Road to Zero

October, 2017

**Abstract**

The world became virtually aware of the Ebola outbreak in West Africa in real life, from broadcasts of deaths, breaking news, new infection cases, alerts and warnings, closing schools, survivor stories and infection of travelers from West Africa. It was by far the world’s largest infectious disease outbreak. This outbreak gain international attention from different organizations such as the Center for Disease Control and Prevention (CDC). The CDC initiated the “Road to Zero” campaign that aimed to combat the spread of Ebola and reduce transmission to zero as well as locate the first case of disease outbreak, commonly known as “Patient Zero”. To this end, Emergency Operation Center (EOC) for Ebola response was activated on July 9th, 2014.This paper aims to examine and criticize the “Road to Zero” campaign regarding specificity and efficacy.

**Road to Zero Campaign**

The goals of risk communication are to necessitate people facing a threat or vulnerable to a threat make informed actions or decision to minimize the chances of being affected. (Walker, 2012). Fundamentally, effective communication can maintain and instill the public’s trust in the national and international health system and express realistic expectations about the capacity of the health system to respond as well as manage an outbreak. Additionally, risk communication promotes effective exchange of opinion and information among public health professionals and scientists during the phase of the alert, in order to better assess, coordinate and manage preparation and response activities (Walker, 2012). Another important aspect of risk communication is to identify and manage misinformation and rumors that are spreading in the public domain.

Every disaster, emergency or crisis evolves in stages. By comprehending the pattern of the crisis, communication experts can predict problems, anticipate and adapt to certain communication needs, as well as communicate more effectively at every stage. An effective and efficient communication plan utilizes behavior change theory to assist plan and designs proper communication interventions. Crisis managers must use all the help they have in communicating risk information (Reynolds et al., 2005). The overall objective of this risk communication project is to gain an in-depth understanding of the qualities and types of “Road to Zero” campaign communication in West Africa during the Ebola epidemic. This paper aims to examine and criticize the “Road to Zero” campaign regarding specificity and efficacy.

**What is Ebola?**

Ebola hemorrhagic fever, as it was previously known, is a zoonotic disease that affects human and animals. The disease is caused by infection of a *flivoridae* virus. (CDC, 2016). Ebola can easily cause disease in both human and apes or primates. Ebola virus can be found in some parts of the African continent, especially West Africa. The virus is believed to be animal-borne with bats being the probable reservoir. Ebola transmission is through direct contact of infected blood or body fluids (broken skin, mucous membranes), or contaminated objects.

1. Objects such as syringes and needles that are contaminated with bodily fluids from an Ebola-infected individual or the body of an individual who succumbed to the Ebola disease.

2. Body or blood fluids (with the inclusion of urine, sweat, saliva, vomit, semen and breast milk) of an individual who is infected with or succumbed to Ebola.

3. Probably from touching semen from a male recovered or recovering from Ebola (for instance, by having sex).

**Ebola Outbreak in West Africa**

The world came to learn about the Ebola outbreak in West Africa virtually in real time, from broadcasts of deaths, breaking news, new infection cases, alerts and warnings, closing schools, survivor stories and infection of travelers from West Africa. It was by far the world’s largest case of Ebola outbreak. It began with a single case in Guinea (December 2013) and swept through the area, concentrating on Liberia, Sierra Leone, and Guinea, with the geographical range including Senegal, Nigeria, and Mali (Del Rio et al., 2014). On March 2014, Guinea Republic Ministry of Health, informed the World Health Organization (WHO) of the rapidly spreading outbreak in the Republic, reporting an overall of forty-nine cases, including twenty-nine deaths. However, the spread of the virus became a global epidemic precisely five days after the first cases, when it spread to Liberia. In August 2014, the four mostly affected nations of Liberia, Ghana, Nigeria and Sierra Leonne reported about 3069 probable, confirmed and suspected cases. There were 1552 deaths. The rapid spread of the virus in Liberia, Guinea, and Sierra Leone on a weekly basis attracted multi-national and multi-sectoral efforts, private-public partnerships, in an endeavor to contain the epidemic.

If Ebola had not been abruptly controlled in Lagos, a densely populated city of Nigeria,probably, more individuals would have died, and the healthcare systems disruption would have jeopardized a decade of vaccine programs control and prevention advancement in tuberculosis, HIV, maternal mortality, malaria and other health concerns (CDC, 2016). This catastrophic event was prevented through appropriate response by CDC in collaboration with local health agencies and outbreak investigation, infection control, contact tracing, border protection strategies and most importantly risk communication.

