



Mpox and SRH in Humanitarian Contexts

MISP Adaptation Checklist



PURPOSE

The objective of the checklists is to provide practical advice for health staff undertaking mpox preparedness and response activities to ensure the sexual and reproductive health (SRH) needs of the population are met. It is meant to serve as a companion to the [IAWG mpox and SRH in Humanitarian Operational Guidance](#). Users of this document should carefully consider context, stage and progression of the mpox outbreak, and national guidelines. It is important to recognize that the situation will be a bi-directional process, moving in different directions between phases of the outbreak (rather than in one direction). Therefore, program implementers must be ready to constantly monitor, adjust, move forward, and quickly reverse processes depending on the disease transmission patterns, and how they change as a result of the shifts in government implemented measures. However, it is important to remember that SRH services at the health facility level should remain accessible to the greatest extent possible. This should be complemented by community-based services, outreach and follow-up including self-isolation at home where feasible.



PREPAREDNESS

Preparedness is the ability of governments, response organizations, communities, and individuals to anticipate and respond effectively to the impact of likely, imminent, or current hazards, events, or conditions. It means putting in place mechanisms that will allow national authorities and relief organizations to be aware of risks and deploy staff and resources quickly once a crisis strikes (OCHA 2021). Preparedness recommendations are included in this checklist to help program managers and healthcare providers plan for potential infectious disease outbreaks, in this case an outbreak of mpox.



RESPONSE

Response, or the "acute emergency phase", begins immediately after disaster strikes - in this case an outbreak of mpox. Humanitarian organizations begin to respond, focusing on providing critical services, such as food, water, sanitation, primary health care, and shelter. The priority during this phase is to keep the population alive. Response recommendations included in this checklist aims to help program managers and healthcare providers respond to an outbreak of mpox. The mpox pillar checklist aligns response activities with the mpox outbreak response pillars.



CHECKLISTS

There are two checklists: 1) Minimum Initial Service Package (MISP) consideration checklist; and 2) mpox pillar checklist. These may be used as a guide for program managers in identifying priority actions for preparedness and response. Actions not implemented during the preparedness phase may be implemented in the response phase. The two columns called "Actions/Changes Needed" and "Status" may be used by the program manager / healthcare worker to track progress in implementing the key actions.

ACRONYMS AND ABBREVIATIONS

3Ws	Who does what and where	PAC	Post-Abortion Care
AGP	Aerosol-Generating Procedures	PEP	Post-Exposure Prophylaxis
AII	Airborne Infection Isolation	PLHIV	People living with HIV
ANC	Antenatal Care	PNC	Postnatal Care
ART	Antiretroviral therapy	PMTCT	Prevention of Mother-to-Child Transmission
ARVs	Antiretrovirals	PoC	Points of Care
BEmONC	Basic Emergency Obstetric and Newborn Care	PoE	Points of Entry
CHW	Community Health Workers	PPE	Personal Protective Equipment
CMR	Clinical Management of Rape	PPH	Postpartum Hemorrhage
EC	Emergency Contraception	PrEP	Pre-Exposure Prophylaxis
EmONC	Emergency Obstetric and Newborn Care	RCCE	Risk Communication and Community Engagement
FP	Family Planning	RH	Reproductive Health
GBV	Gender-Based Violence	SAC	Safe Abortion Care
HRP	Humanitarian Response Plans	SOGIESC	Sexual Orientation, Gender Identity and Expression and Sex Characteristics
HSV	Herpes Simplex Virus	SOP	Standard Operating Procedures
IEC	Information, Education, and Communication	SRH	Sexual and Reproductive Health
IPC	Infection Prevention and Control	SRMNH	Sexual, Reproductive, Maternal, and Newborn Health
LARC	Long Acting Reversible Contraceptives	SWG	Sub-Working Groups
MISP	Minimum Initial Service Package	ToT	Training of Trainers
MNH	Maternal, Newborn, and Child Health	VCT	Voluntary Counseling and Testing
MoH	Ministry of Health	WASH	Water and Sanitation Hygiene
MPXV	Monkeypox Virus	WHO	World Health Organization
MVA	Manual Vacuum Aspiration		

MISP CONSIDERATION CHECKLIST - PREPAREDNESS

This checklist should be used in settings that are not actively in an mpox outbreak. If there are current cases in your area, please refer to the *MISP Consideration Checklist – Response*

