

# COMMUNICATOR'S GUIDE ON THE EBOLA VIRUS DISEASE (EVD)



**COMMUNICATOR'S GUIDE  
ON THE EBOLA VIRUS DISEASE (EVD)**



This document contains information on the Ebola virus disease (EVD) and practical advice for all communicators.

## INTRODUCTION

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The communicator's guide in the context of the Ebola virus disease epidemic is a working tool developed by the Risk Communication and Community Engagement (RCCE) pillar of the Continental Incident Management System (CIMS), in response to the sixteenth Ebola virus disease outbreak declared on September 4, 2025.

This guide is based on epidemiological data, data from infection prevention and control, surveillance data, and information extracted from weekly reports from the infodemic management system published by the National Institute of Public Health of the Democratic Republic of Congo (INSP) via its Public Health Emergency Operations Centre (COUSP). It should also be noted that this document was drafted using information from reliable sources such as Africa CDC, the World Health Organisation (WHO), UNICEF, IFRC and other credible sources.

Its objective is to strengthen the operational capacities of responders, protect communities, and support ongoing efforts to end the Ebola virus disease epidemic.

Communicators, including primary health workers, community volunteers, local leaders, and all those involved in raising awareness, play a vital role in communicating the risks associated with Ebola and mobilising the community to adopt recommended practices. It is therefore essential that these actors are equipped with the necessary skills to communicate effectively and interact constructively with communities.

Some information about Ebola virus disease, as well as the recommended practices for users of this document, may change as new knowledge becomes available, particularly regarding transmission, treatment options, vaccines, and the integration of community voices. The recommended practices may also be adapted to other health interventions, taking into account local socio-cultural realities, the evolution of the epidemic, and available resources.

BETTER UNDERSTANDING FOR BETTER PROTECTION:  
**KNOWLEDGE SAVES LIVES**

# 1. To Know and promote key information about Ebola Virus Disease (EVD)

Useful tips: When addressing the community as part of an awareness campaign, it is essential to have a thorough understanding of the subject matter. This is not only the role of health workers: all staff involved in responding to a disease must be familiar with all aspects of it and be able to answer questions with confidence.

## a) Understanding the disease

Ebola virus disease (EVD) is a serious illness caused by the Ebola virus and is often fatal when treatment is not provided early. It can affect multiple organs and requires early and rapid medical care to improve the chances of survival.

Other diseases, such as Marburg haemorrhagic fever, caused by a closely related virus, and malaria, caused by a parasite, also have similar initial symptoms but have distinct causes, modes of transmission and treatments, making differential diagnosis crucial.

## b) Signs And symptoms

Useful tips: The signs of Ebola virus disease appear in two stages: early signs (dry phase), observed at the onset of the disease, and advanced signs (wet phase), which appear as the infection progresses and worsens. Some symptoms may resemble those of Marburg virus disease or malaria. The table below shows the differences and similarities.

Early detection of the cause of fever is crucial, particularly in regions where several serious diseases coexist. Although Ebola virus disease (EVD), Marburg haemorrhagic fever and malaria can all begin with non-specific symptoms such as fever and fatigue, their pathogens, modes of transmission and advanced complications differ radically.

The comparative table below presents the early and advanced signs of each of these conditions, as well as the key differences that enable healthcare professionals to guide diagnosis and initiate appropriate treatment, a determining factor in improving chances of survival.

Disease	Early symptoms	Advanced symptoms	Specific Transmission Mode	Key differences
EVD	<ul style="list-style-type: none"> <li>- Fever</li> <li>- Intense fatigue</li> <li>- Muscle pain</li> <li>- Headaches</li> <li>- Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>- Vomiting</li> <li>- Diarrhoea</li> <li>- Skin rashes</li> <li>- Kidney and liver function disorders</li> <li>- Internal and external bleeding (e.g. gums, bloody stools)</li> </ul>	Direct contact with the blood/bodily fluids of a sick person or infected animals (e.g., bats, primates). Not transmitted through the air.	Transmitted through direct contact with bodily fluids. Highly fatal. Vaccines available for prevention and as part of the response to epidemics.
Marburg	High fever, chills, severe headache, muscle aches	Severe vomiting, severe diarrhoea, stomach ache, bleeding and damage to several organs.	Direct contact with the blood/bodily fluids of a sick person or infected animals (e.g., bats, mines). Not transmitted through the air.	Very similar to Ebola (same filovirus family). Often more sudden onset with severe diarrhoea.
Malaria	Fever (often intermittent or undulating), chills, sweating, headaches, fatigue	Anaemia, jaundice, convulsions (severe forms), coma (cerebral malaria)	Bites from infected Anopheles mosquitoes.	Transmission by mosquitoes. No typical bleeding like Ebola/Marburg. Drug treatment (antimalarials) is available and effective. Vaccines are recommended for certain groups.

**Note:**

The diagnosis is made using a test called RT-PCR (Reverse Transcription Polymerase Chain Reaction). This test confirms the presence of the virus in the

body. Other blood tests may also be carried out to check that the liver, kidneys and blood are functioning properly.



### c) Incubation Period

The incubation period, or the time between infection and the appearance of the first signs of Ebola virus disease, varies from 2 to 21 days.

During this period, the person is not contagious: they can only transmit the virus after symptoms appear.

### d) Method of transmission

Ebola virus disease is first transmitted from wild animals to humans, then from person to person. There is currently no evidence that infected humans transmit the disease to animals.