**The Road to Zero Campaign**

The “Road to zero” was a CDC campaign that aimed to combat the spread of Ebola and reduce infection cases to zero. The CDC activated the EOC for the response of Ebola on July 9th, 2014 (CDC, 2015). On August the same year, CDC raised the EOC to its highest activation level. At first, CDC was reluctant in responding to the outbreak but the high rate of transmission especially to American citizen compelled the agency to act. The response campaign was officially deactivated on March 2016. By the end of the response campaign, over 3700 CDC employees, with the inclusion of 158 Epidemic Intelligence Service Officers (EISO) had engaged in domestic or international response endeavors. In Guinea, Sierra Leonne and Liberia, there were a total of 2292 deployments. Nearly 1558 responders from CDC were deployed to the three most affected countries to aid the response campaign. The agency efforts to combat Ebola outbreaks continue. It has approximately responded to twenty cases of Ebola epidemics since 1976 which provides the agency with experience and understanding of the virus and how to combat it (CDC, 2015). However, unlike other self-limited and shorter outbursts, the West African 2014-2016 epidemic presented formidable and new challenges.

**The goals of CDC “Road to Zero” Campaign**

Interestingly, there are three objectives of risk communication efforts that include involving public, shaping public behavior, and finally warning the citizens or the public (Coppola & Maloney, 2009). The “Road to Zero “aims to address these and other concerns to combat the Ebola menace. The objectives of the campaign were to raise Ebola awareness, help people recognize infected individuals, know how to prevent themselves from being infected, reduce stigmatization and provide health services to the affected people and ultimately combat the Ebola virus (CDC, 2015).

The campaign targeted the three mostly affected countries in West Africa but also extended to other parts of the world including the United States. The CDC aimed to work closely with the governments of these nations as well as other international and local organizations. The CDC understood that the first weapon to risk management is risk communication and effectively utilized it in its endeavors. The agency efforts were all directed at reducing the cases of infections and eventually locating the first Ebola outbreak case commonly known as “patient zero,” and therefore the campaign used the theme “Road to Zero”. Understanding the origin of the virus is crucial to future efforts in combatting or preventing Ebola outbreaks in all parts of the world (CDC, 2015).

**How the campaign addresses these objectives;**

The “Road to Zero” focuses on the three objectives of the risk communication campaign.

**1. Involving Public**

Amid a health emergency or crisis, communication becomes challenging when there is fear. The role of communication strategies during a crisis like Ebola is to involve the public, assist them to make well-thought-out decisions concerning their risks, and motivate them to respond to the risk. In risk communication, information needs to be provided to the public in a comprehensible, transparent, timely and coordinated manner during, before and after the crisis or the emergency. The CDC campaign is evidently focused on involving public (CDC. 2015).

One of the strategies the “Road to Zero” uses to involve public is through printing t-shirts with “Stop Ebola!” signs written on them. This is used to sensitize the public about the spread of Ebola. Fortunately, the information came in to counter the rampant misunderstanding of Ebola in West Africa, especially where people had not experienced such a disaster before, and the population had developed an inherent distrust of their government. The outbreak of Ebola was followed by an outburst of violent attacks and false rumors as a result of mistrust and fear of foreign workers such as those deployed by CDC to help in fighting the disaster. Also, there were fear-based rumors is some parts of West Africa. One of the rumors was that if a person reported a sick individual in their community and then the foreigner took them to a hospital and die, the one who reported had to take responsibility for the death. This made people afraid to report new cases of infections or outbreaks. Another rumor was that the Human Immunodeficiency virus (HIV) could have been brought to Africa by the whites through Polio Vaccine, and Ebola was brought by the same people. This rumor may have increased the number of deaths resulting from Ebola outbreak and not necessarily from the disease outbreak as more people were avoiding even the basic treatment like polio vaccines, tuberculosis, and malaria treatment. The “Road to Zero” campaign had to demystify a lot of myths. To spread information,the campaign also used posters and banners to spread the Ebola outbreak (CDC, 2015)

The posters and banners also include pictures describing the signs and symptoms of Ebola disease to help the public quickly identify an infected person. In part, these strategies helped combat the spread of the disease in the whole West African region. The “Road to Zero” campaign also used professionals in communication, anthropology, behavioral science, and education to assist societies with limited access to technology to receive the information they required to protect themselves through other means like radio, face-to-face visits and billboards. The campaign ensured that Ebola talks were in every corner of the region. In the radio, televisions and other networks where musicians sang songs about the killer virus even in churches. It also used local radio stations which broadcasted in local languages to ensure that everybody vulnerable people in West Africa got the messages. It could easily be viewed outside Ebola treatment compartments where sometimes patients have turned away due to limited bed spaces.

