The current Ebola outbreak in West Africa is the first the region has ever faced. Yet it is already the largest outbreak ever encountered since the disease was formally discovered in 1976. More than 2000 people have died so far, with health workers making up almost a third of the casualties.

Christina Banluta was the first Communications Officer deployed by WHO’s Emergency Communications Network to Liberia in July at the onset of the outbreak. At the time Monrovia was still untouched by the virus and cases were still confined to the epicenter in rural Lofa county. “I visited the epicenter of the outbreak in Foya district. Talking directly with people is key during emergencies. This way we learn how they feel and we get to know their concerns. This immediately helps us to address what’s on their mind and help communities to act in an informed way. Immediately and with a sense of urgency,” Ms Banluta said.

Since WHO declared this outbreak a Public Health Event of International Concern under the International Health Regulations (IHR (2005) on 8 August, the urgency of this event took on a global nature. The priorities are many and interlinked, and it is clear that no one government or agency can battle this outbreak alone.

Experience has taught WHO to be sensitive of cultural and social perceptions when reaching out to audiences. For WHO, emergency communications is made up of several strands of communications work. Crisis communications, media communications, advocacy, health promotion, social mobilization and behavioral change are all cogs in the wheel of any health and
humanitarian emergency response. Communication harnesses the efforts of the response operation. Providing those affected and at risk with the best available public health knowledge facilitates the work of responders. This also empowers those affected and infected and helps them to make informed decisions. “The fight against Ebola is not just a fight against the disease – it is a fight against fear, denial and panic,” former WHO Representative to Liberia, Dr. Nestor Ndayimirije, emphasized.

WHO integrates these realities to bolster country capacities not only in disseminating credible, practical information but also in addressing critical issues that prevent people from identifying risky behavior and making informed decisions on how to best protect themselves, their families, and communities.

“When you communicate for change, it is important to know what communities are thinking, to understand the real issues that affect them, and to listen to what they are saying. In my interaction with communities in Liberia, I realized how essential these were to properly craft health messages. Messaging should be dynamic – they need to change as the situation evolves,” said Ms Banluta.

Increased participation of local leaders and other figures with moral authority in communities is also key. They are often the most listened-to voice in communities paralyzed by fear and despair.

“After talking to people and to locals working with communities, I realized that communicating risks or communicating to change behavior is a challenging task. No matter how well-crafted the messages are they are not taken seriously, unless they take into account traditions, beliefs, religious and cultural practices. And one way to address this is through local leaders,” Ms Banluta noted.

It is also important to tell the stories of Ebola survivors.

“During my deployment, I also observed that testimonies of survivors are extremely powerful. We managed to interview three survivors in Foya. We asked them to share their stories and what they thought helped them survive.

It was particularly important because in July – no vaccine or whatever treatment was being tested. The context then was – there was a killer disease, more than half of those affected died. Those who we interviewed all said the same thing – they went to the clinics early for care.”