**Initial transmission to humans from wild animals**

- Fruit bats
- Porcupine
- Primates No humans (monkeys, gorillas)



**Transmission from person to person through direct contact with the bodily fluids of an infected person**

- Blood (care, injuries)
- Secretions (saliva, mucus, pus)
- Organs (autopsy, medical interventions) (monkeys, gorillas)



**Indirect transmission via contaminated surfaces and materials**

Bedding (sheets, blankets, mattresses)

### e) Treatment

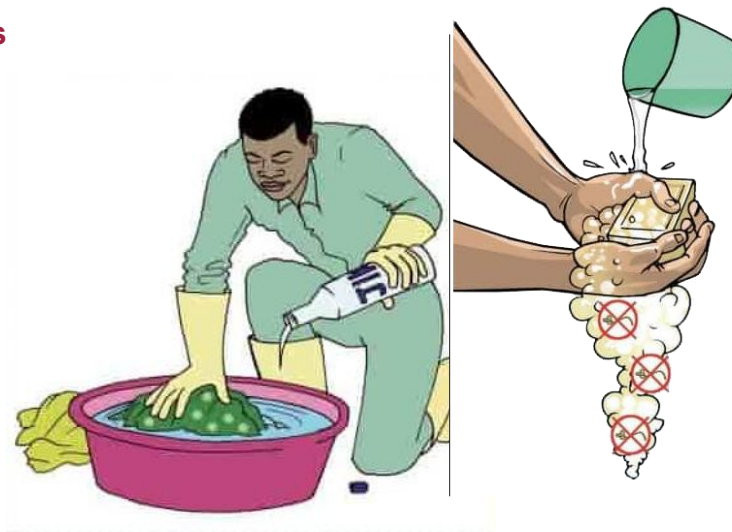
To date, there is one antiretroviral drug, mAb114 (Ebanga), which is specific to the Zaire strain of Ebola; for other strains (Sudan, Bundibugyo), there is still no antiviral treatment available.

The current EVD epidemic in Kasai, in the Bulape health zone, is being treated with the mAb 114 (Ebanga) molecule.

### f) Prevention

Useful Tips: Ebola virus infection can be prevented by taking appropriate protective measures.

## Life-saving practices



## Key precautions for healthcare workers

There are seven universal hygiene rules or standard precautions that must be applied at all times and in all places. These are:

1. **Hand hygiene:** Wash your hands regularly with soap and water or disinfectant before and after any contact with a patient.
2. **Personal protective equipment (PPE):** Wear gloves, mask, cap, gown and safety goggles.
3. **Wearing a surgical mask:** When coughing or sneezing.
4. **Safety of sharp objects:** Use secure medical equipment for needles and sharp objects; do not remove or recap needles, and above all, remember that one needle equals one patient and one procedure.
5. **Handling accidental exposure:** Know and apply the procedure to follow in the event of accidental exposure to blood (prick or wound with a contaminated object, contact with biological fluid).
6. **Cleaning and disinfection:** clean, disinfect or sterilise reusable equipment between each patient; regularly clean and disinfect surfaces and premises.
7. **Waste and linen management:** Proper disposal of medical waste and contaminated linen.

## Key actions to protect yourself and others in the community

1. Wash your hands regularly with running water and soap, or if this is not available, with ash.
2. A 0.05% chlorine solution and hydroalcoholic gel can also be used if available.
3. Do not touch secretions such as blood, urine, faeces, sweat, vomit, saliva, semen or vaginal secretions.
4. Do not touch a person who is sick or has died from Ebola.
5. Do not touch an animal that is sick or has been found dead in the forest.

6. If you have symptoms such as fever, headache, muscle pain, diarrhoea, bleeding or vomiting, go immediately to the nearest health centre.
7. Talk to everyone you meet about Ebola so that they know how to protect themselves.
8. Cook food thoroughly, cover it well and eat it hot.
9. Cooperate with health workers when tracking people who have been in contact with a sick person.
10. Avoid hugging to reduce the risk of Ebola transmission.
11. Avoid eating fruit or tubers that have been partially eaten by bats or gnawed on by rats.
12. Get vaccinated against Ebola.

**Note:**

In terms of prevention, there are currently four approved vaccines. Vaccination is carried out in a ring, with vaccinations given to contacts of confirmed cases, contacts of contacts, and exposed healthcare workers or health agents.

**g) Management of people with EVD**

This table shows the key stages in the management of people with Ebola virus disease.

For staff, the family of the sick person	
What to do	To be avoided
Contact the specialist services (treatment centre or health teams) immediately.	Attempting to treat or transport the sick person alone.
Keep vulnerable individuals (children, pregnant/nursing women, elderly or sick people, and those with compromised immune systems) away from the sick person.	Allow these people to be close to the patient.
Follow the instructions of the specialist teams for treatment.	Touching the sick person directly or their bodily fluids without protection.
For healthcare personnel	
Separate the sick person from others to limit the spread of the virus.	Allow the patient to move freely among other patients.
Quickly accompany the patient to a specialised treatment centre.	Delaying patient transport or admission.
Provide supportive care: hydration, nutrition, symptom relief.	Ignoring health status or failing to provide necessary supportive care.
Monitor health status to adjust care if necessary.	Not monitoring the patient's progress.
Wear appropriate PPE according to the level of risk: gloves, mask, cap, gown, Tyvek, goggles or visor, waterproof apron, boots, overshoes.	Failing to wear PPE or removing it before the end of treatment.
Follow the procedures for putting on and taking off PPE, and above all, do so in pairs if necessary.	Neglecting procedures and disregarding the importance of working in pairs
Clean and/or disinfect all surfaces and objects that have been in contact with the patient.	Failure to clean or disinfect contaminated surfaces or objects.