**2. Shaping Public Behavior**

With everybody knowing that Ebola was a killer disease, the program embarked in a mission to influence the behaviors of the public. The CDC respondents reported their use of diverse ways to ensure that public knew how the disease was spread. There were messages and pictures drawn on walls in schools and other public institutions encouraging people to maintain their hygiene by washing hands regularly and avoiding contact with other people. They understood that the African culture was characterized by touch as way connecting with others. In Africa, most people great by shaking hands and hugging, though the latter is not widespread. The CDC deployed respondents who were familiar with the African culture such as Monique Tuyisenge to sensitize the public about the dangers of these behaviors. Tuyisenge was born in Michigan but grew up in Rwanda, and therefore she understood the African culture more than her American counterparts(CDC, 2015).

One of the behaviors that the campaign aimed to change was the burial practices. Most of the West African people especially Liberian wash their dead before burring them. This increased the risk of spreading the disease to other people. The CDC respondents had to use to educate the chiefs the importance on neglecting these traditional behaviors in an attempt to stop Ebola from spreading (CDC, 2015). This endeavors greatly helped in communicating the messages to this people to influence their behaviors.

The CDC respondents also reported that a person with Ebola refused to be taken to isolation at the Ebola treatment center. Besides most of the people in the Guinea rural area could not speak French despite the language been the country’s official language. The CDC respondents had to train selected few who could speak to help in translating important messages to these people (CDC, 2015). This helped them to spread the news concerning the appropriate behavior and conducts during the outbreak to prevent the spread of the disease.

The CDC website was also a part of the “Road to Zero”. The agency posted crucial information that could be used by both the citizens and local health workers to prevent themselves from contracting the disease from their patients (CDC, 2015). This information was aimed at influencing and shaping the behavior of people in these regions. The information encouraged people to:

1. Wear protective clothes such as gloves, masks, eye protection and gowns when handling sick people.

2. Practice appropriate infection sterilization and control measures. For more information, the website directed people to other websites with more information concerning the same.

3. Always isolate people with Ebola from the public or other patients.

4. Prevent direct contact with bodies of individual who succumbed to Ebola.

5. The website also reminded people that Ebola virus could enter the human bodies through broken skin and unprotected mucous membranes, for instance, the mouth, eyes, and nose.

In sum, CDC field groups included crisis emergency experts to produce and scatter exact data, address bits of rumors, diminish stigma, decrease dangerous entombment practices, and react to group needs. CDC staff in Liberia and Sierra Leone recognized and declared internment hones that addressed group issues for socially adequate grieving, accordingly lessening protection from safe burials. In all nations, group engagement and compelling openness were of the utmost importance procedures for fruitful epidemic control.

**3. Warning the Public**

Warning is described by Coppola & Maloney (2009)as a “communication provided to alarm an audience about a crisis or risk concerning an elevated or certain probability of occurrence, and to offer them with authoritative steps on appropriate actions they initiate to respond to the risk”. The “Road to Zero” campaign also included messages that warned people to refrain from certain behavior. For instance, the pictures are drawn from the school, and other organization’s wall included messages that warned people of the dangers of the disease. The campaign articulates the necessary measure every individual can take to prevent themselves. In a way, the campaign also informed other parts of the world about the eminent danger in West Africa and its rapid spread. For instance, the report that a traveler from West Africa to Dallas, United States had shown symptoms of Ebola virus resulted in some countries banning flights to or from these affected nations (CDC, 2015). As stated above, it also warned the people about some traditional behaviors like washing the dead before burying them, shaking hands or hugging and maintaining a good level of hygiene. In fact, most of the messages presented by “Road to Zero” campaign largely focused on warning the people about the eminent danger in West Africa in an attempt to curb its fast spreading.

**4. Other objectives included reducing stigmatization both in the affected parts of Africa and the United States.**

Normally, stigmatization occurs when a certain identified risk/hazard is not existent in a distinguishable group of individuals, but other people associate the risk/hazard with them. It results in stigmatized suffering from anxiety and stress of rejection and avoidance. These people may be denied access to education, healthcare, employment, and housing. In some cases, they become victim’s physical attacks and violence. Just like Ebola, stigmatization is an outburst and is highly influenced by uncertainty. The CDC helped in reducing the stigmatization tendency by communicating steps people could take to protect their families as well as themselves (Bell et al., 2016). This was particularly important given that in some countries people from the affected parts were avoided just because they came from these areas without considering whether they had the disease. These people included responders and travelers returning home from the affected areas.