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
Ensure the health sector/cluster identifies an organization to lead implementation of the MISP	Participate in national and subnational SRH coordination structures (e.g. Ministry of Health (MoH) departments, SRH Sub-working Group (SWG)/Technical Working Group; health clusters) and mpox task teams. Include representation from community groups		
	Ensure links with mpox isolation and treatment centers, if planned, and ensure privacy and separation of patients by gender		
	Advocate and mainstream SRH into national/district/local mpox action/contingency plans in line with the MISP, as outlined here and in the IAWG mpox operational guidance		
	Communicate with appropriate coordination structures to ensure any upcoming Humanitarian Response Plans (HRPs) and funding proposals will include SRH needs		
	Calculate SRH supply needs, procure and pre-position reproductive health (RH) supplies or kits using MISP calculator and develop distribution plans, including for hardest to reach locations		
	Calculate Personal Protective Equipment (PPE) needs, applying PPE conservation strategies; procure and pre-position PPE		
	Plan for trainings, including on infection prevention and control (IPC)/PPE for community health workers (CHWs)/community midwives/caregivers to provide support to women and girls, including pregnant women who are isolating at home during illness and post recovery		
	Discuss with communities and partners how to inform (radio, SMS, megaphones, whatsapp hotlines, existing meetings) communities including at-risk groups (household and close contacts with someone who has mpox, healthcare workers, people with multiple sex partners including men who have sex with men, SOGIESC populations, sex workers, pregnant women, and people HIV/AIDS) about the adaptation plans and specifically where and how to access services and supplies		

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
Prevent sexual violence and respond to needs of survivors	Participate in gender-based violence (GBV) coordination meetings to coordinate prevention and response efforts for GBV		
	Prepare for changes to ensure access to GBV services for survivors in isolation at a health facility or at home: 1) Begin safety planning and provide information about mpox with current clients, prepare for confidential storage of documentation, 2) develop clear plan for clinical management of rape and case management, 3) Review guidelines on supporting survivors through digital and remote support 4) Conduct rapid training/skills-building for staff on any new technology to be used for support		
	Raise awareness of GBV and support refresher trainings to enhance practical skills to support <u>first line response (LIVES)</u> and clinical management of rape for survivors		
	Explore mobile and remote service delivery options for GBV (see <u>guidance note</u> including on confidentiality and privacy) and continued awareness raising among service providers in case the situation deteriorates		
	Plan for the potential of increased GBV due to loss of income, home isolation, increased hygiene measures at the household level, and other factors and incorporate into intersectoral GBV risk mitigation measures		
	Map trained staff, known peer support groups and volunteers, including contact information, who could be mobilised and expanded to meet demand including provision of clinical management of rape (CMR) and community-based care for survivors of rape, working through CHWs, or other task-shifting approaches		
	Prepare information, education, and communication (IEC) materials and information on available services (including any adaptations to access) for prevention and response to sexual violence by tailoring to the context of a potential mpox outbreak/setting, including situations where service access may be altered		
	Work with women's, youth, and community groups to develop additional mpox-specific approaches for outreach and support if needed (helplines, digital platforms, virtual counseling with particular for on safety planning if a situation were to escalate)		

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
<p>Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs</p>	<p>Train healthcare workers providing HIV/STI services on mpox clinical signs and symptoms, co-infections, vaccination, prevention, testing, referral, counseling, key messages and surveillance / reporting procedures. Include refresher on syndromic management of STIs and discuss how to continue remote consultations if patient is isolating at home</p>		
	<p>Set up communication and follow-up channels for HIV/STI clients</p>		
	<p>Invest in support to community groups and groups led by and for key populations (including men who have sex with men, sex workers, and/or people living with HIV (PLHIV)) to build trust, provide information on mpox, support condom distribution, create space for safe and high-quality care in community-based or health facility-based health services, and harm reduction activities</p>		
	<p>Identify all existing HIV patients in collaboration with local PLHIV groups through mapping exercise and develop plan with government and partners for continuity of care and support for self-management</p>		
	<p>Consider providing HIV pre-exposure prophylaxis (PrEP) for high risk groups who may struggle to access timely protective or post-exposure treatment and include information on mpox risk and prevention. Consider availability of medication, and move to episodic PrEP where possible. Where unavailable in the programme consider referring to another organisation able to provide this or raise in coordination meetings</p>		
	<p>Ensure adequate supply of condoms and distribute/make condoms available in various locations (this should include male and female condoms based upon context)</p>		
	<p>Work with government and UN stakeholders to ensure distribution of 6 month supply of antiretrovirals (ARVs) to known HIV patients on treatment, utilizing adapted distribution methods (e.g. CHWs and pharmacist facilitation of no contact pick-up/drop off at home, facility or pharmacy) for antiretroviral therapies (ARTs) and other medications</p>		
MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
<p>Prevent excess maternal and newborn morbidity and mortality</p>	<p>Organize a separate delivery / emergency obstetric and newborn care (EmONC) space for suspected/confirmed mpox patients with minimum essential equipment required kept inside (to reduce number of entries/exits), and PPE and hand washing available</p> <ul style="list-style-type: none"> • Where space allows, there should be a separate room for isolated patients giving birth and another for antenatal/postnatal consultations. Where this is impossible, create distance (minimum 1 meter) +/- a physical barrier between patients • Do not mix uninfected, suspected or confirmed mpox patients 		

