PRACTICE BRIEFING 01

Mr. PLAN-PLAN and the PEPO-OH

Using media and communication to respond to public health emergencies: lessons learned from Ebola

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ACKNOWLEDGEMENTS

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BBC MEDIA ACTION AND EBOLA

BBC Media Action is the BBC's international development charity, using the power of media and communication to reach 200 million people across 28 countries to impact on development outcomes. It has had an office in Sierra Leone since 2007 and works in partnership with 42 local radio stations across all 14 districts of the country. During the Ebola epidemic the organisation mounted a large-scale media and communication response in Sierra Leone, primarily as part of Social Mobilisation Action Consortium (SMAC). A national media survey found that 68% of respondents had heard two of the organisation's flagship Ebola response radio programmes, *Kick Ebola Nar Salone* (Kick Ebola out of Sierra Leone) or Kick Ebola Live.[1] BBC Media Action also implemented Ebola response activities elsewhere in West Africa – including Liberia and Guinea, two of the other most affected countries.[*]

Ebola affected five countries in West Africa: Guinea, Liberia, Nigeria, Senegal and Sierra Leone. On 13 January 2016, the World Health Organization (WHO) declared the last of these countries, Liberia, to be Ebola-free. On 29 March 2016, WHO declared that Ebola was no longer an international health emergency. It had claimed 11,323 lives since the first cases were recorded in March 2014, a likely underestimate given the difficulty of maintaining records.[2] Beyond that unimaginable human suffering, Ebola will impact negatively on the lives of many West Africans for years to come. The epidemic shattered weak health systems, with the deaths of over 500 health workers in countries already in desperately short supply. It has almost certainly increased the burden from other diseases and conditions, neglected during the outbreak, while Ebola survivors suffer persistent medical conditions.[3] Flare-ups will, in all probability, continue. The World Bank estimates that Guinea, Sierra Leone and Liberia forfeited $2.2 billion in economic growth during 2015, with job losses, reduced harvests and food insecurity exacerbating an already precarious picture.[4]

A note on terminology

There are many terms used to describe Ebola-related communication activities. These include social mobilisation, community mobilisation, community engagement, public awareness, health communication, risk communication, social and behaviour change communication. Predominantly mass media-related, BBC Media Action's activities could be described by any number of these terms. For this reason, this paper uses the umbrella term "health communication".

A note on sources

A number of primary and secondary sources informed this practice briefing. Primary sources are both qualitative and quantitative and include BBC Media Action's own research data, interviews with project staff and partner radio stations. They also include research from Sierra Leonean non-governmental organisation (NGO) Focus 1000.

There were considerable challenges in data collection during the height of the Ebola outbreak and BBC Media Action research teams were unable to go into the field for long periods for safety reasons, although focus group discussions still took place. There have therefore been inevitable compromises in the robustness of the research design. Secondary sources include some of the most significant reports and evaluations from organisations involved in tackling the epidemic, as well as website articles. All sources are listed in the endnotes.

* This brief only covers the work led by BBC Media Action, the BBC's independent international development organisation and not the work of the wider BBC News division. As a public service broadcaster, the BBC's News division was also a part of the Ebola response and there was close collaboration between the departments. However, the work of BBC News comes from a perspective rooted in journalism, rather than humanitarian and health communication.

Ebola is Deadly!

Wash your Hands Regularly

with soap and clean water.

CONTENTS

Left: Although hand washing is always important, did the early emphasis on hand washing – seen here on a water tank in Monrovia – come at the expense of more effective prevention actions?

INTRODUCTION

Failings during the early months of the Ebola outbreak caused the epidemic to become an unprecedented health crisis in West Africa. This cannot be repeated.

This practice briefing sets out what BBC Media Action learned in delivering and supporting health communication in response to the Ebola crisis in West Africa in 2014–15. It has a particular focus on Sierra Leone as this was the hub of the organisation's response.

This paper aims to contribute to a body of knowledge about how to best harness and deploy media and communication in public health emergencies. It also underscores the need for the global community to plan and invest in communication long before any crises take hold, to ensure that communication plays a central role in reducing the impact of future crisis events.

The paper sets out the specific communication challenge posed by Ebola and why it was so difficult to get to grips with this in the early months of the outbreak. It then documents when the health communication response became more useful and explores what that tells us about effective media and communication. Finally, it offers recommendations to ensure that media and communication are used to their full potential during other disease outbreaks or humanitarian crises.

There has been much reflection on the global community's failure to respond adequately to the West African Ebola epidemic, during which some 29,000 people fell seriously ill as a result of the virus, and more than 11,000 of them died.[5] Various governments and international and national NGOs have published reports that publicly acknowledge their own failures and set out lessons for the future.