**Developing an Effective Risk Communication Campaign**

Several factors are put into consideration when evaluating the efficacy of a certain campaign. According to Coppola & Maloney (2009), the factors are being authoritative, trustworthy, encouraged by the audience best interest, consistent, rational, accurate, repetitive, simple, accessible and solution-oriented. The “Road to Zero” exemplifies virtually all these factors. Some of the phases of developing an effective risk communication campaign include:

**1. Pre-Crisis Planning**

Most crisis and disasters are easy to anticipate. As such, it is important to ensure that there are systems in place beforehand, with the inclusion of a coordinating communication system and social mobilization, a call center and an action plan (Walker, 2012). Regarding the case study, a foundational Ebola communication preparation can include straightforward messages tailored to the communication protocols, local context, available resources and responsibility or roles of several actors. Here, the fundamental element is establishing trust among the involved parties. In general, it does not seem that the perception of the public was that of an inadequate leadership preparation. The initial outbreak period was described by false rumors the satisfied the need for information. However, the CDC respondents quickly addressed these rumors. The use of radio, television, posters and other communication channels helped address these rumors. Since CDC has tackled Ebola cases before, it was more than prepared to handle this problem despite it being unprecedented. Nonetheless, the CDC took long to identify the outbreak. As it happens, most of the international agencies received the news from the local ministry of health in Liberia. There is need to put in place measures that will assist the agency in identifying cases of Ebola outbreak. To this end, the measures the CDC took after the disaster will ensure that cases of Ebola are identified immediately they erupt (CDC, 2015).

**2. Express concern, compassion, and empathy**

Studies show that themes of communication like concern, empathy, and compassion play a significant part in quelling frustration and anger (Walker, 2012). Most of the messages expressed through the newspapers, radio shows communicated concern, compassion, and empathy. Indeed, the act of the CDC, an American agency intervention in the matter showed great compassion and empathy. The “Road to Zero” campaign started with CDC training its health professionals, media journalists, and other involved parties, how to handle the situation. The training included a module on the relevance and means of showing concern, compassion and empathy. It is worth to note that, all the messages coming from the CDC identified the needs of susceptible populations and largely refrained from engaging in stigmatizing information or messages. This was one of the successes of “Road to Zero” campaign.

**3. Collaborate with the public**

The “Road to Zero” campaign focused on communication that encouraged public partnerships. Certainly, the messages were quite specific about using the public to help in contact tracing. This largely assisted the participants in containing the disease. The behavioral response mainly focused on steps people could take to protect themselves from contracting the Ebola Virus. However, there was limited communication on how people could participate with community organizations as well as other local organizations to forge partnerships. Understandably, several people wanted to contribute to the response program, but there was there was little information about how they could be involved. There is need to provide these platforms or avenues for a future response of such crisis.

**4. Understand the concern of the audience and listen to them**

Crisis and risk communication endeavors must take actionable and definitive steps to engage and listen to the public. If the messages or information do not convey a sense of willingness and compassion to hear from and engage the public, they may end up taking the adversary role rather than a partner (Reynolds et al., 2005). The “Road to Zero” surely involved the public in all aspects. Since most of the individuals could not speak any official language, the respondents relied on the educated members of the public to pass information to these people. Most of the CDC respondents were also using church programs to spread information concerning Ebola prevention and containment (Bell et al., 2016). Also, when infected individuals refused to be isolated, they solely relied on chiefs to convince these people to participate in the response campaign.

**5. Communicate candor, honesty, and openness**

Most of the messages and sources cited their information source, expertise (for instance, the author’s level of expertise, training or knowledge) was usually mentioned, though this varied by the source type. However, the media channels did not mention trustworthiness for their source. For instance, information coming from CDC or World Health Organization (WHO), was rarely indicated to have come from these two agencies. The campaign ensured that the information they gave was honest and dependable. They reported all cases of new outbreaks in both parts of the world, that is, in Africa and the United States.

**6. Regard risk communication as progressive process**

Duringan emergency, it is fundamental to note that communication about crisis and risk is an ongoing and dynamic practice (Reynolds et al., 2005). Most of the information generated by “Road to Zero” campaign emphasized that information presented especially statistical data was prone to change. This meant that the data presented was merely an estimation and that the actual number was hard to decipher.

**7. Coordinate and collaborate with credible sources**

Despite the agency been itself a credible source, the information it presented to the public domain was accurately cited. One of the agency mostly cited was the WHO caregivers and doctors. Additionally, in controlling and preventing infectious disease, a fundamental step is the behavioral and awareness response of the public regarding effective and actionable steps.

