

# The African Union Commission's Multinational Ebola Campaign Informed by and against the Decision-Making Model for Localization

*Toluwani Oloke & Sarab Kochhar*

State University of New York at Fredonia & University of Florida

## Abstract

This qualitative study documents and analyzes the 2014 African Union's (AU) Ebola campaign in three countries (Liberia, Guinea, Sierra Leone) against the Decision-Making model for Localization. The paper looks at this case study using the localization model. Global public relations and communications management theories need theory building to study and explicate multinational phenomena. The case study is developed with interviews, news coverage, campaign materials, documents of the AU commission, and social media posts. Results indicate that a sequential and almost prescriptive process for localization's execution missed the reality of resistance in complex environments. Localization's strategies and tactics need pre-testing, monitoring, and adjustment, now included in a proposed revised localization model.

**Keywords:** *Localization, Health Campaign, Global Public Relations, Globalization, Ebola, Africa Union*

## Introduction

The Ebola Virus Disease (EVD) outbreak was first recorded in Guinea on March 20<sup>th</sup>, 2014 and spread to Lofa county — one of the rural villages in Liberia that borders with Guinea ("*West Africa: Ebola Outbreak*," 2014). The EVD, due to its highly contagious nature and a near zero initial survival rate, caused a global scare and turned all attention on the affected countries in West Africa. The African Union Commission (African Union hereafter), established a support mission named African Union Support to Ebola Outbreak in West Africa (ASEOWA) as part of their efforts in eradicating Ebola in the continent. The establishment of ASEOWA was one of the decisions of the 450<sup>th</sup> Peace and Security Council Meeting of the AUC in Addis Ababa, Ethiopia, on August 19<sup>th</sup>, 2014. The resolutions of the meeting included: (1) immediate establishment of the ASEOWA aimed at bringing out the African solidarity to respond to their own member states under the EVD pressure; (2) mobilizing the civil, military, medical, and non-medical Ebola response operation; (3) informing the member states of the decision to establish a Center for Disease Control (CDC) for Africa to enhance the medical capability and research on the challenges Africa is facing with diseases, to start assessing and discussing the post Ebola socio-economic recovery phase for the affected countries; (4) and promotion of bilateral and multilateral relationship between African member-states in planning for the recovery process after Ebola.

Ebola is easily contracted by any form of body contact. Symptoms of the EVD are generally known to be the same as for fevers at the initial stage and clinical presentations at the advanced stage include bleeding and body sores and eventual death.

The African Union ASEOWA initial deployment of volunteers to the Ebola affected regions consisted in 18 professionals from Nigeria, Democratic Republic of Congo, Ethiopia, Uganda, and Rwanda. The campaign's strategy of the deployed communications officer, who is also the second author of this study, was aimed at strengthening public information and awareness on the EVD and Infection Prevention and Control (IPC) protocols, media relations to place the efforts of the AU-ASEOWA on the global map, and promoting positive and useful media coverage of AU-ASEOWA in the EVD response. The communications campaign also aimed at strengthening advocacy for mobilization of improved efforts and volunteering.

The purpose of the study, therefore, is to document and analyze the African Union's multinational Ebola campaign against the Decision-Making model for Localization (Molleda, Kochhar, & Wilson, 2015). The ultimate goal of the study is theory building by challenging and, ideally, revising the localization model with a case study of a multilateral organization intervening in a multinational health crisis. Global public relations and communications management theories are not the norm and more theory building is needed to explicate global or regional phenomena. This study seeks to test the localization model from a multilateral health campaign perspective using the communications campaign efforts of the African Union during the Ebola outbreak in West Africa in year 2014. The five-step decision-making model for localization in global public relations as developed by (Molleda et al. 2015) will be tested and revisited in this study.

The target audiences for this communication plan primarily included the affected and the infected citizens of Liberia, Sierra Leone, and Guinea, through local and international media and all partners involved (International and local NGOs). Technically, challenges were posed by issues such as inadequate funding, lack of transport access to some parts of the affected areas due to deplorable road conditions, weak health systems of the affected countries. Most importantly, the politicization of the EVD epidemic in the countries affected posed another great challenge.

## Literature Review

In the face of the world becoming a global community, the field of global public relations has also had its fair share of global affiliations that tend towards localization of strategies. Though the terms localization and glocalization have been used interchangeably by many studies, for the purpose of this study, we will adopt the term localization, which also technically refers to glocalization. International non-governmental organizations (INGOs) have, therefore, been coerced into establishing their relevance by globalized communications strategies and tactics.

According to (Gregory & Halff 2013:417), “[i]n the profession of public relations, the tendency towards convergence is exemplified by moves by global or globally-affiliated agencies and consultancies to standardize and promote their own campaigning principles, and by multinational organizations that are consolidating, for example, their global issues management practices”. Public relations theories and strategies primarily tend to focus on convergence, which can otherwise be understood as standardization that is established at the expense of effectiveness and excellence at the level of decentralization).