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## 2. Identify targets for vaccination and disseminate awareness-raising messages to the general population and specific groups

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Useful Tips: For any communicator, knowing your audience and tailoring your messages is essential, especially in the context of vaccination, in order to convey reliable information, build trust and encourage the adoption of behaviours that protect.

What is the Ebola vaccine?

4 facts about the Ebola

vaccine

- The Ebola vaccine is a medicine that prepares the body to recognise and fight the Ebola virus.
- It reduces the risk of becoming ill if exposed to the virus.
- It does not replace other preventive measures, but it does strengthen personal and community protection.
- The vaccine is used under the supervision of health authorities and has been tested to ensure it is safe and effective.

Who should be vaccinated against Ebola to protect themselves and the community?

Vaccination is a priority for people at risk, i.e. anyone who has been exposed and is likely to fall ill, including:

- Healthcare workers and staff working in treatment centres or laboratories.
- People who have been in direct contact with a sick person (family, close friends, professional contacts).
- People living in areas where Ebola cases have been detected.
- Other specific groups as recommended by health authorities (e.g. security agents, humanitarian personnel).



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### 3. Key messages on Ebola vaccination

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#### Useful Tips:

In the context of a response, key messages are essential because they convey reliable information, guide public behaviour, prevent the spread of infodemics, build community trust and encourage the adoption of preventive measures recommended by health authorities.

A key message is short, simple and easy to remember, explaining the essentials and telling people what they need to do to protect themselves and others, and responding directly to the concerns of communities.

**Example:** "Washing your hands regularly helps protect yourself and your family from Ebola."

#### a. How to prepare messages on Ebola in the field?

1. Know your audience: families, children, elderly people, healthcare workers.
2. Identify the essentials: signs of the disease, preventive measures, vaccination.
3. Keep it simple: short sentences, accessible vocabulary, avoid stigmatisation.
4. Adapt to the local context: language, traditions, cultural practices.
5. Repeat and reinforce discussions, demonstrations, posters, visual aids.

#### b. Key messages about the Ebola vaccine

**Useful Tips:** It is important to explain to the community in a clear and understandable way what the vaccine is, why it is necessary, its level of safety, its possible side effects, the vaccination locations and the people authorised to vaccinate.

#### Why the need for vaccination?

The Ebola vaccine is a medicine that helps the body protect itself against the Ebola virus and reduce the risk of becoming seriously ill

## Why it is necessary?

Vaccination reduces the risk of becoming ill or developing a severe form of the disease and protects your life and that of your community.

Safety level? The Ebola vaccine has been tested by health authorities and experts to ensure that it is safe and effective.

## Who administers it?

It is used under the supervision of healthcare teams. Side effects? Side effects may include fever, arm pain or fatigue, but the health benefits are far greater.

## Where can I get vaccinated?

At the nearest health centre (preferably indicate specific locations when you are in contact with communities)

c. Some key messages, tailored to each target group mentioned, concerning the vaccine and vaccination

### 1. Healthcare personnel and frontline workers

Get vaccinated to protect yourself and enable you to care for your patients safely.

Vaccination protects you by reducing the risk of becoming ill and infecting your colleagues or patients.

As a healthcare worker, you play a vital role in protecting the community. Getting vaccinated will help you do so effectively.

## 2. Direct contacts of sick persons (family, relatives, friends)

Getting vaccinated protects you, your family and your community.

Vaccination is a way to reduce the risk of the virus spreading to others around you.

Even if you feel well and have no symptoms, vaccination is important after contact with someone who is sick. It protects you by reducing the risk of becoming seriously ill.

Ebola vaccination is important, especially if you are in contact with sick people. However, make sure you have no symptoms before getting vaccinated.

## 3. People living in areas where cases have been detected

If you are at risk of exposure to Ebola, getting vaccinated protects you and your community from the epidemic.

Getting vaccinated and encouraging members of your community to get vaccinated reduces the spread of the virus.



## 4. Other specific risk groups (humanitarian workers, security personnel, laboratories)

If you work in a high-risk area, get vaccinated as it protects you and those around you.

Getting vaccinated is an effective way to protect yourself and work safely.

## 5. The vaccine

The Ebola vaccine is safe and effective because it has been tested by health authorities and experts to ensure its reliability.

The Ebola vaccine is effective and protects against the disease.

## 6. Side effects:

Like all vaccines, the Ebola vaccine may cause some mild side effects, such as pain in the arm or a slight fever, but it protects you and your family against the disease.

When you receive the Ebola vaccine, you may experience mild side effects such as pain or redness around the vaccination site, mild fever, fatigue, headache. These effects will disappear within a few days. The benefits of the vaccine outweigh the risks.



## 4. Listen and establish a good rapport and dialogue with patients receiving care and people seeking the Ebola Virus Disease (EVD) vaccine

### Useful Tips :

For any communicator, knowing your audience and tailoring your messages is essential, especially in the context of Useful Tips: For effective communication, let's establish an honest and open dialogue with communities. Our role is to actively listen to their questions and concerns in order to tailor our health and prevention messages. This two-way approach builds trust and ensures that the information conveyed truly meets their needs.

