



MPOX

Global Needs Assessment

Key insights and findings | December 2022



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MPOX IS A GLOBAL PUBLIC HEALTH EMERGENCY



WHO declared mpox as a public health emergency of international concern (PHEIC). Despite the availability of safe and efficacious treatments and vaccines, access to these therapeutics is unattainable to millions, especially in developing world countries.



In addition, mpox is plagued by misinformation that propagates stigma and has a resounding negative impact to the global response. The disproportionate impact of mpox on MSM, transgender community, people living with HIV, and healthcare workers is detrimental and alarming. These communities are already challenged by the impact of COVID-19 and provision of essential HIV prevention and care. WHO recently officially changed the vernacular to mpox address the proliferating stigma that persists with the virus.



Prevention Access Campaign (PAC) recognizes the need for credible and real-time information to arm the communities it serves to advocate for mpox prioritization, which includes public health education and access to medicines free of stigma and discrimination. As part of our efforts, an informal global needs assessment survey was uncompleted to uncover unmet needs.



Following is an overview of findings and recommended call-to-action to drive change across local geographies and regions.

Needs Assessment Overview

An informal needs assessment survey was conducted in November 2022 to determine unmet needs faced by communities served by PAC.

37 responses were garnered from participants across the world including underserved regions (Nigeria, Pakistan, Tanzania, Russia, Kenya, Malawi, Botswana, Guatemala, Zambia, and Uganda).

Participants were reflective of diverse gender identities and representative of LGBTQSI+ and heterosexual communities, **and nearly 60% of respondents are living with HIV.**

KEY INSIGHTS

Lack of credible information exists – community needs access to information, data and resources

Potential trends around lack of reporting in certain regions

Stigma persists across LGBTQI community, and especially among MSM community; disclosure and PTSD of HIV diagnosis experienced by some

Lack of vaccine access and treatments an issue for African countries/regions; other regions prioritize MSM over other at-risk populations; supply issues; rural communities access issues

Mpox not prioritized by organizations, governments, and others driving gap in overall awareness around virus holistically

Care continuum fractured in some regions – lack of follow up for vaccine doses, HCP stigma, focus on major cities

HIV treatment and care impacted in some regions

The mpox response is plagued by multiple barriers with stigma, misinformation and poor public health response being most common, which impacts the provision of credible information and access to therapeutics.

STIGMA

- People are not accepting
- Misinformation about mpox being a LGBTQ+ issue
- HIV disclosure and discrimination
- Sex workers specific needs unmet
- Communities are not sensitive
- Lack of interest from gay community
- Estructural discrimination
- LGBTQ propaganda and punitive laws

MISINFORMATION

- Folks not wanting to see treatment unless severe, not isolating
- Mpox being an LGBTQ+ issue
- Myths and misconceptions
- People believe they are not at risk
- Conspiracy theory
- Antivaxxers/vaccine resistance
- No sensitization on symptoms

LACK OF INFORMATION

- Understanding contagion
- Clear treatment protocol and treatment information
- Getting/finding information about MP and vaccine
- No access to information
- Not enough health literacy
- Isolation requirement
- Information on at risk populations and general public
- Lack of awareness of services
- Need access to educational materials
- Lack of research on the impacts on sex workers community

ACCESS TO CARE, VACCINES AND TREATMENTS

- Where to get vaccine if you're not a registered patient
- Recommendation for vaccination only for MSM and trans/enby people who have sex with men; excludes at risk-populations who don't identify with these groups
- Communities of color left behind
- Not enough vaccine for black gay community
- Distance location
- No medicine for MPV
- Seeking medical care
- Vaccine equity
- No access to vaccines
- Staffing shortages

LAGGING PUBLIC HEALTH RESPONSE

- Very slow response by government during summer outbreak
- Not getting
- Lack of government apathy for regions outside of major cities
- Deprioritized
- Seen as something only affecting LGBTQ+ community therefore not a priority

Key Findings



Despite mpox outreach control in developed nations, people living in other regions have been left behind.

“Very little rate of infection and vaccinations were available quickly and distributed easily and effectively.”

“More than 100 cases registered but still no clear attention from the government. They already say no vaccines and not for gay people. They need to “investigate” to whom the vaccines would be provided.”

“People are not accepting it.”

“People have no knowledge about MPV. No information is available.”

“As a worker working in the field of health care, the NYC region has done a great job providing information however the efforts for follow ups and having enough vaccines were poorly orchestrated.”

“(The outbreak) started out fast. No ability to get immunization for the first month. I think the number of cases were drastically understated due to the lag time in testing and results, and presenting for care, along with not being tested. Access to immunization has improved.”

“The sex worker community has been underserved with its high MPX exposure with late specific provisions.”

“To date, there is no reliable data on the spread of the disease in Russia.”

“Moderately controlled with treatment sites and vaccination sites available.”

“There is no data yet.”

