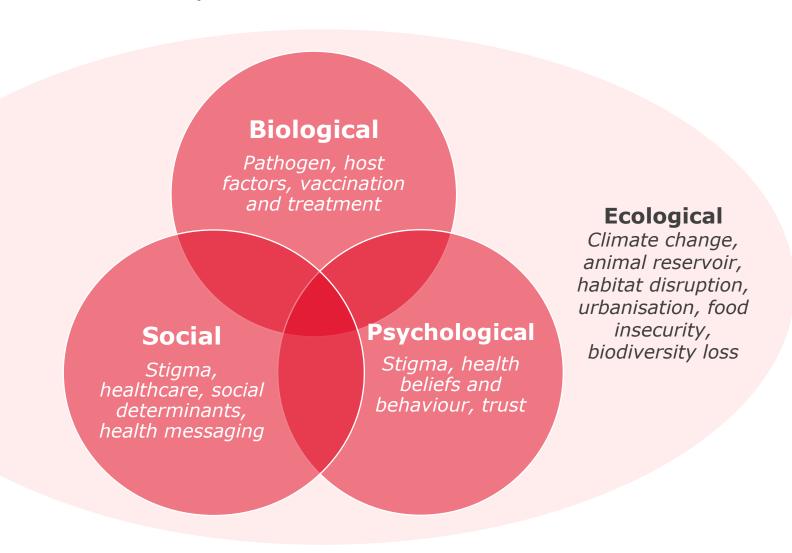


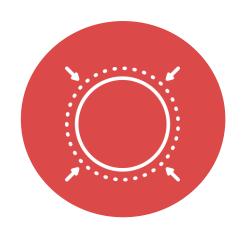
## **Ensuring** a community-led and equitable response to mpox **Dr Shema Tariq**

### **2IAS**

## Mpox is an eco-biopsychosocial problem



## Key sociocultural challenges











Marginalised groups

Stigma and discrimination

Information and misinformation

Mistrust of institutions

Global health inequity

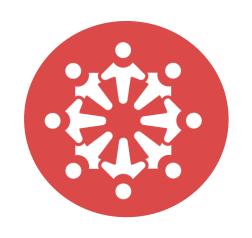
## **RIAS**



# Why does community involvement matter?

- Knowledge and expertise
- Trust and transparency
- Cultural and local relevance
- Reach marginalised groups
- Reduce stigma
- Context-sensitive solutions
- Sustainable change
- Mutual learning and upskilling
- Maximise impact

## Community involvement in the mpox response











Community-led interventions

Health promotion

Advocacy and policy change

Peer support

Involvement in research





Aim: To develop contextual understandings of the lived experiences of mpox

			000		
	News media	Social media	Focus Groups	Interviews	Photography
Italy					
Nigeria	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Thailand	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
United Kingdom					





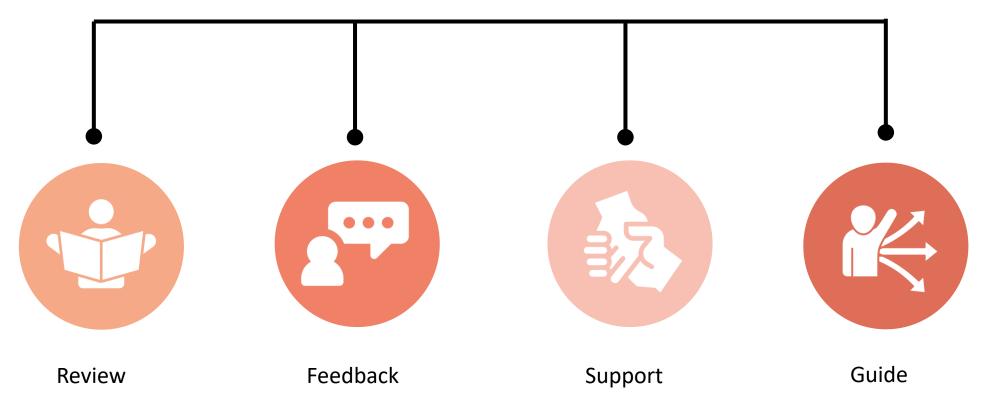








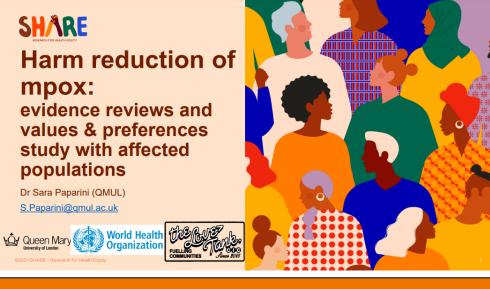
#### **International Community Advisory Group**

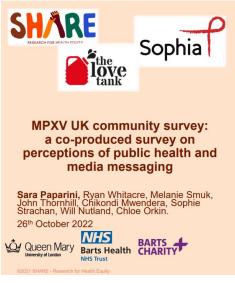


I believe that active community participation is essential for impactful research. It's crucial that research addresses the real needs of those most affected by health issues. Given the inherent power dynamics in society, it is vital for me, as a CAB member, to feel that my input is being genuinely considered, not just heard as a research subject. This approach is key to effectively understanding and addressing health inequities.

Leonardo Pavam (Previous Chair, VERDI CAB)









INSTITUTE FOR GLOBAL HEALTH



# Experiences of mpox illness and case management among cis and trans gay, bisexual and other men who have sex with men in England

T Charles Witzel, Andrew Ghobrial, Romain Palich, Hannah Charles, Alison J Rodger, Caroline Sabin, Alex Sparrowhawk, Erica RM Pool, Mateo Prochazka, Roberto Vivancos, Katy Sinka, Kate Folkard, John Saunders, Fiona M Burns





#### References:

May T, Towler L, Smith LE, et al. BMC Public Health. 2023;23(1):2265. Witzel TC, Ghobrial A, Palich R, et al. EClinicalMedicine. 2024;70:102522. Paparini S, Whelan I, Mwendera C, et al. Infect Dis (Lond). 2024;56(8):589-605.

## Common themes

Central importance of stigma in prevention, accessing care, experience of healthcare and mental health

SHARE

mpox:

Harm reduction of

- Non-physical impacts of mpox
- Public health messaging sometimes not understood or taken on board
- Community was key to health messaginges of mpox illness and case management among cis and trans
- Personal stories and lived experience are important tools
- Leveraging of community experience in sexual health and HIV
- Risk of amplifying health inequities if marginalized groups not included

Given the population approach to mpox in the EU is eradication, routine access to effective vaccines would be the main community need. This now has to be planned against the background of a single global manufacturer and the urgency of prioritising vaccines to central Africa. As cases will continue in high-income countries, healthcare needs to be person-centred and non-judgemental – with several surveys during 2022 reporting that healthcare didn't always have these qualities.

Simon Collins (HIV i-Base, EATG and UK-CAB, VERDI CAB member)

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- Chiara Longhi (EATG), Parminder Sekhon (NAZ) and Afrihealth Optonet
- Sara Paparini