In an attempt to differentiate between globalization and localization, (Rao 2010:3) said of globalization that, “[o]n one hand it is broadening and widening boundaries and on the other hand, strengthening and firming existing boundaries of self, identity, and culture”. Globalization helps multinational organizations to expand geographically while at the same time maintaining a unified organizational culture across all geographical locations of their operation. (Rao 2010:5) also explained localization as,

*The reconfiguration of locality and local subjects, to account for new cultural forms emerging at the intersections of the global and local, and to counter the frequently expressed thesis of homogenization that is often associated with global flows of labor, culture, and capitals. (G)localization is a recognition that when ideas, objects, institutions, images, practices, and performances, are transplanted to other places, they both bear the marks of history as well as undergo a process of cultural translation. The appeal of (g)localization is in its conceptual elasticity and its ability to understand that locales (global, regional, national, provincial, local) overlap and mutually influence contexts and identities.*

As much as globalization is essential to the relevance of global public relations agencies and INGOs, localization is also necessary especially for multinational corporations with operational presence across borders. Differences in culture, political sentiments, economy, and other contextual variables (Sriramesh & Verčič, 2009), call for the need to adapt standardized communications and campaign strategies in order to achieve effectiveness; that is, the success in meeting the end goal of a campaign. Standardization and localization are better understood as two distinct and adjacent elements of a sequence “that need to be balanced to achieve organizational efficiency and public relations effectiveness” (Molleda et al., 2015:335).

Evidently, there seems to be a thin line of difference if any between globalization and standardization. It is more a question of terminologies. To balance standardization and localization, there is the need for hybridization of communications strategies that will accommodate the sensitive issues that affect local stakeholders. (Raz’s 2009:280) study provided a clue to what globalization entails when he asked, “How can global corporations create and maintain a uniform language across the different locations in which they operate, providing substitute frameworks of identification for organizational members, while remaining attentive to local variation?”. This self-reflecting question suggests that localization is a decision process by international organizations and agencies. This decision considers both the local variables and substitute internal framework of operation for the organization.

### Globalization versus Localization: the ‘Glocalization’ Balance

“Glocalization refers to the strategic choices made by multinational corporations (MNCs) to adapt their products and services in foreign markets to influence local consumer acceptance,” (Minei and Matusitz 2013:106) said. This definition of localization can be explained in the light of the focus of this research paper to mean an understanding of diversity and a consideration of all such diversities in public relations and communications campaigns, including strategies to achieve the desired effectiveness or success.

According to (Tian 2006:13), “[g]lobal public relations is an important aspect of corporate public relations today. Companies from different countries are conducting business in different regions across the world, and they are therefore communicating with publics from different cultures”. The primary goal of a communications strategy whether globally or locally is to ultimately motivate a change. Change is contextual and there is the need for the communications and public relations strategy to conform to the environment of application. A globally standardized or westernized public relations strategy might therefore need to be adjusted to some level of conformity if it is to be effective across non-western boundaries. “On the one hand, standardization improves organizational efficiency by integrating public relations operations in various world locations into a

cohesive, collaborative unit through formal control and informal coordination” while “on the other hand, localization improves public relations effectiveness” (Molleda et al. 2015:336). From the foregoing, we can deduce that standardization strengthens the internal coordination and control systems of global agencies and organizations while localization improves the impact and effectiveness of their strategies externally, on the local stakeholders in each country where they operate.

It should be noted, however, that localization is not just decided on without a cause. There are factors that make it pertinent for global public relations agencies to localize in order to be effective. The situational climate of the country of operation determines the decision and the direction of the localization strategy. Such situational factors are peculiar from one country to another which implies that a localized strategy in one host country of Africa or Asia may not necessarily apply in the other host country within the same continent. This is because many cultural factors such as the political climate, language differences, development and level of exposure, socio-economic conditions, and several other variables are different. (Giulianotti & Robertson 2007:134) wrote, “[t]heorists of glocalization typically challenge the assumption that globalization processes always endanger the local. Rather, glocalization both highlights how local cultures may critically adapt or resist ‘global’ phenomena, and reveals the way in which the very creation of localities is a standard component of globalization.” In their own view as well, (Maynard and Tian 2004:287) said, “[g]lobalization”, which is the rapidly developing process of complex interconnections between cultures, societies, institutions and individuals all over the world is a “complicated process”. They defined the process of globalization as complicated because globalization has two contradictory tendencies –a converging tendency of bringing institutions and cultures towards some degree of homogeneity. This kind of homogeneity is also powered by the internet. On the other hand, globalization also has diverging tendencies which encourage people to identify more with their ethnic groupings. This divergence is motivated by many factors and the dominance of the western culture which is facilitated by emerging communication technologies is one of the factors. From the foregoing, it can be understood that while globalization aims at interconnectedness, one of the indirect impacts of the process is that it “simultaneously creates tendencies toward some degree of cultural (structural) homogenization while at the same time it encourages people to identify more strongly with their ethnic or national grouping.” Global public relations strategies have greater chances of effectiveness in host countries when local stakeholders perceive that the strategies being introduced will rather preserve their esteemed cultural values and sensitivities rather than erode their cultural tenets as could have happened with standardized/westernized strategies.

Localized communication strategies is a true reflection of inter-cultural communicative competence and the strategies include but are not limited to use of interpreters, local opinion leaders as spokespersons, word-of-mouth campaigns instead of televised or electronic media use, media campaigns in local parlance, door-to-door awareness, music, dramatic simulations, etc.

