

Mpox

The impact on women and girls

In East and Southern Africa



The mpox virus is spread through close interpersonal contact (eg. sexual intercourse, touching, kissing...) with an infected, symptomatic individual and through close contact with contaminated materials such as pillows, towels, and bedding. Mpox typically resolves without treatment and care often focuses on relieving symptoms and preventing complications. **The impact of this virus is not gender neutral; women and girls in humanitarian contexts are disproportionately affected due to overcrowded living situations, men perpetrating sexual violence with impunity and the expectation that women and girls take on the role of care-giver to those who are already infected.**

The re-emergence of the mpox virus has created overlapping protection and health concerns. In many humanitarian contexts throughout the region with registered mpox cases (particularly DRC), densely populated IDP camps and informal settlements are composed of mostly women and children who are forced to live in overcrowded, one-room structures or tents that provide minimal personal protection, particularly from sexual violence. Survivors of sexual violence often face stigma and barriers to accessing healthcare, which can delay mpox diagnosis and treatment, worsening women and girls physical and mental health.

Women and girls must also deal with the secondary impact of mpox related to their role as care-givers. Lessons learned from other humanitarian and public health crisis in the region (eg. COVID-19 and Ebola) have taught us that women and girls are often saddled with the primary care-giving duties of those who are sick while still being responsible for securing food and water for the entire family. These burdens are even more pronounced in child and women led households. With limited access to basic prevention materials and awareness messages, the predominately female care-givers are further exposed to infection.

Humanitarians across all sectors must address the following points to reduce the impact of the mpox virus on women and girls.



Over-crowded living conditions in IDP camps and informal settlements which exacerbates the spread of the virus



Rampant insecurity which contributes to alarming rates of GBV - especially sexual violence - which is a primary pathway to infection



Lack of access to basic prevention materials and measures such as regular hand-washing with soap and clean water, masks, and separate sleeping mats



Limited/no access to public information about transmission and treatment

How are women and girls affected by mpox in your context?

**Meet Them
ASK THEM!
Work with Them**

Contact the GBV AoR or a GBV Specialist in your context to access gender sensitive data collection tools and information on GBV risk mitigation