Many of these reports, including those from Médecins sans Frontières (MSF)[6], the International Federation of Red Cross and Red Crescent Societies (IFRC)[7] and the Overseas Development Institute[8], have highlighted the central role of high-quality media and health communication in any response to a disease outbreak. Ebola is a disease that can be prevented, if people are equipped with the necessary knowledge and skills, as well as self and collective efficacy and social support. People affected by serious disease outbreaks must have opportunities to participate in discussions to overcome the socio-cultural or practical barriers to adopting prevention-related behaviours. Health communication can facilitate and support this process.

Nonetheless, communication was not effective in arresting the spread of Ebola during the crucial early months of the outbreak. In fact, communication may have contributed to exacerbating the epidemic by – inadvertently – spreading fear, misconceptions and adding to the stigma experienced those who contracted Ebola. That said, media and communication become key pillars of the response that effectively contained the disease in West Africa by late 2015.

Overview of BBC Media Action's Ebola activities

During the Ebola outbreak BBC Media Action carried out a number of mutually reinforcing media and health communication interventions using multiple media platforms and genres. Funding from the UK's Department for International Development, Unicef, the Paul G Allen Family Foundation and the Bill & Melinda Gates Foundation enabled the organisation to respond to the crisis in many ways.

The most intense phase of BBC Media Action activity was from October 2014 – when the funding required to mount a large-scale response became available – until November 2015, when the World Health Organization (WHO) first declared that there was no more transmission of Ebola in Sierra Leone.

Activities were aimed to influence widespread behavioural change and hold the government-led Ebola response to account. Outputs were designed so that people could:

a) have access to accurate information from trusted sources about Ebola, its transmission, prevention and treatment so they could protect themselves, their families and communities
b) feel motivated to make practical decisions and take actions to protect themselves and others
c) voice their needs, share experiences and propose solutions.

▶ **Activities in Sierra Leone included:**

Radio magazine show: A weekly radio magazine programme, *Kick Ebola Nar Salone* (Kick Ebola out of Sierra Leone), made up of a mix of different items and topics, was co-produced with local independent production studio Cotton Tree News and broadcast in Krio to a national audience. Most episodes included a discussion with a health practitioner or expert, alongside traditional and religious leaders and government officials.

Studio discussion was moderated by a BBC Media Action presenter and interwoven with pre-recorded interviews, soundbites from community members and packages from across the country, often contributed by local radio station partners. This ensured that, while *Kick Ebola Nar Salone* was produced from BBC Media Action's studio in Freetown, it was relevant to a national audience and reflected the way Ebola affected different parts of the country.

Live radio talk show: Launched in October 2014, Kick Ebola Live was a two-hour live radio programme produced weekly with African Independent Radio, Cotton Tree News and some 30 partner radio stations across the country, who all broadcast the show at the same time. The programme featured officials from the National Ebola Response Centre (the body tasked with co-ordinating all Ebola-related work in Sierra Leone) and health experts, alongside musicians, comedians, religious leaders and district officials. These studio guests engaged in discussion and responded to text messages and questions from people across the country.

Radio drama: BBC Media Action produced 12, six-minute episodes of Mr Plan-Plan and the People in six different languages. These dramas modelled a range of scenarios faced by West Africans, including what to do when a close family member fell sick, when to call the Ebola hotline and how to cope with quarantine. This encouraged families to discuss and plan what to do if Ebola reached
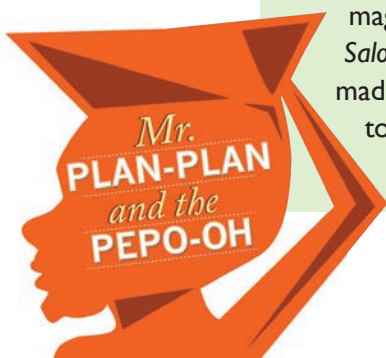
their communities. It sought to address some of the barriers to taking preventative action, including fear, indecision and confusion.

The short length of episodes made them highly adaptable across media platforms. For example, they were broadcast numerous times as public service announcements (PSAs) and were included in longer radio shows to spark discussion. They were also uploaded to community mobilisers' mobile phones to stimulate face-to-face group discussion, as well as to WhatsApp and Facebook. The careful cultivation of a trusted brand meant the dramas became easily recognisable to people.

Public service announcements: BBC Media Action created 36 short PSAs in multiple local languages, broadcast across partner stations to reinforce important information and support behaviour change.

Adapted versions of existing radio shows: BBC Media Action adapted its two long-running governance-focused radio shows *Fo Rod* (Crossroads) and *Tok Bot Salone* (Talk About Sierra Leone) to enable people to ask authorities about their response to the Ebola outbreak. This contributed to the accountability of the response.

Social media: BBC Media Action used the two most popular social media platforms in Sierra Leone, the WhatsApp chat app and Facebook. Each enabled producers to connect directly with people to share content, advertise forthcoming programmes and – most importantly – gather the views and questions of audience-members in order to address them directly in future episodes. In this way, communication activities could track the crisis and respond to information needs in real time. In addition, the team could observe conversations, picking up and addressing popular myths.

