



Protection, Gender and Inclusion gaps in Mpox Response - Africa

Protection, Gender and Inclusion (PGI) gaps have been revealed through the response to the mpox virus. These gaps highlight how certain populations have been disproportionately affected or inadequately addressed during the outbreak response. Here are some of the key PGI gaps identified:

- **Stigmatization of Affected Populations:** The mpox response has sometimes led to increased stigmatization of certain groups, particularly most at-risk populations. This stigmatization can discourage people from seeking care or reporting symptoms, further exacerbating the outbreak. Different considerations to keep in mind includes avoiding stigmatizing terminologies, acknowledging the risks of at high-risk population, using acceptable language, collaborating with media network to use positive wordings, collecting and sharing survivors' testimonials.
- **Care work.** Burden of care work is on women and girls in families/homes/communities including taking care of sick and they may not be represented in critical spaces where decisions on mpox are being made including in places where accurate information is being shared.
- **Limited Intersectional Analysis:** Many responses to the mpox outbreak have lacked an intersectional approach, failing to consider how overlapping identities (such as gender, race, sexuality, and socioeconomic status) can compound vulnerabilities. An intersectional analysis is essential to understanding and addressing the full range of PGI gaps.
- **Healthcare Access Disparities:** There have been significant disparities in access to mpox-related healthcare services, including testing, vaccination, and treatment. These disparities often affect marginalized groups, such as low-income populations, migrants, internally displaced persons (IDPs) and refugees.
- **Lack of Tailored Public Health Messaging:** Public health messaging about mpox has often not been inclusive or accessible to all groups. For example, information may not be available in all relevant languages or formats, leaving non-native speakers and persons with disabilities at a disadvantage.
- **Insufficient Community Involvement:** Communities most affected by the mpox outbreak, particularly marginalized groups, have often been excluded from decision-making processes related to the response. Greater engagement of these communities, including engagement of high-risk communities is essential to ensuring that the response is equitable and effective.
- **Legal and Social Protections:** In many countries, there are insufficient legal and social protections for individuals affected by mpox, particularly those from marginalized groups. This can result in discrimination, harassment, and even violence against those perceived to be at higher risk of contracting the virus.
- **Ethnic and Racial Minorities:** Racial and ethnic minorities often face systemic barriers to healthcare, including access to testing, treatment, and vaccines. In many regions, these communities have been disproportionately affected by the mpox epidemic but have received inadequate attention in the response efforts.
- **Impact on Pregnant Women:** There has been limited research and guidance on the impact of mpox on pregnant women and the potential risks to their unborn children. This gap has resulted in a lack of

tailored healthcare responses for this group

- **Data:** Need for disaggregation of data and analysis. At the same time there is need to look at data protection systems to avoid stigmatization.

Considering Protection, Gender and Inclusion is essential to:

- ✓ ensure peoples **Dignity, Access, Participation and Safety**
- ✓ remain true to our Fundamental Principles
- ✓ leave no one behind
- ✓ **Do no harm:** a minimum requirement, met through dedicated efforts to avoid unintended negative consequences of our work

If we fail to include PGI,

we risk not reaching those that need our help, becoming irrelevant to communities we serve, and even contributing to vulnerabilities or worsening power imbalance and cycles of violence.

Recommended strategies

1. **Gender and diversity analysis** - Plan and conduct a rapid context analysis, to understand who is marginalized or at-risk, knowledge, practices and behaviours, cultural and social values.
2. **Data:** Ensure disaggregation of data to better understand affected population and transmission routes and this will enhance response efforts. Establish data protection systems and culture of privacy around all Red Cross Red Crescent activities in support of outbreak response.
3. **Community engagement:** Collaborate with women, children including with disabilities and their families, influencers, organizations and community leaders to craft and share health messages that are culturally sensitive and inclusive. Work with civil society groups supporting sex workers, mpox survivors, and other at-risk populations experiencing transmission and likely to experience stigma, to provide support in line with their identified needs, including mental health and psychosocial support.
4. **Care work:** Ensure women and girls including with disabilities and their organizations are included at all levels in preparedness and response including risk analysis and mitigation. This includes ensuring they access accurate information on mpox and safe referral pathways.
5. **Non-Stigmatizing Public Health Messaging:** Public health guidance should avoid language that can be interpreted as blaming or targeting specific groups. For instance, instead of advising against having "multiple sexual partners," guidance should focus on promoting safer sex practices universally, without making assumptions about people's behavior based on their sexual orientation or community.
6. **Inclusive Public Messaging:** Ensure public health messages are clear that anyone can be affected by mpox and avoid associating the virus with specific communities. Messages to be created in collaboration with women, children, persons with disabilities and their organizations.
7. **Multi-sectoral responses services** to include safe referral pathways including on Sexual and gender-based violence (SGBV) and child protection.
8. **Community feedback** mechanisms to have standard operating procedures (SOPs) for handling sensitive feedback. This should be done in collaboration with PGI team.
9. **Train Healthcare Providers:** Provide training to prevent biased care, ensuring all patients are treated with respect and without discrimination.
10. **Strengthen Legal Protections:** Enforce anti-discrimination laws and offer clear channels for reporting and addressing violence or discrimination.
11. **Offer Mental Health Support:** Make mental health resources accessible, particularly for those facing stigma or violence.
12. **Regularly Review Guidance:** Continuously assess public health advice to eliminate any potentially discriminatory content.

To learn more [PGI resources](#)

