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VIEWPOINT

Sex Workers and the Mpox Response in Africa

Yusuff Adebayo Adebisi,[1] Somtochukwu Marycynthia Ezema,[2] Obasanjo Bolarinwa,[3,4] Archibong Edem Bassey,[5] and Isaac Olushola Ogunkola[6]

[1]College of Social Sciences, University of Glasgow, United Kingdom; [2]Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka; [3]Department of Public Health, York St John University, London, United Kingdom; [4]Department of Demography and Population Studies, University of the Witwatersrand, Johannesburg, South Africa; [5]Warwick Medical School, University of Warwick, Coventry; and [6]Nuffield Department of Population Health, University of Oxford, United Kingdom

The ongoing mpox outbreak in Africa, now classified as a Public Health Emergency of International Concern by the World Health Organization, presents a severe challenge, particularly for vulnerable populations like sex workers. Despite the endemic presence of mpox in Africa since the 1970s, recent developments, including the emergence of a new clade Ib strain with increased transmissibility, have exacerbated the situation. Sex workers are at heightened risk due to their occupational exposure, compounded by stigma, criminalization, and limited access to healthcare. These factors significantly impede efforts to control the spread of the virus, leading to underreporting and inadequate intervention. This article highlights the urgent need for an inclusive public health response that prioritizes the health and safety of sex workers. Such a response should involve tailored health services, legal protections, and community engagement to ensure that this marginalized group is not overlooked. The decriminalization of sex work is also proposed as a critical public health measure to improve access to care and reduce stigma, ultimately curbing the spread of mpox in Africa.

Keywords. monkeypox; sex workers; public health response; Africa; vulnerable populations.

The recent declaration of mpox (an illness caused by infection with the monkeypox virus) as a Public Health Emergency of International Concern by the World Health Organization underlines the gravity of the situation in Africa, where the disease remains endemic [1]. This emergency is a clarion call for action, especially considering the rapid spread of a new sexually transmissible strain of the virus. Historically, mpox has been neglected in Africa despite its presence since 1970, first detected in the Democratic Republic of the Congo (DRC) [2]. The outbreak in the DRC started with the spread of an endemic strain, clade I, but a new variant, clade Ib, which was discovered in sex workers in a mining town in North Kivu, seems to spread more easily through everyday close contact and is likely driving the outbreaks [3]. The disease, long overlooked, has now escalated into a significant global threat. In 2024 alone, DRC reported >15 600 cases and 537 deaths [4]. Across the African continent, particularly in central and western regions, a total of 17 541 mpox cases have been documented this year, including 14 719 suspected and 2822 confirmed cases, with 517 resulting in death, reflecting a 3% case fatality rate [5]. These reify the urgent need for a coordinated and inclusive response. Alarmingly, the new clade Ib strain has spread to neighboring countries, marking the first recorded cases in Burundi, Kenya, Rwanda, and Uganda [5]. We believe these numbers to be underreported, as many suspected cases have not undergone testing. This outbreak, if not contained, threatens to mirror the trajectory of the coronavirus disease 2019 (COVID-19) pandemic, where delays in global response exacerbated the crisis. Immediate and decisive action is necessary to prevent mpox from becoming another global catastrophe, particularly in Africa.

Sex workers in Africa are among the most vulnerable populations in this outbreak, yet they are often overlooked in public health strategies. These individuals face unique risks due to their work, which often involves close physical contact and, in some cases, engagement in sexual networks that have been identified as transmission vectors for the new mpox strain [6]. Despite the heightened risk, sex workers frequently encounter barriers to accessing healthcare, exacerbated by the stigma and criminalization associated with their profession. In many African countries, sex work is illegal, forcing these individuals into the shadows where they are less likely to seek medical help or report symptoms. This marginalization not only endangers their health but also hampers efforts to control the spread of mpox. The intersection of poverty, lack of legal protection, and limited access to health services creates a perfect storm of vulnerability for sex workers during this outbreak.

Moreover, the socioeconomic conditions of sex workers compound their risk of contracting and spreading mpox. Many sex workers in Africa, including both internal and cross-border migrants,

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Correspondence: Yusuff Adebayo Adebisi, MSc, College of Social Sciences, University of Glasgow, Glasgow, UK (y.adebisi.1@research.gla.ac.uk).