The five steps of the localization model designed by (Molleda et.al. 2015) included the need to localize, the ability to localize, the extent of localization, the localization tactics, and the evaluation metrics for the success of the localization efforts. Localization as presented by this model suggests that the process is subsumed and reduced to adapt to the new host environment. Homogeneity is risked going by this model because in the process of adaptation, an entirely different approach that affects the global homogeneity of multinational organizations and international non-governmental organizations is likely. In other words, localization will likely erode certain global public relations approaches that are otherwise generic and homogenous across board. The need to localize, as earlier explained, is culturally informed by the host environment’s reaction to the standardized strategy. A resistance to the globalized (westernized) public relations strategy gives rise to the need for a more adaptable strategies and tactics that can only be achieved through localization. Simply put, the factors that necessitate the decision to localize are determined by the host environments as projected by Molleda et.al.’s localization model and anticipated in the AU-ASEOWA case study. The next stage of the localization model also informed the second research question in this study on how the AU was able to approach the localization processes in each country differently from one another. This was suggested by the model, that localization is tailored according to the needs and nuances of each environment. The extent and tactics of localization are controlled without losing focus on the primary goal of the public relations efforts. In other words, the localization extent and tactics need to be balanced not to be too infused with cultural influences at the expense of the primary goal of the efforts as a whole. The extent of localization can therefore be externally influenced by standard procedures of public relations in each identified host community/environment. Based on the five steps of the localization model, this study identified relevant research questions stated below. Localization tactics refer to a detailed account of specific activities and efforts carried out to ensure localization. The localization metrics refer to the evaluation parameters to measure the effectiveness or failure of the PR efforts in its entirety.

## Research Questions

The purpose of this study is to investigate the localization strategies and efforts of the African Union from the health campaign perspectives. The multinational public relations campaign localization process adopted by the African Union in its campaign against Ebola virus disease will be analyzed and evaluated using the five-step localization model designed by (Molleda et.al. 2015). The following research questions will be addressed in the analysis in this study:

**RQ1:** What were the influencing factors in the decision-making process of the African Union to localize its public relations and communications efforts in the Ebola affected countries in West Africa (i.e., Guinea, Liberia, and Sierra Leone)?

**RQ2:** How was the AU-ASEOWA able to localize the campaign process and strategy differently from one country to the other among the three host countries of the AU Ebola campaign efforts?

**RQ3:** To what extent did the AU-ASEOWA have to adapt the Ebola campaign strategies?

**RQ4:** What strategies and tactics were involved in localizing the campaign efforts?

**RQ5:** How successful were the localization efforts?

## Methodology

This study employs a case study approach. The case study research method is a qualitative method to study theories in actual contexts. (Baxter & Jack 2008:544) defined a qualitative case study as “an approach to research that facilitates exploration of a phenomenon within its context using a variety of data sources”. Basically, the case study method answers the questions of “how” and “why.” Stake (1995) explained case study research method as the study of the “particularity and complexity of a single case in order to understand its activity within important circumstances” (p. xi). Case studies according to Stake (1995), draw from other research methods; ethnographic, holistic, biographic, etc.

In a similar study by Abercrombie et al. (1984), they stated that, “the detailed examination of a single example of a class of phenomena, a case study cannot provide reliable information about the broader class, but it may be useful in the preliminary stages of an investigation since it provides hypotheses, which may be tested systematically with a larger number of cases. (p. 34). From the foregoing, case study analyses, give a platform for more generalizable studies by helping to postulate hypotheses and research questions, that can be further tested by larger studies.

This study is theoretically based and focused on the Ebola campaign’s components of the AU-ASEOWA, which are analyzed retroactively from September 2014 to March 2015. To provide supporting evidence, data were gathered from a total of 198 documents obtained from the AU-ASEOWA, such as the Concept of Operations, one overarching Communications Plan, 114 situation reports, 60 pictures from the Ebola treatment units and Ebola awareness and education programs, 17 video interviews of AU-ASEOWA healthcare workers and survivors, three print news coverage, three feature stories and one psychosocial work plan. Interviews were also conducted over the phone with five AU-ASEOWA personnel. Four of them were communications officers, while the last person was the psychosocial officer who worked closely with the communications officers.

A LexisNexis database search also conducted to find news details about the AU-ASEOWA in the “all results” category returned 47 documents including newspapers, news transcripts, news releases, and web-based publications. These searches were to complement the major documents retrieved from the African Union. The timeline of the generated documents was from August 25, 2014 to September 23, 2015. For the purpose of this study, we narrowed down to February 27, 2015 when the first batch of AU-deployed Ebola volunteers returned home. This left us with 29 documents for review.

Tweets and Facebook pages with the hashtags #AUonEbola, #AfricaAgainstEbola, #AUASEOWAonEBola, #ASEOWA returned quite a number of results but the trend showed that most tweets were by individuals and other international partners who focused on the social media as a major communication tool in their Ebola campaigns. This provided valuable insights into the flexibility of the localization strategy in these three selected countries. The seeming huge disparity between the rate at which other non-African international organizations heavily used the social media platforms for their Ebola campaign, and the way the African Union sparingly employed the social media as a communication campaign tool also provides important insights into the “why” and “how” questions, i.e., why the African Union localized their campaign strategies and how. The documents and videos gathered were read and analyzed by three researchers which included two professors and a doctoral candidate. The interviews were conducted by the doctoral candidate. The analysis was put together and the common themes identified by the study investigators were identified as findings from the research.