Training: BBC Media Action organised training workshops for partner radio stations across the country, with technical advice provided by the US Centers for Disease Control and Prevention (CDC).

▶ **Activities carried out elsewhere in West Africa included:**

Short radio dramas: Mr Plan-Plan and the People was also developed in Liberian English, and in French for Guinea. Around 150 radio stations in Liberia, Guinea and Sierra Leone repeatedly broadcast the 12 episodes.

Lifeline training: BBC Media Action provided Ebola communication preparedness training to media, humanitarian and government officials in 10 countries at risk from the epidemic, based on its "Preparation for Lifeline" training model used in other humanitarian contexts. Around 400 people learned how to use media and communication to respond to an Ebola outbreak.

Weekly radio magazine programme: BBC Media Action produced *Kick Ebola Nar Liberia* (Kick Ebola out of Liberia) in London, using items and content gathered by Liberian reporters. Between November 2014 and August 2015 radio stations across Liberia broadcast it. It was supported by a Facebook page.

Social media: BBC Media Action used the popular social media platforms WhatsApp and Facebook. Facebook activity was particularly targeted at the morning talk show hosts, who greatly influence the national conversation and use Facebook to source stories and spark debate. WhatsApp enabled a more direct connection with audiences, who used it to record or post questions directly to the producers.

The communication challenge during the early days

The origins of the Ebola outbreak

The start of the West African Ebola epidemic has been traced to the forests of south-east Guinea in December 2013 when a young boy came into contact with infected bats. The outbreak was not officially recorded in Guinea until March 2014, by which time it had crossed the border in to Liberia. MSF publicly declared the outbreak "unprecedented" on 31 March 2014 because of its geographical spread.[10] By May 2014 Sierra Leone had recorded its first cases.[11]

From then on the virus spread slowly, then faster, then receded slightly – raising hopes that it had been contained – before making a rapid surge. In late June 2014 MSF declared the epidemic "out of control", while Sierra Leone's President Koroma declared a public health emergency on 30 July. WHO waited until 8 August to declare the outbreak "a public health emergency of international concern".[12]

The early months of the Ebola outbreak were crucial for containing its impact. MSF argues that the virus could have been stopped during this phase with six core activities – isolation and care of patients, safe burials, awareness-raising, disease surveillance, tracing those who had been in contact with an Ebola-affected person, and safeguarding the provision of healthcare for illnesses and diseases other than Ebola.[13]

This selection of newspapers in Freetown is a stark reminder of Ebola's impact on an already fragile health system. Although accurate, emphasising death tolls can cause fear and panic. *(Image courtesy: Infinite Productions)*

> **❝** The world at first ignored the calls for help and then belatedly decided to act."
> *Médecins Sans Frontières*[9]
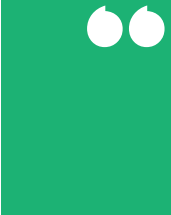
Failings in early communication about Ebola

As a number of commentators have observed, communication efforts during this time took the form of simplistic, often contradictory, top-down messages telling people what they should or should not do.[14] Messages advising people to avoid low-risk behaviours, such as hand-shaking and eating bush meat, became conflated with messages about much riskier behaviours that were actually driving the epidemic, including touching, kissing, washing bodies at traditional funerals and caring for sick people at home.

This didactic approach effectively sidelined the communities affected by the outbreak. It left little space for two-way communication that could foster informed engagement and locally

appropriate solutions. This prevented communities from developing the necessary level of understanding and participation to make difficult and sustained changes to their behaviour at household and community levels.

To contain and stop the transmission of Ebola, people experiencing symptoms of the virus have to be separated from those who are well. They must be cared for away from their homes in accordance with strict virus control practices. In addition, it is necessary to bury or cremate the dead immediately and people must avoid touching them directly. Both measures represent a painful disruption to West African people's usual ways of doing things, their fundamental belief systems and natural human caring instincts. To ask people to withhold physical comfort and care-giving from a child or family member who is desperately ill, to ask people not to respect and treat the dead in time-honoured ways is extremely difficult. Acceptance of such disruption required explanation, consultation, empathy and negotiation, as well as access to specialist services such as treatment centres and burial teams.

To tackle a serious disease outbreak effectively, it is vital to understand how affected populations understand concepts about the disease and its prevention. Initial communication approaches on Ebola failed to take into account people's different beliefs about the origins and causes of the virus as well as its treatment. If people understand an illness to have a spiritual, rather than a bio-medical, origin they are less likely to accept explanations that draw purely from science and medicine, rooted in talk of viruses and germs.

Other commentators have highlighted the intense challenges faced in managing the information and news media during this unprecedented crisis. The local media, like most of the institutions involved in the response – from WHO to foreign donors, international NGOs and the international media – had limited understanding of Ebola and were ill equipped to counter the vast number of rumours circulating.[15] Was it better to keep quiet and ignore the reality people could see unfolding in front of them, or communicate something even if it was unhelpful or incorrect? The prevailing sense of panic exacerbated the spread of myth and misinformation.

