

Mpox Surge In Africa: The Urgent Need For Better Community Engagement Strategies To Combat The Historical Context Of Mistrust

Peter Seyi Aremu¹, Mary Akinwola¹, Madonna Badom², Matthew Olawoyin³, Oluwasegun Isaac Oguntoye⁴

Corresponding: Mary Akinwola (mary.akinwola@srhin.org)
29 September, 2025

Abstract

The recent surge in Mpox cases in Africa, with over 18,737 cases and 541 deaths in 2024, highlights a growing public health crisis. The emergence of the virulent Clade 1b strain in the Democratic Republic of Congo (DRC) and its recognition as a sexually transmitted infection has prompted swift action from health organizations. Despite Mpox being endemic in parts of Central, East, and West Africa, socio-economic disparities, inadequate healthcare, and weak disease surveillance drive the outbreak. Effective community engagement, hindered by mistrust in public health interventions, is critical for containment. Countries like the DRC and Nigeria face public cooperation challenges due to previous campaign failures and limited local involvement. This article advocates for locally adapted health initiatives, involving community leaders and health workers, using culturally sensitive messaging and local languages while leveraging both mass and social media to enhance outreach. These efforts like can increase vaccine uptake, improve prevention, and help curb the spread of Mpox in Africa.

Keywords: Mpox, Africa, Community engagement, Vaccine uptake, Outbreak response

Introduction

The increasing spread of Mpox cases in Africa has raised alarm bells across the continent. Africa has recorded 18,737 cases (suspected and confirmed) and 541 deaths from Mpox in 2024 alone which is about 126 percent of the total number of cases reported in the year 2023 [1]. Mpox has a case fatality rate of 3.9% particularly among children younger than 15 years who make up to 60% of confirmed cases [1,2]. This sharp rise, coupled with the virus's evolving epidemiology and the recent detection of the more lethal Clade 1b in the Democratic Republic of Congo (DRC) and neighboring regions, has raised significant alarm. Mpox was previously thought to be a zoonotic disease endemic in parts of Central, East and West Africa, however, the global outbreak has shown that the disease is changing in various ways [3]. In response, both the World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (Africa CDC) promptly declared

Mpox a Public Health Emergency of International Concern (PHEIC) and a Public Health Emergency of Continental Concern (PHEC), in August 2024. This rapid, coordinated action lays emphasis on the urgent need to address the growing threat posed by this re-emerging virus. The recent emergence of a new clade and rise in Mpox incidence in Africa reflects a complex interplay of socio-economic factors, inadequate healthcare infrastructure, weak disease surveillance and inadequate community engagement, among other factors [2,4-5].

Every individual case of Mpox comes from within the community and most of the time through Primary Healthcare centers/Centres de Sant [6]. Hence, effective community engagement and surveillance of Mpox is perhaps one of the most important ways to checkmate the spread of Mpox. This article focuses on strategies to improve community engagement of cases ensuring that prompt identification of infected individuals and treatment, as well as preventive measures,

How to Cite:

Aremu, P., Akinwola, M., Badom, M., Olawoyin, M., & Oguntoye, O. (2025). Mpox Surge In Africa: The Urgent Need For Better Community Engagement Strategies To Combat The Historical Context Of Mistrust. *Betta Health Equity*, 2(1), e14-e19. <https://doi.org/10.63558/betta.0008>.

COMMENTARY

including vaccination, are accepted and adhered to by the community. We examine the historical context of mistrust, highlight successful community engagement programs from both high-income countries and low- and middle-income countries and provide actionable recommendations.

Historical Context of Mistrust in Africa Communities

The Democratic Republic of Congo (DRC) exemplifies the longstanding challenges faced by public health interventions in gaining community trust. This mistrust is rooted in the perceived ineffectiveness of past health campaigns, inadequate local involvement, and historical exploitation by external organizations [7,8]. For instance, during Ebola outbreaks, many communities expressed skepticism toward foreign health workers, suspecting research priorities overshadowed genuine local health concerns [7-10]. Similar sentiments have emerged regarding Mpox. Public health campaigns are often viewed as top-down approaches that neglect local knowledge and practices, leading to disengagement from community members and undermining vaccination and awareness efforts.