## Findings

This research paper looks at the decision-making process of the African Union in localizing and decentralizing their communications strategies and health campaign to suit the political, security, and socio-economic concerns of the local stakeholders in Ebola affected countries, such as Liberia, Guinea, and Sierra-Leone. This qualitative study also discusses the factors that made coordination and control and localization difficult or achievable in the three countries where the African Union had operational presence. The findings of this study are presented in a narrative based on the research questions of this study.

### Need to Localize

**RQ1: What were the influencing factors in the decision-making process of the African Union to localize its public relations and communications efforts in the Ebola affected countries in West Africa (i.e., Guinea, Liberia, and Sierra Leone)?**

The need and decision to localize the campaign strategies of the AU-ASEOWA was informed by quite a number of factors, such as cultural differences, and economic conditions. The communications officer in Grand Cape Mount county in Liberia noted especially in the interview, that,

*This was the first time African Union was doing this kind of operation and it was a learning curve for us. We concentrated more on mobilization campaigns at the grassroots so we can be closer to the rural people who were the most affected. We needed to speak their language and establish some form of identification with them culturally too. At a point, we had to spend nights in the rural villages and eat their local food so they can identify with us and accept our Ebola campaign messages. (O. Olaoye 2015, personal communication, 10 October)*

The communications officer in Guinea explained that language differences compelled the need to adapt the campaign messages in Guinea. This was because Guinea is a predominantly Francophone country with strong resistance for any Anglophone ideas and messages. The communications officer deployed to Guinea noted that the Guinean government requested that strictly French speaking officials only will be permitted to work in Guinea and all English-speaking staff had to be redeployed. The print news cut-outs provided for this study by the communications officer were French translations from the original English versions. The French translations were done sensitively to clearly avoid messages against the washing of dead bodies because Guinea is a predominantly Islamic nation with strong religious tenets that favored washing dead bodies as part of the burial rites.

In Liberia, language barrier also made it compulsory to employ local people who could speak the variety of English widely accepted by the Liberian people. English is understood and spoken by majority of Liberians but the variety of English referred to as Liberian English was preferred.

Sierra Leone was more welcoming to the standard English language as the mode of expression and language of education in the Ebola campaign. Message reinforcement in local dialects became key to the success of the campaign efforts of AU-ASEOWA. The two-step flow of communication was an important strategy at this point because the people had more confidence in the local volunteers who doubled in their roles as interpreters for AU-ASEOWA and opinion leaders for the older uneducated community dwellers.

Another important factor to note was the political climates of the host countries. The Ebola outbreak happened at the height of political tensions in Liberia and Sierra Leone. Liberia was preparing for major national elections and Sierra Leone had recently welcomed a new democratic government. The outbreak of the epidemic saw the opposition parties using the epidemic as electioneering propaganda against the incumbent leaders.

Apparently, a lot of the uneducated masses, especially in the rural areas, fell for the brainwashing ideas that Ebola was politically masterminded by the incumbent parties as a way of campaigning for international financial support. According to reports of what the people believed, the government was seeking a way of amassing wealth to themselves by diverting the disaster relief funds allocated to the countries. AU-ASEOWA needed to re-orient the people through their messaging, to help them understand the Ebola outbreak as a purely health disaster that needed to be addressed through Infection, Prevention, and Control (IPC) protocols.

The strong cultural affiliations of the people in the host countries to traditional medicines and beliefs in witchcraft and wizardry as solutions to every problem also gave rise to the need to adapt the campaign strategies of the AU-ASEOWA. There was the need to carefully disengage the people from the thoughts that traditional medicines through consultations with the occults could cure Ebola. The messaging focus had to shift from simply explaining the IPC protocols, but also to include messages to dissuade the people from waiting too long on ineffective traditional procedures that claim to cure Ebola. Some of the messages scripted include: 1) Ebola is real, but now we know you can avoid getting Ebola, you can recover from Ebola, you can contribute to the fight against Ebola; 2) It is simple as Avoid Body Contact (ABC); 3) protect yourself, protect your family, protect your community; 4) report to the nearest clinic if you feel sick; and 5) Ebola is a VIRUS (W. Musabayana 2014, personal communication, 15 October). Capitalizations in the original text of the messages.

## **Ability to Localize**

### **RQ2: How was the AU-ASEOWA able to localize the campaign process and strategy differently from one country to the other among the three host countries of the AU Ebola campaign efforts?**

The adaptation process by the AU-ASEOWA depended much on the ability to localize the strategies. This was determined by the availability of required skills set and resources, access to information, and the attitude of the authorities. In Guinea, the communications officer reported that there were insinuations by the people that the Ebola was a man-made disease by the 'white-man,' and was injected into monkeys and bats that were released onto the shores of Africa. According to his reports, the people believed that the intervention of the U.S. government in terms of relief funds, was a strategy by the United States to overthrow the government under the covers of a crisis situation and colonize them.

