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# Concept Note on Communication Strategy for the Ebola Crisis for Countries in a East and Southern Africa

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## Introduction

At the request of CDC Tanzania, JHU•CCP Tanzania has prepared this concept note on developing an effective communication strategy for any low risk country as it prepares to respond to the current Ebola outbreak in West Africa. At the moment the risk of an Ebola outbreak in East and Southern Africa is low. However, these government should put into place a timely and effective pro-active multi-phase communication strategy to manage current fears and prepare for a possible outbreak.

This document focuses on quickly developing an effective communication strategy for addressing Ebola. It does not address other aspects of handling Ebola such as treatment, quarantine control, infection prevention, medical staff training, monitoring, logistics and epidemiology. It also does not include how to plan for potential social, economic and security disruptions, although the decisions made by technical experts on how to handle many of these issues should then be addressed through the communication strategy.

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## Key Points for Crisis Management<sup>1</sup>

Dealing with fears about the current Ebola outbreak in West Africa and preventing and preparing for an outbreak in East and Southern Africa can be seen as crisis management. Here are ten best practices in dealing with a crisis:

1. **Anticipate the crisis** – the more lead time the better your response
2. **Identify your crisis team** – it should be headed by a very senior official and be multi-sectorial
3. **Identify and train your spokespersons** – if possible have one spokesperson who is senior and credible
4. **Train the spokesperson** – handling a hostile media takes training
5. **Establish a notification and monitoring system** – need to get timely and accurate information, otherwise wait until you do – using holding statements but not for too long A holding statement is a message that indicates that you are gathering further data or information.
6. **Identify and know your stakeholders** – this includes health workers, opposition politicians, media and the general population
7. **Develop holding statements** – to use at the beginning of a crisis before you have a chance to gather all the data, but they lose effectiveness quickly

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<sup>1</sup> Adapted from Bernstein Crisis Management Inc.

8. **Stay ahead of the crisis** – need to be prepared and be proactive, not reactive
9. **Develop key messages** – that are relevant to the crisis and your audience, simple to understand, honest and consistent. Have no more than three key messages for the general audience while developing more specific messages for individual groups of stakeholders i.e. health providers and politicians
10. **Learn from the crisis** since there will be others in the future.

Unicef on their website has listed recommended Quality Principles of C4D in an Emergency<sup>2</sup>

1. **Announcing early:** even with incomplete information – prevents rumors and misinformation.
2. **Transparency:** communicating facts as they are available, and communicating honestly
3. **Dialogical communication:** creating mechanisms which allow population to express their concerns and recommendations for the response activities
4. **Messaging:** Using general messages for the wide population and specific messages to specific groups
5. **Practicing positive communication:** in this type of outbreak, panic can be very dangerous. It is important to focus information on positive aspects (existence of simple preventive measures, stories describing appropriate behaviors successfully being adopted by the population) rather than stories based on virus lethality.
6. **Proactively preventing and fighting rumors:** mechanism must be put into place to detect early diffusion of rumors regarding the disease and control measures; response activities are prepared ahead and triggered quickly when need be.

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## Elements of a Effective Communication Strategy

Is there is an existing Emergency Response TWG or emergency preparedness team? If the Emergency Response Team does not already have a communication sub-committee, then one should be formed. This sub-committee should provide the leadership to oversee these key elements of any communication strategy:

1. Coordination- leadership needs to do a public assessment – where are we now, both in terms of Ebola status in the country, as well as communication and the local media response to Ebola
2. Leadership- that is inclusive, fast moving, able to stay on top of things and have the phased approach
- 2-3. Transparency – dealing with rumors, handling news in a truthful way

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<sup>2</sup> Adapted from « *World Health Organization Outbreak Communication Planning Guide* »

- | 3.4. Identify a key spokesperson, who is a trusted source of information- could be the MOH spokesperson, a WHO representative, someone from the President's or Prime Minister's office.
- | 4.5. Institute regular press briefings (daily or weekly)- use these to keep the media informed of the status of Ebola in the affected regions and preparedness plans for your country. Also use the press briefings to address myths and rumors.
- | 5.6. Use social media channels that are updated quickly, as required- this could include an SMS tree, a Facebook page, Twitter, or some other social media, but ensure that it is closely monitored and regularly updated to handle any rumors or misinformation that may spread this way.
- | 6.7. Prepare an emergency communication plan for when first case appears
- | 7.8. Consider this an opportunity to provide media training to enhance good journalism practices, and, specifically to build skills in health reporting. There are several good curricula available.
- | 8.9. Monitor that messages and materials are being reaching and being understood by their intended audiences