As revealed by a qualitative twitter-based study [11], one of the significant challenges identified with mpox vaccination is the mistrust and stigma associated with mpox, which has been inaccurately labeled as a disease primarily affecting the LGBTQ+ community. One tweet stated, "I got the Monkeypox vaccine. Now I'm having thoughts that the government is conspiring to kill all gay people with it". This stigmatization has led to widespread hesitancy, as individuals fear being wrongly associated with the LGBTQ+ group if they get vaccinated. This misinformation on social media exacerbates these fears, further eroding trust in the vaccine and undermines the effectiveness of vaccination campaigns, making it challenging to achieve broad vaccine coverage. The stigma and misinformation not only deter vulnerable populations from seeking vaccination but also complicate the efforts of public health agencies to communicate effectively and administer vaccines. The 2017 Mpox response further reflected ongoing mistrust. Despite the involvement of the World Health Organization (WHO) and the deployment of health workers, many individuals remained reluctant to accept vaccinations. Local narratives suggested that health workers focused more on

data collection than on providing genuine care, leading to widespread refusal of vaccination [12]. The lasting effects of colonialism and medical experimentation which persist in many contexts, significantly influence people's beliefs and their willingness to adopt recommended behaviors [13,14]. The lack of culturally sensitive communication and insufficient involvement of local leaders exacerbated the situation.

In Nigeria, the challenges of community mistrust were similarly evident during the 2017 Mpox outbreak. Misinformation spread rapidly through social networks, and reports indicated that local leaders were not sufficiently engaged in the campaign, resulting in a lack of community buy-in [15]. A report in the South East Voice section of Vanguard noted that social media began circulating rumors that individuals dressed in army uniforms had entered schools in the region and were administering monkeypox virus injections to students as part of a scheme to reduce the population in the South East and South South regions [15]. Many parents hurried to their children's schools, insisting on taking them home without confirming the accuracy of this information. As a result, the knowledge of Mpox remained low and misinformation was common in these regions. More recent misinformation with ongoing outbreak include Mpox being a side effect of SARS-CoV-2 vaccine, or a biological weapon sent to reduce the population [16]. These misconceptions and the stigma surrounding the disease as a sexually transmitted disease perpetuates the outbreak.

During the 2022 Mpox outbreak in Nigeria, health authorities initiated awareness campaigns aimed at educating the public about the disease. Despite these efforts, many communities remained uninformed about Mpox transmission and prevention strategies. A study led by our team from Slum and Rural Health Initiative found evidence that only 58% of respondents were aware of Mpox, with even fewer 15.5% (about one-seventh) ever hearing about the Mpox vaccine [17]. This reflects the urgent need for better community engagement strategies also in Africa's most populous country.

Community Engagement as the cornerstone for Effective Public health strategy

During infectious disease outbreaks, community engagement campaigns that are culturally sensitive, evidence-based, and tailored to local contexts are necessities. Such campaigns should be translated into local languages and use the right media channels to

COMMENTARY

maximize understanding and reach. A rapid review on community engagement during communicable epidemics [18], identified six crucial groups essential for effective community engagement in crises: local leaders, community and faith-based organizations, various community groups, health system committees, individual community members, and key stakeholders. Engaging communities fosters trust, which is crucial for encouraging early reporting of cases, adherence to preventive measures, and acceptance of vaccination.

The US has started rolling out the Jynneos Mpox vaccines to endemic countries [19]. Nigeria, the first country in Africa to receive the vaccines has received 10,000 doses of the vaccine and the country is set to begin Mpox vaccination on the 8th of October, 2024. These countries need to take account lessons from past Mpox vaccination campaigns to ensure an effective intervention. In the case of Mpox, community members must be informed not only about evidence-based information on Mpox virus transmission and symptoms, but also about the importance and safety of vaccination, especially as Mpox vaccine availability to high-risk groups will soon be scaled up in Africa [19]. Health departments may partner with schools, businesses, institutions and families to promote evidence-based information.

Lessons from Successful Community Engagement Strategies

Some high-income countries (HICs) have demonstrated the effectiveness of community engagement strategies in managing the current 2022 Mpox outbreak. For instance, the "Get the Facts" campaign in the United States utilized social media, community events, and partnerships with trusted community leaders, resulting in increased awareness and vaccine uptake [20]. Community partnerships and collaborations are also important as the United States on the 'Get the Facts' and 'GILEAD' campaign deployed targeted outreach efforts that collaborated with LGBTQ+ organizations to disseminate information and promote vaccination [21-22]. The CDC also participated in approximately 50 community engagement campaigns with affected groups to develop mpox-related communications.