In Sierra Leone, the AU-ASEOWA was initially resisted because the commission's support program was funded by the U.S. Department of State and Sierra Leone was a former British colony. So only British-funded disaster relief efforts were initially welcomed. AU-ASEOWA was later accepted mainly because of personnel shortage, which the commission's effort could sufficiently provide. The limitations of technological infrastructure such as access to internet and media technologies such as TV and Radio due to electricity shortfalls made it necessary and partly easy to adapt the campaign strategies. There were also widespread rumors in Liberia that the 'white men' had intentions to colonize Liberia because it was the only West African nation that was never colonized. This explained why the government of Guinea and Liberia showed tacit resistance to the efforts of foreign governments initially. It was believed that international response to the epidemic would portray the home

governments as irresponsible, unresponsive, and insensitive to its obligations. The Liberian government resisted outsourcing of support and personnel initially until it became a global emergency that could no longer be locally contained.

In Guinea, message translations were partly difficult. According to the communications officer, translations to French did not suffice because the mostly affected regions in the country spoke a different dialect. French was widely spoken in the cities by the educated elites who were the minority. The challenge then was to locate people who were educated and could still transcribe in the local dialects.

In Liberia, the situation was about the same. The Ebola epidemic was most prevalent in the rural settlements of Liberia and people in these regions spoke either the Liberian English or their native languages that varied from one area to the other. The native languages spoken in Liberia were not universal. So being able to locate interpreters who could converse in English and each of these native languages became a necessity for the success. Sierra Leone was more liberal because English language in the standard variety was widely spoken by a larger population countrywide. The AU-ASEOWA was able to employ youth volunteers who were locally recruited as translators, transcribers, and interpreters. The volunteers also served as middlemen to facilitate rapport with the people especially in Liberia. Rapport building in Guinea was quite far reaching because Guinea was resistant to western ideas. Similar to Sierra Leone, the Guinean government strongly resisted the AU-ASEOWA because it was co-funded by the U.S. government, and the Ebola treatment units managed by the AU-ASEOWA were donated by the United States Agency for International Development. The rapport building was necessary to build familiarity and trust.

Another enhancing factor was the ability of the AU-ASEOWA to raise resources for relief materials donation. The economic situations in the host countries were such that survivors and the effected needed material and financial support to start a new life after Ebola. They were denied access to anything they had before because all their properties including documents in their places of residence were burnt to stop the spread of the virus. The overwhelming nature of their economic needs, compelled them to readily accept any information given by organizations that rendered welfare support. In Sierra Leone, branded t-shirts, food items, and other relief materials were some of the packages given to survivors to start their new lives. In Liberia, survivors and volunteers were also given branded t-shirts and some volunteers were employed as counsellors and campaign team members. The t-shirts were branded with messages such as, 'Africa against Ebola', 'Ebola is Real', 'I am a Survivor,' and 'Let's Unite Against Ebola'. Communications officers provided pictures of donations to the residents of the communities and these gestures of relief materials donations enhanced the acceptance of the AU-ASEOWA in the affected communities.

## Extent of Localization

### **RQ3: To what extent did the AU-ASEOWA have to adapt the Ebola campaign strategies?**

There were boundaries set by religion, and the community laws, which limited the extent to which the campaign strategies and tactics could be localized. Also, localization efforts had to be limited to avoid a total shift in the focus of the campaign efforts. Based on the communications plan, the anticipated deliverables of the original multinational campaign included:

- Clear accurate messages on the Ebola outbreak and the AU response disseminated to all stakeholders.
- Positive media coverage, reduced stigmatization, and informed public policies.
- Support extended to national efforts in communications activities among all actors operating in the Ebola response
- Media capacity building for the media on Ebola.
- Organization-wide donor communications coordinated.
- Regular updates and information on the EVD outbreak to stakeholders.

Despite the efforts at adapting the campaigns to suit the host environments, the localization efforts of the AU-ASEOWA were limited by some factors. In Guinea, the strong religious ties to burial rites were upheld by both the elites and the proletariats. Education on safe burial practices did not suffice to dissuade the people from washing dead bodies of Ebola victims. The Islamic tenet of washing dead bodies before the final burial rites was regarded as an essential cleansing ritual that must be observed regardless of the circumstances of the death. The sensitivity of the issue of Islamic burial rites and the violent reactions from the people as reported by the communications officer, limited the extent to which the strategies could be employed in Guinea. Thermometers for checking temperatures were donated by the AU-ASEOWA in Guinea but were rejected for unexplained cultural reasons.

Although, it was necessary to redesign the campaign plans to suit the host communities, the anticipated outcomes of the plan also needed to be achieved. To this extent, the goals could not be compromised completely. Even though the use of electronic media did not prove effective due to limited access and lack of electricity supply in most parts of the countries, the ASEOWA still needed to engage in media capacity building. Social media were fairly used to project the efforts of the campaign to the larger publics. Newspaper feature articles were also used and website dedicated to ASEOWA was launched with regular updates on the ongoing efforts of the campaign. The audience for these media approaches was the populations beyond these three selected countries. The efforts targeted audience outside these three countries as part of the strategies in creating awareness to the world on African solidarity. There was the need to inform the world that Africans always rely on the western world in every crisis.

