HEALTH CARE, ***CHALLENGES*** TO STAFFING, NO UNIVERSAL HEALTH COVERAGE AND ***HIGH*** COSTS.





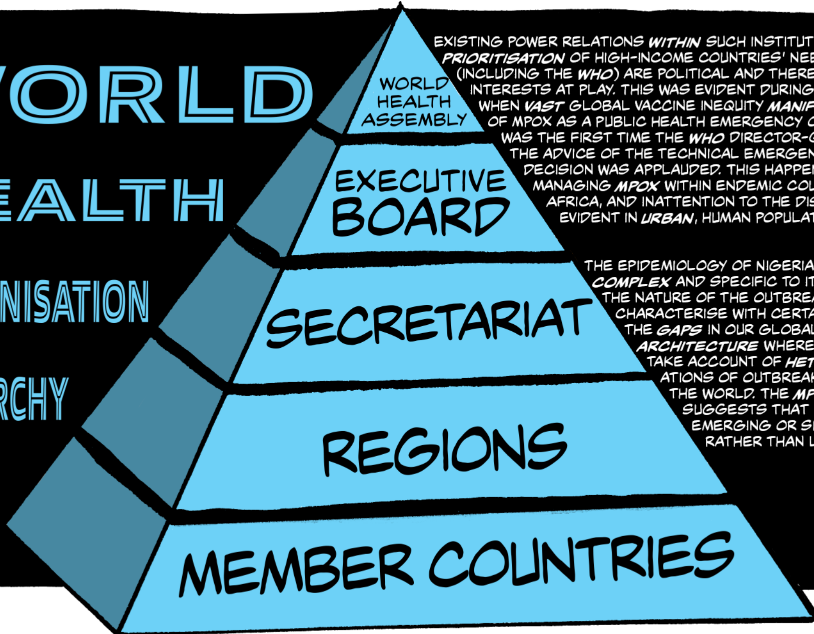
WHILE EFFECTIVE, THESE NETWORKS RELY ON ***VOLUNTEERS*** AND AREN'T WIDESPREAD ENOUGH AT THIS TIME TO ACCOUNT FOR THE CHALLENGES PRESENTED. WITHOUT ***BETTER*** UNDERSTANDING, IT IS ALSO HARD FOR A ***STRETCHED*** HEALTH CARE SECTOR TO PRIORITISE ***MPOX*** AMONG A HOST OF OTHER DISEASE OUTBREAKS AND PROBLEMS.



MPOX DOESN'T *APPEAR* TO BE LEAVING *NIGERIA* ANYTIME SOON. THE *CHALLENGES* TO GAINING A BETTER UNDERSTANDING OF THE DISEASE ARE INDICATIVE OF OTHER PLACES WHERE *SURVEILLANCE*, PARTICULARLY AT COMMUNITY LEVEL, IS DIFFICULT. *STILL*, THERE ARE MANY IN THE COUNTRY WHO SEE THERE IS A NEED TO STRENGTHEN SURVEILLANCE *RESPONSE* STRATEGIES THAT ARE *FEASIBLE* WITHIN THE DOMESTIC POLITICAL CLIMATE.

IT IS A CHALLENGE FOR GLOBAL HEALTH INSTITUTIONS TO ACCOUNT FOR NATIONAL AND REGIONAL DIFFERENCES IN PATTERNS OF DISEASE AND ALSO POTENTIAL DIFFERENCES IN REGIONAL PRIORITIES AND RESOURCE NEEDS.

INSTITUTIONS, SUCH AS THE WORLD HEALTH ORGANIZATION, BRING THE WEIGHT OF THEIR OWN CONCERNS TO ANY INTERACTION, AND IT IS DIFFICULT TO BALANCE HETEROGENEOUS DISEASE OUTBREAKS, THE DEMANDS OF DIFFERENT CONSTITUENCIES, AND ALSO TO THINK ABOUT EQUITABLE DISTRIBUTION OF SCARCE RESOURCES SUCH AS VACCINES FOR THE MOST VULNERABLE.
World Health Organization