Similarly, the United Kingdom implemented a comprehensive public health campaign that emphasized clear messaging about Mpox

transmission and prevention. The National Health Service (NHS) engaged local communities through workshops and informational sessions, which significantly improved vaccination rates and reduced stigma associated with the disease [23]. These examples illustrate the critical role that community engagement plays in public health responses, particularly in fostering trust and encouraging proactive health behaviors.

Recommendations for tailoring community engagement strategies in Low- and Middle-Income Countries (LMICs)

Although high-income countries (HICs) have effectively implemented community engagement strategies, low- and middle-income countries (LMICs) encounter distinct challenges that require customized approaches. In Nigeria, for example, public health campaigns must consider cultural beliefs, highly diverse environment with over 250 languages, local practices, and the socio-economic realities of communities. Strategies that have proven effective in other LMICs can provide valuable insights;

- 1. Involving Community Health Workers and local leaders in campaigns:** One successful approach has been the inclusion of local leaders and influencers in public health messaging. In many African countries such as DRC, and Nigeria, community health workers have played a pivotal role in disseminating information and mobilizing populations during disease outbreaks. By leveraging existing community structures, public health initiatives can be more locally led and enhance their credibility and reach. This approach proved successful in Nigeria's polio campaigns, where religious leaders in the northern region were actively involved [24,25].
- 2. Culturally Sensitive Messaging:** Campaigns must be designed with cultural relevance in mind, ensuring that messages resonate with local beliefs and practices. For example, in Sierra Leone during the Ebola outbreak, health officials worked with traditional healers to incorporate local practices into prevention messages which led to increased community acceptance of public health measures [28].
- 3. Local Language Utilization:** Materials should be translated into local languages to improve comprehension and accessibility. A shining example is Slum and Rural Health Initiative's #STOPCOVID project that disseminated COVID-19

COMMENTARY

message into over 100 languages reaching millions of people in Africa and internationally [29]. Educational materials in local languages should be printed and pasted in PHCs and local health centers.

4. Community workshops and education on Vaccination: Public health campaigns should emphasize the safety and efficacy of the Mpox vaccine, addressing concerns and misconceptions directly. In Mozambique, community-led dialogues on HIV prevention increased knowledge of schistosomiasis and triggered communal actions for improved disease prevention and control [30] likewise, the Community Group Discussion and Education which held at Borikiri Community of Rivers State Nigeria, organized by the Dean Initiative helped address the prevailing myths and misconceptions surrounding the COVID-19 virus and vaccination [31].

5. Community Involvement in planning and mobilization: Engaging local leaders and stakeholders in the planning and implementation of health initiatives can foster trust and enhance participation. During the Ebola response in Sierra Leone, community-led action plans resulted in an increase in safe burials and reported cases referred within 24 hours of symptom onset. This contributed to large scale prevention and control [32].

6. Incorporating feedback from mechanism: Establishing channels for community feedback can help public health authorities adapt their strategies in real-time. In Kenya, a mobile phone-based feedback system for maternal health services led to a 36.6% increase in the facilities' ability to identify risk factors for adverse healthcare outcomes compared to routine care [33]. Another study conducted in FCT Abuja which explored community members' experiences and perceptions of mass drug administration campaigns to inform improved implementation strategies and enhance community health outcomes [34].

7. Leveraging mass media, social media and information technology: Mass media channels such as radios, social media and employing mobile technology to disseminate health information can bridge gaps in knowledge. Initiatives that utilize SMS alerts or social media platforms to provide timely updates on Mpox symptoms, prevention, and vaccination can

significantly enhance community awareness. For instance, Slum and Rural Health Initiative which is leading the community component for Nigeria on the Canada-Africa Mpox Partnership project has successfully disseminated evidence-based Mpox information and combated misinformation that has reached over 57,000 people online on X/Twitter alone during August 2024 alone indicates the massive potential of social media and other media in making useful health information accessible.

