GISF Security Brief: 2024 mpox outbreak

How the disease can affect NGO security considerations

GISF Publication

Image credits: OCHA/YPN-Alaa Noman

Introduction

In August 2024, the World Health Organization (WHO) Director-General declared the mpox outbreak a Public Health Emergency of International Concern due to an upsurge of cases in the Democratic Republic of Congo (DRC) and neighbouring countries. Mpox is a zoonotic disease endemic in parts of Central and West Africa[1] . There are multiple types of mpox including clade I, clade Ib, and clade II[2]. In May 2022, clade II began to spread throughout Europe and the Americas, largely impacting men who have sex with men and spreading through sexual networks[3][4]. In 2022, clade I was reported in refugee camps in Sudan and clade Ib began to spread in the DRC, with reports extending to other countries as of mid-2024. Although the outbreak remains concentrated in West, East, and Central Africa, between January 2022 and August 2024, over 120 countries have reported more than 100,000 confirmed cases and over 220 deaths[5].

Potential impacts on security

1. Changes in environment affect acceptance

The mpox outbreak has the potential to change the environment aid organisations operate in.

This could include shifts in:

- Patterns of crime
- Political unrest
- Changing views of governments and aid organisations (especially foreign ones)
- New and frequently changing government rules and changes in freedom of movement.

These changes in the operating environment can affect an organisation's contextual security, its freedom of movement, its ability to access communities in need, and how it is perceived by external actors. In turn, these changes can affect how an organisation maintains and manages relationships with affected populations, government actors, their staff, and other stakeholders, and, consequently, the organisation's ability to maintain acceptance to operate in these environments.

2. Impacts to community acceptance and security

Disease outbreaks exacerbate insecurity, and insecurity exacerbates epidemics. Previous responses to epidemics have shown that a failure to effectively engage with affected communities can result in negative perceptions of responders and even spark violence. In the response to the 10th Ebola outbreak in DRC (2018-2020), a failure to carefully consider and engage with community needs and priorities, and thereby foster acceptance, heightened tensions between community members and responders. This resulted in attacks against aid workers and forced the closure of health facilities. The COVID-19 pandemic also saw an increase in attacks against aid workers. Insecurity Insight reported 412 attacks against health care workers related to the COVID-19 pandemic between January and December 2020[6].

[1] CDC, "About Mpox," Centers for Disease Control and Prevention, April 18, 2024, https://www.cdc.gov/poxvirus/mpox/about/index.html.
[2] CDC, "Ongoing Clade II Mpox Global Outbreak," Centers for Disease Control and Prevention, August 29, 2024, https://www.cdc.gov/poxvirus/mpox/outbreak/2022-ongoing-global.html.
[3] CDC, "Ongoing Clade II Mpox Global Outbreak," Centers for Disease Control and Prevention, August 29, 2024, https://www.cdc.gov/poxvirus/mpox/outbreak/2022-ongoing-global.html.
[4] "Factsheet for Health Professionals on Mpox," European Centre for Disease Prevention and Control, August 16, 2024, https://www.ecdc.europa.eu/en/all-topics-z/monkeypox/factsheet-health-professionals.
[5] "Mpox Overview," World Health Organization, August 26, 2024, https://www.who.int/news-room/fact-sheets/detail/mpox.
[6] UC Berkeley Human Rights Center and Insecurity Insight, "Violence Against Health Care: Attacks During a Pandemic," Insecurity Insight, March 2, 2021, https://storymaps.arcgis.com/stories/fd6a804a17b74f0aaa3d00b76b9ab192.

3. Rise in distrust, misinformation, and disinformation

Disease outbreaks are often accompanied by uncertainty, heightened emotions (especially fear), and extensive media attention. The fast spread of information, some true and some not, has implications for how responders are perceived and, consequently, whether they are accepted.

False information about mpox has spread quickly and widely through different media platforms. This is can be seen in a report by Insecurity Insight, which analysed Facebook comments from August 2024, and showed that social media reactions to the mpox health emergency were marked by scepticism, especially towards local authorities and Western involvement. Mistrust, misinformation and disinformation are common in public health emergency settings and can exacerbate existing tensions and affect acceptance, with implications for the security of aid operations.

The COVID-19 outbreak demonstrated how affected communities rely on social media for information during a pandemic. This is especially the case when there is widespread distrust of traditional media outlets. Unfortunately, social media content is not always verified before being shared, making it a breeding ground for false rumours. In 2020 and 2021, rising levels of misinformation and disinformation on uncurated social media platforms about COVID-19 negatively impacted the reputation and acceptance levels of some organisations. However, it is important to remember that information shared on these platforms can also be true. This is notably exemplified by reports of corruption, exploitation, and abuse of power during the recent Ebola response in the DRC [7].

Organisations need to track the information that is being shared about them online among the local population, whether it be disinformation, misinformation or even credible statements, and evaluate how it may affect the way the organisation is perceived.

Key definitions: misinformation and disinformation

Misinformation is false or inaccurate information that is created or shared in error.

Disinformation is false information which is deliberately intended to mislead.

Good practices

1. Expect an ever-changing security environment

The COVID-19 pandemic has changed the security environment in many countries where NGOs operate. It has altered key relationships and communication between different actors. The mpox outbreak is directly impacted by the lasting influence of COVID-19 and has the potential to exacerbate the situation.

