

Risk Communication and Community Engagement (RCCE)

MVD Outbreak Response in Ethiopia Lessons, Gaps and Future Perspectives

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Addis Ababa, Ethiopia



Outline

Introduction

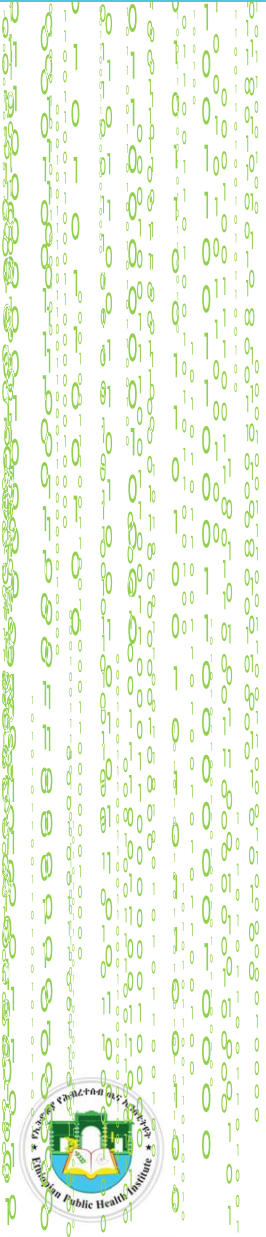
Key milestones

Major MVD RCCE Interventions

Lessons learned/Best practices

Gaps and Challenges

Future Perspectives



1. Introduction

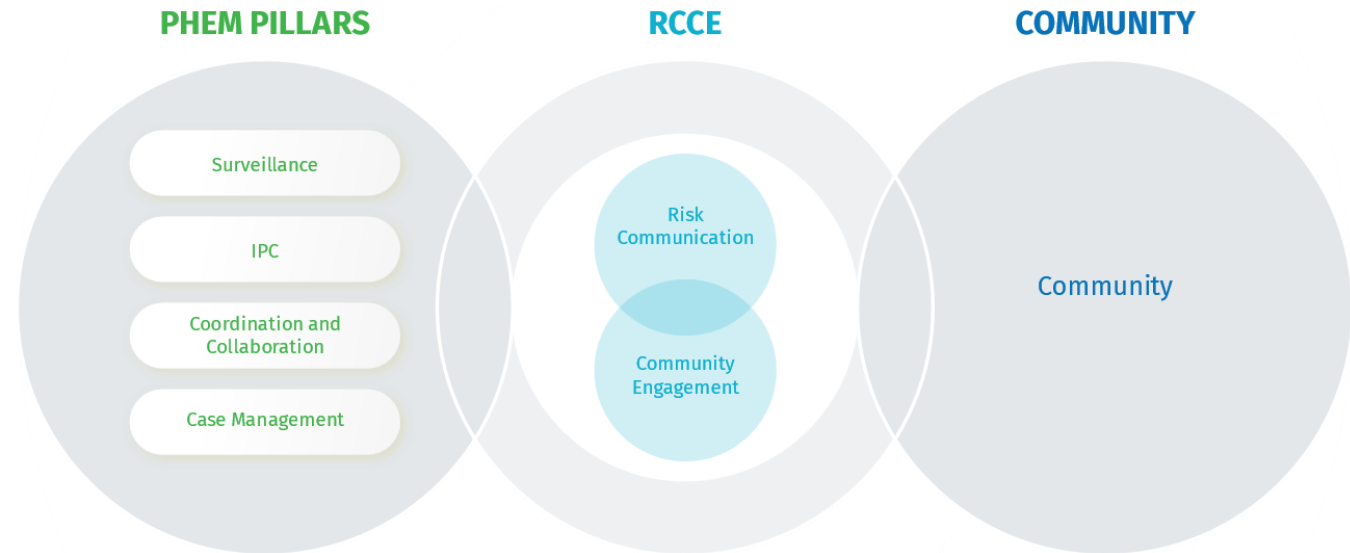
- The MVD outbreak was officially declared in Ethiopia on 14 Nov 2025 (as VHF on 12 Nov 2025), following lab confirmation at the National Referral Laboratory at EPHI
- MVD is among the newly emerged zoonotic diseases (non-endemic) in Ethiopia
- 14 confirmed cases and 9 deaths (CFR:64.3%) were reported
- Controlled within **72 DYS** from lab detection (declaration)
- RCCE was one of the response pillars within the national and regional activated IMS system