Conclusion

The surge of Mpox in Africa underscores the urgent need for improved community engagement strategies. The historical context of mistrust in the DRC, Nigeria, and Cameroon has profound implications for current and future Mpox campaigns. Community members often view public health interventions with suspicion, leading to low participation rates and ineffective disease control measures. This skepticism is shaped by a history of inadequate responses to health crises and a lack of transparency from health authorities.

To combat this mistrust, public health initiatives must prioritize community engagement and cultural sensitivity. By learning from successful initiatives in high-income countries and adapting them to the African context, public health authorities can enhance awareness, acceptance, and adherence to preventive measures. Efforts should focus on building trust through local partnerships, involving community leaders in health campaigns, and ensuring that interventions are tailored to the specific needs and beliefs of the populations served. As Mpox vaccines are set to roll out soon in Nigeria, prioritizing community engagement will be essential in mitigating the spread of this disease and protecting public health.

Authors' Affiliation

1. Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria
2. Faculty of Education, University of Calabar, Calabar, Nigeria
3. Department of Medicine and Surgery, University of Ilorin, Ilorin, Nigeria
4. Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria

Ethical approval

Not applicable

COMMENTARY

Authors Contribution

All authors contributed equally to all aspects of the article, including the conceptualization, drafting, and critical revision.

Funding information

No funding

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments

None

Data Availability Statement

No dataset was generated during and/or analyzed during the current study..

Reference

1. Africa Centre for Disease Control and Prevention (Africa CDC). (2024). Mpox Situation in Africa. Addis Ababa: Africa CDC; 2024. Available from: <https://africacdc.org/disease-outbreak/mpox-situation-in-africa/>. [Accessed 26 August 2024]
2. Ndembi N, Folyan MO, Ngongo N, Ntoui F, Ogoina D, El Rabbat M, Okwo-Bele JM, Kaseya J. Mpox outbreaks in Africa constitute a public health emergency of continental security. *The Lancet Global Health*. 2024 Aug 20. [https://doi.org/10.1016/s2214-109x\(24\)00363-2](https://doi.org/10.1016/s2214-109x(24)00363-2).
3. Ogoina D, Damon I, Nakoune E. Clinical review of human mpox. *Clinical Microbiology and Infection*. 2023 Sep 12. <https://doi.org/10.1016/j.cmi.2023.09.004>.
4. Mercy K, Tibebu B, Fallah M, Faria NR, Ndembi N, Tebeje YK. Mpox continues to spread in Africa and threatens global health security. *Nature Medicine*. 2024 May;30(5):1225-6. <https://doi.org/10.1038/s41591-024-02862-6>.
5. Musuka G, Moyo E, Tungwarara N, Mhango M, Pierre G, Saramba E, Iradukunda PG, Dzinamarira T. A critical review of mpox outbreaks, risk factors, and prevention efforts in Africa: lessons learned and evolving practices. *IJID regions*. 2024 Jul 6:100402. <https://doi.org/10.1016/j.ijregi.2024.100402>.