> What was missed in the scramble to communicate, was listening to the people affected by the crisis. Simply booming messages at people affected by a crisis is bound to fail."
>
> *Callie Long, Internews Media Development Consultant,*
> *Health Communications Capacity Collaborative*[16]

The impact of fear and confusion

The impact of the fear caused by this poorly understood, devastating, fast-moving disease should not be underestimated. Ebola had never knowingly been experienced in this geographical location, at this scale or in such densely populated urban areas.

Fear about Ebola did not just affect people from Guinea, Liberia and Sierra Leone. It reached much further, fundamentally affecting the whole international Ebola response. Fear of a sudden, painful and undignified death stopped workers in the international humanitarian and health system from deploying in large numbers. Fear resulted in airlines stopping flights to and from those countries, which made evacuating international staff responding to the epidemic, should the need arise, far more complex. Fear about Ebola affected people's health insurance and it kept those who could have provided vital communication support at a distance.[17]

Amid this fear, learning from communication about other diseases, such as HIV, cholera and earlier Ebola outbreaks, was lost. The resulting media narratives were "…reminiscent of early coverage of HIV/Aids in the mid-1980s, and played on collective fears and traumas".[18] The early emphasis that people cannot survive Ebola inevitably fuelled this fear, leading to rioting, secret burials and the harbouring of the sick and dead, which further exacerbated the spread.

Fear was followed by confusion about Ebola when the message switched to instructing people to go to hospital and get treatment.[19][20] Some of the larger organisations involved in the Ebola response, such as MSF and IFRC, believe that this challenge was worsened as formal communication was not prioritised. IFRC, for example, notes that some of its local societies' mass media communication budgets were "massively" underspent and that some of its departments failed to recognise the need for communicating with beneficiaries about Ebola.[21]

Many slogans appeared on buildings across Africa, trying to persuade people to act.
(Image courtesy: Infinite Productions)

Several agencies, including MSF and Oxfam, have noted how there was far greater focus on the "hardware" of treatment facilities, beds, specialist burial teams and equipment rather than the "software" of communication.[22][23][24] Indeed, a senior member of MSF's response team in Guinea has said that the organisation's focus on beds came at the expense of health communication, with heavy repercussions.[25] Both of these approaches were needed. Communities required explanation of these new services. Without this, misinterpretation and rumour filled the void. An inevitable consequence of failing to prioritise communication was a lack of co-ordination on information, with confusing and conflicting messages emerging from numerous sources.

The impact of the communication challenge around Ebola was underscored in August 2014 when the first research study into Ebola-related knowledge, attitudes and practices among communities in Sierra Leone was conducted. Although 97% of the population knew about Ebola, only 39% had comprehensive knowledge about the virus, and serious misconceptions prevailed. For instance, 30% believed Ebola could be caught from mosquitoes, while 42% believed that bathing with salt and hot water could prevent the disease. Very high levels of stigma and discrimination against people with Ebola were also revealed.[26]

Moreover, people's behaviour was continuing to put them in danger. Many people failed to report cases of Ebola and continued to seek healthcare from traditional sources because of the absence of functioning health systems and the lack of trust in available health services. People buried their dead in accordance with normal funeral traditions, rather than calling for the specialist Ebola burial teams. The virus was spreading faster than ever.

Missed opportunities in using and supporting local media

One knock-on effect of the initial lack of priority placed on communication, as well as WHO's delay in declaring the outbreak an emergency, was a lack of funding for media and communication-related activities. This included financial and capacity-strengthening support for local media to help them to meet the needs of their audiences.

Radio is a highly trusted communication channel in Sierra Leone, with 85% of respondents randomly selected from each of the four areas of the country, in August 2014, reporting that radio was their preferred way of receiving information.[27] In any country, local media is perfectly placed to communicate about a disease outbreak, thanks to its intimate connections with communities. Local media outlets speak the language of their audiences, which is particularly important in countries where multiple languages exist. They are also able to provide detail about specific services available in that one community.

Trying to prevent the spread of a disease through behaviour change is a very different approach from day-to-day journalism and news programming. It goes beyond providing accurate information and an objective account of what is taking place, although that is essential. It requires careful planning, rooted in evidence about the existing knowledge, attitudes and practices of audience members, to determine how best to reach and engage them effectively.

Staff at local radio stations needed to understand the facts about a disease outbreak, effective prevention methods and how to encourage listeners to help to prevent its spread. They also needed to understand how to minimise the risk to themselves when gathering stories and material.