### 1. Some principles :

- Show empathy and reaffirm the shared interest in the health and well-being of the community.
- Build mutual trust through verbal and non-verbal communication channels (posture, tone).
- Actively listen to concerns and demonstrate a respectful attitude.
- Ensure accountability: Provide clear feedback and explain decisions transparently.
- Use simple, precise and verified language, avoiding any judgment.
- Adapt the message and channels to languages and cultural/social specificities
- (gender, age, disability).
- Establish bidirectional mechanisms for validation and respond to questions, concerns, and address rumours.
- Partner with credible community leaders to maximise the reach and acceptance of messages.

### 2. Attitude to adopt (can be supplemented)

#### a. Verbally

#### Listen to communities before you start talking

- Use simple words and avoid jargon and scientific terms, adapting to the language of the person you are talking to.
- Explain clearly the importance of certain practices and how they help protect their health and that of their community.
- Be well prepared before visiting the community; know and master what you are saying.
- Let them tell you what they already know about the disease and see how you can supplement, correct or improve their knowledge.
- Before sharing information, find out about community rumours and beliefs and do not judge.
- Coordinate messages across all teams.
- Check that people understand you by politely asking them to repeat what you have said or summarise the information communicated.

#### b. Physically.

- Look at people when you talk to them and maintain eye contact.
- Be humble and give others the opportunity to speak as much as you do, while respecting the opinions of others.
- Remain calm and express your opinions gently.
- Be respectful and do not interrupt;

- show interest while listening.
- Respect the customs and traditions of the community you are visiting (do not greet with your left hand, get dressed decently, born not (abruptly interrupting the intervention of others, giving the floor while taking into account age and social rank: older people, leaders, etc.).

## 5. Managing the infodemic surrounding Ebola

In a health emergency, information circulates quickly, and not always accurately.

**Useful Tips:** An infodemic refers to an overabundance of information (both accurate and inaccurate) that spreads quickly during a health emergency.

This overabundance makes it difficult for people to find reliable sources, distinguish facts from rumours, and make informed decisions to protect their health.

**It includes:**

- **Misinformation:** False information shared without malicious intent.
- **Disinformation:** False information deliberately created or shared to cause harm.
- **Malinformation:** True information used out of context to mislead or cause harm.
- **Rumours:** Unverified information circulating informally, which may be true or false.
- **Uncertainty:** Real gaps in knowledge which, if left unaddressed, can fuel speculation.

**Impact on Risk Communication and Community Engagement (RCCE) interventions**

- **Reduced effectiveness of messages:** Rumours and misinformation can contradict or dilute official public health messages.
- **Low participation in community engagement activities:** Mistrust generated by misinformation limits

community participation in prevention and monitoring activities.

- **Discouragement from adopting desired health behaviours:** People may be reluctant to get vaccinated, tested, or seek medical advice, delaying the health response.
- **Weakening of trust in authorities:**  
The spread of contradictory or alarmist information reduces the credibility of institutions and RCCE teams there spread information contradictory, or alarmists reduce the credibility of institutions and RCCE teams

**Note:** this list is subject to additions.

### How to address rumours

Do not ignore rumours, as they can:

- Disrupt planning
- Put people at risk
- Instead, consider rumours as an early warning system. Use them to your advantage and leverage them to improve our work.
- Address critical issues to protect communities, staff, and volunteers.
- Discuss rumours in meetings with supervisors, other health personnel and communities

### How to respond to a number of common rumours circulating about Ebola virus disease?

**Key principle:** Acknowledge the concern without repeating or reinforcing misinformation, and instead provide clear, accurate and simple facts. This is often summarised as: "Don't amplify the myth, focus on the truth."

**A few practical tips based on this principle: Example – Rumour: drinking alcohol can cure Ebola.**

- Avoid repeating the rumour in detail (even to deny it), as repetition reinforces memory: drinking alcohol can cure Ebola, the truth is that this is FALSE...
- Start with the fact, not the false information  
: drinking alcohol does not cure or prevent Ebola and can even be harmful to health.
- Show empathy and build rapport before correcting: We understand that people are looking for ways to

protect themselves against Ebola...

- Suggest a corrective action: The safest way to protect yourself is to...
- Keep the message simple and consistent across all communicators.
- Refer to reliable sources for more information: For more information, see...

Table of rumours and responses – Rumours extracted from the Infodemic Management System (COUSP/DRC), *Week 37*

Category	Rumour / Myth	How can we describe what is happening?	Simple answer	Example of a conversation during an individual interview	Responsibility of key actors	Key messages + Call to action
Myths about treatment	"Drinking alcohol can cure Ebola."	False belief / misinformation	Alcohol does not cure or prevent Ebola. It can make you ill. The real protection is hand washing, avoiding sick people and seeking early medical attention.	I know people want quick solutions. But alcohol does not protect you. Washing your hands and seeking medical advice quickly protects families.	<p>Religious leaders: remind people that protecting life is a spiritual duty and emphasise that alcohol offers no protection against Ebola; on the contrary, it is harmful to health.</p> <p>Health workers: explain kindly why alcohol is not effective and its negative effects.</p> <p>Community leaders: speak up at meetings to correct rumours and spread the facts.</p>	Alcohol does not cure Ebola. Washing your hands and seeking medical attention early can save lives.