Regular context analyses and risk assessments are required to effectively understand how mpox is impacting an organisation's acceptance. See GISF's guidance on risk assessments for country operations during COVID-19. Risk treatment measures should consider these changes and related risks and aim to reduce them.

[7] Emmanuel Freudenthal, "How 'Ebola Business' Threatens Aid Operations in Congo," The New Humanitarian (blog), June 18, 2020, https://www.thenewhumanitarian.org/investigation/2020/06/18/Ebola-corruption-aid-sector.

2. Meet community expectations

Programme effectiveness, participatory approaches, considered entry and exit strategies, and transparency and accountability are essential foundations for gaining and maintaining acceptance. In epidemic settings, the quality of programming and the relevance of that programming to the needs of the community is particularly important.

During the DRC Ebola crisis, responders failed to understand that Ebola was not a priority humanitarian need for affected populations. Many people were more concerned by regular violent attacks by armed groups and more prevalent diseases. As a result, the Ebola response was met with violent backlash from the local populations.

Organisations that changed tactics by listening to the priorities of communities and adapting their approach to meet these expectations were able to improve acceptance.

3. Engage in two-way communication

Meaningful two-way communication with communities and other stakeholders is essential to ensure aid organisations meet local expectations. Open and regular dialogue is also important to respond to fears and uncertainty, which are natural reactions to novel epidemic outbreaks.

Hesitancy about response measures, including vaccines, is also to be expected. Unfortunately, many public health efforts tend to focus on one-way messaging. For example, this might include instructions to wear a mask or wash your hands.

However, previous responses to epidemics have shown that to effectively engage with communities and obtain their acceptance, organisations must provide local populations with the space and opportunity to voice concerns and ask questions.

Organisation staff must also be trained and prepared to answer these questions and, where possible, address concerns. One way of fostering this dialogue is to identify the sources of information that affected populations most trust. Responders need to be aware of these trusted sources. They could include medical professionals, religious leaders, certain media outlets and even social media platforms. Responders can actively use these channels to share information and create a space to engage in a two-way dialogue.

Other strategies can involve ensuring that community visits include a medical professional (such as a doctor or nurse) who can answer medical questions about mpox and related issues. Other options to encourage dialogue could include a free phone number that individuals can anonymously call to ask

Image credits: Childfund/ Jake Lyell

questions. Events with trusted leaders are another potential avenue that would provide the time and space for communities to raise questions. Participants could raise concerns about mpox, the organisation's other projects, or how the organisation will ensure that community members will not contract mpox when accessing services.

4.Manage disinformation and misinformation proactively

To tackle the spread of misinformation and disinformation, organisations need to proactively provide regular and factually correct information about mpox, the organisation, and its response to local communities, staff, and other stakeholders.

Organisations should ensure that they are the central source of information on mpox for their staff at all levels. This can take the form of, for example, a page on the organisation's intranet site with global and country-specific verified information about mpox.

During infectious disease outbreaks, users of social media are particularly vulnerable to misinformation due to a lack of gatekeepers on these platforms and the creation of isolated online communities that spread and reinforce false information. These same platforms, however, can also be used by organisations to proactively address incorrect information about the pandemic and their organisation's work.

Where false information is deliberately being spread (known as disinformation), organisations should aim to understand the motivation behind it, and how this disinformation can affect how the organisation is perceived by different stakeholders.

5. Monitor and measure acceptance

In practice, acceptance can be seen as a continuum. On one end is 'rejection' and on the other 'acceptance'. An organisation's acceptance can fall anywhere on this continuum and can also vary from actor to actor. Organisations should aim to formally measure and regularly monitor acceptance to ensure the security of their staff and operations. Organisations can use this knowledge to take proactive steps to obtain and maintain acceptance with each relevant actor.

Ideally, organisations should establish a system that formally collects information from different sources and inputs this into an acceptance measurement tool. This information should be centrally stored to allow analysis, like a security incident information management system. Some organisations, such as Action contre la Faim, have already developed a tool to support their staff with measuring acceptance across different actors.

Image credits: UNOCHA/Viviane Rakotoarivony

6. Adopt common rules of engagement

How one organisation interacts with a community can affect that community's perception of the entire response. Many organisations responding to the 10th Ebola outbreak in eastern DRC were widely perceived as part of the broader response without distinctions being made between different organisations. This impacted each organisation's acceptance and security. Aid organisations need to coordinate with each other and adhere to common rules of engagement. For example, this could be around the use of armed escorts in active conflict settings. This helps ensure that the actions of one organisation do not negatively impact the acceptance of all.

Many humanitarians argue that adherence to the humanitarian principles of impartiality, neutrality and independence are essential for obtaining acceptance. Any common rules of engagement developed could, therefore, use these principles as foundations to guide behaviour if this is deemed appropriate to the context and by the operating organisations.

7. Build internal acceptance: risks and organisational policy

The COVID-19 pandemic highlighted inequalities within organisations with differing security implications. These inequalities could continue during the mpox outbreak. Most noticeable were the heavy reliance on local staff to travel to programme areas, international staff having greater access to vaccines, and some staff demonstrating vaccine hesitancy.

It is essential, therefore, for organisations to consider how mpox is affecting internal dynamics. They must also consider how these may affect perceptions and acceptance of the organisation among staff members themselves and any risks that may result internally from poor perceptions. Organisations should consider implementing organisational policies and guidelines to manage these challenges.

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