Community protection for Ebola: communities at the centre of response.







Ebola BVD Outbreak 2026

WHO HQ Ebola IMST – Community Protection

World Health Organization

Community protection for BVD

A strong public health response uses the best available science to keep people and communities safe during a health emergency.

In an Ebola outbreak, community protection includes:

•**Risk communication and community engagement** – helping people understand the risks and how to protect themselves.

•**Public health measures at borders/points of entry** – reducing spread across borders and travel routes.

• **Readiness evaluation and action -** ensuring countries at risk ready their systems and share anticipatory actions

•**Safe and dignified burials (SDB)** – preventing infection during funerals while respecting cultural practices.

•**Operational Research –** ensuring community needs, capacities and expectations are at the centre of response efforts

Dialogue and information are the starting point. Community protection interventions should also promote protective actions and support key measures such as CHW Training and vaccination when available.

Community protection further means considering the social and economic effects of the outbreak, protecting vulnerable groups, using gender-sensitive approaches, and maintaining essential services through multisectoral action.

"The community protection pillar will strengthen risk communication, support community health workers, reduce social barriers to care, and prevent gender-based violence." Dr Chikwe Ihekweazu, Executive Director of the WHO Health Emergencies Programme

Community protection package of support for BVD

To ensure community protection, countries should take the following actions:

💻 Community evidence
Using community evidence to shape local strategies and support uptake of protective measures - SDBs, contact tracing, isolation, access to care, dignified care

🎓 Training
Empower and train community workers and volunteers in key response functions, including for early detection, prompt diagnosis, immediate referral and contact tracing.

✅ Readiness
Ensure countries at risk ready their systems and share anticipatory actions.

🛡️ Worker Protection
Enable community workers to protect their physical and mental health.

⚰️ Safe and Dignified Burials
Ensure safe and dignified burials and mourning practices, especially through local faith leaders.

💉 Vaccine Development
There is no licensed vaccine; ensure communities are informed and engaged in planning and trials.

🗣️ Community Listening
Set up and use community listening and feedback mechanisms including community dialogue to contextualize and shape response.

🌐 Network Engagement
Map and proactively engage local networks and individuals with strategies tailored to key populations.

📊 Public Health Measures
Support risk-based, context specific public health measures that are acceptable to local communities and monitored to avoid doing harm.

💧 IPC & WASH Services
Implement community IPC measures and basic WASH services.

📢 Risk Communication
Develop and adapt risk communication products, tools and strategies tailored to key populations.

🔄 Transmission Prevention
Identify risk pathways and acceptable ways to prevent both animal-to-human and human-to-human transmission.

🚧 Cross-Border Surveillance
Strengthen cross border surveillance and risk communication including at points of entry and at mass gatherings.

🤝 Multi-Sector Partnership
Work in partnership across sectors to anticipate and manage social and economic impacts including stigma and discrimination.

Community protection: challenges

- **Low trust and misinformation –** Rumours and mistrust of responders reducing cooperation and uptake of services
- **Resistance to response measures** – Reluctance toward isolation, contact tracing, IPC and safe burials – has led to attacks on health workers and facilities
- **Delayed care-seeking and hidden cases** – Fear, stigma, and use of informal care slowing detection and reporting
- **Insecurity & access constraints** – Long standing and fragmented conflict limits access, continuity of engagement and response coverage
- **Mobility & cross border dynamics** – Population movement complicates surveillance and consistent messaging
- **Socio-economic pressures –** Livelihood needs override adherence to public health measures

WHO infodemic management insights daily reports, Weekly Reports 15 May – 8 June, 2026, DRC National Hotline Data, DRC Community Feedback Data.

Community protection priorities

Listen to communities and act on community evidence
- Strengthen sub-national community feedback mechanisms, information management, data analysis and routine dissemination of community evidence.
- Capture rumours, concerns and barriers to care early through social listening, community dialogue and rapid assessments.
- Use community evidence to inform operational decision-making and adapt response strategies.

Engage and empower trusted local leaders and networks
- Conduct local partner mapping of community leaders, faith-based organizations, media, civil society groups and other trusted messengers.
- Establish community brigades and local networks to champion response efforts and address community concerns.
- Engage faith leaders to promote safe and dignified burials, disease prevention measures and vaccination when available.

Promote early care-seeking and reduce stigma
- Address fear of treatment centres, isolation and contact tracing through trusted communication channels.
- Explain in simple and practical terms that early detection and early care save lives and protect families and communities.
- Reduce stigma and discrimination towards survivors, contacts and affected families.