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
Prevent excess maternal and newborn morbidity and mortality	Develop and disseminate clear standard operating procedures (SOPs) for referrals between EmONC facilities and mpox isolation and treatment facilities including up to date mapping of facilities		
	Develop and disseminate IEC materials on maternal, fetal and newborn danger signs including information about mpox in the community, antenatal care (ANC) and postnatal care (PNC)		
	Establish EmONC/mpox protocols on screening, triage, and patient flows. Practice dry runs of protocols, triage and patient flows with facility staff		
	Train maternity health workers (midwives, nurses, and other service providers) on mpox symptoms and clinical management of pregnant women with mpox, and provide them with up to date guidelines on treatment, testing, care and referral		
	Train screening and triage staff on increased risks in pregnant women and newborns, and SOPs to ensure pregnant women and girls and newborns are rapidly assessed by a midwife or other maternity provider		
	Ensure mpox isolation and treatment centers have been equipped with an appropriate area (and available skilled staff, drugs and equipment) to manage birth and common obstetric complications for women who can not be safely transferred to maternal health facility		
	Advocate for laboring women and EmONC cases to be cared for in appropriate EmONC facility (not in the mpox isolation and treatment center) and ensure adequate supplies and training of staff on PPE		
	Consider pre-positioning supplies for distribution of misoprostol for postpartum hemorrhage (PPH) prevention and chlorhexidine for newborn cord care in case of facility inaccessibility		
	Pre-position clean delivery kits (consider addition of hygiene materials with kits) in case of facility inaccessibility and develop distribution plans		
	Establish telephone screening for post abortion care (screening should be used to establish whether face to face care is required- i.e. in cases where: continued heavy vaginal bleeding; symptoms of anaemia or septicemia; Pelvic/Abdominal pain worsening)		

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
<p>Prevent excess maternal and newborn morbidity and mortality</p>	<p>Develop and disseminate SOPs to ensure caregiver support that includes guidance on hand hygiene, receive instructions and supervision on correct use of PPE for contact and droplet precautions. Include alternate modes of communication such as telephone, WhatsApp, videoconference, etc. Orient staff to SOP</p> <ul style="list-style-type: none"> • See WHO Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings Oct 2024 for more details 		
MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
<p>Prevent unintended pregnancies</p>	<p>Forecast for and pre-position supplies to meet contraception demand for 6-12 months including EC, short-acting methods and Long Acting Reversible Contraceptives (LARCs)</p>		
	<p>Develop a plan for periodic updating of facility mapping that indicate which facilities will continue to offer full range of services</p>		
	<p><u>Share information</u> on availability and location of contraceptive services (for women, adolescent girls, men and adolescent boys)</p>		
	<p>Continue wide distribution of condoms in the community, including for high risk groups with the messaging that condoms alone will not prevent the spread of mpox</p>		
	<p>Identify and develop plan to support community-based family planning (FP) programs with supplies and revised delivery modalities</p>		

MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
Safe abortion care (SAC)	Prepare private consultation/procedure room for suspected/confirmed mpox clients requiring SAC including mpox IPC measures for SAC		
	Procure and pre-position supplies for self management of abortion (including packaging of medications and IEC materials outlining instructions for use)		
	Conduct refresher trainings on SAC methods and procedures <ul style="list-style-type: none"> • See SCORT approach 		
	In contexts where access to health facilities is disrupted, train community providers on early medication abortion and how to counsel women on self management. Supply providers with medications and post-abortion contraceptives		
	Provide postabortion care following recommended IPC measures both for noninfected and infected patients. Pregnancy complications, including fetal demise, increase with mpox infections		
MISP Objective	Preparedness Considerations	Actions/ Changes Needed	Status
Plan for comprehensive SRH services, integrated into primary health care as soon as possible	Maintain existing comprehensive SRH services including routine ANC and PNC services with increased attention to IPC measures whenever possible		
	Establish more intensive follow-up, support and counseling during antenatal, delivery and postnatal period for pregnant and recently pregnant women with mpox or recently recovered		
	Actively advocate and ensure that SRH services are part of transition and recovery plans through the SRH working group or other related coordination mechanisms		