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## Objectives

1. Establish communication plan with clear priorities, chain of command, guidelines, content, timeline and budget
2. Establish trusted interlocutor who acts as spokesperson during pre-outbreak and outbreak phases
3. Address health worker concerns
4. Address general population communication needs
5. Address patient needs
6. Address needs of family members of those patients

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## Phased Approach

At the moment there is low risk in East and Southern Africa of being infected with Ebola. CDC currently lists Tanzania in its travel advisory at "Level 1: **Watch**, Practice Usual Precautions. DRC<sup>3</sup> and Nigeria are at Level 2: **Alert**, Practice Enhanced Precautions. Liberia, Guinea and Sierra Leone are at Level 3: **Warning**, Avoid Nonessential Travel.

So while preparing messages for more serious levels, messages should be appropriate for the current level.

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<sup>3</sup> DRC is listed as Level 2 for an outbreak that is unassociated with the West African outbreak. It also appears that the outbreak in DRC is already subsiding.

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## Key Messages

These should be put out in a phased manner as the seriousness and threat level increases. The communications team must decide when, how and to whom each message should be disseminated.

1. Ebola is a virus that is mainly spread from humans to humans with direct contact with blood and other body fluids. It can kill. There is no cure, *although many patients do recover with proper care*. However, due to the fact that it is only transmitted through body fluids, it can be easily avoided.
2. There have been no confirmed cases of Ebola in East or Southern Africa.
3. You cannot get Ebola sitting in a plane, bus or car. You need to be in direct contact with blood or body fluids with someone who has Ebola and who is showing symptoms.
4. The best way to avoid infection with Ebola, and many other diseases, is to frequently wash your hands with soap and water, and/or use an alcohol based hand sanitizer.
5. Ebola symptoms show up 2 to 21 days after infection and usually include:
  - a. High fever
  - b. Headache
  - c. Joint and muscle aches
  - d. Sore throat
  - e. Weakness
  - f. Stomach pain
  - g. Lack of appetite

Since these symptoms are similar for many other local illnesses, it is important to seek early diagnosis and treatment from a health care provider.

6. Should an outbreak of Ebola come to your country, health care workers will be provided with Personal Protective Equipment (PPE). **Personal protective equipment (PPE)** refers to **protective** clothing, helmets, goggles, or other garments or **equipment** designed to protect the wearer's body from infection. This equipment normally covers the health care worker completely, to protect him or her, but it may make the health care worker appear frightening to a patient or their family members, therefore, if it comes to that point, then people need to be informed as to what PPEs look like and what to expect when they visit a health facility.
7. Safe burial practices include:
  - a. Burial should take place as soon as possible
  - b. The body should be prepared for burial by health care workers who have access to and use PPEs (see above)

- c. Family members should be counseled to avoid touching or washing the body
  - d. The body should be wrapped and all areas in contact with the body need to be cleaned with a bleach solutions, per the WHO guidance available on the WHO website (<http://www.who.int/csr/resources/publications/ebola/whoemcesr982sec7-9.pdf>)
8. Explain the need to quarantine those exposed to Ebola.
  9. The MOH, along with its international partners, is monitoring the Ebola epidemic closely. MOH is prepared to safely treat anyone infected with Ebola and to ensure that it is not spread to other persons including family members, health workers and persons responsible for burials.
  10. If Ebola cases appear in East or Southern Africa, daily updates on the measures being undertaken to protect the public, protect health workers, protect family members of the infected person, safe treatment of the patient, will be provided.
  11. Treatment for Ebola: Currently there is no widely available treatment for Ebola. ZMAPP is an experimental treatment for Ebola, made up of three antivirals. The limited doses that were developed have run out. Others are being experimentally treated using the plasma of people who have recovered from Ebola, and therefore have the Ebola antibodies in their bloodstream.
  12. Vaccine Development: There are currently two or more vaccines under development. These vaccines have been fast-tracked to human testing, which is currently being undertaken on small samples of people in the US, UK and elsewhere. The results have been promising to date and the UK vaccine is already in mass production in anticipation of a positive result of the trial.

