RESEARCH SNAPSHOT

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Rapid assessments for community protection for mpox

These operational studies generated, within weeks, rapid community evidence that shaped the mpox emergency response, and produced a new interagency protocol for conducting ethical, high-quality community assessments for future health emergencies.

Evidence shapes mpox response and strengthens community evidence systems

During the mpox Public Health Emergency of International Concern (2024-2025) national teams led rapid assessments in Tshopo province, the Democratic Republic of the Congo (DRC) and four counties in Liberia. These studies generated evidence on how communities understood mpox, accessed care and experienced impacts of the outbreak. Co-developed recommendations informed response actions affecting an estimated 5.6 million people across both contexts. These operational studies advanced the use of social and behavioural science by field-testing a new multi-hazard protocol for rapid assessments for community protection, approved by the WHO headquarters Research Ethics Committee.

A focus group discussion held with community health workers in Bengamisa as part of the mpox rapid assessment in Tshopo. Credit: Deogratias KAKULE SIKU/World Health Organisation

Background

Effective mpox prevention and control depends not only on biomedical interventions but on how they are understood and taken up within diverse social, cultural and economic contexts. Transmission dynamics, information and health-seeking behaviours are also shaped by community-level factors such as trust and access to resources. Effective and acceptable responses need to consider and reflect these dynamics. Community evidence can help - but it is often unavailable, arrives too late, is of variable quality or difficult to interpret. Rapid community assessments address this gap directly.

How the research was conducted

Rapid qualitative methods were used to capture community experiences, priorities and concerns. In DRC (Sept 2025), 292 community members participated in 27 focus groups and 37 key informant interview. In Liberia (Oct-Nov 2025), 203 community members participated in 36 focus groups and 45 key informant interviews. Data collection and analysis were conducted in parallel within 2-3 weeks. Findings were then validated and recommendations co-developed with response teams and communities.

Key findings

Despite contextual differences between DRC and Liberia, common trends emerged.

- Mpox symptoms were often confused with other illnesses. Rumours and misinformation shaped risk perceptions.
- Mpox was seen as a lower priority than other pressing health concerns and access to basic services, food and water.
- Participants sought care from herbal remedies, prayer, traditional treatment and self-purchased drugs before turning to formal health services.
- Barriers to care included distance, transport costs, stigma and fear of isolation. Public health measures such as home isolation were seen as difficult to implement in practice.
- Trusted local actors (e.g. community health workers, chairpersons, or civil society organisations) supported information sharing, case detection and referral but lacked resources, training and recognition.
- Mpox had social and economic impacts, including stigma, income loss and disruption to schooling.

Implications for humanitarian practitioners and policymakers

Based on the results, the co-developed recommendations to strengthen community engagement and care pathways included: strengthening communication on mpox in local languages; expanding training, supervision and logistical support for community health workers and networks to improve outreach and referral; improving access to care by addressing transport barriers and indirect costs faced by patients and caregivers; and strengthening community dialogue to address stigma and support reintegration of recovered patients.

The findings highlight that effective mpox prevention and control require an integrated approach for community protection. Community health systems must be supported for early detection, referral and sustained outreach, and response strategies must account for the wider social and economic impacts affecting the feasibility and uptake of prevention and care measures.

The assessments demonstrate the value of generating timely community evidence using a structured interagency reference research protocol. This protocol, now available for use, equips national teams to generate community evidence based on international ethical and quality standards to support community-centred public health response.

Recommendations for future research

Future emergency relevant research needs strengthened systems that enable rapid production of community evidence. This includes technical readiness through pre-approved protocols, pre-financing mechanisms, pre-positioned national leadership and local partnerships, and mechanisms to sustain trained teams and integrate assessments into routine public health functions.

About the study team

The rapid assessments were nationally led and implemented through partnerships between national public health authorities, universities and the World Health Organization (WHO). In DRC, the study was led by Professor Kimoni Kicha Aluela (PI) and his team from the University of Kisangani in collaboration with the Provincial Health Division and WHO (Richard Fotsing, Deogracias Kakule and team). In Liberia, the assessment was led by Nelson Dunbar (PI) and his team from the Ministry of Health, the National Public Health Institute of Liberia and the University of Liberia and WHO (Vachel Lake and team). Interagency protocol development was led from the Community Protection and Resilience Unit, WHO's Health Emergencies program (Nina Gobat, Eva Niedeberger, Kai von Harbou)

Keywords

Community protection, mpox, rapid qualitative methods, health emergencies, social and behavioural science

Articles and further reading

Elrha study page:
https://www.elrha.org/projects/communities-at-the-center-of-mpox-and-ebola-emergency-responses-driving-local-level-impact-through-social-and-behavioural-science

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This research was funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC), which aims to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the UK National Institute for Health Research (NIHR). Elrha has developed this Research Snapshot in consultation and partnership with University of Victoria's Research Partnerships and Knowledge Mobilization unit, on behalf of Research Impact Canada – Réseau Impact Recherche Canada network.

http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/