WORLD
HEALTH
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WORLD HEALTH ASSEMBLY
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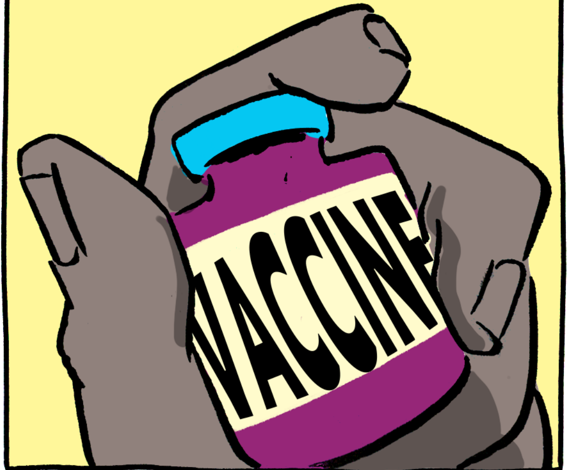
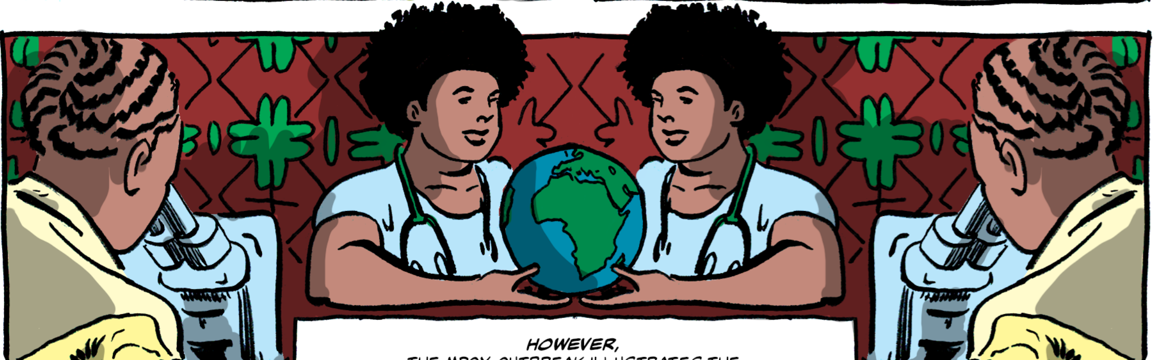
EXISTING POWER RELATIONS WITHIN SUCH INSTITUTIONS CAN RESULT IN PRIORITISATION OF HIGH-INCOME COUNTRIES' NEEDS, AS ALL INSTITUTIONS (INCLUDING THE WHO) ARE POLITICAL AND THERE CAN BE POWERFUL VESTED INTERESTS AT PLAY. THIS WAS EVIDENT DURING THE COVID-19 PANDEMIC WHEN VAST GLOBAL VACCINE INEQUITY MANIFESTED. THE DECLARATION OF MPOX AS A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN WAS THE FIRST TIME THE WHO DIRECTOR-GENERAL DEPARTED FROM THE ADVICE OF THE TECHNICAL EMERGENCY COMMITTEE, AND THIS DECISION WAS APPLAUDED. THIS HAPPENED AFTER YEARS OF MANAGING MPOX WITHIN ENDEMIC COUNTRIES IN SUB-SAHARAN AFRICA, AND INATTENTION TO THE DISEASE WHEN IT BECAME EVIDENT IN URBAN, HUMAN POPULATIONS.
THE EPIDEMIOLOGY OF NIGERIA'S MPOX OUTBREAK IS BOTH COMPLEX AND SPECIFIC TO ITS CONTEXT, MEANING THAT THE NATURE OF THE OUTBREAK IS DIFFICULT TO CHARACTERISE WITH CERTAINTY. IT ALSO HIGHLIGHTS THE GAPS IN OUR GLOBAL PUBLIC HEALTH EMERGENCY ARCHITECTURE WHEREBY IT IS CHALLENGING TO TAKE ACCOUNT OF HETEROGENEOUS MANIFEST-ATIONS OF OUTBREAKS IN DIFFERENT PARTS OF THE WORLD. THE MPOX EXPERIENCE ALSO SUGGESTS THAT IT IS IMPORTANT TO ADDRESS EMERGING OR SHIFTING OUTBREAKS SOONER RATHER THAN LATER.





HOWEVER,
THE MPOX OUTBREAK ILLUSTRATES THE CONSIDERABLE ***CHALLENGE*** STILL TO COMMUNITY LEVEL SURVEILLANCE AND DETECTION IN THE CASE OF INFECTIOUS DISEASE OUTBREAKS OF ***INTERNATIONAL*** CONCERN. THERE WILL NEED TO BE AN EMPHASIS ON STRENGTHENING PRIMARY HEALTH CARE SYSTEMS AND ADDRESSING DISINCENTIVES TO SEEKING CARE IN THE STATE SYSTEM.

UNLESS THERE IS MORE ***CONSISTENT*** SURVEILLANCE, UNCERTAINTIES WILL ***REMAIN*** ABOUT THE NATURE OF THE EPIDEMIC IN COUNTRIES LIKE NIGERIA AND THE HETEROGENEITY AND DIFFERENCES FROM OTHER COUNTRIES WILL NOT BE ***APPRECIATED.***

THE ISSUE OF DIFFERENT PRIORITIES FOR PANDEMIC PREPAREDNESS AND FOR HEALTH SYSTEM INVESTMENT IN DIFFERENT REGIONS OF THE GLOBE WITH DIFFERENT DISEASE BURDENS ***NEEDS*** TO BE ADDRESSED, INCLUDING FINDING WAYS IN WHICH IT CAN INCORPORATE A ***HETEROGENEOUS*** APPROACH TO EPIDEMIOLOGY AND RESPONSE ***RATHER*** THAN ***RELYING*** ON 'ONE SIZE FITS ALL' APPROACHES.