# Filling the gaps in universal access to Mpox preventative programmes among people affected by HIV: reflections on implementation of Mpox vaccination policies across Australia, Taiwan and the United Kingdom

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## Background

The Mpox pandemic has disproportionately impacted people affected by HIV worldwide. Despite increasing availability, huge gaps in accessible, equitable and person-centred Mpox vaccination persist. We reflected on policy implementation from countries with universal health coverage to improve Mpox vaccination equity.

## Descriptions

We compared the implementation process of publicly-funded Mpox vaccination programmes in Taiwan, Australia and the United Kingdom as three representative countries with universal health care in Asia, Oceania and Europe, respectively. After searching governmental documents and public communications published from May 2022 to December 2023, we analysed the eligibility, affordability, accessibility, accountability, scalability and stigma mitigation to synthesise best practices in Mpox vaccination programmes for key populations and people with HIV.

## Lessons Learned

Although all three countries offered free Mpox vaccines to 50,000+ residents affected by HIV through designated public sectors, their strategies for improving equitable vaccine access and mitigating stigma vary (see Table). Firstly, the use of stigma-free language (e.g., Taiwan's governments used 'people engaging in risky sexual behaviour' rather than naming populations with specific gender and sexual orientation) can prevent the unintended spread of Mpox-related stigma. Secondly, Australia and the UK exemplified co-productive community engagement by working with civil society organisations to not only raise awareness of Mpox but establish social media-based reassurance and trust in Mpox vaccinations. Thirdly, policymakers should continue normalising Mpox acquisition in health risk communications, so intersecting stigmas of Mpox against key populations can be mitigated. Policies on personcentred Mpox (self)-care and strategies for regaining social connections after Mpox recovery remain scarce, which devastate populations with limited social support and/or marginalised identities. Health sectors should continue detecting and tackling misinformation on Mpox vaccination, care delivery and wellbeing recovery.

| Country | Eligibility | Relevance to people with HIV [1-3] | Affordability | Accountability | Accessibility | Scalability (as of 2023) | Stigma mitigation |
|---|---|---|---|---|---|---|---|
| **Taiwan** | 1. High risk contact of Mpox case<br>2. People (and their sexual contacts) engaging in risky sexual behaviour or STI diagnoses in the last six months<br>3. Personnel responsible for Mpox vaccination and care delivery | People whose CD4 >=200 cells/mm3: subcutaneous Mpox vaccination<br><br>People whose CD4 < 200 cells/mm3: intradermal Mpox vaccination | Free | Taiwan CDC | Medical institutions (public and private) collaborating with Taiwan CDC | Secured 40,560 vaccines<br>Vaccinated 75,134 persons<br>(As of July 2023) | Framing Mpox as smallpox with less transmissibility and morbidity<br><br>Emphasising close/intimate contact as the main transmission route |
| **Australia** | 1. Sexually active GBMSM and their sexual partners<br>2. Sex workers<br>3. Immunocompromised persons<br>4. High-risk contact of Mpox case(s)<br>5. Healthcare providers for vaccination<br>6. Person traveling to a country with a significant outbreak | General recommendations on Mpox vaccination<br><br>Live-attenuated Mpox vaccine (ACAM2000) cannot be used in people whose CD4<200 cells/mm3 or viraemia uncontrolled | Free | Australian Government Department of Health and Aged Care | Local public health unit and public sexual health clinics | Secured 450,000 vaccines<br>Administered more than 50,000 units of vaccination<br>(As of February 2023) | Launching media campaigns that focus on key populations including GBMSM<br><br>While speaking broadly of Mpox transmission, public messaging often highlights sexual transmission |
| **UK** | 1. **Diagnosed** of bacterial STI in the past 12 months, or eligible or have been prescribed HIV pre-exposure prophylaxis<br>2. Staff who work in sex on premises venues<br>3. Healthcare workers responsible for Mpox cases<br>4. GBMSM with multiple sexual partners<br>5. High-risk contacts of confirmed Mpox cases | Recommend all people with HIV for two subcutaneous 'full dose' Mpox vaccines<br><br>People whose CD4 >200 cells/mm3 and reaching viral suppression can receive intradermal fractionated vaccine | Free | United Kingdom Health Service Agency (UKHSA); National Health Service (NHS) | Sexual health clinics and hospitals commissioned by NHS | Secured 150,000 vaccines.<br>67,898 people have received the first dose, and 26,619 received the second dose<br>(As of March 2023) | Targeted high-risk groups by emphasising Mpox sexual transmission and utilised social media to propagate vaccination campaigns<br><br>Messages on common symptoms of Mpox were generally described |

## Conclusions

Gender-neutral language use, government-community partnerships and evidence-informed health communications in Mpox prevention, care and recovery are critical for countries to establish preparedness for ongoing syndemics of Mpox and HIV. When planning Mpox vaccination scale-up, countries should always put people first by co-producing accessible, equitable and stigma-free programmes with populations affected by HIV.

**References:**
[1] Taiwan Centers for Disease Control
[2] Australian Government Department of Health and Aged Care
[3] UK Health Security Agency

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