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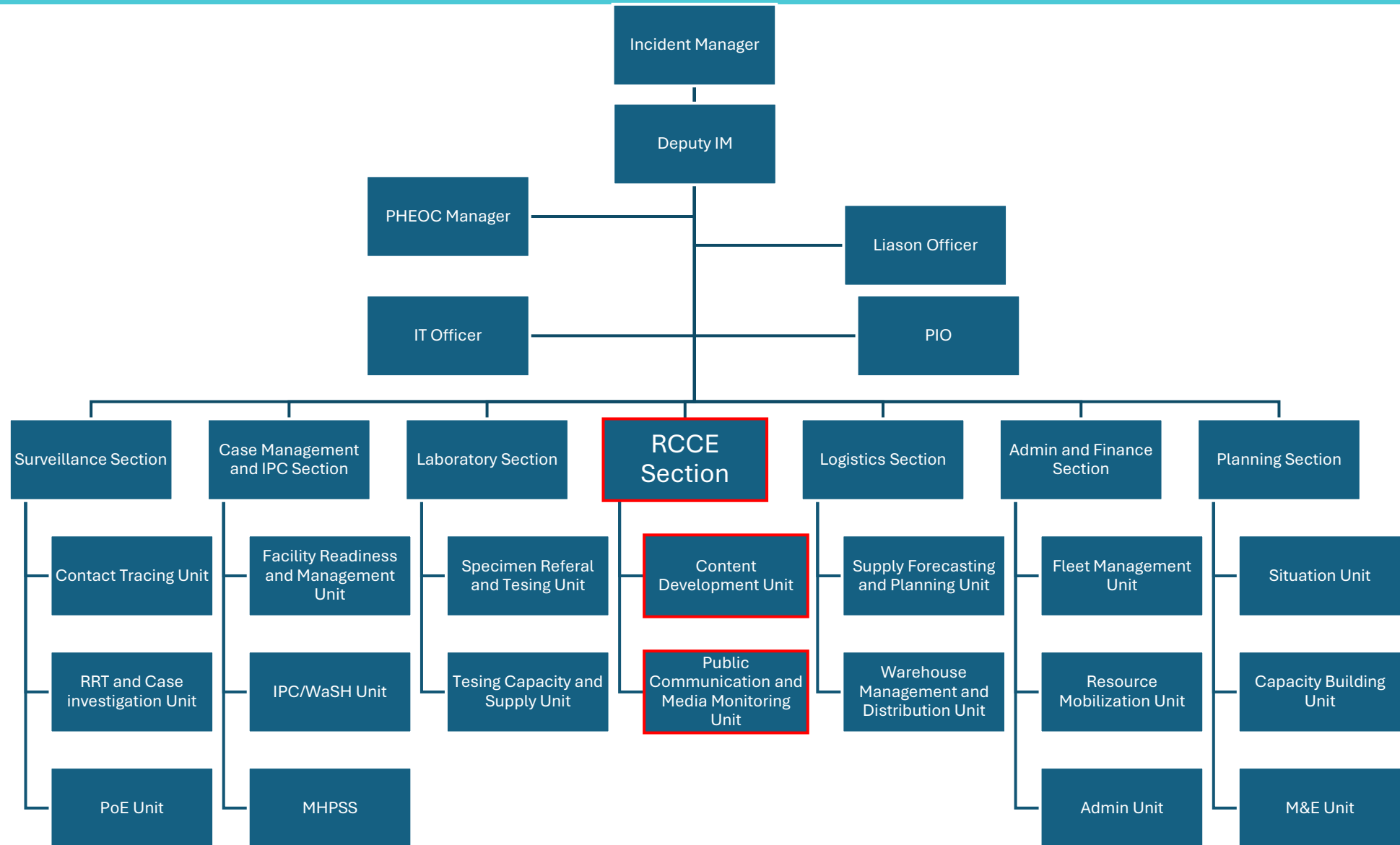
RCCE is the center of all Pillars

It connects technical interventions with the people they are meant to protect and serve.