Target audiences should be segmented for specific messages and communication channels. This matrix has been illustratively completed, but should be thoroughly reviewed and revised and updated according to the local situation. This matrix has been filled in for Level 3- Practice Usual Precautions.

Audience	Key Message	Channels
Travelers	Avoid non-essential travel to Guinea, Liberia and Sierra Leone. Ebola is not airborne and will not be transmitted through casual contact with fellow passengers on various modes of transport. Practice good hand hygiene, especially when travelling, to avoid all kinds of illnesses.	Messages at airports, sent to travel agents, in the social media
Health Workers	Protect yourself when engaged in all contact with patients. Use normal infection prevention	Face to face communication, Supportive

	practices, including the use of masks, gloves and good hand hygiene before and after each patient contact.	supervision, circulars, print media in health facilities, SMSes to health workers
Media	It is important not to spread rumors or myths. Practice good investigative journalism. Gets the facts and verify them with 2 or more sources.	Media briefings Press releases Journalist training
General population	Ebola is a serious illness, but it is presently only in West Africa. It is unlikely to spread to East or Southern Africa. Ebola is not airborne and will not be transmitted through casual contact with family members, friends or neighbors. Practice good hand hygiene to avoid all kinds of illnesses.	Radio Print media
Patients and family	If you are sick or you have a sick family member, seek appropriate care. The illness is most likely one of the common illnesses in your area and should be diagnosed and treated quickly and correctly by a health care provider.	Posters at health facilities
Religious leaders	Counsel calm among your community. People do not need to panic about Ebola. Encourage people to practice good hand hygiene, especially after participating in events with other people, such as worship services or funerals. This will prevent all kinds of normal illnesses from spreading.	Face to face communication, Briefings with key spokespeople, Using the normal religious hierarchy and communication channels
Burial workers	Bury any deceased quickly. Avoid direct contact with the corpse. Wash hands after touching any deceased person.	Posters at the morgues, Communication through religious personnel who support funerals
Political leaders	Counsel calm among your constituents. People do not need	Face to face communication,

	<p>to panic about Ebola.</p> <p>Support the communication efforts of the MOH Emergency Response Team.</p> <p>Encourage the media to practice good investigative journalism.</p> <p>Refer journalists to the agreed upon spokespersons.</p>	<p>Briefings with key spokespeople,</p> <p>Using the normal political hierarchy and communication channels</p>
Security forces	<p>Counsel calm among the security personnel and the general population. People do not need to panic about Ebola.</p> <p>Ebola is not airborne and will not be transmitted through casual contact with other people.</p>	<p>Face to face communication,</p> <p>Briefings with key spokespeople,</p> <p>Using the normal security forces hierarchy and communication channels</p>

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## Control of Rumors

Rumors need to be monitored and addressed immediately. The MOH and partners should start monitoring the media, especially social media, for rumors. They should identify respected reporters and bloggers and update them on rumors and the correct information. Rumors should be addressed immediately, or as soon as possible using the “trusted” social media sites, as well as through the regular press briefings.

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## Message Tone and Narrative

The tone needs to be credible, transparent, caring, and sincere. There should be one spokesperson, who conveys the proper tone. In addition to press conferences, we should start promoting a reassuring narrative. This can include:

1. Run a profile of the technical person in charge of responding to any outbreak. Highlight their expertise, training and motivation
2. Run a story on the personal protective equipment that is becoming available. Why it is needed. Show someone putting it on and taking it off to show that there is a person underneath the rather threatening equipment
3. Run a story on a health worker getting trained to handle patients
4. Highlight families who practice good home hygiene, especially hand washing
5. Run a story on a facility being prepared
6. Send and cover a fact-finding team going to West Africa
7. Highlight the successful handling of Ebola somewhere e.g. DRC, Nigeria
8. Run stories on recovered patients going back home

9. Prepare street theater scripts that entertain as well educate community members living in hot zones by local theater groups
  10. Prepare expert interviews on Ebola for distribution to radio stations
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## Communication Channels

For a fast moving crisis such as this, the best channel is press conferences. Radio spots can be used as necessary. However, radio spots should only be used once there is a clear need and with a clear call for action. Sample radio scripts from West Africa are attached as examples.