Ensure safe and dignified burials
- Work with families, religious leaders and communities to adapt burial and mourning practices while reducing transmission risks.
- Train burial teams, community leaders and frontline workers on safe and dignified burial protocols.
- Promote community ownership and acceptance of SDB measures.

Strengthen coordination and operational support
- Scale up global, continental, cross-border and national RCCE and Community Protection coordination.
- Harmonize key messages, IEC materials and community engagement approaches across partners.
- Support training of health workers, community health workers, volunteers and community leaders on IPC, referral pathways and community protection measures.

Community Protection and RCCE Field Update

KEY ACHIEVEMENTS

379, 641	870	36
People Reached	community Relais Mobilized	Radio stations engaged

📣 Mobilization of 180+ leaders (women, youth traditional healers. Federation of Enterprises of Congo/Gold mining industries, social media influencers etc) In Kahungu, 21 Muslim Leaders in Mongwalu, Engagement of 80 U-Reporters.

💬 Community dialogues with 54 chiefs across 40 moto-taxi parkings; briefings for 51 journalists across 7 cities.

📻 125, 000 + radio listeners reached; 17 digital contents disseminated (47k reach on WhatsApp, Facebook, Tik Tok); 36 radios engaged including 18 in Goma and 18 in Ituri.

⚰️ Supporting Safe & Dignified Burials (SDB) facilitation, transfer of positive cases to treatment centres and contact listening in Mongwalu, Ituri and North Kivu.

✅ 35 community alerts reported (Goma); 6, 244 households visited; 66 alerts in Goma, Butembo, Katwa.

📢 Sensitization of health workers, families, caregivers at health centres in Bunia on barrier measures and admissions

KEY CHALLENGES

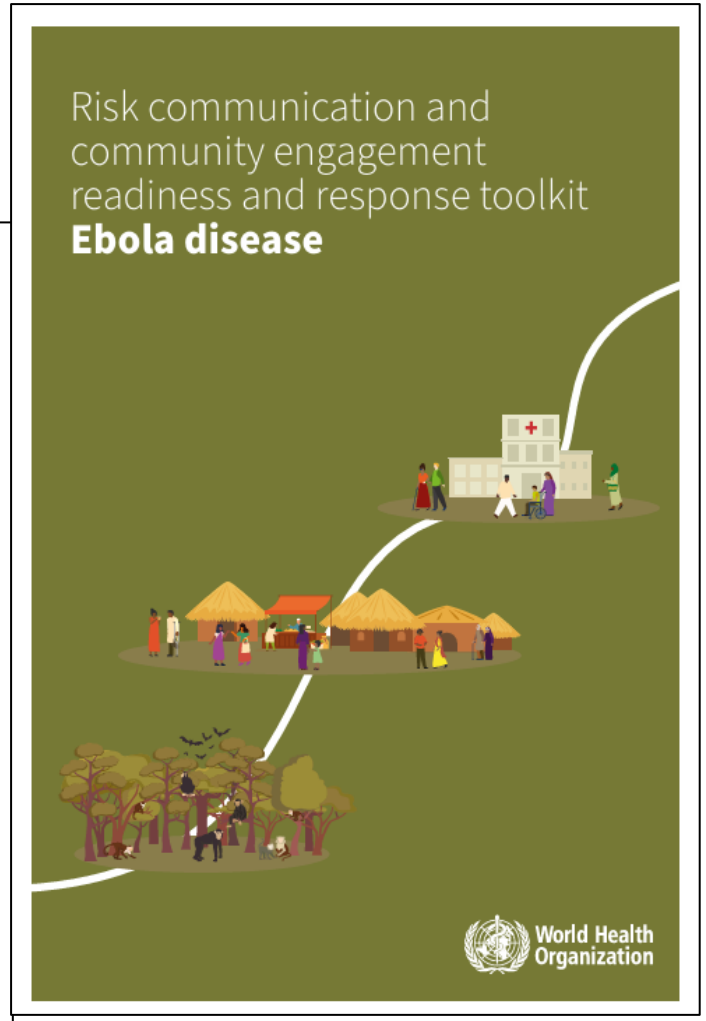
Logistics	Limited team mobility; no frequency radios at checkpoints, insufficient transport for RCCE coordination
Infodemic	Persistent rumours and community resistance to SDBs in multiple health zones, denial that Ebola exists
Lab delays	Delayed lab result delivery to families undermines trust and acceptance of SDBs and contact tracing
Media gaps	No signed contracts with local media for regular messaging, interactive broadcast, or press conferences
Community relays shortfall	Only 21% of community relays available in Goma – 3, 221 households not fully recovered, under development overall
Materials	Insufficient printed IEC materials (posters, banners, leaflets, megaphones) across DRC response zones
Community trust	Fear of stigma, security concerns and conflicting messages from leaders undermine response uptake