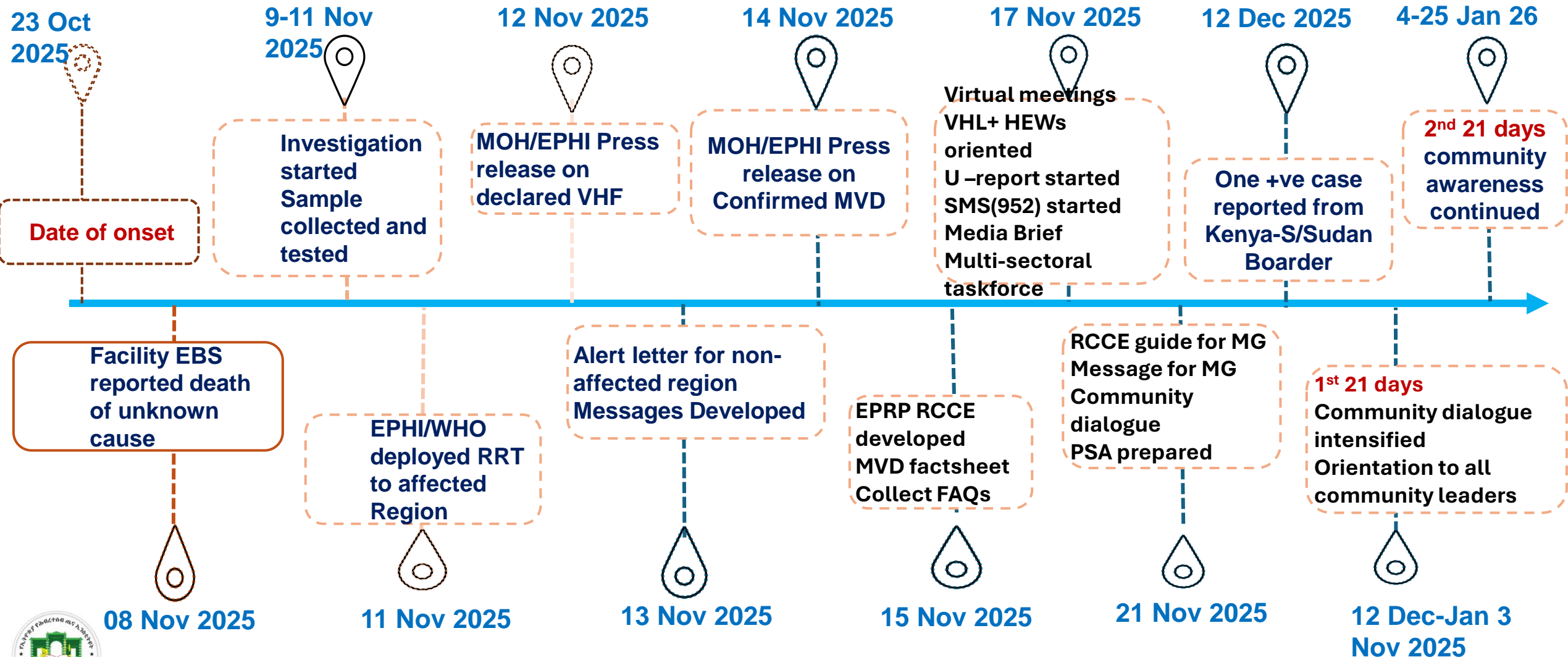


RCCE acts as the **bridge and glue** among all response pillars, ensuring that response actions are people-centered, context-appropriate, and ultimately effective in controlling outbreaks and saving lives.

IMS Organogram



2. Key Milestones





3. Key RCCE Interventions in MVD Outbreak Response

3.1 RCCE and Multi-sectoral Engagement : Synergy in Action

- Stakeholders mapping and discussion held
- Multi-sectoral coordination committee established (RCCE member of this) led state ministry-MOH
- Daily coordination meetings conducted with regions and stakeholders
- Meeting with education sectors, transport sectors, security forces, religious councils conducted
- The religious council, education and transport sectors actively supported the outbreak response from national to the lower level by using their structures
- 2074 education, security and transport sectors, 381 media and PR personnel's were trained