MISP CONSIDERATION CHECKLIST - RESPONSE

This checklist should be used in settings that are actively in an mpox outbreak. If there are no active cases in your area, please refer to the *MISP Consideration Checklist – Preparedness*

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Ensure the health sector/cluster identifies an organization to lead implementation of the MISP	Ensure active participation in the existing SRH coordination mechanism, including the SRH Sub-working group in humanitarian settings		
	Collaborate across mpox task teams for training, ensuring SRH service providers are able to access any mpox related training offered by health, water and sanitation hygiene (WASH)/IPC, case management, risk communication and community engagement (RCCE) or other outbreak response pillars		
	Maintain links with mpox isolation and treatment centers where established by developing SOPs/referral mechanisms to ensure appropriate SRH and maternal, newborn, and child health (MNCH) service provision and continuity of care.		
	Activate MISP/SRH adaptation plans within the framework of mpox outbreak response planning		
	Ensure all response funding proposals include SRH needs		
	Support distribution of RH supplies or kits and ensure clear reporting on supplies to avoid stock outs. Participate in relevant coordination mechanisms (e.g. logistics cluster, health cluster, mpox emergency operation centers pillars) to troubleshoot bottlenecks related to importation and distribution to ensure continued access to supplies		
	Work with MOH, UNFPA, WHO and SRH SWG to ensure SRH health providers have relevant PPE to support continuity of services (in line with rational use of PPE and the mpox humanitarian response plan)		
	Provide supportive supervision, PPE, job aids, and in-service training to CHWs/community midwives/caregivers on adaptations to provision of home care for women who are isolating during illness and post-recovery		
Maintain and circulate an active map of stakeholders and service providers working in the area. In areas with displacement or mobility, ensure this mapping activity is updated every two weeks			

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
<p>Ensure the health sector/cluster identifies an organization to lead implementation of the MISP</p>	<p>Strengthen community linkages for information sharing (e.g. CHWs, community leaders, youth groups and existing community groups) and to regularly update communities on signs and symptoms of mpox, how to prevent transmission, higher risk populations, the importance of hand hygiene, and where to seek services as well as where/when/how to access different SRH services and any changes to services. Refer to WHO public health advice on mpox and congregate settings in which people live, stay or work in proximity</p>		
	<p>Utilize a range of approaches for information sharing (e.g., megaphones, SMS, whatsapp, hotlines, group discussions)</p>		
MISP Objective	Response Considerations	Actions/ Changes Needed	Status
<p>Prevent sexual violence and respond to needs of survivors</p>	<p>Continue coordination efforts on GBV to implement and adapt GBV risk mitigation measures, including intersectoral efforts, based upon evolution of the outbreak and context</p>		
	<p>Activate and update GBV service plans developed during preparedness as necessary. Ensure sufficient PPE and other essential supplies for case managers, medical providers, and others who will have direct contact with survivors</p>		
	<p>Ensure GBV SOP and referral pathways are established, widely disseminated, and updated every two weeks</p>		
	<p>Continue to map and mobilize trained staff to meet the demand of CMR and community-based care for survivors of rape</p>		
	<p>Continue to provide clinical care for rape survivors including safe abortion to the fullest extent of the law, emergency contraception (EC) and post-exposure prophylaxis (PEP) for HIV, including rapid access for survivors undergoing isolation or treatment for mpox</p>		
	<p>Collaborate on and support remote service provision initiatives (including mobile services and hotlines) when necessary</p>		
	<p>Where feasible and appropriate, consider options for community-based care for CMR and survivors of rape</p>		