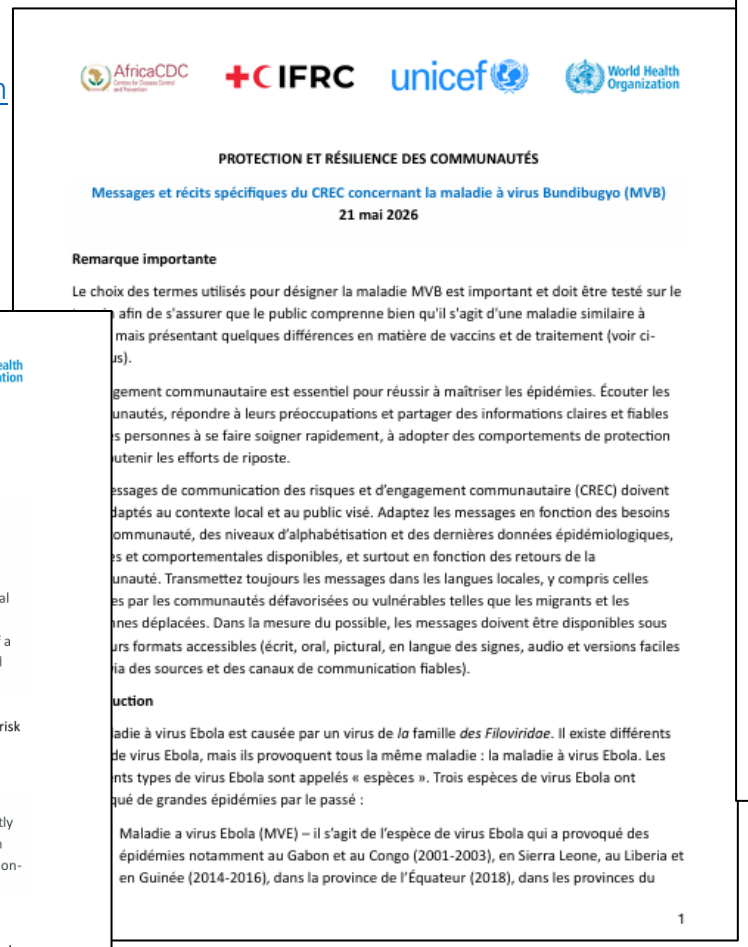
RCCE Resources - HQ

RCCE Ebola toolkit - 2025
Collective Service resources - Ebola

For BVD:

- Joint key messages - French - English
- Joint - Similarities and differences – two pagers – French - English
- WHO AIRA Report 9-16 May – Weekly report
- Rapid community assessment protocol - adapted for BVD





PROTECTION ET RÉSILIENCE DES COMMUNAUTÉS

Messages et récits spécifiques du CREC concernant la maladie à virus Bundibugyo (MVB)

21 mai 2026

Remarque importante

Le choix des termes utilisés pour désigner la maladie MVB est important et doit être testé sur le
afin de s'assurer que le public comprenne bien qu'il s'agit d'une maladie similaire à
mais présentant quelques différences en matière de vaccins et de traitement (voir ci-
us).

gement communautaire est essentiel pour réussir à maîtriser les épidémies. Écouter les
unautés, répondre à leurs préoccupations et partager des informations claires et fiables
s personnes à se faire soigner rapidement, à adopter des comportements de protection
utenir les efforts de riposte.

ssages de communication des risques et d'engagement communautaire (CREC) doivent
daptés au contexte local et au public visé. Adaptez les messages en fonction des besoins
ommunauté, des niveaux d'alphabétisation et des dernières données épidémiologiques,
s et comportementales disponibles, et surtout en fonction des retours de la
unauté. Transmettez toujours les messages dans les langues locales, y compris celles
s par les communautés défavorisées ou vulnérables telles que les migrants et les
nes déplacées. Dans la mesure du possible, les messages doivent être disponibles sous
rs formats accessibles (écrit, oral, pictural, en langue des signes, audio et versions faciles
ia des sources et des canaux de communication fiables).

uction

adie à virus Ebola est causée par un virus de *la* famille *des Filoviridae*. Il existe différents
de virus Ebola, mais ils provoquent tous la même maladie : la maladie à virus Ebola. Les
nts types de virus Ebola sont appelés « espèces ». Trois espèces de virus Ebola ont
qué de grandes épidémies par le passé :