**Critical analysis of the campaign**

It seems that the only way to evaluate the success of the campaign is through either reduction or increase in cases of Ebola infections. The “Road to Zero” campaign does not give a clear guideline on evaluation of the program success. CDC in the West African regions smoothly coordinated the campaign. There was timely response to information needs. However, an in-depth evaluation of the program goals would easily show that its aim was not necessarily to communicate about the epidemic but rather to contain and eventually eradicate. Communication was just an aspect of the eradication and containment strategies. The efficacy of the campaign was revealed when the Ebola epidemic was announced to have officially ended in the affected areas. The campaign did not eradicate the menace on itself. Other campaigns were aiming to contain Ebola in West Africa such AU (African Union), ECOWAS (Economic Community of West African States and WHO. These key players largely contributed to the campaign success. Indeed, establishing partnerships and support is what guarantees the success of a program. The campaign effectively targets all members of the public since Ebola was a universal catastrophe. Having evaluated the efficacy and specify of the campaign, it is safe to point out that the program execution and coordination were successful.

Important efforts were invested in making sure culturally sensitive measures were taken, complimented by the fact that CDC had an in-depth understanding of the epidemic. Language barriers, skeptical behaviors, false rumors, panic and stress, were some of the things the campaign was prepared to handle. The success of the campaign was largely because the organization had dealt with similar cases before and most of the funding was coming from the United States government as opposed to the poor local countries. The use t-shirts and drawing on the walls helped the native internalize information. Most of the messages were presented in the form of pictures. Studies show that information is easily understood when it is presented in the form of drawing and pictures.

**The Human Factor**

Every campaign requires human engagement and leadership for it to be successful. Timely implementation of campaign plans as well as the decision making process requires decisive leadership. In this section, the paper will analyze how the “Road to Zero” campaign leadership and human engagement assist in the success of the campaign.

**Leadership**

Understandably, communication is a crucial aspect in any response campaign but it only acts as one of the aspects of managing a crisis. The leaders are responsible for controlling any activities that leads the campaign to meet its objectives. The stronger the leaders are, the faster the objectives will be achieved. Communication a risk effectively is solely based on the capacity of the leaders involved. The leaders should be able to analyze the community in order to recognize their requirements or needs so that they can address the problems at hand. The “Road to Zero” campaign was managed and spearheaded by the CDC agents and responders. They were liable for any information going to the mainstream media. The local governments in West African states also assisted in leading the campaign (CDC, 2015),

**Human Engagement**

Interestingly, the main objective of a campaign is to communicate the risk. However, this risk can only be communicated through using appropriate techniques and measures. It happens that one of these techniques is human engagement or investment. Using humans as part of developing, planning, and implementing programs offers important response while establishing community investment. The Road to Zero campaign effectively uses important stakeholders in its efforts to communicate the Ebola virus risk in not only the West Africa but also in other parts of the world. It uses, villagers, chiefs and other local leaders to convince the people on the importance of abandoning some traditional practices that increase their risk of getting the Ebola virus. The CDC also worked with local governments and private agencies to sever the local transmission pathways.

**Inspiring Change**

Human engagement and strong leadership does not necessarily equate to a successful campaign. The campaign should ensure that it motivates people to act in a desirable manner, whether via suggestions or by making certain behaviors look odd and negative. The Road to Zero campaign largely concentrates on influencing behavior. The campaign leaders understand that in order to curb the Ebola menace, people must know what behavior increase the chances of transmission and thereby refrain from engaging in such behaviors. For instance, the campaign concentrates on educating the villagers on the importance of not washing their dead ones before they bury them.

**Conclusion**

Currently, there are no Ebola cases in the West African regions. Perchance, in the future with the assistance of measures put in place by CDC and other international bodies, an Ebola outbreak will not be as devastating as the one witnessed in 2014 to 2016. The communication strategies employed by the Road to Zero campaign proven to be very effective. The understanding of the African culture and an experience in tackling such epidemics helped the agency combat the widespread disease in West Africa. In general, this project provides an extensive understanding of the type, sources and qualities of information the West African received from the “Road to Zero” campaign in Ebola outbreak period. The success of the campaign lays out grounds on which another program may be set to effectively combat a crisis or an emergency. As postulated by this project, it is of great importance to involve the public as well as other agencies in handling such an epidemic. The only shortcoming of the campaign was that there were no measures in place to detect the outbreak immediately before it spread to people and other parts of the world. In future, such measures should be put in place.

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