

The importance of Community Engagement in response to mpox – IFRC considerations



threats.

Time and again we have seen how trust, and other behavioral drivers, can halt or escalate epidemics and health



Community engagement in epidemics 3 important lessons

To build trust, we need to listen and act

Community insights are crucial to understand community perceptions and adapt continuously our response

Behaviour change is complex

There are often cultural barriers and social norms that prevent people to use information or access services

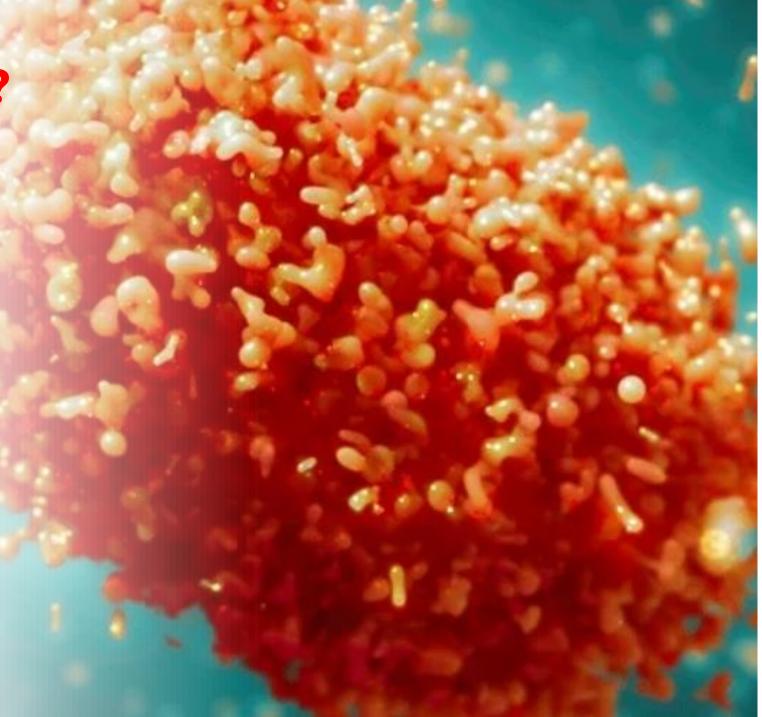
The community knows best

It is the actions of community members that will sustain, or end, an epidemic so they need to be active partners in the response.



Why is mpox getting us worried?

- 3 Epidemics affecting different groups.
- A new clade lb/new epidemic.
- Rapidly spreading through close contact, including but not limited to sexual contacts.
- Sustained community transmission
- More severe than clade II.
- Many unknowns?
- Spreading faster in East Africa.
- Limited availability of vaccines, testing and treatment.



What are people saying?





Concerns around PHSM and lockdowns



Distrusts in health authorities



Concerns around vaccines



Misinformation and questions around transmission



Stigmatising attitude

WHO AIRA & UNICEF social listening & IFRC community feedback data August - Africa

Key considerations for community engagement

- ☐ Data (including community insights) driven approaches
- ☐ Community- led actions
- ☐ Avoid framing this <u>only</u> as a sexually transmitted disease
- ☐ Tailor community engagement strategies for children, care takers and potentially pregnant women
- ☐ Targeted and discreet engagement with stigmatized groups
- ☐ Engage and prepare the community health workforce
- ☐ Continuously adapt and update your community engagement approach.



Stigma is a well-documented barrier to health-seeking behaviours