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Table 1. Key Immediate Interventions to Address Harms of Mpox Among Sex Workers in Africa

Category	Intervention
Health services	Prioritize sex workers for mpox vaccination programs, ensuring they receive vaccines promptly, especially in areas with limited availability.
	Provide accessible mpox testing and treatment through mobile clinics and community-based services, reaching sex workers who may avoid traditional healthcare facilities due to stigma or legal concerns.
	Develop and distribute culturally appropriate health education materials on mpox prevention, symptoms, and treatment options, tailored to sex workers in various regions.
Community support	Engage sex worker–led organizations in planning and executing public health interventions, ensuring that the measures are trusted, effective, and tailored to the community's needs.
Legal and protective measures	Implement temporary measures to protect sex workers from legal repercussions related to their work during the mpox outbreak, encouraging them to seek healthcare without fear of arrest or discrimination.
Mental health support	Provide immediate access to mental health support for sex workers, addressing the psychological impact of the mpox outbreak, stigma, and isolation.

often face barriers to accessing government aid or healthcare due to their legal status, the criminalization of sex work, and pervasive stigma and discrimination. The COVID-19 pandemic has already shown how the exclusion of marginalized groups from public health initiatives can lead to disastrous consequences [7]. In the case of mpox, this exclusion could result in uncontrolled transmission among sex workers, who are already dealing with preexisting health conditions such as human immunodeficiency virus, which further complicates their risk profile. The lack of interventions, such as accessible testing and vaccination programs, leaves sex workers with few options to protect themselves. While the availability of a vaccine for mpox provides a key opportunity to protect vulnerable populations, access to this vaccine on the continent is very limited [8]. This scarcity, combined with the marginalized status of sex workers, means they are likely to be further excluded from vaccination efforts, leaving them disproportionately vulnerable to the disease. This situation is not only a human rights issue but also a significant public health concern, as unchecked transmission within this group could lead to wider community spread.

The response to the mpox outbreak must therefore prioritize the inclusion of sex workers in all aspects of public health planning and implementation. Governments and health organizations should work closely with sex worker–led organizations to develop interventions that are both effective and culturally sensitive. These interventions should include health promotion campaigns, translated into local languages, that provide clear information on how to prevent infection and the importance of vaccination. Additionally, there must be a concerted effort to ensure that sex workers have access to vaccines, testing, and other necessary healthcare services, along with education on preventing transmission through safer practices. Key interventions that need immediate attention are outlined in Table 1. Access to testing and treatment should be made easily available, with mobile clinics or community-based services playing a key role in reaching those who may be hesitant to visit traditional healthcare facilities. By involving sex workers in the planning and execution of these interventions, public health authorities can build trust and ensure that the measures are appropriate for the communities they aim to protect.

Crucially, the decriminalization of sex work must be considered as a public health intervention in its own right. Criminalization drives sex workers underground, away from the reach of health services and public health campaigns, including vaccination efforts. In the context of the mpox outbreak, this means that many sex workers will not seek testing, treatment, or vaccination for fear of arrest or deportation. Decriminalization would not only improve access to healthcare but also empower sex workers to advocate for their rights and participate more fully in the public health response. Furthermore, decriminalization can reduce the stigma associated with sex work, making it easier for health messages, including those promoting vaccination, to be disseminated within this community. Governments should also provide social protection for sex workers, including emergency financial support, housing assistance, and legal protections against eviction during the outbreak.

The lessons from the global response to COVID-19 are clear: When vulnerable populations are neglected, public health efforts fail [9, 10]. In the case of mpox, failing to address the needs of sex workers could lead to a rapid and uncontrollable spread of the virus, not only within Africa but globally. The international community, particularly donor countries and global health organizations, must prioritize funding and resources for mpox interventions that specifically target sex workers and other marginalized groups. This includes support for grassroots organizations that are already providing critical services to these communities. Additionally, international guidelines and best practices should be developed to ensure that sex workers are not left behind in the global response to mpox, particularly when it comes to vaccine distribution. The time to act is now, before the outbreak spirals further out of control.

Note

Potential conflicts of interest. All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential

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