Rumours regarding transmission	'Eating bushmeat is safe.'	False belief / misinformation	Ebola can be transmitted by infected wild animals. To be safe, avoid game meat and cook food thoroughly.	I know that eating bush meat is a tradition, but right now, in the midst of the Ebola epidemic, it is risky.  Choosing safe food protects your household.	Religious leaders: remind people that protecting health and life is a priority, even if certain traditional practices need to be adapted during an epidemic.  Health workers: show how Ebola is transmitted from animals to humans.  Community leaders: encourage compliance with rules prohibiting the consumption of bush meat.	Protect your health: choose well-cooked food and avoid eating bush meat during the epidemic.
Conspiracy theories / Source	"The epidemic was declared for political reasons."	Rumour/ misinformation	An Ebola epidemic is only declared when laboratories confirm a real danger. This enables prompt assistance to be provided.	It is normal to ask questions. It is scientists, not politicians, who confirm the presence of Ebola. Declaring an epidemic allows for a rapid response.	Religious leaders: Share accurate facts with your community; good information protects and saves lives.  Health workers: Share open updates.  Community leaders: Communicate and support official information at meetings.	Accurate information is your best tool for protecting your community.  Ensure to always share reliable information.

Myths about seriousness	'Ebola is not dangerous.'	False belief / misinformation	Ebola is deadly. Without treatment, many die. Acting quickly saves lives.	I understand your concerns, but Ebola spreads very fast. Getting treatment early can save your family.	Religious leaders: emphasise the value of life and remind people that Ebola is real.  Health workers: sensitively share survivors' testimonies.  Community leaders: remind the community of the real danger.	Ebola can be fatal if not treated promptly. If you experience symptoms such as fever, vomiting, or bleeding, seek immediate medical attention at a health centre.
Misconceptions about prevention	"We don't need to follow the prevention rules."	Misinformation/uncertainty	Washing your hands, avoiding handshakes and organising safe burials are the best ways to stop Ebola.	I know it's difficult to change current habits, but every time you avoid washing your hands or shaking hands, you are protecting your children and neighbours.	Religious leaders: Respect tradition while protecting life with safe burials.  Health workers: Demonstrate safe practices during visits.  Community leaders: Lead by example.	Let us protect ourselves together: wash our hands frequently, avoid handshakes and hugs, and support safe funerals.
Misconceptions about vaccination	'Ring vaccination is unfair.'	Rumour/uncertainty	Ring vaccination primarily protects those most at risk, thereby putting a stop to Ebola faster.	I know it seems unfair, but we start with those closest to the patient to prevent the virus from spreading.	Religious leaders: explain the fairness of protecting high-risk groups first.  Health workers: clearly explain what ring vaccination is and its benefits when you are at the sites.  Community leaders: reassure families	The vaccine protects those who have been in close contact with someone who is ill. By getting vaccinated, you are protecting your family and neighbours.

selected for  
vaccination.

<p>Misconceptions about vaccination</p>	<p>"The vaccine can give you Ebola."</p>	<p>False belief / misinformation</p>	<p>The vaccine cannot transmit Ebola. It teaches the body to fight the virus and saves lives.</p>	<p>I understand your concern. But rest assured: the vaccine does not transmit Ebola. It simply teaches your body to protect itself. Myself, I took it to protect my family.</p>	<p>Religious leaders: share their own vaccination experiences and encourage their followers to get vaccinated.</p> <p>Healthcare workers: use empathy and personal examples.</p> <p>Community leaders: encourage the community to get vaccinated.</p>	<p>The vaccine is safe and effective: it helps protect your family and loved ones.</p>
<p>Conspiracy theories / tests</p>	<p>'The epidemic has been invented to test vaccines on us.'</p>	<p>Rumour/ misinformation</p>	<p>Ebola is very real, confirmed by local doctors and laboratories. Vaccines offer safe protection and are not</p>	<p>I understand the concern. But Ebola is real; we have seen the disease. Vaccines have already saved lives here and elsewhere.</p>	<p>Religious leaders: Tell people that vaccines protect and do no harm.</p> <p>Health workers: Share success stories and involve survivors.</p> <p>Community leaders: Publicly reject harmful rumours by sharing the facts.</p>	<p>'Trust local doctors, accept vaccination, and report symptoms promptly.'</p>

experiments.

## 6. Identifying and combating stigma

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What is the link between stigmatisation and Ebola?

Stigmatisation and Ebola are closely linked, as the epidemic has often been accompanied by fear, rumours and discrimination. Combating stigmatisation is essential to improving the adoption of public health measures and ensuring the effectiveness of the various pillars of the response, such as surveillance, case management, etc.

Stigmatisation often leads the community to hide sick people, or it leads sick people into hiding on their own.

Below are some reasons that may explain stigmatisation in the case of Ebola virus disease (EVD):

- **Visible signs of the disease:** Ebola symptoms, such as bleeding and extreme weakness, cause fear and rejection of sick people and their families.
- **Rumours and fear of spread:** Lack of information or misinformation leads to avoidance, isolation, or even exclusion of infected people, their relatives, and sometimes caregivers.
- **Social consequences:** Survivors, bereaved families and even health workers have often been stigmatized, hindering their social reintegration.
- **Effects on the response:** Stigmatisation discourages people from seeking screening or treatment and hinders community collaboration with health teams, which exacerbates the spread of the disease.

What is the impact of stigma on individuals and the response to Ebola?

- **Ignorance and mistrust:** People may not recognise their symptoms as being related to Ebola or may be reluctant to report them for fear of being isolated or rejected.
- **Fear** People may not want to be identified as suspected Ebola patients if they fear being stigmatised by their families, communities or even health workers.