Overall, localization strategies were most pronounced and successful in Liberia, according to the Head of Mission in charge of coordinating the overall efforts of both the medical and non-medical personnel. The Liberian community were more easily persuaded compared to the population in Guinea. In Guinea, localization efforts were mostly frustrated by strong, age-long cultural and religious tenets that abhorred all forms of westernized efforts (J. Oketta, 2015, personal communication, 12 February). Sierra Leone was also fairly successful to a large extent judging from reports and responses of the communication officer.

## Localization Tactics

### RQ4: What strategies and tactics were involved in localizing the campaign efforts?

The two-step flow of communication was a primary tactic employed for adapting the campaign strategies in the three countries where AU-ASEOWA was present. As evidenced by the pictures and documents retrieved from the AU-ASEOWA officers, training workshops were conducted by the communications officers in each of the three countries. The trainings were designed to involve the community leaders; youth, women group, and religious leaders, as well as the traditionally respected elderly age groups and their respective leaders. These leaders were invited for training sessions during which they were educated on the IPC protocols for the Ebola virus. The trainings were week-long programs with each day assigned to each county or communities within the selected counties. After the sessions with the opinion leaders, the representatives from each community were given tasks of communicating what they have been taught to the rest of the community, under the supervision of one of the AU-ASEOWA staff members. Electronic media campaigns did not prove useful for this strategy because the mostly affected people were in remote areas where access to modernization was far-reaching. Instead, personal protective equipment, gloves, chlorine, thermometers, and water barrels were supplied to encourage them to observe the IPC protocols they were taught.

In Jene-Wonde community in Liberia, the community leaders expressed commitment to the IPC protocols if they were provided with the items needed, such as chlorine and water barrels. It was remarkably noticed, according to the reports and pictures from the ASEOWA communication personnel that during the monitoring and evaluation exercise conducted in these community regions, the community leaders had enforced a hand-washing routine at the borders of each village and clan. The borders were manned 24 hours a day in duty shifts by youth volunteers. Hand-washing buckets and chlorine were also supplied to be distributed to the households and the monitoring and evaluation exercise reports indicated that almost every house in each of the rural communities enforced their guests to wash their hands and feet in the chlorinated water before gaining entrance into their houses.

An Interpersonal communication approach was another tactic employed for localization. Because people were more receptive to interpersonal and face-to-face communication, it became necessary to re-consider and adapt the channel of communication as a tactic; pre-recorded jingles and Ebola messages as caller tunes, house to house and cluster visits and small talks within neighborhoods, open air announcements using public address systems such as megaphones, etc. became popular and effective. Word of mouth instead of televised messages and aired messages on radio proved more effective. People had more access to interpersonal information and education than media messages and campaigns. To reach the few elites in the cities, AU-ASEOWA launched an SMS campaign in the three countries. Service providers such as Cellcom and Libtelco in Liberia, were partnered with and subscribers were occasionally sent text messages on the IPC protocols to observe in case of any suspected case of Ebola. In Sierra Leone, the communications company, Airtel, supported the Ebola campaign and they rolled out pre-recorded Ebola messages as caller tunes for all their subscribers. Partnering with local businesses proved to be effective.

A key tactic that was adopted later was to change the tone of the campaign messages. The communications officer in Liberia noted in his interview that, opinion sampling among the people confirmed that the people responded positively to positivity in their dialogue. He stated that, “We discovered that Liberians are generally strong willed people, they hate to be instructed on what to do or what not to do... They are more easily persuaded than instructed” (phone or else interview, date). The messages of the campaign were changed from using the phrase, “DO NOT” and “AVOID”, to more positive tones. The message tone also had to be changed from instruction to advice.

School-age kids and teenagers were also considered as key audiences of the Ebola campaign especially in Liberia. The Liberian government considered reopening schools in March 2015 and the cartoon fliers were distributed at pre-school reopening orientation programs within the communities. A social mobilization campaign was also held with support from the Liberian police force in WestPoint community in Monrovia, Liberia to encourage kids and parents to adhere more strictly to the IPC protocols when schools reopen. The increase in number of children getting infected with the Ebola virus, which resulted in the closure of all schools in the three affected countries, was a source of consideration. Messages targeted at children were carefully designed as illustrative cartoons in pamphlets and fliers and were distributed to kids especially in the metropolis of Liberia and Sierra Leone. An example as produced by (Pabio Stone Foundation 2014) is pictured below:



This was a coordinated effort of the communications officers deployed to the three affected countries. The version sent to Guinea was translated into French language by an independent humanitarian organization known as PabioStone foundation.

## Localization Metrics

### RQ5: How successful were the localization efforts

The evaluation process for the AU-ASEOWA efforts in localizing the campaign strategies in Liberia, Guinea, and Sierra Leone was straightforward. The localization process saw the community dwellers seeing themselves as part of the messaging efforts. The report from Liberia indicated that communications teams otherwise referred to as social mobilizers “were able to reach 83 districts out of 88 districts in Liberia via door-to-door interpersonal communication” (Adong, P. 2015). The people’s suggestions and opinions were sought during the education and training sessions and evidently, their suggestions were incorporated in scripting messages. The effects of the localization were evident in the attitude change of the people in less time than anticipated. Another report stated,

*The communication team in collaboration with the psychosocial team also embarked on a social mobilization and awareness campaign in Cape Mount County which has recently emerged as a hot spot for EVD outbreak. An assessment visit was made to the county capital (Robertsport) on 11/19/2014 to be able to understand the situation exactly as it is revealed there is considerable increase in the number of attendees at the campaign to about 62 participants. (Oloke, T. 2015)*

The number of self-reported suspected Ebola cases to the Ebola treatment unit managed by the AU-ASEOWA health workers in Liberia and Sierra Leone increased as shown in the situation reports data representation. Bringing the messages and education on Ebola to the doorstep of the people especially in the rural areas of Liberia gave them a sense of belonging and resulted in attitudinal changes.