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent sexual violence and respond to needs of survivors	Distribute IEC materials related to GBV prevention and services among health providers, at health facility triage areas, and all other mpox triage sites		
	Disseminate IEC materials and messaging on GBV service access throughout the community, including to marginalized populations. In areas with limited access or limitations on crowding, utilize alternative communication methods (e.g. online platforms, SMS, WhatsApp, radio) to reach clients		
	Continue to work with women's, youth, and community groups to further community awareness on GBV and ensure mpox-specific approaches are enacted		
MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs	Continue to provide syndromic management of STIs, give information on mpox prevention (e.g., encourage patients to use condoms consistently during sexual activity for prevention of HIV and other STIs but inform patients that condoms alone do not protect against getting or transmitting mpox), and ensure appropriate PPE for providers		
	Prepare private consultation room for suspected mpox clients requiring urgent voluntary counseling and testing (VCT)/PEP		
	For patients who are sexually active and suspected or confirmed to have mpox, offer testing for HIV, syphilis, genital HSV, and screening for STIs and infections managed per <u>WHO Guidelines for the management of symptomatic sexually transmitted infections</u>		
	Continue to provide information on mpox prevention, vaccination, treatment, and management among populations, including informing people living with HIV to continue ART if diagnosed with mpox and prioritization for vaccination, where available		
	Adapt and utilize alternative methods to communicate and follow up with HIV/STI clients as necessary		
	Continue to provide updated information on prevention of mpox, including information on behaviour change strategies, the potential benefits and limitations of condom use, availability of vaccination against mpox according to country policies, and available services		

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs	Continue to work with key populations and community groups to gain trust, convey information about mpox including prevention and where to seek services. Create a space for safe, high-quality care in a health facility or community-based harm reduction approach		
	Continue supporting those previously on ARTs to access services, consider mpox as a possible diagnosis for PLHIVs with unexplained rash, ensure access to treatment and follow-up care		
	Continue provision of PrEP for high risk groups (including survivors of sexual violence and occupational exposure) and provide information on mpox signs and symptoms and prevention. If a health facility is inaccessible, consider organizing community based distribution of PEP and prevention of mother-to-child transmission (PMTCT) (via telephone helplines and/or CHW networks)		
	Monitor condom distribution/uptake and resupply needs (if necessary through community-based distribution)		
	Continue distribution of ARVs to known HIV patients on treatment, utilizing adapted distribution methods, if necessary		
MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent excess maternal and newborn morbidity and mortality	Prioritize continuation of timely safe delivery and EmONC services for staff and patients who are unsuspected, suspected and confirmed		
	Aerosol-Generating Procedures (AGPs) should be performed in an Airborne Infection Isolation (AII) room. If AII room is not available or if it is not feasible, health workers performing AGPs should perform the procedure in a well-ventilated, single patient room with the door closed. Health workers should wear a respirator (e.g., N95), eye protection, gown and gloves		
	Asymptomatic or mildly symptomatic mpox patients may present for maternity care. In addition to standard precautions, WHO recommends that contact and droplet precautions be implemented for any suspected or confirmed patients with mpox <ul style="list-style-type: none"> Refer to IPC guidance in the checklist and WHO Clinical management and infection, prevention and control for monkeypox, interim guidance for more information on IPC measures 		
	Establish and regularly update EmONC referral pathways to ensure there are no delays to accessing EmONC. Consider transport support for clients		
Provide regular staff training/re-training on SOPs and access SOP accessibility			

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent excess maternal and newborn morbidity and mortality	Ensure that pregnant women with mpox who are cared for at home, are counseled about maternal, fetal and newborn danger signs and where to seek care if they become ill or develop danger signs. Self-care interventions should also be encouraged		
	Establish plans for outreach, including dissemination and conseling of IEC materials, to pregnant women in isolation / treatment centers or on isolation at home to ensure access to delivery and EmONC services		
	<p>Provide support for women, girls and families in self-isolation or home-based care for mpox. Pregnant or postnatal women recovering from mpox on home care should receive information and support through different channels (e.g., home visits, text messages)to help them monitor for danger signs in pregnancy, postpartum and in the newborn as well as guidance on breastfeeding</p> <ul style="list-style-type: none"> • See WHO Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings Oct 2024 for more details. 		
	Monitor supplies, quality of care, staffing and conduct refresher trainings and drills to address gaps		
	Continue to advocate for laboring women and EmONC cases to be cared for in appropriate EmONC facility (not in the mpox isolation and treatment center)		
	Train and equip community providers with misoprostol for PPH prevention and chlorhexidine for newborn cord care in accordance with national guidelines		
	Distribute clean delivery kits to all visibly pregnant women, where access to facility-based delivery is difficult. Ensure women and girls know signs of complications of pregnancy, childbirth and newborn problems and how and where to seek help		
	Care for abortion-related complications must be provided - treat PAC related infections as usual		
	Continue telephone screening for PAC		
Conservative (expectant) or medical management should be first-line options for incomplete abortions. Where the patient is deemed stable and safe to go home, treatment can continue outside the facility. Advice/phone number given in case of complications			