- **Self-medication and inappropriate treatment:** People with Ebola may avoid seeking treatment because they know they will have to be transferred to a specialised treatment centre, far from their families, which can lead to stigmatisation for them and their loved ones.
- **Difficulties in contact tracing:** Contact tracers may encounter difficulties in obtaining accurate contact information, as patients fear that their friends and family will in turn be stigmatised or excluded from the community.
- **Use positive language:** Do not use stigmatising language and ensure that your tone of voice is respectful.
- **Communicate simply and clearly:** Do not use technical terms when addressing the community. Clearly communicate what you know about the disease and what is not yet known (e.g., side effects after vaccination, etc.). Leave no room for ambiguity to prevent the spread of infodemic.

### What can you do to combat stigma (as a communicator)?

- **Strengthen collaboration with key stakeholders and opinion leaders within the community:** Work with community, religious and health networks to support awareness-raising and engage leaders in social mobilisation.
- **Show empathy:** Conduct discussions with empathy and respect, avoid judgement and ensure confidentiality in order to protect the dignity and privacy of patients and their families.
- **Ensure privacy and protection for sick people:** Promote the use of specialised healthcare services, emphasising that good isolation conditions are provided while ensuring contact with loved ones.
- **Value survivors:** Create a network of survivors (peer educators) who will be actively involved in community mobilization by sharing their experiences, as this will reduce fear and prove that it is possible to recover from Ebola.

## Appendix:

Table: Language to use and avoid in order to reduce stigma

X Do not say (stigmatising language)	Say rather (respectful language)
"Ebola case"	Instead, refer to "person affected by Ebola" or "person living with Ebola".
"Suspect"	Instead, refer to "person with symptoms" / "person under medical supervision".
"Ebola Victim" Ebola	Talk instead of " Survivor of Ebola"/ healed of Ebola
"Contagious patient"	Instead, refer to "person undergoing treatment" / "person receiving care".
" Spread by people " transmission".	Rather, speak of "person-to-person transmission".
'Deadly disease' (which reinforces fear)	Rather, refer to it as "a serious illness, but one from which survival is possible with prompt treatment".
"These people are dangerous." "Forced quarantine"	Rather, refer to it as "Medical isolation to protect the community and family." Instead, say, "These people need care, support and respect."

**APPENDIX: COMMUNICATION  
TECHNIQUES/APPROACHES TO USE**



## 1. One-on-one interview



### a) What is a one-to-one interview?

It is a process of exchanging messages on a specific topic between a sender and a receiver, with the roles being reversed in turn. The individual interview involves no more than one person. The aim is to listen, engage, motivate and convince the other person to adopt an attitude or behaviour that will improve a particular problem.

It is an effective method against community resistance, which often begins with individual resistance that spreads to the rest of the community.

- Identify the leader or the person with the most influence within the group.
- The person who generates ideas that impact the group

### b) Objective

Listen, discuss, share, foster understanding, behavioural change, attitude change, knowledge and belief change with a view to promoting adherence to public health interventions, including vaccination.

### c) Procedure

#### Before the one-to-one interview

- The person most affected by the health issue to be resolved
- Contact them and ensure they are available
- Agree with them on the place and time of the session
- In the event of group influence, remove them from their environment to ensure greater availability.
- Find out about the person's personal background beforehand (who are they? where do they work? their reactions, religion, what they like, etc.)

#### During the one-to-one interview

- The communicator uses verbal, gestural and cultural communication appropriate to the context. Through their dress and manner of presentation, they must take into account the socio-cultural environment and strive to master the socio-anthropological context, customs and traditions, and language. In the event of language-related communication problems, choose your intermediary or translator carefully.

#### The personal interview proceeds as follows:

- Greet the interviewee
- Introduce yourself in relation to the activity without unnecessary details
- Thank the interviewee for taking the time to talk to you.
- Invite him/her to sit down if necessary.
- Ask for their opinion on the confidentiality and anonymity of the interview

- Give him/her sufficient time to speak, ask questions and give him/her the opportunity to interrupt the interview if he/she wishes
- Speak with the intention of gaining the other person's trust so that he/she is comfortable telling you anything.
- Be courteous and receptive during the discussion
- Explain the purpose of the interview clearly and respectfully
- Begin with general information related to the issue before moving on to more specific topics
- Speak audibly, using simple words
- Encourage him/her to talk about the situation that concerns him/her (illness or other problem)
- Listen attentively and speak courteously
- Take the opportunity to inform the interviewee of all available actions and services
- Exchange telephone numbers (if necessary and appropriate) and let them know that they can call you if they encounter any difficulties or need any assistance.
- Find a way to prove that the interview took place (recording, photos, notes, etc.) while respecting confidentiality and/or anonymity.
- Finally, thank the interviewee for their trust and cooperation, and ask if they have any additional concerns to express before ending the meeting.