*Community residents listening to campaign messages from AU-ASEO staff in Grand Cape Mount Community*

Subsequent IPC trainings and Ebola education campaigns conducted also experienced noticeable increase in the number of participants. The increased level of education and awareness also helped the people to detect Ebola symptoms early and commence treatment at the Ebola treatment units early enough. At the rate at which more people self-reported themselves as suspected Ebola cases, the need for more ETUs became evident. As a temporary measure, community care centers otherwise referred to as holding centers were built in Port Loko, Kenema, Bombali and Koinadugu districts in Sierra Leone. At the holding centers, suspected cases were held in triage and tested for Ebola. Confirmed cases were transferred to the nearest ETUs while symptomatic, but negative Ebola patients were held for treatment for other diseases at the holding centers.

The situation reports analyzed for this study reflected a decline in the number of Ebola related deaths in Liberia and Sierra Leone while the number of survivors increased commendably. The psychosocial officer interviewed also noted that the Ebola survivors were employed as trainers to educate the people on the benefits of IPC protocols and early reporting of suspected cases. In a reverse situation, the number of deaths and confirmed cases were relatively high and on the increase. The communications officer reported a case of violence unleashed on the ETU located in Coyah district in Guinea by the locals. Medical officers were reportedly injured and sent fleeing the center for hours. The reported resistance in Guinea was described as strong such that the ETU was not allowed within reasonable distance to the residential areas of the metropolis. The ETU was located in a far area with dilapidated road conditions, which made it distressing for probable Ebola cases to seek the required medical help. The localization effort of the AU-ASEO apparently was not successful in because all efforts were strongly resisted by the people and their leaders.

## Discussion

The five-step localization model proposed by (Molleda et.al. 2015) was used to analyze the localization process of the AU-ASEO in the campaign efforts against the Ebola outbreak in Liberia, Sierra Leone, and Guinea. The localization model presented by (Molleda et.al. 2015) is a process model, not a conceptual model, and adequately outlines the campaign strategies of the AU-ASEO at the different levels of application. Nevertheless, it is important that a revised model of localization, that is conceptual be proposed as part of subsequent studies on localization, to further incorporate the latent concepts and factors involved in localization. Also, the findings reflect more focus on Liberia than Sierra Leone and Guinea because, Liberia was most responsive to intervention. While Guinea was strictly against interventions from Anglo-phone countries, Sierra Leone was more responsive to humanitarian responders of British origins like the EU because it was a former British colony. Liberia on the other hand was established by former African American slaves so they did not only

share a close tie with the United States, but also shared ties with African respondents. Overall, Liberia, was most welcoming to interventions from all international responders during the Ebola outbreak. Also, most of the international organizations and humanitarian responders concentrated their central hubs in Liberia because at the initial stages, Liberia had the highest prevalence of Ebola cases.

The table below summarizes the comparison among the three countries on the similar factors and different factors that inhibited or facilitated localization efforts at each level of the model and how they responded under the five levels of the localization model in application:

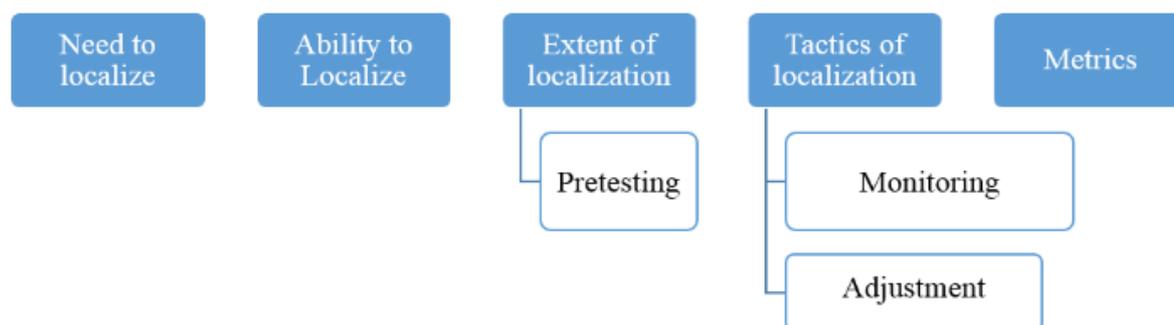
	<b>Sierra Leone</b>	<b>Liberia</b>	<b>Guinea</b>
<b>Need to Localize</b>	Economic hardship. Tense political climate. Language barriers.	Economic hardship Tense political climate Language barriers	Economic hardship Tense political climate Anglophone Resistance Language barriers
<b>Ability to Localize</b>	Availability of manpower resources and skills. Skepticism about USA funded support.	Interventions welcome and accepted by host government and locals Inadequate technological infrastructure. Fear of portraying host government as incompetent inhibited localization	Resistance/hostility to western intervention by host government Message translation challenges Rejection of mobilized human resources
<b>Extent of Localization</b>	Media capacity was not easy to build.	Media capacity was easy to build Religious boundaries set limitations.	Media capacity was hardly built Religious boundaries set limitations Community laws set limitations
<b>Localization Tactics</b>	Message translations Training of opinion leaders Word of mouth Use of positive message tone. IPC trainings. Cartoon fliers for school age kids.	Message translations Training of opinion leaders Word of mouth Use of positive message tone. IPC trainings. Cartoon fliers for school age kids.	Message translations. Cartoon fliers for school age kids translated into French.
<b>Localization Metrics</b>	Relative decline in mortality rate. Increase in number of reported suspected cases Change in attitude towards non-British intervention	Increased audience reach. Increase in number of self-reported cases. Increase in number of participants at IPC trainings and campaigns. Decline in Ebola mortality rates	Constant spike in new Ebola cases. Violence on Ebola healthcare workers indicated maintained hostility and lack of attitudinal change towards international responders

