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Monkeypox among refugees: A call for a global protection

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The global trend of refugees has significantly increased over a decade. According to UNHCR UK, over 89.3 million individuals worldwide, among whom 27.1 million were under UNHCR mandate, were forced to flee their homes as of 2021 due to conflict, persecution, human rights violations, and violence [1]. This global movement, which is often unsafe and uncontrolled without taking precautions due to the urgency to find a safe country, could play an essential role in spreading zoonotic viruses, such as the ongoing outbreak-Monkeypox virus infection.

The Monkeypox virus infection, an epidemic in Africa for decades, has increasingly spread globally, mainly in the Global North [2]. It belongs to the Orthopoxvirus genus of the Poxviridae family and contains the enveloped double-stranded DNA virus. So far, two different clades have been described-the central African (Congo Basin) and the west African clades and were reported to affect individuals travelling in endemic areas [3], thus being called one of the travel-related diseases.

The doubling spread of Monkeypox in less than one month is alarming. Whereas the global data figures were 23,620 cases as of 1st August 2022, they have doubled to 52,090 as of 1st September 2022 [4]. This gives the sense of asking how populations of high unsafe mobility, such as refugees, migrants, and asylum seekers, are responding to Monkeypox. Refugees are vulnerable to infections because of poor living conditions, such as overpopulated camps with poor sanitary conditions [5], exposing them to Monkeypox virus. However, the World Health Organization (WHO) data revealed that refugees and migrants are not included in many countries' national health strategies and subsequently lack access to health care [6]. Additional factors hindering forced displaced persons from seeking timely treatment are discrimination, language issues, and lack of legal status [6]. Furthermore, refugees are left without access to healthcare and protective vaccines, thus likely spreading the virus. Refugees, asylum seekers and internally displaced persons represent a community with regular interaction in the face of displacement, geographic mobility, and instability [6], thus at high risk of contracting the virus.

The Global North, which has registered many Monkeypox cases, receives many refugees and asylum seekers who need refugee status because of undesired sexual orientation from their countries of origin. As the disease affects mainly Men who have Sex with Men (MSM) [7], we

argue that refugees, migrants or asylum seekers in the category of MSM are among the population at a high risk of disease transmission. They become free for their sexual practice when they arrive in host countries. Furthermore, they may be vulnerable because they lack financial means, thus practising sex to survive.

The global alert for the Monkeypox outbreak was a prelude for the rollout of global plans, guidelines and action for infection management. The global community should ensure strategic comprehensiveness of the response mechanisms. As such, recommitting to the principle and spirit of the 1951 Refugee convention is integral to guiding global response. Adequacy in the international protection of refugees ensures they gain access to concrete and quality protection services. Therefore, countries should include refugees in their strategic health plans. The embodiment of access to care with justice ensures that access holistically embodies timely case identification, testing, diagnosis, treatment, isolation, and contact tracing. The access should be provided with a measure of understanding the refugees' needs, hopes and rights. The international treaty, the Refugee convention, emphasises that the rights of refugees remain applicable, even in the light of unprecedented emergencies.

Advocacy also conveys an integral aspect of international protection. International bodies such as the United Nations (UN) and the regional bodies, Non-governmental organisations (NGOs), Activists and refugees must step up for their refugee communities to bring protection, prompt response and adequate management of the intricacies of refugee life. Global outbreaks represent a significant protection risk as they can impact the health and well-being of individuals and society. Government collaboration with communities to promote accurate and non-stigmatising information about the Monkeypox virus is integral to driving support and participation. Food aid and security should be guaranteed for refugees, especially with infection.

Associated humanitarian services such as access to shelter, water and sanitation, and education must be revamped from a protection perspective. This is an extension of global public health measures in managing the outbreak. The significance of this perspective can be made evident in refugees hosted in camps, as camp layouts can increase the risk of infection or exposure to the virus. Investment in research, especially epidemiological studies amongst this at-risk population, is integral

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to setting a baseline for action and policy expectations for infection management. This will prove helpful in the design and evaluation of interventions as well as healthcare resource allocation.

Vaccination is an essential tool for infection management. Despite the paucity of vaccines, prioritising refugee vaccination proves helpful in this vulnerable population and is also integral to a broader public health response. Global policies should ensure equitable vaccine distribution. It has been prescribed that curbing the Monkeypox virus requires urgent and global availability of tests and vaccines and the erosion of structural barriers to accessing health information and services. The elimination of systemic barriers of refugees to vaccination is imperative to limiting the development of the virus. The global community can potentially prevent a Monkeypox pandemic with inclusion driving its health responses and mechanisms. An integrated approach to response is required to drive global health systems resilience.

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Declaration of competing interest

None declared.

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Emery Manirambona*

College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda

Deborah Oluwaseun Shomuyiwa

Faculty of Pharmacy, University of Lagos, Lagos, Nigeria

E-mail address: deborahshomuyiwa@gmail.com

* Corresponding author. College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda.
E-mail address: manemery1@gmail.com (E. Manirambona).