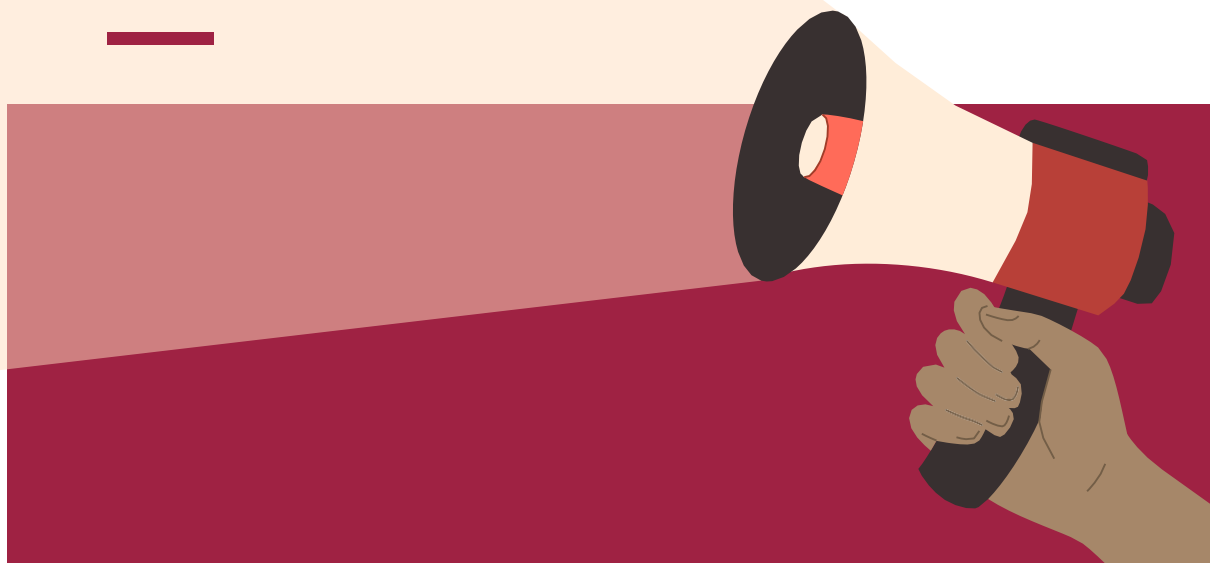
**Note:**

It would be important to share the concerns and misinformation identified during these interviews with the other pillars of the response, in order to ensure a consistent and effective response.

**Useful Tips:** Advocacy is a necessary and essential step, especially for vaccination activities, as well as for other public health interventions in the community.

## 2. Advocacy

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It must precede all activities in the community. It leads to social mobilisation and community engagement among leaders because it draws on people who are influential, respected and listened to in their communities.

implementation in the field, mobilise their community and actively engage in the various operations underway to protect the community.

### a) What is advocacy?

Advocacy involves establishing dialogue with community leaders, local authorities and other influential actors in order to persuade them and involve them in the various stages of activities. This process helps to overcome obstacles, improve access to difficult areas, protect teams and positively influence the behaviour of the target audience and decision-making in support of activities.

### b) Objective

Meet with respected figures within the community involved in the response, i.e. opinion leaders, religious leaders and influencers, to convince them of the importance of response activities, so that they become involved, facilitate their

## c) Procedure

### Before the activity

- Assess the issue (causes, developments, manifestations, and consequences for the community). It may be beneficial to consult socio-anthropologists.
- Assess the role of the decision-maker (identity, influencers, preferences, places of worship, profession, etc.).
- Identify the relevant leaders or decision-makers (contact details) geographical, telephones, etc.) according to their relative importance.
- Arrange a meeting.
- Prepare the necessary materials for the meeting (documents, business cards, videos, photos, if necessary)

### During the encounter

- Arrive on time for the meeting.
- Introduce yourself and announce the topic of discussion to the leader or decision-maker.
- Explain the problem, the role of decision-makers and the different steps to be taken.
- Collect questions, concerns and suggestions from participants in order to respond to them.
- Summarise the agreements reached.
- Seek their involvement and support.
- Ask how they would like to get involved.
- Agree on the steps to be taken.

- Thank the participants and arrange a new meeting for follow-up.

#### After the activity

- Assess and write a progress report
- Share the report with participants if necessary.
- Channel recommendations.
- Define follow-up mechanisms.

#### d) Who to involve?

- Community liaisons, community facilitators.
- Community leaders: religious and traditional authorities, representatives of social, professional and sporting associations, etc.
- Decision-makers: political and administrative authorities, scientists, military personnel, police officers, legal professionals, etc.

#### e) Expected outcomes

- Better understanding of public health activities by community leaders and their communities.
- Ownership of public health activities (response) by leaders and their communities. Establishing consensus for the implementation of activities.
- Access to hard-to-reach areas, in particular due to insecurity.
- Mobilisation, behavioural change and engagement of leaders and the community.
- Management of community incidents (reluctance, resistance, refusal, rumours, etc.).

### 3. Educational talk



**Useful Tips:** Educational discussions are one of the best communication techniques because they facilitate exchange. Their size (between 2 and 15 people) makes it easier to have a good discussion and allows everyone present to take an active part in the discussions.

#### a. What is an educational talk?

Educational discussions are a technique used in group education, awareness-raising and knowledge transfer with a view to changing attitudes, in which both speakers and listeners play an active role. Educational discussions bring together one or more facilitators and a homogeneous group of people (a maximum of between 2 and 15 people) who share a common interest or are linked by a common problem: same profession, same customs, same neighbourhood or village, etc. During the discussion, they share their experiences, fears, concerns, proposed solutions, and information to improve their knowledge or change their behaviour, attitude, or

mindset.

#### b. Objective

Create a forum where participants can ask questions, express their concerns, and share their experiences regarding Ebola virus disease, vaccination against the disease, and other public health issues. The aim is to encourage participants to support vaccination and adopt other public health measures in the fight against Ebola virus disease.

