

Risk Communication and Community Engagement: Monkeypox Outbreak



Risk communications and community engagement interim guidance on using inclusive language in understanding, preventing and addressing stigma and discrimination related to monkeypox

1 September 2022

This interim guidance from WHO provides information on the potential impact of stigma, recommended language and actions to counter stigmatizing attitudes and discriminatory behaviours and policies related to the monkeypox outbreak. It will be updated as more is known about effective strategies against stigma and discrimination in the context of this outbreak.

Overview

An outbreak of monkeypox, a viral infectious disease, is currently being reported in countries where the disease had not been found before. The risk of monkeypox is not limited to any one community or any one place. Anyone who has close contact with someone who is infectious is at risk.

Outbreaks of monkeypox in newly affected countries have mostly been identified in communities of gay, bisexual and other men who have sex with men who have had recent sexual contact with a new partner or partners. Communities of trans and gender diverse people linked to the same sexual networks have also been affected.

While the risk is not limited to these groups, the outbreak has become an additional focus for stigma and discrimination directed against men who have sex with men, trans people and broader lesbian, gay, bisexual, trans, queer and intersex communities and their families. Similarly, stigma, discrimination and other expressions of racism towards communities from previously affected regions has increased as a result of the new outbreak of monkeypox.

Stigma and discrimination connected to any disease, including monkeypox, are never acceptable. They can have a serious impact on health outcomes and undermine the outbreak response by making people reluctant to come forward or seek care. This increases the risk of transmission – both within the most affected communities and beyond.

The impact of stigma and discrimination on the monkeypox outbreak must be mitigated through active strategies to prevent people being unable or unwilling to access health services and support and to create an enabling environment where people feel able to report their symptoms.

A note before we start

People often stigmatize others without being aware that they're doing it, and without any malicious intent. People automatically make judgments about others without realizing how it might affect them. In fact, most people have felt ostracized or been treated like a minority at some time in their lives. We all find ourselves perpetuating harmful stereotypes or falling back on unconscious biases at times. Being aware of one's own unconscious bias is important, but even more important is to not allow those implicit biases to cause discrimination to be enabled or ignored.

Proactively reflecting and acting on our own language, behaviour and intentions as individuals and as agencies is essential to reducing the harm caused by stigma and discrimination. Having good intentions is not enough – this interim guidance is for everyone working on or concerned by monkeypox. Fear of perpetuating stigma and discrimination should not stop individuals and organizations from speaking up on important issues; the most important thing we can do is to be reflective, seek feedback, call out stigma and discrimination where we see it and be open to learning and changing our behaviour.



New interim guidance on using inclusive language in understanding, preventing and addressing stigma and discrimination related to monkeypox

- Developed with inputs from relevant IMST focal points, regional RCCE colleagues and members of HHS STAG
- This guidance outlines:
 - Impact of stigma
 - Recommended language & actions to counter stigma/discrimination
 - Recommended policies related to monkeypox outbreak
- Target audience: governments; CSOs; NGOs; HCWs; community leaders; media
- Available [here](#) on WHO website



Includes:

- Definitions and descriptions
- Strategies for preventing and addressing stigma
- Considerations for health systems, media outlets and other agencies
- How to recognize and address unconscious bias
- Do's and don'ts on the use of non-stigmatizing language throughout the outbreak response

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Using non-stigmatizing language in all areas of the outbreak response

The language we use matters in all parts of the outbreak response, not just in communication and community engagement activities.

When talking about monkeypox, certain words and language may have a negative meaning or connotation and may fuel stigmatizing attitudes. Below are some do's and don'ts on language when talking about monkeypox:

- » **Do talk about monkeypox or the monkeypox virus and communities most affected.**
- » **Don't attach labels of particular demographics to the disease. For example, monkeypox is not a 'gay' disease. Take care to note that anyone in contact with the virus can become infected.**

Listen to the needs of those affected

What is experienced as stigmatizing and discriminatory can vary between people and between and even within communities. Affected communities should be consulted to understand what they are experiencing. Establishing or drawing on existing feedback systems, monitoring online and offline discourse and holding community dialogues can be ways to gather data to inform activities.