As so often in complex emergencies, many agencies responding to the Ebola outbreak did not view the media as having its own role in social and behaviour change beyond providing a channel through which agencies could disseminate their own media content and messages. Supported properly, local media could play a much more integral role, providing forums for debate around how communities could respond to Ebola, addressing the specific concerns of their audience and holding leaders to account. They could also provide a platform for leaders to reach people directly at scale.[28] Enabling radio stations to play this role required training and funding, particularly given the small-scale and limited operating capacity of many local stations in Sierra Leone that have just a few staff members.

It is worth repeating that the Ebola crisis was a steep learning curve for all concerned, including large UN agencies, governments and NGOs. This was not a problem unique to media institutions. To meet the complex challenges posed by the outbreak, local radio needed to be supported like any other institution. A media and communication expert with an NGO in Liberia noted: "A lot of small media [organisations] tried their best to respond

to the crisis but their response most of the time was not up to standard because… local media journalists had not received the proper training…" [29]

In the absence of funding for a media response to Ebola during the early phase of the outbreak, BBC Media Action used a small amount of its own emergency funding to support local partners and launch Ebola radio programmes. The organisation convened several training workshops in Freetown in July 2014 for the radio station managers from all over the country. These workshops included local stations from two early Ebola hotspots, Kenema and Kailahun, who started a weekly radio show and produced public service announcements. In August 2014, the first episode of *Kick Ebola Nar Salone* aired. But much more was needed and funding for media and health communication was still slow to come on-stream despite WHO declaring an international emergency in August 2014. [30]

Rising to the Ebola communication challenge

As later shifts in behaviour and the containment of the epidemic showed, the challenges of Ebola communication were not insurmountable, particularly when supported by the arrival of funding, improvements in governmental and inter-agency co-ordination and a rapid increase in available health services. It was becoming clear that Ebola communication required listening and understanding, and a more participatory approach to communication design than is so often the norm. Social mobilisation and community engagement rose to the fore.

> The Western style of doing a media campaign… is not what is needed on the ground. What's needed is really direct communication that begins by identifying key community leaders, village-by-village, neighborhood-by-neighborhood."
>
> *Laurie Garret, Pulitzer Prize-winning author,*
> The Coming Plague[31]

With funding from the UK's Department for International Development, the Social Mobilisation Action Consortium (SMAC) started to operate in Sierra Leone from October 2014. SMAC consisted of lead agency GOAL, key convener Centers for Disease Control and Prevention (which received no funding), Restless Development, FOCUS 1000 and BBC Media Action. SMAC's aim was to go beyond top-down awareness-raising to foster meaningful engagement with communities, which empowered those communities to lead the response to Ebola.

The consortium worked through religious leaders, community mobilisers and local radio stations – people from, and trusted by, communities – to try to trigger behaviour change across society. Within a month the consortium had scaled up and was working in every district of the country.

BBC Media Action staff in Sierra Leone at work on their weekly radio show *Fo Rod* (Crossroads).
(Image courtesy: Infinite Productions)

The SMAC partnership also helped to facilitate district-level connections between local radio, religious leaders, traditional authorities and community mobilisers. This helped to ensure that key information was consistent across different platforms and influential voices.

Once funding was secured from October 2014, BBC Media Action was able to provide far greater assistance to its local radio partners through direct support to production teams, training and mentoring, as well as the provision of equipment and a contribution to station running costs. This enabled stations to invest in production teams that were wholly committed to producing Ebola-related content. The result was local programming that responded to the emerging issues and differing priorities in each district, and that used local languages and trusted voices to maximise impact.

At this time BBC Media Action launched the Ebola Regional Response Project (ERRP), funded by the Paul G Allen Family Foundation. The overall goal was to improve communication with Ebola-affected populations and increase their ability to cope with the crisis. The project aimed to deepen the communication response in Sierra Leone, Guinea and Liberia, while preparing key actors, including the media and humanitarian agencies, in 10 other at-risk countries in West Africa on how to use communication to support an Ebola response. The detailed activities of both SMAC and the ERRP initiative are outlined in Overview of BBC Media Action's Ebola activities on page 9.

It is not possible to directly attribute success to specific parts of the Ebola response, but many responding organisations, including Oxfam and CDC, have claimed that effective communication from autumn 2014 that emphasised the role of communities and their leaders as agents of change marked a turning point and prevented the worst-case scenario.[33]

What worked in the Ebola communication response?

BBC Media Action has used its research data, as well as regular feedback from partners and audiences, to draw some valuable conclusions on what worked in relation to Ebola communication. Its research teams used mixed methodologies, such as mobile phone-based SMS surveys in Liberia and Guinea, and focus group discussions in Sierra Leone and Liberia, as well as interviews with experts involved in the Ebola response in Sierra Leone, Liberia and Guinea. Although this data is not perfectly representative because of the challenges of collecting robust data during a fast-moving epidemic, it is possible to draw some broad conclusions.

In the latter stages [of the epidemic] a lot of people had done their research, a lot of people had spoken with health workers, they knew what to do, they knew what not to do, so there was much better communication."