Outcome: Unified, coordinated efforts of MVD outbreak response



3.2 Building a highly engaging Community

- ✓ Different awareness creation activities have been conducted
 - Distribution of community based Case definition distributed
 - House-to-house active case searching and awareness creation campaign conducted in three priority regions (SE, Sid, CER)
 - ✓ 442,359 HHs reached, 10,062 signals (fever cases) detected, and all verified, but no suspected cases
 - Integrated RCCE activities with polio campaign
 - ✓ Over 20M HHs reached; 42,306 Signals detected,
 - Integrate screening with awareness creation at 15 POEs and exit and entrance sites
 - ✓ **5,308,073** total screened (**11 signals** detected, but no suspect case identified)



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In general,

~30 million
people reached

15,888 trained

693.8K
Volunteers, VHLs and religious
leaders engaged

52,465
Signals/rumors, with no case



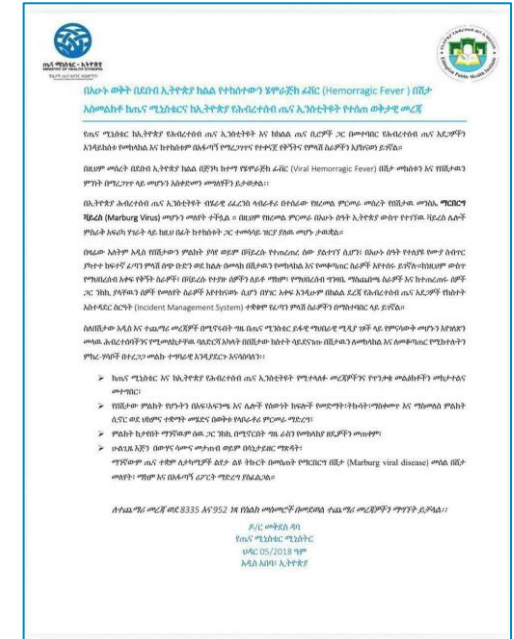
Outcome: Shifting the community from disease denial to acceptance of the disease's presence, and enabling informed decision making



3.3 Harnessing Media power in the Fight Against MVD

✓ Medias have power enhance awareness, promote preventive behaviors, and support timely outbreak response

- Regular press release and media brief have been provided
- Journalist, media houses, youtuber, blogger, and other social media influencers were actively working in awareness creation
- Messages for social media add, mainstream media, Bulk SMS, PSA, Mass gatherings, etc have been developed
- Message dissemination with more than 15 languages through TV, Radio, and social media platforms



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30+ Media engaged



3 Press release (National)

2 Media brief (National)



19 TV and Radio spot

9355 Social media ads



3.4 Connecting Communities: Multi-channel communication for Inclusive RCCE

- ✓ **MVD has been communicated with various channel with different local languages**

 Social Media

 Digital Media

 Printed Media

 Mainstream Media

 Community Dialogue

 PSA / Mounted Vehicle

Including

- Online training for community volunteers and HCWs
- In person training for stakeholders



Cont'd ...

Welcome!

Stay informed - Stay safe - Protect your community!

Marburg Virus Disease is: -

- ▶ A severe illness caused by the Marburg virus
- ▶ Symptoms appear within 2 to 21 days after infection

Common Symptoms:

- o Severe headache
- o Sudden fever
- o Muscle or joint pain
- o Nausea and diarrhea
- o Bleeding from mouth, nose, eyes, or other body parts

If you or someone near you shows these symptoms, report **immediately** to airline staff or health professionals or **8335 / 952** toll free lines

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Printed materials: Posters, banners and social ads