**Promoting stories in the media** as described in the above section can start immediately.

A **leaflet** describing symptoms and what to do if they appear can be distributed at all points of entry to the country. Such a leaflet has been issued by one of the insurance companies and is already posted in offices in many places. See attached.

Producing **posters for points of entry and health centers** is another excellent channel. However, this needs to be supported with a strong distribution plan. The poster should also have a strong clear call for action and be positive in tone. Posters in busy environments need to have a very simple message since people will most likely spend seconds looking at them.

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## Health Workers

Health workers need to be reassured. As a group they are in the most danger. They should be addressed separately with information on current status of cases, PPE provision, when they should adopt PPE for routine blood testing for fever, refresher training on infection prevention and the provision and proper use of protective equipment, including how to properly remove and dispose of PPE, as there is a possible risk infection while taking off suits.

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## Budget

A detailed communication budget can be calculated once this concept paper is distributed and responded to. However, here is a rough estimate.

Assuming that Ebola does not appear in the country (Scenario 1) the major costs would be for the production of print materials such as leaflets and posters, and the production of the radio spots to be held in readiness. The print production would be about \$100,000. The radio production would cost about \$10,000. Add miscellaneous expenses of \$20,000 e.g. for hosting press conferences and media orientations, contacts and updates.

A social media firm to run a Facebook or similar site and to prevent, monitor and handle rumors etc, could cost about \$100,000 for a six-month period.

A full time media consulting firm for three months could cost about \$85,000.

Social mobilization with street theatre, etc., could cost about \$10,000 for the scripts and about \$90,000 over three months for the local theatre and community outreach workers, depending on the desired reach of the drama.

If Ebola does appear in the country (Scenario 2) then the print materials would need to be distributed quickly. If the private sector is used this might cost up to \$50,000. For the broadcast cost for the radio spots, if the government does not receive free airtime during a national emergency, then the commercial cost could be about \$300,000 for three months.

Management, technical assistance and overheads would add about \$50,000 for the first scenario and another \$120,000 for the second.

So a rough estimate comes to a maximum of \$465,000- \$1,135,000 for three to six months.

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## Additional Resources

The following organizations have excellent resources on strategies as well as materials.

- WHO- <http://www.who.int/csr/disease/ebola/en/>
- Unicef- [http://www.unicef.org/cbsc/index\\_73157.html](http://www.unicef.org/cbsc/index_73157.html)
- CDC- <http://www.cdc.gov/vhf/ebola/>
- USAID- <http://www.usaid.gov/ebola>
- <http://www.thehealthcompass.org/filteredsearch/ebola> (sample materials available here)
- <http://www.healthcommcapacity.org/tag/ebola/>

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# Sample Radio Spots

These spots are being used in Guinea in local languages. The English transcripts are taken from the CDC website<sup>4</sup>

## **Spot 1: It's probably malaria, not Ebola**

One difficult thing about Ebola is that the signs – sudden fever, diarrhea, vomiting – these are shared by other diseases. So, perhaps it's not Ebola. It could be malaria. Or perhaps typhoid fever. So, it's quite difficult for anyone, except a health care worker, to say definitively 'Yes, it is Ebola,' or 'No, it is not Ebola.'

So, if you have sudden fever, diarrhea or vomiting, you should go to the health center, because, no matter the cause, you can receive help there. And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

## **Spot 2: Where does Ebola live?**

The Ebola virus lives in the bats and does not make them sick. The Ebola virus is released from the bats from time to time and can infect monkeys, chimpanzees, and humans, and other wild animals.

