

2024 Mpox outbreak response



How to address language and communication barriers to maximize the reach of mpox risk communication

In a public health emergency, people need clear, accessible communication to take action and keep themselves safe. But a lack of language awareness can harm the reach and effectiveness of the response. As learning from the [Covid-19](#) and [Ebola](#) responses has shown, language and communication barriers:

- Reduce access to information and services for groups who are already vulnerable.
- Damage community members' trust in health care workers and health communicators.
- Reduce comprehension of guidance on recommended measures such as vaccination or going to clinics.
- Compound the spread of rumors and misinformation.
- Increase burdens on community-facing staff in multilingual environments.

This brief provides practical recommendations to help government and aid providers mitigate the impact of language-related challenges in their communication with communities at risk of or experiencing an mpox outbreak.

Build data on language use into communication planning

- **Most countries affected by this outbreak are highly linguistically diverse.** The [Democratic Republic of Congo \(DRC\)](#) represents the majority of reported cases. National and official languages in DRC are often not widely understood at the local level. People in DRC who use Swahili as a first or second language use Congolese Swahili; information in standard (coastal) Swahili is not easily accessible for speakers of Congolese Swahili.
- **Covering all preferred languages is not possible or practical, but relying on dominant languages excludes the most vulnerable.** Language use data can help identify who will and will not be reached through communication in a given language. It can also help to identify where clear communication in strategic languages and formats can improve information access in people's second languages.
- **Language use data can support a contextualized approach to communication.** The characteristics of these outbreaks differ between regions and clades (types of virus). Some countries are reporting cases for the first time, while in others mpox is endemic. Communication needs to be tailored to existing awareness.

Organizations can:

- Consult language use data (who speaks what, where) where it exists. Explore [CLEAR Global's language maps](#) and language use data for some countries affected by the outbreak. Explore [data specifically for DRC](#).
- [Collect data](#) on people's language preferences where up-to-date information is lacking or affected people are likely to be very linguistically diverse (e.g. cross-border communities, displaced populations, high ethnic, tribal or clan diversity). At a minimum, ask "What is the main language you use at home?"
- Compare language use data with data on outbreak locations to help assess the reach of communication.
- Share data on language use and related analysis between responding organizations.
- Be aware that it is not reasonable or realistic to assume local staff or community members understand the full range of a community's language preferences.

Prioritize clear communication in plain language

- **Writing information in plain language can greatly improve understanding**, especially for people who do not speak the language fluently or who are not health specialists. It also improves the accuracy of translations, especially when people are translating or interpreting on the spot.
- **Terms considered easy to understand can still cause confusion** for certain languages or groups. Testing of Ebola [terminology in French and standard Swahili](#) in DRC found that even simple terms like *vaccine*, *form*, *consent*, and *bloody* were not clear. Testing of vaccination outreach materials with speakers of different Somali dialects found that terms like *virus*, *fever*, *vaccine*, *symptom*, and *isolation* [may not be correctly understood](#).
- **Beyond comprehension challenges, unclear terms can [deeply compound mistrust](#) and fear of health workers**. This fuels harmful misinformation and severely impacts people's willingness to seek care.
- **Language awareness supports the vital role of local communicators**. Radio broadcasters, schools, religious groups and other community actors often "sight-translate" (translate on the spot) official information into community languages. But they can struggle to understand and relay it accurately, compounding the risk of misinformation for community members.
- **Language awareness can greatly improve comprehension and uptake of measures such as vaccination**. People are more likely to trust vaccines when they receive information and can ask questions in a language they are comfortable using. In general, trust is higher among people who share a first language.
- **Visual communication can be useful to communicate across language barriers, but is not universally understood**. Colors, layout, symbols, clothing and faces, backgrounds and other visual elements are interpreted differently in different groups and languages and can lead to confusion and misunderstanding.
- **Poor communication can compound existing stigma around mpox**. This risks reinforcing misinformation, such as the perception that mpox only spreads through sexual contact.

Organizations can:

- Write information for communities and local communicators in [plain language](#).
- Pilot risk communication material when possible and test all the terms used. Even if a full translation is not planned, include different language communities in testing to identify how well materials can be understood in second or third languages, or when people can understand only simple phrases. Use the learning to identify critical gaps in information provision.
- Provide communicators and health workers in multilingual settings (e.g. refugee camps) with practical language supports such as glossaries of key terms or visual aids.
- When professional linguists are unavailable, provide individuals with relevant language skills with basic training on interpreting to facilitate multilingual communication.

Address language and communication issues for specific groups

- **The rate of infection and transmission among children is higher than in previous mpox outbreaks, so child-appropriate communication is critical.** Some child-facing materials have been developed but may not be available in relevant languages. Parents and caregivers need clear, accessible information to be able to communicate to children about preventing transmission and recognizing symptoms.
- **Sex workers need clear, tailored information to help understand how to keep themselves safe.** Pre-existing stigma and discrimination compound language and communication challenges for sex workers, who may distrust or have low access to official information.
- **Cross-border, internally displaced and refugee communities are linguistically diverse.** People may prefer written information in one language and spoken information in another, depending on how they accessed education or learned host community languages. Health communicators may not speak (all the) relevant languages for their audience in these contexts.

Organizations can:

- Prioritize audio and in-person communication, especially to reach women and groups with lower literacy or lower access to education.
- Where a budget for language support exists (e.g. translating), factor language exclusion into planning alongside other vulnerabilities to help allocate resources to those most at risk.
- Pilot test materials with different age groups of children, and their parents or caregivers. Include speakers of different languages to identify who will and will not understand or accept the materials.
- Coordinate with organizations of people with disabilities on accessible formats of communication.
- Be aware of the role of language in fostering trust and combating stigma when communicating with sex workers and other groups at risk of discrimination and marginalization.
- Monitor outreach and uptake of public health measures against language and other demographic data (gender, age, disability, education level) to identify where language may compound exclusion for certain groups.

How CLEAR Global can help

CLEAR Global's mission is to help people get vital information and be heard, whatever language they speak. We help our partner organizations to listen to and communicate effectively with the communities they serve. We translate messages and documents into local languages, support audio translations and pictorial information, train staff and volunteers, and advise on two-way communication. We also work with partners to field test and revise materials to improve comprehension and impact, and to develop language technology solutions that work for communities. This work is informed by research, language mapping and assessments of target populations' communication needs.

We also provide training to support effective humanitarian communication (topics include humanitarian interpreting, communication in emergencies, and plain language). For more information visit our [website](#) or contact us at info@clearglobal.org.