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Video Spot Animation



PSA with various languages



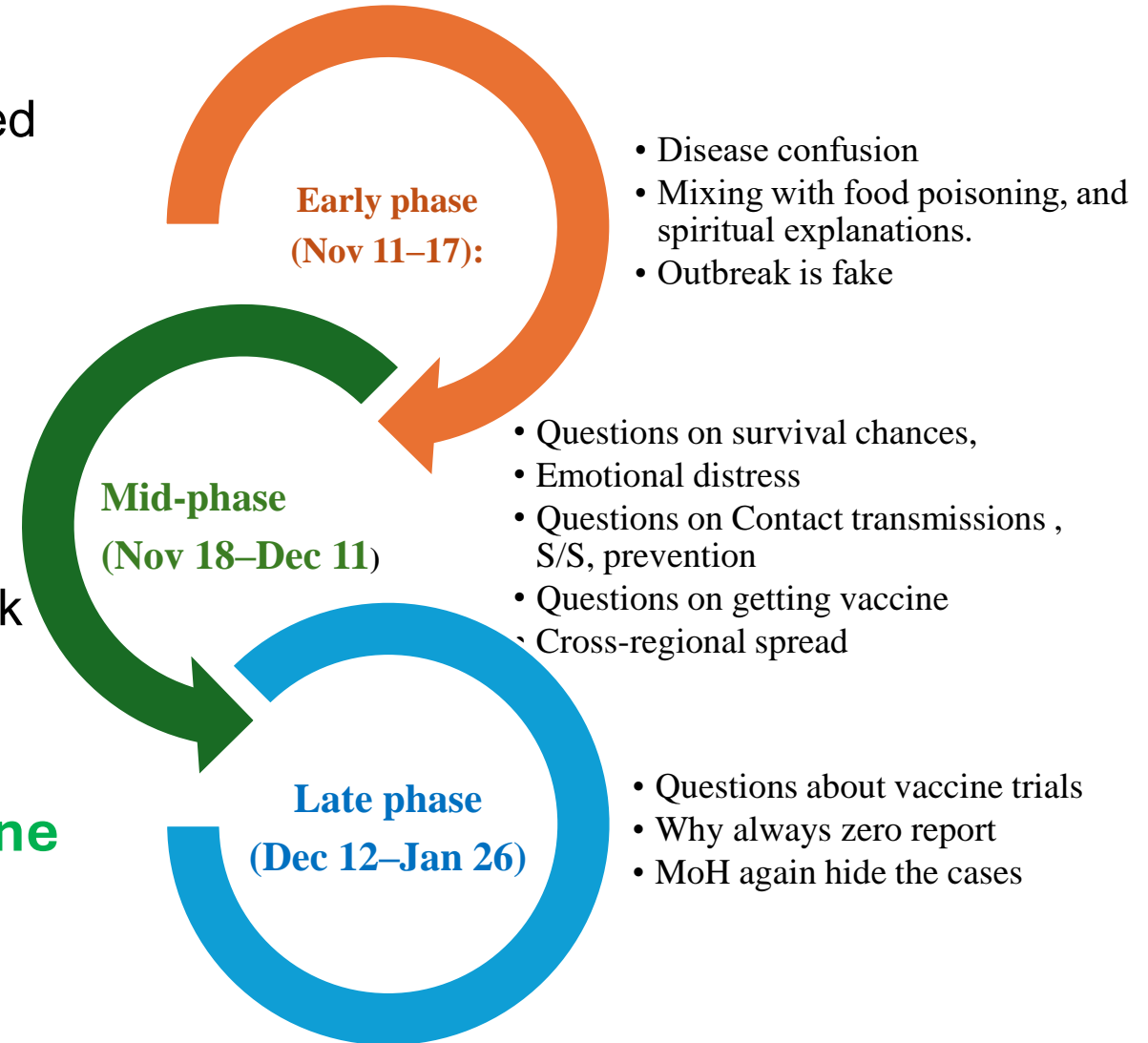
Audio message for MG



3.5 From feedback to Action: Effective feedback Management systems

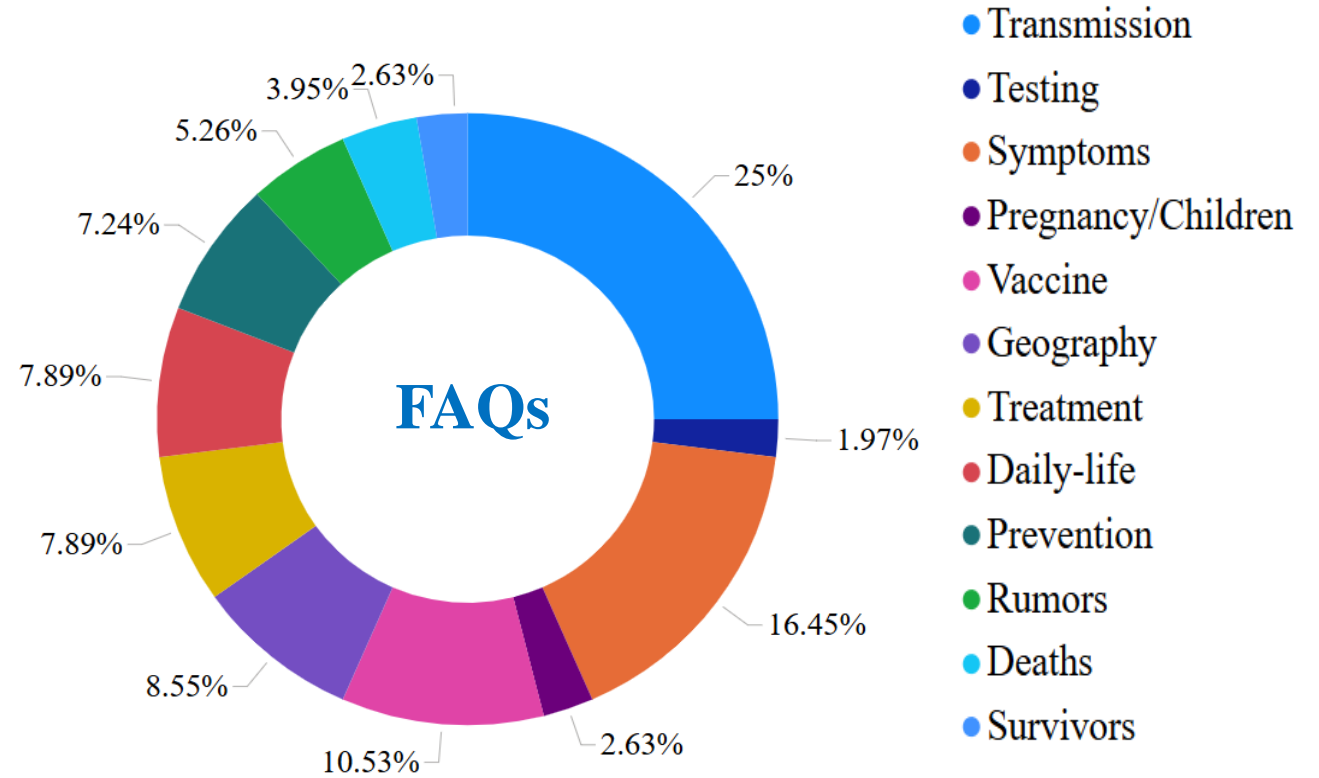
- ✓ Multiple feedback channels (hotlines, community dialogues, social media) used
- ✓ Daily data collection, analysis and documentation
- ✓ Integration into decision-making processes
- ✓ Feedback loop closure (responding back to communities)

Outcome: Used to inform and refine risk communication messages



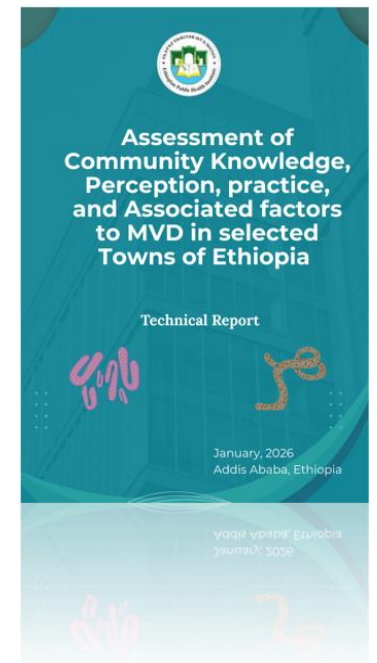