Maladie a virus Ebola (MVE) – il s'agit de l'espèce de virus Ebola qui a provoqué des
épidémies notamment au Gabon et au Congo (2001-2003), en Sierra Leone, au Liberia et
en Guinée (2014-2016), dans la province de l'Équateur (2018), dans les provinces du

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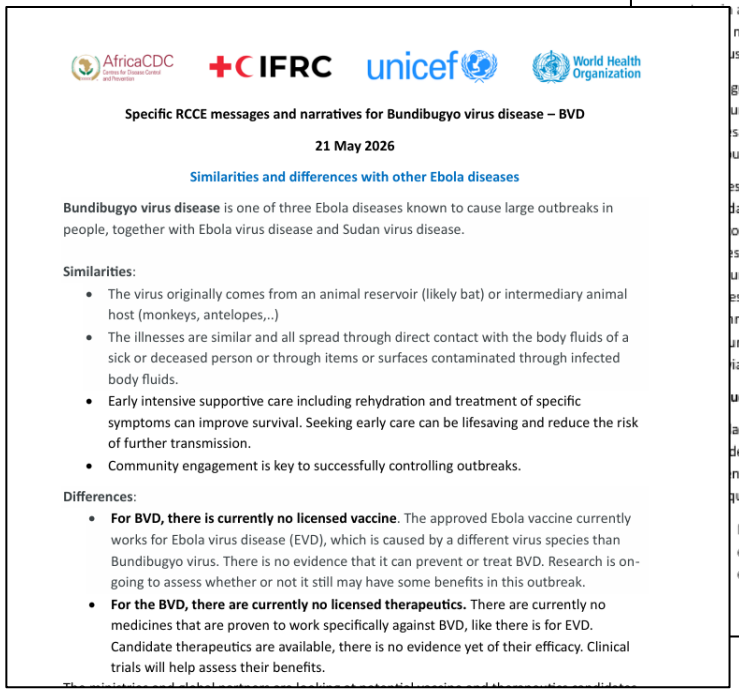

Specific RCCE messages and narratives for Bundibugyo virus disease – BVD

21 May 2026

Similarities and differences with other Ebola diseases

Bundibugyo virus disease is one of three Ebola diseases known to cause large outbreaks in people, together with Ebola virus disease and Sudan virus disease.

Similarities:

- The virus originally comes from an animal reservoir (likely bat) or intermediary animal host (monkeys, antelopes,..)
- The illnesses are similar and all spread through direct contact with the body fluids of a sick or deceased person or through items or surfaces contaminated through infected body fluids.
- Early intensive supportive care including rehydration and treatment of specific symptoms can improve survival. Seeking early care can be lifesaving and reduce the risk of further transmission.
- Community engagement is key to successfully controlling outbreaks.

Differences:

- **For BVD, there is currently no licensed vaccine**. The approved Ebola vaccine currently works for Ebola virus disease (EVD), which is caused by a different virus species than Bundibugyo virus. There is no evidence that it can prevent or treat BVD. Research is on-going to assess whether or not it still may have some benefits in this outbreak.
- **For the BVD, there are currently no licensed therapeutics.** There are currently no medicines that are proven to work specifically against BVD, like there is for EVD. Candidate therapeutics are available, there is no evidence yet of their efficacy. Clinical trials will help assess their benefits.

Strengthening preparedness in surrounding countries

Readiness efforts aim to rapidly detect, investigate, contain and interrupt transmission before sustained community spread occurs.

Rapid review of capabilities following risk assessment and prioritization of countries and areas

Readiness assessments informing identification of support needed and deployment of multidisciplinary readiness teams.

Supporting national plans developed in priority countries based on readiness assessment and checklist results.

Emphasizing capacities and capabilities for:

- rapid detection and timely response
- community-centred interventions
- continuity of essential health services
- protection of frontline health workers
- prevention of regional and international spread.

Operational prioritization	Countries	Response
Priority 1A	**Democratic Republic of the Congo and Uganda** (active outbreak)	Full multi-pillar response
Priority 1B	**South Sudan, Rwanda, and Burundi** (immediate neighbors with high cross- border risk)	Operational readiness, recommended readiness actions, intensified risk monitoring and cross-border coordination
Priority 2	**Central African Republic, Congo, United Republic of Tanzania, Zambia, Angola, Kenya, Somalia, Ethiopia** (direct land borders or high traffic with Priority 1A countries)	Minimum operational requirements, recommended readiness actions and continuous risk monitoring
Priority 3	**All other Member States**	Risk monitoring and alert dissemination through IHR National Focal Points

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