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent excess maternal and newborn morbidity and mortality	Monitor caregiver acceptability and knowledge of guidance on SOPs, including regular refresher trainings		
	Track and ensure alternative modes of communication to provide support on SOPs and guidelines		
MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Prevent unintended pregnancies	Access to contraception must be maintained for long-acting reversible and short-acting contraceptive methods at service delivery points including EC and post-partum family planning (where only short-acting methods are feasible such as in mobile clinics or health posts, ensure referrals for LARCs are available. However, EVERY effort must be made to ensure access to LARCs as well - particularly because they require the least follow-up)		
	Use standard safety precautions and PPE when administering long-term methods		
MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Safe abortion care (SAC)	Provide medication abortion as a frontline option - where manual vacuum aspiration (MVA) is required, follow standard IPC and PPE guidance		
	Provide post-PAC and post-SAC contraception at consultation		
	In contexts where mifepristone is unavailable and health facilities become inaccessible misoprostol-only regimes should be considered for self-care		

MISP Objective	Response Considerations	Actions/ Changes Needed	Status
Plan for comprehensive SRH services, integrated into primary health care as soon as possible	Communication with healthcare personnel, stakeholders, and health departments to align efforts to continue SRH service delivery and referrals for mpox cases		
	Regularly collect and analyze data on SRH service utilizations and patient outcomes for mpox, and refine guidelines and interventions as needed		
	Prepare contingency plans for SRH service delivery to ensure uninterrupted services during outbreaks		
	Provide pregnant women with mpox counseling on potential transmission, pregnancy outcomes with mental health support during pregnancy		
	Prioritize tailored and specialized medical care to monitor complications during antenatal, delivery, and postnatal periods		
	Disseminate educational materials on preventative measures and transmission risks of mpox. Establish support groups within the community to share knowledge		
	If there are plans for comprehensive SRH that are underway, SRH working groups will need to review and adapt them to the situation. This could mean cycling programs back momentarily to the MISP while ensuring its wide coverage and access for the populations most at risk		