So, can Ebola be caused by witchcraft or a curse, or any other cause? No. Remember: the Ebola virus lives in bats.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

## **Spot 3: If there is no fever, there is no Ebola.**

If a person has no fever, he or she can move about, touch others, ride the bus, take a taxi. And they cannot pass Ebola to other people. A person who develops a fever, however, can pass Ebola to others. Once they have recovered and been discharged, they are free from Ebola, and should be welcomed back into the family and the community.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

## **Spot 4: Who is at risk for Ebola**

Who is at risk of getting Ebola? It's the people who are in contact with those who are sick from Ebola, including family members and health care workers. And also people who are in contact with wild animals, including bats and monkeys, or fruit partially eaten by bats (bat mot).

Do people have any risk of getting Ebola by riding the bus? No. Do people have any risk of getting Ebola by wearing a helmet? No.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

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<sup>4</sup> [www.cdc.gov/vhf/ebola/outbreaks/guinea/radio-spots.html](http://www.cdc.gov/vhf/ebola/outbreaks/guinea/radio-spots.html)

### **Spot 5: Ebola transmission within the family**

Many times, when a man becomes sick with Ebola, it is the woman who cares for him. And then what happens? Then, the woman becomes sick. And then who cares for the woman? The grand-mother or a family member.

Then, the children can become infected, as well as others having direct contact with the sick person.

This is how Ebola can pass from one person to another in the community.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

### **Spot 6: Ebola virus is very fragile and easily destroyed**

Here is some good news about Ebola: although it is dangerous, Ebola virus is easily destroyed/(fragile).

Heat will destroy Ebola virus. Sunlight will destroy it. Light will destroy it. Bleach and laundry detergent will destroy it.

All these will kill Ebola virus.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

### **Spot 7: Stigmatization**

Many Ebola patients who are treated in hospital will survive and recover. Ebola is a serious disease, but when people have recovered, the doctors test them, and when the disease is all gone, they are discharged.

The discharged patients cannot transmit Ebola. The virus has left their bodies, and they cannot pass Ebola to anyone: not their children, their other family members, people sitting next to them in the taxi or bus. Partners, however, must abstain or always use a condom for sex for three months after discharge from the health center.

And remember: with the right information, and together with our health care workers, we can protect ourselves from Ebola.

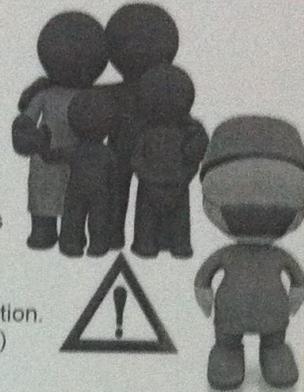
# EBOLA VIRUS

## WHAT IS EBOLA AND HOW DOES IT SPREAD?

- Ebola is caused by a virus
- No vaccine and no cure available – but **EARLY treatment increases the chance of recovery**
- Causes severe illness, with bleeding
- Highly contagious; many people can quickly become infected
- Up to 90% of the infected will die – some recover, especially those who get help early



- Sick people can spread the disease to others
- People in direct contact with sick people are at highest risk:
  - Family members
  - Healthcare workers



- Contact with dead bodies can cause infection. **BE CAREFUL** (Bury carefully. Keep away)
- **DO NOT** wash, touch or kiss dead bodies
- **DO NOT** wash hands in the same bucket as others who have touched the body

## WHAT ARE THE SYMPTOMS OF EBOLA?

Symptoms can start within 2 days of contact with an infected person or body

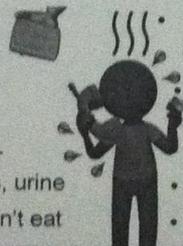
### Early Symptoms

### Late Symptoms



## PREVENTION OF EBOLA AND WHAT TO DO IF YOU GET SICK

- You can catch EBOLA from someone who is sick or dead
- Wash your hands regularly – use soap!
- **DO NOT** touch an infected person or their body fluids, including blood, vomit, faeces, urine
- **DO NOT** touch or eat “bush meat” and don’t eat bats



- Call your medical centre and tell them about your illness
- Listen to the advice. You may be sent to a special hospital
- Keep away from others so they don’t get sick
- Be especially careful of your vomit and diarrhoea



**Getting treatment at Ebola Centres EARLY increases the chance of recovery**

This poster has been developed for educational purposes only and is correct at the time of publication. It is not a substitute for professional medical advice. Should you have any questions or concerns about any topic in the poster, please consult your medical professional.  
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