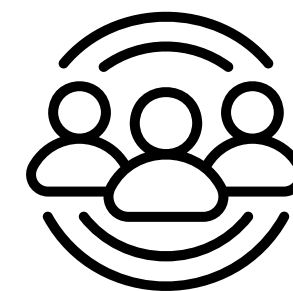


# KEY CONSIDERATIONS: RISK COMMUNICATION AND COMMUNITY ENGAGEMENT FOR MPOX VACCINATION IN EASTERN DRC

## NAVIGATING CONFLICT-AFFECTED LANDSCAPES



Close monitoring of political and conflict developments allows for sensitive design and timely adaptation of RCCE and vaccination activities to avoid unintentionally exacerbating conflicts in the eastern DRC.



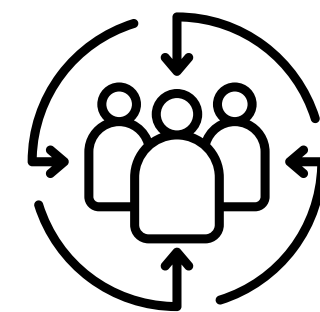
Community-led security solutions for RCCE and vaccination activities can demonstrate commitment to local interests, and avoid perceptions of responders 'siding' with potentially mistrusted armed actors.



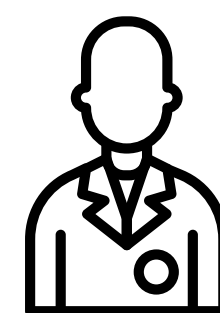
Working with trusted local faith and community leaders who can navigate sensitive social and political dynamics and who are trusted by local people is key for successful RCCE and vaccination efforts in fragile settings like eastern DRC.

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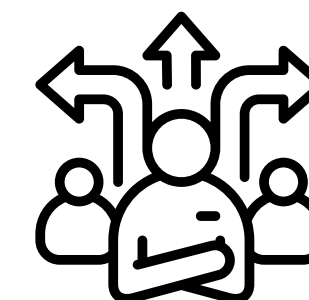
## EARNING AND MAINTAINING TRUST



Acknowledging broader community concerns and supporting other local priorities alongside mpox vaccination can improve trust, especially where previous interventions have been perceived as misaligned with community needs.



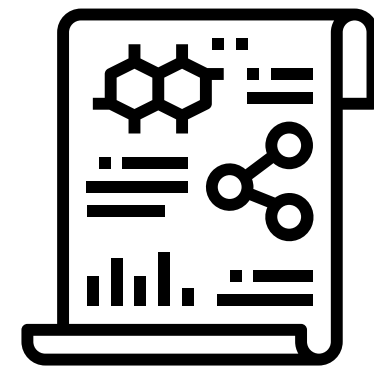
Engaging local health workers in RCCE and vaccination, including both biomedical and traditional practitioners, recognises and leverages their role as trusted community liaisons in a fragile health system to enhance the overall effectiveness of interventions.



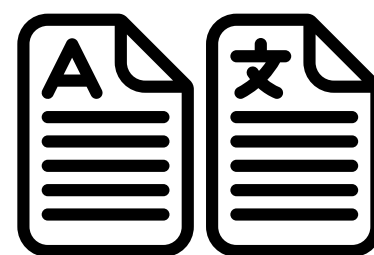
Meaningful community involvement and leadership in RCCE and vaccination decision-making and implementation supports trust and engagement, lessening the risk of mistrust as had been engendered by past externally led and top-down interventions.

## KEY CONSIDERATIONS: RISK COMMUNICATION AND COMMUNITY ENGAGEMENT FOR MPOX VACCINATION IN EASTERN DRC

# ADDRESSING VULNERABILITY IN CONTEXT APPROPRIATE WAYS



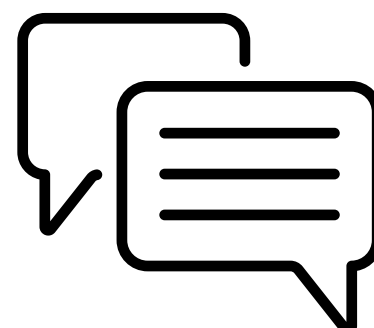
Where it exists, epidemiological and social scientific data on which local populations are vulnerable to mpox and why can help guide RCCE efforts to ensure they reach and are adapted to relevant groups and locally specific transmission pathways.



RCCE that corresponds with community diversity – utilising locally relevant languages for example – can reach more people who may be at risk including those from across DRC or neighbouring countries who have been displaced or drawn by livelihood opportunities.



Carefully tailored RCCE strategies for children and pregnant women can mitigate individual and community concerns that are likely to emerge about the vaccination of these groups, particularly given the limited data and ongoing research about the safety and effectiveness of relevant vaccines.



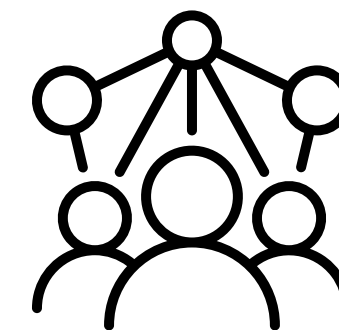
Balanced communication about transmission pathways which emphasise close physical contact rather than sexual contact can help mitigate stigma of marginalised groups, and a false sense of security among others. At the same time, targeted engagement can support marginalised at-risk groups such as sex workers and men who have sex with men.

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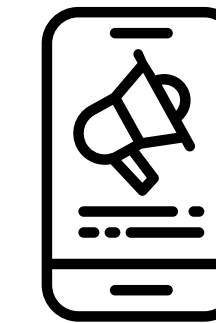
## ADAPTING TO CHALLENGING ENVIRONMENTS



Integration of mpox RCCE and vaccination into existing services can help reach vulnerable populations such as pregnant women and people with HIV/AIDS. This is particularly important where conflict limits access to healthcare.



Continuous updating of RCCE strategies to incorporate new knowledge about the novel mpox strain where it is circulating as well as vaccine safety and efficacy and changing outbreak dynamics supports informed decision-making and maintains community trust.



Broadcasted and mobile RCCE and vaccination activities can improve access for remote and displaced populations, addressing challenges posed by poor infrastructure and insecurity.