MPOX PILLAR CHECKLIST

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Case management	Strengthen case management for mpox (during ANC, delivery and breastfeeding)	Conduct training of trainers (TOT) for clinicians and community health workers on mpox clinical care, with a focus on pregnant and breastfeeding individuals		
		Train staff to inform mothers and caregivers about the methods and risks of transmission of MPXV infection during pregnancy/breastfeeding and potential for increased risk of severe illness, pregnancy loss, and neonatal infection		
		Prioritize medical treatment for pregnant and breastfeeding individuals as needed		
		Ensure health staff closely monitor for signs of severe disease and pregnancy complications. Pregnant mpox patients should be assessed regularly by a maternity provider		
		Notify the pediatric team when a pregnant patient is diagnosed with mpox to guide newborn evaluation		
		Coordinate the development, implementation and dissemination of any infant feeding policy with the nutrition sector, health cluster, WHO, and MoH		
		Ensure separate spaces in the treatment center for men and women to ensure privacy		
		Provide training for health staff to counsel mothers with mpox on case-by-case decision to continue or stop breastfeeding, taking into account the mother's overall health and severity of illness, infection status of the infant, and the availability of safe alternative feeding choices		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Case management	Strengthen case management for mpox (during ANC, delivery and breastfeeding)	Train staff to counsel on adaptations to newborn care among mothers and newborns with mpox infection, including handwashing, avoiding direct skin-to-skin contact with affected areas; ensure newborns are fully clothed or swaddled during contact, and replace clothing or blankets after contact		
		Establish and maintain a referral pathway with emergency transport from BEmONC to CEmONC facilities for transfer of pregnant women experiencing moderate/severe disease and requiring higher level acute care and interventions		
Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Screening / triage	Strengthen Case identification for MPXV infection during ANC, PNC, FP, maternal and SRH services	Determine isolation units/areas for potential mpox patients separate from other areas of health center		
		Conduct triage and risk screening for MPXV exposure and symptom for all women, companions, and staff presenting to the health facility (maternity, ANC, PNC, FP, GBV, HIV/STI, and other RH services)		
		Ensure all staff are able to identify individuals that have suspected or confirmed mpox according to locally adapted WHO case definition, through screening and triage at the first point of contact including all individuals coming for sexual, reproductive, maternal, and newborn health (SRMNH) services (e.g., pregnant and breastfeeding people) who present with a rash and fever or lymphadenopathy		
		Ensure pregnant and breast feeding people suspected for mpox are tested. Integrate testing for HIV and STIs (e.g., syphilis, HSV), malaria testing in endemic area for patients with fever, and other infectious diseases per clinical context and local epidemiology. Refer to WHO clinical management and infection prevention and control for mpox interim rapid response guidance for further guidance		
		A companion of choice for labor and delivery should continue to be allowed, with the routine screening of the companion for mpox		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
IPC and PPE	Strengthen infection and prevention control measures at household and health facilities including maternity and SRMNH services	Perform a risk assessment to evaluate the need to use additional precautions during ANC, delivery, EmONC and PNC. Health workers should always follow standard precautions - additional precautions include: hand hygiene, respiratory hygiene and cough etiquette, patient placement, personal protective equipment, aseptic technique, safe injections and sharps injury prevention, environmental cleaning and disinfection, handling of laundry and linen, decontamination and reprocessing of reusable patient care items and equipment, waste management.		
		Asymptomatic or mildly symptomatic mpox patients may present for maternity care. In addition to standard precautions, WHO recommends that contact and droplet precautions be implemented for any suspected or confirmed patients with mpox. <i>Refer to IPC guidance in the checklist and WHO clinical management and infection prevention and control for mpox interim rapid response guidance</i>		
		Dispose of placenta and any pregnancy related tissue or fluids, such as amniotic or fetal tissue fluid, following specific IPC protocols for potentially infectious materials.		
		Conduct health program IPC assessments as baseline and implement mpox IPC SOPs.		
		Designate IPC focal point for health facilities (number of focal points depends upon size of facility) who is responsible for ensuring all health staff (HCPs, auxiliary staff, person doing screening, cleaners, ambulance drivers, guards, etc...) know and correctly carry out their roles and are equipped to do so.		
		Order and track stock of PPE and IPC supplies needed for mpox in accordance with MOH and international standards. <i>See WHO Disease Commodities Package - mpox for more details</i>		
		Provide training for all CHWs on mpox, IPC and PPE requirements, including appropriate handling of materials that have been in contact with mpox-affected patients. Ensure adequate PPE and job aids. <i>See WHO Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings Oct 2024 for more details</i>		
		Ensure PPE supplies for maternities including EmONC/SRMNH services/community-based SRMNH services are included in PPE procurement plans		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Vaccination	Support the introduction of mpox vaccination for both pregnant and breastfeeding people and children, in accordance with local vaccination programming	Ensure frontline health workers providing SRH services are vaccinated according to national recommendations		
		<u>Design targeted social media campaigns:</u> Create educational content (posts, infographics, videos) specifically addressing mpox vaccination for pregnant and breastfeeding individuals, according to national guidelines and strategies. Share testimonials from health experts and vaccinated individuals to build trust		
		Coordinate with vaccination teams to ensure appropriate vaccine prioritization of pregnant and breastfeeding individuals in accordance with national guidelines and strategies.		
		<u>Engage CHWs:</u> Train CHWs to educate pregnant and breastfeeding individuals during home visits, prenatal care appointments, and community events about vaccination and its safety.		
		<u>Provide informational materials in clinics:</u> Distribute brochures, posters, and handouts in maternal and child health clinics, labor wards, and pediatric units that explain the importance of vaccination in protecting mothers and newborns from mpox (*in locations where mpox vaccine is available and the product recommended for pregnant and/or lactating individuals)		
		Identify adapted methodologies to meeting the unique needs of adolescents and pregnant and/or breastfeeding people with relevant information and services through participatory/consultative approaches		
		<u>Organize vaccination drives in antenatal clinics:</u> Set up dedicated vaccination days or sessions at maternal and child health clinics where pregnant and breastfeeding individuals regularly visit for antenatal care, making it easier for them to access the vaccine (*in locations where mpox vaccine is available and the product recommended for pregnant and/or lactating individuals)		
		<u>Develop provider training programs:</u> Train midwives, obstetricians, pediatricians, and lactation consultants on the benefits, risks, contraindications, and safety of mpox vaccines for pregnant and breastfeeding individuals, empowering them to provide accurate information to clients and answer questions, according to the vaccine available in country		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Risk communication and Community Engagement (RCCE)	Engage and share information with key at risk groups including pregnant and breastfeeding individuals through a coordinated RCCE approach	Engage and coordinate with RCCE pillar/actors to ensure coherence in engagement and messaging		
		Provide CHWs with job aids / materials for community level information sharing, follow-up and case management, specifically for pregnant and breastfeeding people		
		Determine with communities and partners about how to inform (radio, SMS, megaphones, whatsapp hotlines) communities including often marginalized populations (adolescents, people with disabilities, LGBTQIA, sex workers) about the adaptation plans and specifically where and how to access services and supplies		
		Identify adapted methodologies to meeting the unique needs of adolescents and other marginalized groups with relevant information and services through participatory/ consultative approaches		
		Strengthen partnerships and engagement with key at risk groups such as sex workers, MSM, and others		
Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Surveillance	Establish/enhance functional event-, community based-, and cross border mpox surveillance systems at continental, national and subnational levels	Support training at Points of Entry (PoEs) and Points of Care (PoCs) for healthcare workers in affected regions. This includes upscaling surveillance at border crossings to ensure early detection and intervention for mpox cases among pregnant and breastfeeding women, as well as newborns.		
		Support the recruitment of CHWs to enhance community-based surveillance, facilitate contact tracing, and strengthen healthcare worker capacity to monitor and report mpox cases in pregnant and breastfeeding individuals.		
		Support TOTs on data management, analysis, and visualization of mpox cases in pregnant and breastfeeding people.		
		Integrate data from community-based surveillance, PoEs, and health facilities to provide a comprehensive overview of mpox trends among pregnant, newborn, and breastfeeding individuals.		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Laboratory	Support access to quality laboratory testing for suspected mpox in pregnant women, newborn and breastfeeding people	Ensure all pregnant people, newborn and breastfeeding people meeting the case definitions for suspected or probable mpox are offered testing		
		Support testing for the presence of MPXV among pregnant and breastfeeding people in appropriately equipped laboratories by staff trained in relevant technical and safety procedures.		
		For patients who are sexually active and suspected or confirmed to have mpox, testing should be offered for HIV, syphilis, genital HSV, and screening for STIs and infections managed per <u>WHO Guidelines for the management of symptomatic sexually transmitted infections</u>		
Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Continuity of services	Advocate for and support MOH partners, governments, health cluster and/or SRH working group to monitor the implementation of basic services including SRMNH services to ensure continuity	Advocate for inclusion of the continuity of SRH services (including ANC and PNC) in the mpox preparedness and response plans		
		Implement the MISP (*see MISP considerations sheet)		
		Advocate for and implement alternative service delivery platforms/strategies/ approaches (e.g. telemedicine, home-based care) to ensure the continuity of care for SRH services (e.g., advance distribution of short-acting methods of family planning)		
		Facilitate experience sharing among stakeholders on maintaining essential SRH services during outbreaks		
		Establish mechanisms for continuous monitoring of SRH service utilization at designated mpox treatment centers		
		Train CHWS on proper disposal and IPC protocols for potentially infectious materials, specifically for pregnancy related tissue or fluids		