Spread the facts

Stigma can be heightened by a lack of understanding about how monkeypox is transmitted and treated, and how to prevent infection. Share clear, simple, transparent and accurate country- and community-specific information about the outbreak, treatment options, vaccination and where to access healthcare and information.

From the inclusive language guide:

"Stigma and discrimination – or fear of it – may prolong a disease outbreak by stopping people with health conditions from accessing health services or seeking care. Stigmatizing attitudes and discriminatory treatment undermine trust and increase the likelihood that people will avoid seeking care."

Facts:

- Stigma and discrimination may arise unintentionally
- Certain words and language may fuel stereotypes, prejudices and discrimination
- Unconscious biases and attitudes may have devastating impacts on others

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Considerations for different operational actors, partners and stakeholders

Health systems and health workers



Health facilities are often the first point of care for people with symptoms that could be monkeypox. It is important to ensure that health workers understand and use appropriate terminology and language to ensure that people feel comfortable and respected while accessing care. This includes making healthcare facilities welcoming and nonjudgmental places, where people can trust that their privacy and confidentiality will be respected.

People seeking care at health facilities for any reason should be treated with kindness, confidentiality and respect by health workers and other support in health facilities staff alike.

Contact tracing



Stigma and discrimination can have a negative impact on people's willingness to report symptoms and share information about their contacts. People may not want to be associated with the idea of possible sexual transmission, or they may not wish to disclose their sexual orientation or sexual histories. People who conduct contact tracing should ensure that confidentiality is respected and privacy measures are in place. For example, ensure that interviews with people seeking care take place in a setting where others cannot overhear what's being said.

Likewise, people who conduct contact tracing should avoid asking patients to elaborate on the specific nature of their contacts' possible exposures. Stigma or fear of stigma may make people reluctant to disclose contacts, which can further hinder efforts to slow the spread of disease. Contact tracers should encourage people to privately notify their contacts and sexual partners and encourage them to reach out to public health authorities directly for testing and/or care.

The RCCE inclusive language guide provides additional guidance for different operational actors, partners and stakeholders, including health systems, media and contact tracers.

The media



Journalists and others working in the media can play an important role to reduce stigma and discrimination by using appropriate language and images in their work and fact checking their content and reporting before it is disseminated to the public. Organizations working with the media can hold events and information sessions to discuss modes of communicating around this outbreak to reduce the risk of stigmatizing language being used.



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Collective Service – Monkeypox dashboard


<https://www.rcce-collective.net/data/analysis-reports/2022-monkeypox-outbreak/>

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2022 MONKEYPOX OUTBREAK

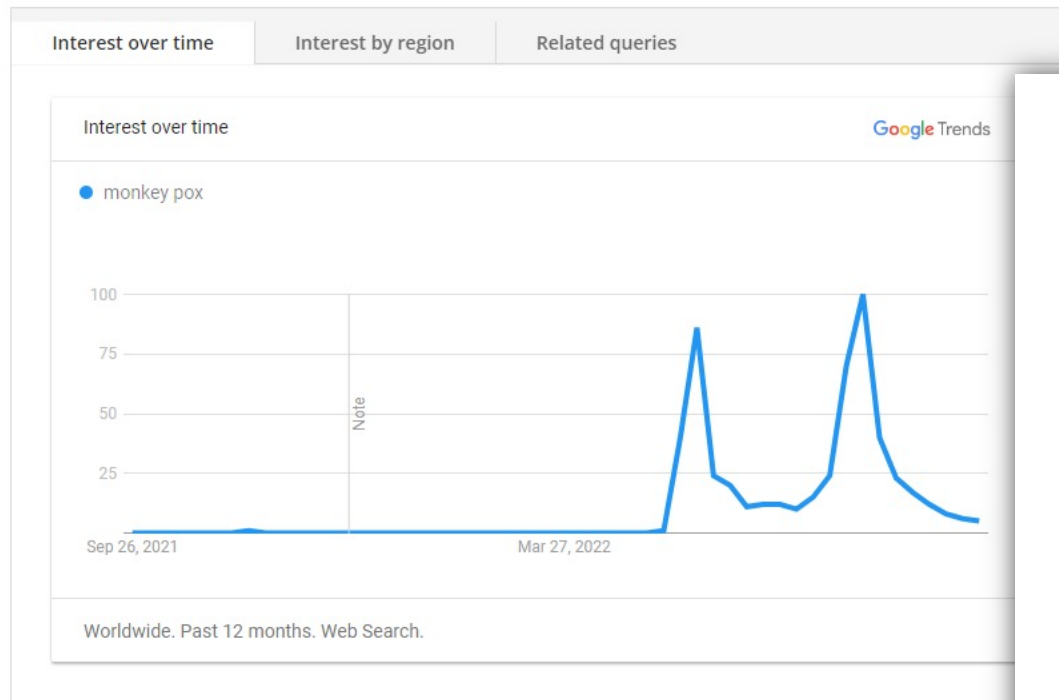
A Data Snapshot on Monkeypox Outbreak – June 2022