Sierra Leone, Media Expert[32]

1. Communication reflecting people's needs, concerns and voices

Audio, text and visual content that makes space for audience discussion and participation helps to ensure that content reflects the needs and realities of its audiences. It can enable people to air their concerns, connect with others, get information specific to their circumstances, seek reassurance and talk through solutions. Producers and reporters can uncover community-led solutions to issues that are facing other areas, and craft them into content, reaching mass audiences and supporting the scale-up of effective responses. Going far beyond simple messaging and information provision in this way is much more likely to trigger change.

In Sierra Leone both the national radio programmes produced by BBC Media Action and local programmes produced by partner radio stations made judicious use of trusted local sources, such as religious and community leaders, as well as compelling testimony from Ebola survivors and ordinary people affected by the epidemic. These were people who spoke the language of the audience, whom the audience could identify and connect with, rather than the voices of distant experts telling them what to do.

Similarly, BBC Media Action's radio programme, *Kick Ebola from Liberia*, was designed to engage communities, diffuse community-led solutions and meet the information needs of audiences. Research indicated that listeners valued the opportunity to voice their own opinions as well as hear discussion and solutions from people from across the country. Tellingly, listeners reported that they had found an item about the Ebola vaccine trials to be least relevant to them. Unlike many other topics in the show, which included discussion with the general public or trusted figureheads, the vaccine issue was covered by interviews with unfamiliar experts.[34]

Radio was the way most people in Sierra Leone wanted to get information on Ebola. Here, a man listens to a radio providing information on Ebola in Liberia in late 2014.
(Image courtesy: ZOOM DOSSO/ AFP/Getty Images)

OPERATING ROOM

People wearing personal protective equipment is an enduring image of the outbreak.
(Image courtesy: Infinite Productions)

How disease concepts and prevention practices are explained and discussed also makes a difference. If people believe a disease has a spiritual, rather than bio-medical cause, communicators must take this view into account rather than tell people they are wrong. This requires a whole new approach that draws on anthropology. It further supports the need to put communities themselves at the heart of responses to disease outbreaks.

2. Positive communication that encouraged discussion and action

The initial emphasis on the incurable, untreatable and highly contagious nature of Ebola – rather than constructive information about what people could do to limit its spread – had a negative impact on disease control. It stoked fear and inaction and increased denial of the disease. In combination with a lack of Ebola treatment facilities and personal protective equipment to prevent Ebola transmission, this was catastrophic. This reflects the findings of a study into the use of fear tactics to prompt behaviour change. The study's authors suggest that, where the ability to reduce harm is perceived to be low, people may deny they are under any threat and will not change their behaviour, a reaction seen in West Africa during the Ebola crisis.[35]

BBC Media Action's media content was designed to enable audiences to make practical decisions and take action to protect themselves and others. The radio drama series Mr Plan-Plan and the People stressed that everyone could make a plan in case Ebola reached their families. This way, people would not face hugely challenging decisions without any forethought or preparation.

Mr Plan-Plan's identity was carefully designed to make him a recognisable source of information and reassurance, wherever he popped up. Through various realistic scenarios and characters, the drama encouraged families to talk through what they would do if someone in their family displayed symptoms of Ebola. The dramas modelled practical steps that people could take to support their loved ones while waiting for emergency help and explored issues around safe burials.

Research participants reported that Mr Plan-Plan was helpful because it depicted realistic dilemmas faced by ordinary people, and demonstrated practical actions as well as providing concrete, motivational advice.[36] Local radio station staff echoed this, reporting that "having a plan like Mr Plan-Plan had become a slogan in the communities".[37] SMAC's community mobilisers also used the drama to trigger community discussion.

This idea of having a plan to reduce risk may be the most enduring legacy of BBC Media Action's Ebola communication response and is transferable to other crisis and development communication. Planning around childbirth, for example, is a widely accepted practice by the medical community because it can reduce delays in families' decision-making and care-seeking that result in poor pregnancy outcomes, as well as facilitating feelings of autonomy.[38] As with antenatal care, planning during a disease outbreak does not have to be restricted to the national level. Individuals, families and communities can be encouraged to devise their own plans and make preparations so they could keep themselves safe should the need arise.

3. Consistent information across all platforms that recognised people's situations

To avoid confusion, rumours and misconceptions about a disease outbreak, people need to hear consistent, factually correct and locally appropriate information from every communication source they encounter. This requires a simple set of messages that are given to all those involved in responding to a disease outbreak. However, simply disseminating those messages without embedding them in approaches that encourage community discussion and dialogue results in lecturing that will not lead to behaviour change.

Communicators need training to use this information creatively and in a way that fosters community participation. It is also essential that the advice provided to communities reflects the reality of the health services available to them. People cannot use helplines if they are not functioning, and they will not go to hospitals if they do not trust the services that are available.