6. World Health Organization, Regional Office for Africa. Rallying to defeat mpox in Africa. Available from: <https://www.afro.who.int/photo-story/rallying-defeat-mpox-nigeria>. [Accessed 25 July, 2024].
7. Smith MJ, Upshur RE. Ebola and learning lessons from moral failures: who cares about ethics?. *Public Health Ethics*. 2015 Nov 1;8(3):305-18. <https://doi.org/10.1093/phe/phv028>.
8. Muzembo BA, Ntontolo NP, Ngatu NR, Khatiwada J, Suzuki T, Wada K, Kitahara K, Ikeda S, Miyoshi SI. Misconceptions and rumors about Ebola Virus disease in Sub-Saharan Africa: a systematic review. *International journal of environmental research and public health*. 2022 Apr 13;19(8):4714. <https://doi.org/10.3390/ijerph19084714>.
9. Collier K, Megan, Klein EK, Sevalie S, BailahMolleh, Kabba Y, Kargbo A, Bangura J, Gbettu, H., Simms, S., O'Leary, C., Drury, S., Schieffelin JS, Betancourt TS, Crea TM. Ebola Virus Disease Sensitization: Community-Driven Efforts in Sierra Leone. 2023. *Journal of community health*, 49(1), pp.108–116. doi:<https://doi.org/10.1007/s10900-023-01265-x>.
10. Trapido J. Ebola: public trust, intermediaries, and rumour in the DR Congo. *The Lancet Infectious Diseases*. 2019 May 1;19(5):457-8. [https://doi.org/10.1016/s1473-3099\(19\)30044-1](https://doi.org/10.1016/s1473-3099(19)30044-1).
11. Rajkhowa P, Dsouza VS, Kharel R, Cauvery K, Mallya BR, Raksha DS, Mrinalini V, Sharma P, Pattanshetty S, Narayanan P, Lahariya C, Brand H. Factors Influencing Monkeypox Vaccination: A Cue to Policy Implementation. *J Epidemiol Glob Health*. 2023 Jun;13(2):226-238. doi: 10.1007/s44197-023-00100-9.
12. Hrynick T, Muzalia G, James M. Key considerations: Risk Communication and community engagement for Mpox Vaccination in Eastern DRC. The institute of Development Studies and Partner organizations. 2024. <https://doi.org/10.19088/SSHAP.2024.024>.
13. Mosby I, Swidrovich J. Medical experimentation and the roots of COVID-19 vaccine hesitancy among Indigenous Peoples in Canada. *Cmaj*. 2021 Mar 15;193(11):E381-3. <https://doi.org/10.1503/cmaj.210112>.
14. Tilley H. COVID-19 across Africa: colonial hangovers, racial hierarchies, and medical histories. 2020. *Journal of West African History*, 6, 155–179.
15. Okanume OB. The Monkey pox virus and the inherent danger in rumour-mongering: focus on Nigeria print media reportage of the crisis. 2017. *N Media Mass Commun*, 64, pp.54-64.
16. Bakare D, Salako J, Sogbesan A, Olojede OE, Bakare AA. ASSESSMENT OF THE LEVEL OF AWARENESS, KNOWLEDGE, AND RISK PERCEPTION OF COMMUNITY MEMBERS ABOUT MPOX INFECTION IN NIGERIA. *Annals of Ibadan Postgraduate Medicine*. 2024 Apr;22(1):76.
17. Olufadewa II, Adesina MA, Oladele RI, Olufadewa TA, Okpokoro E, Daodu OB, Ige F, Adebajo S, Igumbor EU, Oladoye MJ, Shaibu JO, Ogoina D, Audu RA. Mpox epidemic in Nigeria: Knowledge, awareness, and willingness of Nigerians to receive the Mpox vaccine. *Pan African Medical Journal*. 2024. Under Peer Review.