#### c. Procedure Before the session

- Understand the community's problem; mobilise socio-anthropologists for situational analysis
- Choose the theme and topic related to this concern that will be the subject of the discussion
- Define the target group (family, neighbours, pressure groups, religious leaders, taxi drivers,

students, teachers), ensuring that the participants are uniform. It is better to organise several talks than to mix groups with different concerns in the same discussion

- Set objectives and expectations within the terms of reference
- Gather sufficient documentation and seek assistance from an expert in the field
- Prepare the tools necessary for the success of the discussion: attendance list, payment list, flip chart, screen, video projector, laptop, generator (or electricity, if necessary, etc.)
- Choose the venue and inform the leaders so that they can inform the community. If this is not possible, find communication strategies suited to the community to inform them of the location of the discussion.

- Set the date, time, duration and theme of the meeting and share this information with the leaders or the community.
- Communicate about the risks and listen to their suggestions.

### During the session

- Arrive one hour before the scheduled time for the talk; set up the necessary equipment
- Welcome and seat participants in a way that facilitates discussion
- Proceed with the customary greetings and introductions
- Set the tone (create a relaxed atmosphere)
- Announce the (specific) topic and plan for the educational talk;
- Develop the theme and then move on to questions and answers (1 hour maximum).
- Ask exploratory questions to gauge the level of knowledge and gather the audience's experiences on the subject. Who has heard of today's topic? Who is familiar with it? etc., who has had experience with... etc., who can talk a little about... etc
- Steer the session (summarise frequently, asking if you have understood correctly, maintain eye contact with the audience, etc.).

### After the session

- Ask the audience to summarise the discussion
- Collect and receive recommendations from participants;
- Suggest that participants spread the message they have received;
- Thank the audience for their participation and commitment and arrange another meeting if necessary for both parties.
- Learn from the session with participants and ensure that the problem is better understood and that they themselves have proposed solutions to the problem
- Engage participants after the activity: what will they do to solve the problem?
- Propose a schedule for follow-up activities.

## 4. Mobile Cinema Coupled with Educational Talks (Fusion): A Synergistic Awareness-Raising Approach



**Useful Tips:** The educational discussion approach, focused on interactive exchange and active participation in small groups, is extremely effective for Risk Communication and Community Engagement (RCCE). Integrating this technique with Mobile Cinema creates a powerful awareness-raising event, combining the visual and emotional impact of film with the depth of targeted discussion.

### a. Concept: From Emotion to Targeted Interaction

The Mobile Cinema serves as a catalyst and mobilisation tool for educational discussions. The film, often focusing on local, human and health issues (such as the risks of EVD or the benefits of vaccination), aims to stir emotions, break the ice and spark debate.

### The Film (Mobile Cinema) :

Grand format, attractif, il mobilise un large

public et pose le problème de santé publique de manière accessible. It creates an instant community of interest.

### The Educational Chat:

Immediately after the screening, the audience is divided into small homogeneous groups (2 to 15 people) to enable in-depth two-way dialogue and address specific concerns.

### b. Synergistic Objectives

The objective is not only to convey information, but to transform information into community action by leveraging participation.

### Mass Mobilisation:

Use the appeal of cinema to bring large numbers of people together.

Deep and Targeted Dialogue: Create

intimate spaces for participants to ask sensitive questions, share their fears and rumours without intimidation.

### Behavioural Adaptation:

Encourage participants to adhere to vaccination and other public health measures (hygiene, early consultations) by committing to concrete actions (commitment is stronger within small groups).

3. Group logistics: Choose a large venue suitable for screening but also provide adjacent spaces (open and quiet) where small groups can form immediately after the film (e.g. separate men, women or young people into different areas).

### c. Procedure: Key Steps in the Merger Before the Session: Setting the Stage

1. Context Analysis: Understanding beliefs, specific rumours related to the film or subject (EVD, vaccination) and the concerns of different target groups.
2. Dual preparation: Prepare the heavy cinema equipment (projector, generator, screen) AND the light tools for the discussion (group attendance sheets, flipchart for group summaries). Gifts such as soap, etc. should also be provided

During the session: the exercise takes place in two phases: a call phase and an exchange phase.

### A. Call-up phase (Mobile Cinema)

Methods

RCCE Objectives

Arrival of teams, welcome, screening of motivational clips.

Attract, relax the atmosphere, set the scene for discussions.

### B. Discussion phase (Educational Chat)

1. Transition: Announce the transition to discussions to answer questions.

Laying the groundwork for dialogue.

2. Group formation: Direct participants to their respective groups (based on uniformity) and appoint a leader for each group.

Facilitate active listening and ensure that everyone has a chance to speak. Encourage participation with gifts.

3. Developing the theme: The facilitator uses exploratory questions (e.g., "What did you think of the part of the film about funerals? What would you have done?") to gather specific experiences, fears, and rumours.

Gather information (rumours), combat uncertainty and avoid judgements. Encourage participation with gifts.

4. Group summary: Each group summarises the proposed solutions put forward by its members.

Empowering the community to find solutions.

### After the Session: Reporting and Follow-up

Pooling : The summaries from the small groups are shared with all participants.

**Commitments:** Facilitators ask participants to publicly commit to what they will change or do differently. (e.g., 'I will talk to my neighbours about the importance of vaccination').

**Conclusion and feedback:** Collect recommendations and propose a clear schedule for follow-up activities (next discussion session, visit by health teams, etc.).

**Note:**

The strength of this model lies in its ability to move quickly from passive mass awareness (the film) to active, personalised engagement (the discussion),

ensuring that public health messages are not only seen and heard, but also accepted, adapted locally and translated into action by the community itself.