4. Building and maintaining trust

For health communication to be effective, both the information and the way it is communicated must be trusted. Otherwise, people will not take the necessary action or – as happened in Guinea during the Ebola outbreak – even attack and kill those trying to help. Building trust was a particular challenge in West Africa because of the existing, historical lack of trust in formal health systems and governments. Indeed, many stakeholders have identified trust in governmental and health systems as one of the largest barriers to stopping the spread of Ebola in all three of the worst-affected countries.[39]

In a health crisis, there is little time to build up people's trust – using existing, trusted channels of communication is the only option. BBC Media Action had been working with local media partners in Sierra Leone for a number of years, which paid dividends during the Ebola crisis. As soon as funds became available, the organisation was able to bring its radio partners into the response as well as connect with communities across the country through existing, trusted media programmes.

BBC Media Action's editorial independence was also key to maintaining audience trust. At times this enabled people to hold Ebola response agencies to account by questioning their service provision. By using different types of programming and content, some rooted in social and behaviour change, some in more traditional journalistic approaches, BBC Media Action was able to balance enabling behaviour change while challenging elements of the response when necessary.

Lessons learned from the Ebola response suggest that the media, particularly local media, has a significant role to play in building community trust. Continuing investment and support for local media organisations to develop their own content is vital for enabling them to play this role in future.

5. Tailored responses involving local media

The Ebola crisis varied in different communities, and communication needed tailoring to respond to this. National-level broadcasting cannot easily meet this need. In addition, audiences need health communication in a language they understand (see point 6, below).

Direct support to local radio stations formed an important component of BBC Media Action's Ebola response, both through existing partner stations in Sierra Leone and its own large-scale Ebola-preparedness intervention across 10 at-risk countries.

Findings from a qualitative evaluation of BBC Media Action's work in Sierra Leone indicate that radio partners valued the training and support they received. In general, this was perceived to increase their effectiveness in responding to the Ebola outbreak at community level. It also helped to raise some staff members' confidence and to share knowledge within radio stations. For instance, BBC Media Action support helped some journalists to get content from high-risk parts of their community, by giving them advice on how to stay safe. It also helped to stress the importance of framing information positively, and suggested what some of this information could be.

However, research respondents also noted that delays in paying for production resources and allowances slowed down some media responses in hard-to-reach communities.[40] This highlights the importance of providing financial support to enable local media to mount an appropriate response. Having more recording devices, for instance, means that stories and interviews can be gathered and broadcast more rapidly, which is important in fast-moving situations. As one journalist from a BBC Media Action partner station noted, "The recorders, which I have full access to, have enabled me to do interviews on time, which will make us do our programmes on time." [41]

6. Communicating in the languages used by local audiences

The Ebola response reinforced the view that local-language programmes are critical for reaching the most vulnerable and at-risk communities with messages they can understand. BBC Media Action's national programmes in Sierra Leone were broadcast in the lingua franca, Krio, while the Mr Plan-Plan dramas and PSAs were produced in multiple local languages, such as Mende, Temne, Fula and Susu. Focus group results pointed to the importance of this for audiences.

BBC Media Action's research also showed there was significant demand for more programming in local languages and that vernacular programming has a unique influence.

7. Using social media as part of a response

New media and technologies offer additional channels and networks through which to engage people, even in countries where traditional media still dominates. During the Ebola response, BBC Media Action's use of social media enabled the organisation to address emerging issues and concerns in real time. The production team monitored social media to understand popular myths and issues that mattered to people, which were then addressed

online and on the radio. Any myths or misinformation could then be quickly countered with accurate information.

Chat apps are more popular than other social media in many countries because they are easy to use and access. Indeed, 13% of phone users in Sierra Leone use mobiles for social messaging.[42] Chat apps are cheaper than SMS messaging, although the cost is still prohibitive to many. BBC Media Action used the instant messaging app WhatsApp to broadcast media content, including photos, video, audio and announcements. Users would share this content with the people around them, creating an amplification effect. WhatsApp was also used as a tool for media practitioners to communicate with each other. At the height of the Ebola crisis, the BBC News division launched an Ebola WhatsApp information service, aimed at users in West Africa. It attracted more than 20,000 subscribers, who could receive audio, visual and written information from the BBC.

This was the first time a news organisation used WhatsApp to cover a global health emergency. Versions of the service were created in local languages and BBC Media Action's Sierra Leone WhatsApp channel had more than 15,000 subscribers by the end of 2015.

There is always a risk with social media that inaccurate information and rumours get shared. However, this is also a benefit: careful monitoring can track popular myths and ensure they are addressed across the communication response.

Journalists were trained across West Africa by BBC Media Action to produce 'Lifeline' programmes in case Ebola reached their countries.