COMMENTARY

18. Gilmore B, Ndejjo R, Tchetchia A, de Claro V, Mago E, Lopes C, Bhattacharyya S. Community engagement for COVID-19 prevention and control: a rapid evidence synthesis. *BMJ global health*. 2020 Oct 1;5(10):e003188. <https://doi.org/10.1136/bmjgh-2020-003188>.
19. Anyaogu I. Nigeria to start mpox vaccination on October 8 | Reuters [Internet]. *News*. 2024. Available from: <https://www.reuters.com/world/africa/nigeria-start-mpox-vaccination-october-8-2024-08-31/>. [Accessed 25 July 2024].
20. Delaney KP. Strategies adopted by gay, bisexual, and other men who have sex with men to prevent monkeypox virus transmission—United States, August 2022. *MMWR. Morbidity and mortality weekly report*. 2022;71. <https://doi.org/10.15585/mmwr.mm7135e1>.
21. McQuiston JH, Braden CR, Bowen MD, McCollum AM, McDonald R, Carnes N, Carter RJ, Christie A, Doty JB, Ellington S, Fehrenbach SN, Gundlapalli AV, Hutson CL, Kachur RE, Maitland A, Pearson CM, Prejean J, Quilter LAS, Rao AK, Yu Y, Mermin J. The CDC Domestic Mpox Response - United States, 2022-2023. *MMWR Morb Mortal Wkly Rep*. 2023 May 19;72(20):547-552. 2023. doi: 10.15585/mmwr.mm7220a2. PMID: 37200231; PMCID: PMC10205168.
22. GILEAD. Gilead Sciences and a Coalition of LGBTQ+ and Human Rights-Focused Organizations Mobilize to Address Monkeypox Public Health Emergency. [online] Gilead.com. 2022. Available from: <https://www.gilead.com/news-and-press/press-room/press-releases/2022/8/gilead-sciences-and-a-coalition-of-lgbtq-and-human-rights-focused-organizations-mobilize-to-address-monkeypox-public-health-emergency> [Accessed 26 August 2024].
23. UK Health Security Agency. UK Strategy for Mpox Control. Available from: <https://www.gov.uk/government/publications/mpox-monkeypox-control-uk-strategy-2022-to-2023/uk-strategy-for-mpox-control-2022-to-2023>. [Accessed 4 September, 2024].
24. Birukila G, Babale SM, Epstein H, Gugong V, Anger R, Corkum M, Jehoshaphat Nebanat A, Musoke F, Alabi O. Reducing resistance to polio immunisation with free health camps and Bluetooth messaging: An update from Kaduna, Northern, Nigeria. 2016. *Global Public Health*, 12(1), pp.19–30. doi:<https://doi.org/10.1080/17441692.2016.1152283>.
25. Nasir SG, Aliyu G, Ya'u I, Gadanya M, Mohammad M, Zubair M, El-Kamary SS. From intense rejection to advocacy: How Muslim clerics were engaged in a polio eradication initiative in Northern Nigeria. *PLoS medicine*. 2014 Aug 5;11(8):e1001687. <https://doi.org/10.1371/journal.pmed.1001687>.
26. Polio Global Eradication Initiative. Religious leaders fuelling demand for polio vaccines and health services in Nigeria. Available from: <https://polioeradication.org/news/religious-leaders-fuelling-demand-for-polio-vaccines-and-health-services-in-nigeria/>. [Accessed 26 August 2024]
27. Taylor S, Khan M, Muhammad A, Akpala O, van Strien M, Morry C, Feek W, Ogden E. Understanding vaccine hesitancy in polio eradication in northern Nigeria. *Vaccine*. 2017 Nov 7;35(47):6438-43. <https://doi.org/10.1016/j.vaccine.2017.09.075>.
28. James PB, Wardle J, Steel A, Adams J, Bah AJ, Sevalie S. Traditional and complementary medicine use among Ebola survivors in Sierra Leone: a qualitative exploratory study of the perspectives of healthcare workers providing care to Ebola survivors. *BMC complementary medicine and therapies*. 2020 Dec;20:1-1. <https://doi.org/10.1186/s12906-020-02931-6>.
29. Slum and Rural Health Initiative Network (SRHIN)- Stop COVID-19 Campaign. <https://srhin.org/our-project/covid-19-project/>. [Accessed 26 August 2024].
30. Martin S, Rassi C, Antonio V, Graham K, Leitão J, King R, Jive E. Evaluating the feasibility and acceptability of a community dialogue intervention in the prevention and control of schistosomiasis in Nampula province, Mozambique. *PLoS One*. 2021 Aug 5;16(8):e0255647. <https://doi.org/10.1371/journal.pone.0255647>.
31. Dean Initiative. Transforming Borikiri's Attitude towards Government Approved Vaccines: A Community's Journey towards Vaccine Equity and Health Accountability. Published 13th October 2023. [Accessed 26th August 2024].
32. Jalloh MF, Sengeh P, James N, Bah S, Jalloh MB, Owen K, Pratt SA, Oniba A, Sangarie M, Sesay S, Bedson J. Integrated digital system for community engagement and community-based surveillance during the 2014–2016 Ebola outbreak in Sierra Leone: lessons for future health emergencies. *BMJ Global Health*. 2020 Dec 1;5(12):e003936. <https://doi.org/10.1136/bmjgh-2020-003936>.
33. Liyayi BN. Effects of Timed Phone Call Surveillance Versus Routine Care on Postpartum Care, Identification of Risk Factors and Adverse Maternal and Neonatal Outcomes at Kenyatta National Hospital, a Randomized Controlled Trial. 2021. *Uonbi.ac.ke*. [online] doi:<http://erepository.uonbi.ac.ke/handle/11295/160839>.
34. Amanyi-Enegela JA, Badaki JA, Alege GO, Okunade F, Kumbur J, Ishaya R, Ashikeni D, Qureshi MB, Sankar G. Community Feedback on Mass Medicines Administration for Neglected Tropical Diseases in Federal Capital Territory, Abuja, Nigeria. *Tropical Medicine and Infectious Disease*. 2024; 9(6):126. <https://doi.org/10.3390/tropicalmed9060126>