BACKGROUND

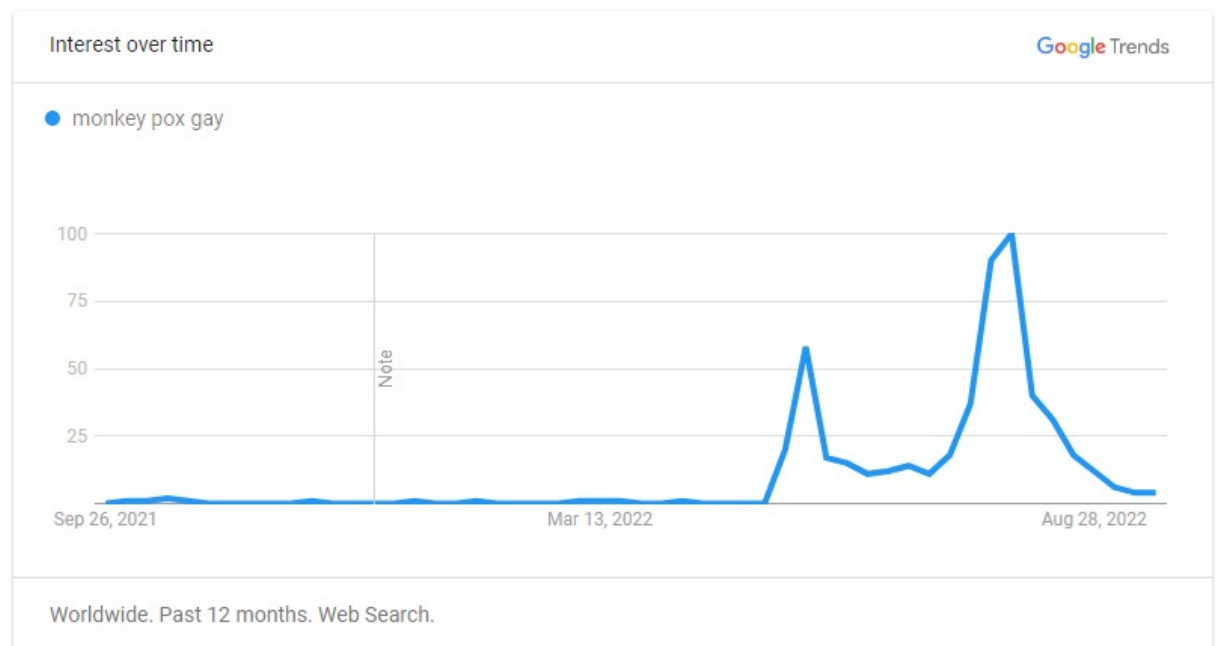
An ongoing outbreak of monkeypox was confirmed on 6 May 2022, beginning with a British resident who, after travelling to Nigeria (where the disease is endemic), presented symptoms consistent with monkeypox on 29 April 2022. The resident returned to the United Kingdom on 4 May, creating the country's index case of the outbreak. After 5 weeks, 4,780 confirmed and 1 death have been reported and affect +50 countries where the disease is mainly not endemic (Global Health, 28 June 2022).

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Public interest



Stigmatization risk