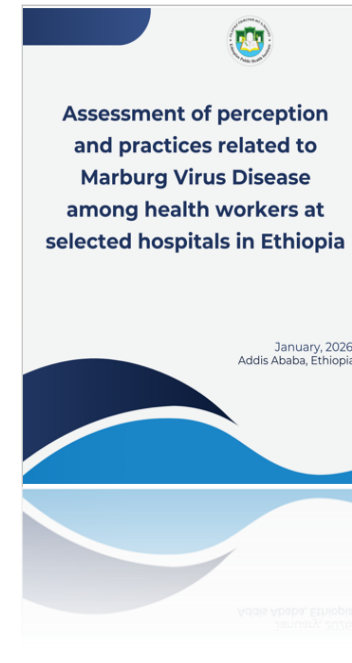
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- **2** national and **14** regional hotlines were collecting rumors and community feedbacks actively
- **6,877** call received
 - **86** suspects
 - **0** positive case
- **Possible answers for the FAQs** prepared and shared



3.6 Generating Evidence to guide Effective MVD Response

- ✓ Understanding risk perception is critical for designing effective interventions and containing outbreaks
- ✓ Risk perception conducted in affected and highly vulnerable areas from Dec 4-20/2025
- ✓ It used to guide RCCE strategies and response activities



Cont'd...

