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Since the current outbreak of mpox clade I began in eastern DR Congo in 2023, there has been a rapid increase in cases, primarily in DR Congo, and spread of the monkeypox virus to other countries in Africa.1-3 While 85% of mpox deaths in DR Congo since 2022 have occurred in children younger than 15 years,2 a new clade Ib strain, which is apparently more transmissible than other strains, is causing infections linked to heterosexual intimate or sexual contact.4 Since the August, 2024 declaration by the Africa Centres for Disease Control and Prevention (Africa CDC) of a Continental Public Health Emergency and by WHO of a Public Health Emergency of International Concern, comprehensive global, regional, and national strategies to respond to clade Ib mpox in eastern DR Congo and clades I and II across Africa are under way.3,5 High-income countries are pledging technical assistance and donations of mpox vaccines from their vast stockpiles, although donations need to be increased as do efforts to ensure vaccine equity.6,7 The Africa CDC and governments of affected countries have moved quickly to update response plans, mobilise funds to invest in disease surveillance, diagnostics, and health-care infrastructures, and secure additional vaccine doses.6-8

Approaches narrowly focused on stemming the mpox outbreaks in eastern DR Congo, however, will not be sufficient if they do not also address the ongoing conflict, exploitation in licit and illicit mining, conflict-related sexual violence, worsening poverty, and displacement of people in some of the affected countries in Africa. These accelerating human rights and humanitarian crises fuel the spread of mpox and hinder control efforts. With people from multiple countries converging in eastern DR Congo, cross-border transmission is affecting already fragile health-care systems and exacerbating risks of mpox and potentially other infectious disease outbreaks.
Any effective response to this complex global crisis must address the interlinked challenges of human rights and public health.

The provinces of North Kivu, Ituri, and South Kivu are most impacted by the conflict spurred by tensions between the Rwandan and DR Congo Governments, ethnic groups, and international mining interests.

Fighting between the M23 armed group, Allied Democratic Forces (ADF), Congolese troops, Rwandan troops, and other militias and armed groups is the main contributor of violence in the region.
As of September, 2024, 6·4 million people have been internally displaced in DR Congo.9

The escalating conflict in eastern DR Congo, particularly following the re-emergence of the M23 rebel group and the start of the withdrawal of UN peacekeeping forces, has led to widespread violence against civilians, including an increase in conflict-related sexual violence in North and South Kivu.10 Armed conflicts spur the spread of sexually transmitted infections through factors such as forced migration, damaged health-care infrastructure, limited access to contraception and health services, and heightened sexual violence.11

A new Physicians for Human Rights report underlines the harms experienced by survivors of the conflict-related sexual violence and forced migration in some of the conflict-affected areas experiencing surges in mpox cases.10 Survivors of conflict-related sexual violence endure severe physical and psychological consequences, including sexually transmitted infections, unwanted pregnancies, chronic injuries, post-traumatic stress disorder, depression, and social isolation that further compound their trauma.10 Many child survivors also suffer developmental delays.
Access to timely care is hampered by a health system challenged by ongoing violence, supply and health personnel shortages, and attacks on medical facilities.
In this context it is difficult for health-care providers to meet the growing needs of patients while managing high caseloads and navigating survivors' fear of stigma and mistrust of the health system; such difficulties could ultimately undermine effective care and long-term recovery efforts.10

Nathalie Kipenzi, a hygiene promoter, talks to the displaced people during an awareness campaign for Mpox, an infectious disease caused by the Mpox virus that causes a painful rash, enlarged lymph nodes and fever, at the Muja camp for the internally displaced in Nyiragongo territory, near Goma in North Kivu province of the Democratic Republic of Congo August 19, 2024.
REUTERS/Arlette Bashizi

Figure viewer

Hygiene promoter during an awareness campaign for mpox at the Muja camp for the internally displaced in Nyiragongo territory, near Goma in North Kivu province of DR Congo, Aug 19, 2024

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In conflict-affected areas, the risks of disease transmission are further exacerbated by the movement of displaced populations and armed groups, increased human-wildlife interactions due to disruptions in traditional food sources and economic instability, and poor conditions in camps for internally displaced persons, where there are close living quarters and shared sanitary facilities.10,12,13 These conditions, combined with the destruction of health-care infrastructure, interruption of medical supply chains, and growing shortages of health-care workers, increase the risk of the rapid spread of infectious diseases.14 Overcrowding and food insecurity compound these risks, making disease containment efforts even more challenging.
The dual burden of HIV and mpox further presents a public health challenge in the region.
Uncontrolled HIV increases the risk of severe mpox outcomes, including death, underscoring the urgent need for integrated care approaches.15,16

To break the cycle of conflict and disease, a coordinated approach that centres human rights protections with health interventions is urgently needed to address these intersecting crises.
This approach includes support to rebuild health-care infrastructure, comprehensive measures to prevent conflict-related sexual violence, and sustained political will and financial support to ensure rapid access to mpox vaccines and supportive care, especially in conflict-affected areas.
Furthermore, regional cooperation is essential to address cross-border transmission risks, as people from multiple countries converge in conflict and crisis zones, particularly with the re-emergence of new infectious disease in the region, such as Marburg virus disease.
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To build trust in vaccination efforts, it is essential that international support initiatives expand current efforts to work closely with local leaders and community-led organisations to reach affected populations with targeted prevention and treatment.
Vaccination campaigns must include all people visiting affected areas, such as people who transact sex, truck drivers, miners, and soldiers who travel from and back to neighbouring countries.