8. Reflecting reality and confronting editorial dilemmas

Early in the Ebola response there were gaping holes in the services needed to transport, isolate, diagnose and care for people with Ebola, as well as bury the dead. At that time it was unrealistic, ethically questionable and unhelpful for the media to encourage people to use those services. Finding these services unavailable further eroded trust and fuelled community anger. Focusing on what people could do and how they could manage situations based on their circumstances was critical to finding ways around these challenges.

This is a common editorial dilemma in health communication – official policy may be for populations to use health services, such as clinics or helplines, yet these services may not be of sufficient quality or accessible enough for people to use them. However, media can support the improvement of these services. For instance, although BBC Media Action's programmes in Sierra Leone gave out the official helpline numbers, reporters also went to the call centre several times to find out about the volume of calls and whether call handlers were coping. In addition, reporters put the public's complaints to the call centre management. The programmes also challenged the government and local health authorities on the Ebola response, allowing listeners the chance to put their concerns to those in authority. In parallel to this accountability function and in recognition of the gaps in health services, programmes also provided expert advice and discussion about how families could keep themselves safe when there was an outbreak in their community, or how to best look after a sick person while waiting for help.[43]

Recommendations

The Ebola epidemic taught the world lessons that must not be forgotten. It cast the weaknesses of the humanitarian system into stark relief. There were missed opportunities, including that of harnessing media and communication to engage affected communities in the Ebola response and reduce its spread early on.

This paper has shared what BBC Media Action learned in delivering a media and communication response to Ebola. These lessons were – at times – painful. They reflect relatively long-standing principles for effective media and communication strategies but it is worth repeating them. They were not acted upon during the early stages of the Ebola crisis, so we should make sure they will not be forgotten again.

The paper has explored why the health communication response was not initially as effective as it could have been. The overarching lesson is that it was because health communication was not prioritised. BBC Media Action asserts that lives can be saved if high-quality media and communication is central to planning responses to any future disease outbreak, as opposed to being peripheral to the practical hardware of a response.

How can we ensure this happens next time?

▶ **Recognise the importance of media and communication as central to a response from the outset:** Media and communication agencies, such as BBC Media Action, need to work together to advocate energetically within the wider humanitarian

system for the importance of communication in the control of disease outbreaks, as well as outlining effective communication strategies.

▶ **Invest in local media in low-income countries:** Local media organisations should be supported long before crisis hits so they can respond immediately. Agencies must invest in these local partners rather than merely pay for airtime to transmit their information and messages. During crises, people will continue to look to local media for information and reassurance. Preparedness training delivered in advance of any emergency can support media organisations to play a significant and positive role by equipping them with the knowledge and skills to provide accurate information, support behaviour change and involve the communities they serve in the response.

▶ **Recognise the importance of strong central co-ordination of communication messages and ready access for journalists to relevant and accurate technical health advice:** Information used by the media in various ways and formats during disease outbreaks must be accurate, harmonised and encourage and enable action from audiences. In Sierra Leone, the US Centers for Disease Control and Prevention provided technical advice through briefings. This information was distributed to local radio stations and also formed the basis of media training materials.

▶ **Strengthen procedures for responding to a public health emergency:** Agencies responding to public health emergencies need to review their mechanisms and protocols in order to ensure the failure in health communication experienced in the early days of the Ebola epidemic is not repeated. Strong partners with expertise in the delivery of communication responses should be identified long before a crisis hits.

▶ **Recognise that the media has an important role to play in the accountability of response services:** The media can help to improve the accountability of responses to disease outbreaks (including its own services), enabling communities to monitor and shape the response. The media can highlight how resources are spent, where services are needed, where things are working well and where they are not.

Mobile phones played a significant role in the communication response, adding to the available tools.
(Image courtesy: Infinite Productions

CONCLUSION

The West African Ebola epidemic posed a communication challenge of immense proportions, spreading as it did in a region with a barely functioning health system, a deep mistrust of government and an extremely under-resourced media. The understandable fear, panic, myths and misconceptions in Ebola-affected communities were at times amplified by a media unprepared for such an outbreak. Tried and tested approaches to health communication, based on dialogue, discussion and responding to local needs, were lost among the urgency to communicate to as many as possible, without that message being honed, nuanced or co-ordinated.

WHO's late declaration of the Ebola outbreak as an international emergency was a turning point, unlocking funding, co-ordination and capacity-strengthening to boost locally led responses. Effective health communication based on decades of learning resurfaced to help to bring the epidemic to an end. Communities became engaged in the Ebola response, and were at the heart of measures to bring the virus under control.

Communication has an integral place in rebuilding these societies and health systems. Its power can be harnessed to many ends. These include community engagement and outreach to ensure that disease control practices are sustained, supporting ongoing social and behaviour change, and the education of a new force of health workers. Health communication has a vital role to play in strengthening governance and accountability functions, enabling populations to participate in decisions that affect their health and shape services that suit their needs. Communication can also help to monitor whether money for health is being spent appropriately and effectively. But to be able to do this, continued investment and support for media and communication development is needed.

ENDNOTES

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