HCWs

- Data were collected from 855 health workers

Main Findings

- Healthcare workers aged ≥ 45 years, working in specialized hospitals, previous outbreak experience, and those who took MVD training had more likely high risk perception

Perceived risk	Median (IQR)	Perceived high risk (n, %) ¹
Perceived Susceptibility	4 (4-5)	653 (76.4)
Perceived Severity	5 (4-5)	450 (52.6)
Perceived Threat	4.5 (4-4.8)	439 (51.4)
Self-efficacy	4 (3.5-5)	638 (74.6)
Response-efficacy	4.5 (4-5)	455 (53.2)
Perceived Efficacy	4.3 (4-5)	431 (50.4)

Key Point:

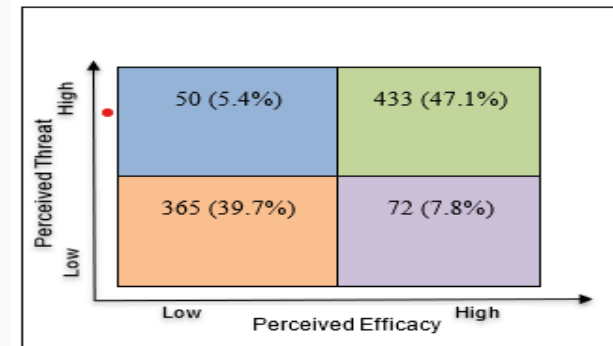
- Integrate risk perception concept into PHEM

Community

- 948 community members were interviewed

Main Findings

- 97% heard about MVD
- >85% recognized severe symptoms and avoiding contact with sick persons body fluids
- Knowledge gaps: Early symptoms (10%) and Risky contact (dead bodies, bats) (32-35%)



Key Point

- Despite high risk perception and awareness, significant gaps exist.
- Enhance understanding with tailored, balanced, and continuous awareness



Lessons Learned/Best Practices

- RCCE messages customized and disseminated in local languages and cultural contexts
- Multiple communication channels including Community dialogues
- Strong community feedback management mechanism /Hotline, u-report, daily social listening, etc/
- Regular coordination meeting / Regions, partners, and community influencers/
- Utilization of existing community structures
- Active engagement of Community leaders (religious leaders, VHLs, volunteers, clan and kebele leaders)
- Evidence generation to strategize the RCCE and other response pillars



Gaps/Challenges



- Inconsistent MVD messages during the early phase of the outbreak



- Widespread misinformation in the early phase of the outbreak.

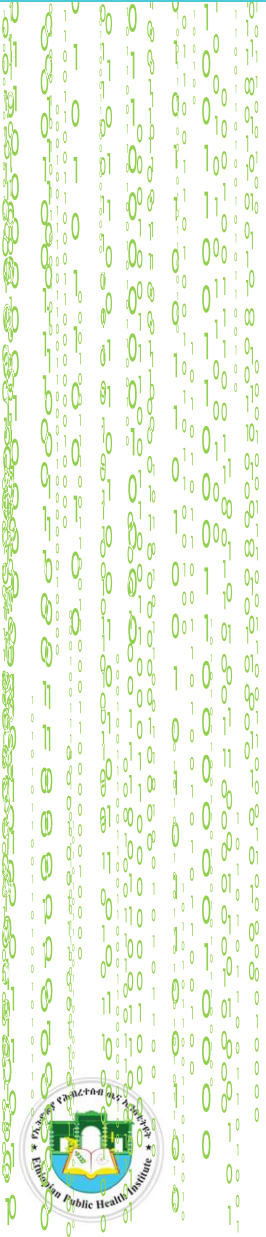


- Delays in engaging hard-to-reach populations.