The mpox response is plagued by multiple barriers with stigma, misinformation and poor public health response being most common, which hinders the provision of credible information and access to therapeutics and care, and ultimately, the spread of the virus.

- **Stigma and discrimination**
- **Misconceptions and misinformation**
- **Lack credible and current information and education**
- **Poor public health response**
- **Lack of equitable and accessible treatment and care**

LET'S TAKE A CLOSER LOOK...

A majority of responses stated a key barrier to the mpox response is stigma and discrimination, and largely targeted to LGBTQ+ communities.

- **People are not accepting**
- **Misinformation persists about mpox being a LGBTQ+ issue**
- **HIV disclosure and discrimination permeates**
- **Sex worker-specific needs unmet – a key population left behind**
- **Communities are insensitive**
- **Lack of interest from gay community**
- **E-structural discrimination exists**
- **LGBTQ propaganda and punitive laws driving force**

Stigma deepens for people living with HIV, which can impact its management and outcomes.

- PLWHIV are badly impacted and seem to be the most affected by mpox
- Some have experienced a reduction and limitation on essential HIV appointments and care
- We are fearful and scared
- For sex workers living with HIV, MPOX was hugely re-traumatizing
- Mpox has perpetuated more stigma
- PLWHIV are having fewer sexual encounters, being more careful about sexual partner
- PLWHIV have not been prioritized in the response

The impacts of COVID-19 has negatively affected the treatment and care of people living with HIV, and preventative measures (i.e., provision of PrEP, U=U) to control the spread of the epidemic.

Many countries have faced devastating impacts and mpox adds an additional and highly important layer that requires a strong global public health response.

The holistic health of our community must be protected. We must dismantle the unnecessary stigma that permeates for all those who are impacted.

Holistic local public health responses work – education, awareness, access to therapeutics and care. However, in many regions around the world, public health mpox strategies are fractured and, in some cases, non-existent.

Very slow response by government during summer outbreak

Lack of government apathy for regions outside of major cities

Deprioritized overall within local public health response

Seen as something only affecting LGBTQ+ community therefore not a priority

Broad mpox vaccinations has controlled the spread of mpox in regions/countries with access alleviating the public health emergency in those geographies (i.e., US, Berlin)

Integral to the public health response is equitable access to vaccines, treatments and care, but for many regions, this is not an option.

Where to get vaccinated if you're not a registered patient	Seeking medical care
Recommendations for vaccination only for MSM and trans/enby people who have sex with men; excludes at risk-populations who don't identify with these groups	Vaccine access
Communities of color left behind	Lack of data/reporting
Not enough vaccine for black gay community	Staffing shortages
Distance/location – areas outside major cities	Limitations around who can get vaccine
No medicine for MPV	Supply issues

LACK OF

- Understanding contagion
- Clear treatment protocol and treatment information
- Getting/finding information about MP and vaccine
- No access to information
- Not enough health literacy
- Isolation requirement
- Information on at risk populations and general public
- Lack of awareness of services
- Need access to educational materials
- Lack of research on the impacts on sex workers community

Respondents felt there's lack of credible mpox information and education readily available. Misinformation and/or lack of credible information may be driving catalyst to misconceptions.

MISINFORMATION

- Folks not wanting to see treatment unless severe, not isolating
- Mpox being an LGBTQ+ issue
- Myths and misconceptions
- People believe they are not at risk
- Conspiracy theory
- Antivaxxers/vaccine resistance
- No sensitization on symptoms

Respondents specified the types of information, education and tools that would be beneficial to the communities they serve.

EDUCATION AND TRAINING:

- Peer to peer mentorship and training
- Employee and Volunteer Training
- Awareness and advocacy skills
- Mpox 101 training (what is it, mode of infection, transmission)

MESSAGING AND MATERIALS:

- Improved messaging
- Brochures with testing and treatment resources information; highlight benefits of immunization
- Patient education
- IEC materials, posters, printed t-shirts, mobile vans, radio and television panel discussions, performances
- Social media template resources
- Videos
- Information about how many non-sex work focused organizations joined call for the Sex Worker Care
- FAQs with information on symptomology, contagion time, treatment options, images of what it looks like, and vaccine sources
- Fact sheets

OTHER RESOURCES:

- Additional funding for outreach work
- Adequate information about mpox bans in multiple languages
- Information to cobrand websites with local influencers to elevate immunization benefits
- Gay venue educational events
- Continued reminders that Mpox is still an issue as conversation has waned
- Vaccine resources Incentives for vaccine to help those with economic hurdles
- Distribution of protective equipment

WE HAVE WORK TO DO

CALL-TO-ACTION

It's time to take the mpox public health emergency into our own hands and demand viable responses to ensure:

- **Equity**
- **Stigma-free treatment and care**
- **Access to healthcare, medicines and vaccines**
- **Access to credible information and resources to educate the communities we serve**
- **Bar is raised to ensure essential HIV treatment and care**
- **Broad education about mpox**
- **Behavioral change within our communities, governments, and general public**

SOURCES FOR INFORMATION