Continuity of services	Advocate for and support MOH partners, governments, health cluster and/or SRH working group to monitor the implementation of basic services including SRMNH services to ensure continuity	According to local health policy, train community providers to counsel, distribute and provide clients with: <ul style="list-style-type: none"> • PEP and EC for community-based clinical management of rape • Condoms • STI treatment medication including PrEP and PEP • Chlorhexedine for newborn cord care • Clean delivery kits with supplementary hygiene materials (for all visibly pregnant women where facility based delivery is not possible) • Misoprostol for PPH prevention • Short-acting methods of contraception (oral contraceptives, progestin-only pill, injectibles where feasible, EC) LARCS where feasible and referrals where not. • Medical abortion (mifepristone/misoprostol should be the first line option- in contexts where mifepristone is unavailable, misoprostol only regimens can be considered) 		
Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Coordination (*please refer to the MISP Checklist for more information on coordination)	Improve coordination and collaboration between relevant stakeholders including resource mobilization	*See MISP tab for more information on coordination		
		Deployment of experts to affected areas to support surveillance and data management of mpox cases in pregnant and breastfeeding people		
		Development of joint action plans for mpox response in pregnant and breastfeeding people		

Mpox Cross-Cutting Pillar	Objective	Cross-Cutting Consideration	Actions/Changes Needed	Status
Staff health and safety	Ensure staff health and safety during the mpox outbreak	Train staff on mpox prevention		
		Enforce strict staff sickness policy		
		Establish team communication plans		
		Consider developing health staff roster to help with rotations/increased workload		
		Ensure all clients entering health facilities follow screening procedures, physical distancing, hand and respiratory hygiene etiquette including wearing of face coverings (at minimum, cloth masks)		
		Support frontline healthworkers with psychosocial first aid as well as accompaniment and mentorship approaches to ensure continuity of rights-based service delivery options while allaying fears, addressing misinformation		