Governments and donors should design response plans and implement vaccination and prevention education campaigns rooted in human rights that account for the unique challenges of conflict zones.
Necessary strategies include deploying mobile vaccine delivery units, forging partnerships with local humanitarian groups, and supporting the comprehensive needs of survivors of conflict-related sexual violence.
The Global Fund to Fight AIDS, Tuberculosis and Malaria's US$5 million support to the region's mpox response is welcome, but additional resources from the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund should be leveraged to accelerate health workforce mobilisation, conduct risk communication initiatives, help implement infection prevention and control measures, and work with community-led organisations to tackle the interconnected risks of mpox and HIV, as was done during the height of the COVID-19 pandemic.18,19

Finally, the international community must urgently prioritise efforts to achieve a cessation of hostilities and de-escalate the conflict in eastern DR Congo.
A humanitarian ceasefire is essential to allow humanitarian actors to deliver vaccines, care, and crucial health services safely to the most vulnerable areas.
A precedent for such humanitarian ceasefires exists: during a polio outbreak in Gaza, a temporary truce was successfully negotiated in 2024 to ensure vaccines reached vulnerable children amid the conflict.20

Beyond these measures, sustained international action is needed to promote longer-term stability, enabling communities to recover, health systems to rebuild, and the public health crisis to be contained.
Without immediate intervention to curb the fighting, both the humanitarian and health crises will continue to intensify, jeopardising regional stability and posing a growing threat to global health security.
The mpox epidemic is not only a public health challenge.
It intersects with and is fuelled by ongoing human rights and humanitarian crises in conflict-prone areas such as eastern DR Congo Addressing mpox requires targeted interventions that improve access to vaccination and health care.
Equally as important, the international community needs to mobilise to address the root causes of conflict, exploitation, and poverty that exacerbate infectious disease outbreaks, including mpox, and other global health crises.

This requires meaningful and immediate actions both to invest in public health infrastructure and to foster international cooperation for peacebuilding, to hold perpetrators accountable, and to promote human rights and gender equity.

FAQs

What is GPTZero?

GPTZero is the leading AI detector for checking whether a document was written by a large language model such as ChatGPT. GPTZero detects AI on sentence, paragraph, and document level. Our model was trained on a large, diverse corpus of human-written and AI-generated text, with a focus on English prose. To date, GPTZero has served over 2.5 million users around the world, and works with over 100 organizations in education, hiring, publishing, legal, and more.

When should I use GPTZero?

Our users have seen the use of AI-generated text proliferate into education, certification, hiring and recruitment, social writing platforms, disinformation, and beyond. We've created GPTZero as a tool to highlight the possible use of AI in writing text. In particular, we focus on classifying AI use in prose. Overall, our classifier is intended to be used to flag situations in which a conversation can be started (for example, between educators and students) to drive further inquiry and spread awareness of the risks of using AI in written work.

Does GPTZero only detect ChatGPT outputs?

No, GPTZero works robustly across a range of AI language models, including but not limited to ChatGPT, GPT-4, GPT-3, GPT-2, LLaMA, and AI services based on those models.

What are the limitations of the classifier?

The nature of AI-generated content is changing constantly. As such, these results should not be used to punish students. We recommend educators to use our behind-the-scene Writing Reports as part of a holistic assessment of student work. There always exist edge cases with both instances where AI is classified as human, and human is classified as AI. Instead, we recommend educators take approaches that give students the opportunity to demonstrate their understanding in a controlled environment and craft assignments that cannot be solved with AI. Our classifier is not trained to identify AI-generated text after it has been heavily modified after generation (although we estimate this is a minority of the uses for AI-generation at the moment). Currently, our classifier can sometimes flag other machine-generated or highly procedural text as AI-generated, and as such, should be used on more descriptive portions of text.

I'm an educator who has found AI-generated text by my students. What do I do?

Firstly, at GPTZero, we don't believe that any AI detector is perfect. There always exist edge cases with both instances where AI is classified as human, and human is classified as AI. Nonetheless, we recommend that educators can do the following when they get a positive detection: Ask students to demonstrate their understanding in a controlled environment, whether that is through an in-person assessment, or through an editor that can track their edit history (for instance, using our Writing Reports through Google Docs). Check out our list of several recommendations on types of assignments that are difficult to solve with AI.

Ask the student if they can produce artifacts of their writing process, whether it is drafts, revision histories, or brainstorming notes. For example, if the editor they used to write the text has an edit history (such as Google Docs), and it was typed out with several edits over a reasonable period of time, it is likely the student work is authentic. You can use GPTZero's Writing Reports to replay the student's writing process, and view signals that indicate the authenticity of the work.

See if there is a history of AI-generated text in the student's work. We recommend looking for a long-term pattern of AI use, as opposed to a single instance, in order to determine whether the student is using AI.