Future Perspectives

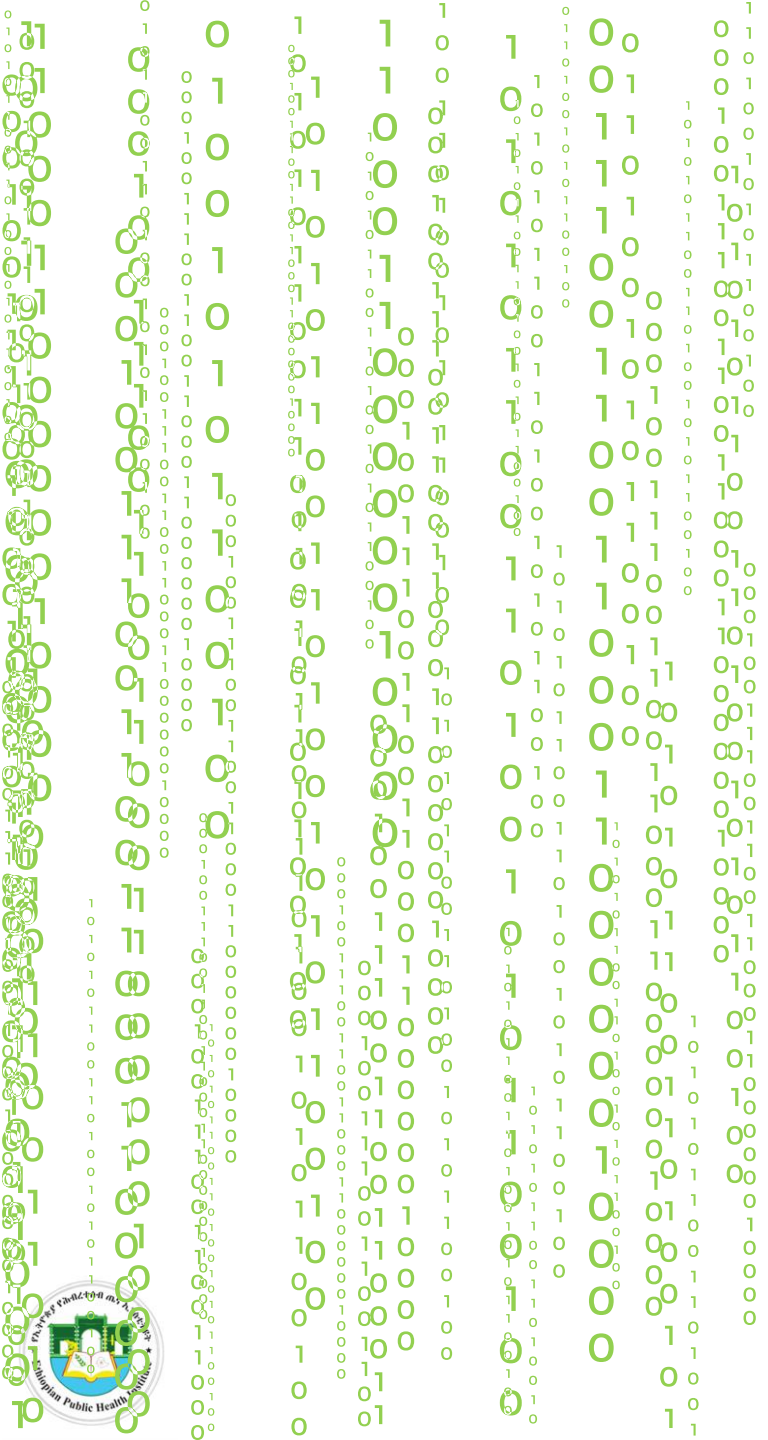
- Institutionalize RCCE structures at all levels with clear roles, responsibilities, and coordination mechanisms
- Develop and implement message dissemination SOPs and message banks for priority health threats
- Develop RCCE strategies targeting hard-to-reach and border communities
- Map and strengthen community structures
- Enhance infodemic management through digital platforms
- Ensure continuous capacity building for RCCE professionals, media personnel, and community health workers.
- Strengthen collaboration with academic institutions to enhance evidence generation



Acknowledgments

- UNICEF,
- WHO,
- IFRC/Ethiopian Red cross/,
- Last mile,
- Jhpiego,
- IOM
- RTSL
- AMREF
- Others stakeholders and partners





THANK YOU

Any Questions?





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<https://maps.app.goo.gl/MUPL53BuRHXVWHEL7>



<https://ephi.gov.et/>