The model by (Molleda et.al. 2015) is yet to cater for probable mediators that could influence the process flow between the five stages of the model. Also, the model needs to consider and elaborate more on the concept of reductionism. The localization model, represents a process that projects generic levels of localization. The concept of reductionism will allow a more detailed and thorough theoretical approach, that will explain each level of the localization model. (Baran & Davis 2015: xvi) wrote that, “thus far, there are no new theories but the evolution of several existing theories has accelerated”. This model provides a good example for the challenge for more theory building and theory expansion in the field of communications management and public relations as (Kuhn 1977) suggested that persuasion techniques, arguments, and counter-arguments are the best ways forward.

## **Theoretical Implications**

Molleda et al.’s (2015) decision-making model for localization was developed with expert interviews conducted in global public relations agencies in the United States. This qualitative study was developed with expert interviews and campaign’s materials of the African Union, which documented health communications strategies and tactics on the ground. Consequently, a sequential and almost prescriptive process for localization’s execution missed the reality of resistance in complex environments, which demands the refinement of the model. Localization’s strategies and tactics need pre-testing, monitoring,

and adjustment. In an attempt to improve the decision-making model for localization, the figure below introduces new elements:



## Implication for the Practice

From the foregoing, it is evident that the localization process is not homogenous across boards. In the practice of global public relations, the context informs the strategic processes and tactics adopted. Also, localization does not necessarily imply that the local adaptation of a cause, service, or product takes the idea or product out of global reach. Another implication is that, localization serves the groundwork purpose for affinity to a product brand, services, or public-health concern, and the tactics of localization determines the success. Professionals need to consider the levels of potential acceptance, rejection, or resistance to localization contents and the forms that content must take to resonate with host audiences.

## Limitation and Future Studies

This study was possible because of the insights from communications officers and campaign's materials, online contents, and news coverage of the African Union's health communications efforts in three countries. The perspectives of the communications officers and gathered materials may be somewhat different than the targeted population of this campaign. Therefore, future studies should assess localization appropriateness and effectiveness from the perspective of involved and affected audiences.

## References

- Abercrombie, N., Hill, S., & Turner, B. S. (1984). *Dictionary of sociology*. Harmondsworth, UK: Penguin.
- Baran, S. & Davis, K. (2015). *Mass Communication Theory: Foundations, Ferment, and Future* (7<sup>th</sup> ed.) Boston, MA: Wadsworth Cengage Learning
- Baxter, P. & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for Novice researchers. *The Qualitative Report*, 13(4), 544-559.
- Ebola virus disease. (2015). MedlinePlus Medical Encyclopedia website. Retrieved from: <https://www.nlm.nih.gov/medlineplus/ency/article/001339.htm>
- Giulianotti, R. & Robertson, R. (2007). Forms of Glocalization: Globalization and the Migration Strategies of Scottish Football Fans in North America. *Sociology*, 41(1), 133-152.
- Gregory, A. & Halff, G. (2013). Divided we stand: Defying hegemony in global public relations theory and practice? *Public Relations Review*, 39(5), 417-425.
- Kuhn, T.S. (1977). *The Essential Tension: Selected Studies in Scientific Tradition and Change*, Chicago, IL: University of Chicago.
- Matusitz, J. (2015). Bharti-Wal-Mart: A glocalization experience. *Journal of Asian and African Studies*, 50(1), 83-95.
- Maynard, M. & Tian, Y. (2004). Between global and glocal: Content analysis of the Chinese Web Sites of the 100 top global brands. *Public Relations Review*, 30(2004), 285-291.
- Minei, E. & Matusitz, J. (2013). Diffusion and glocalization: Dialectal tensions for Wal-Mart de Mexico. *Global Business Perspectives*, 1(2), 106-121.
- Molleda, J.C. Kochhar, S. & Wilson, C. (2015). Tipping the balance: A decision-making model for localization in global public relations agencies. *Public Relations Review*, 41(3), 335-344.

Rao, S. (2010). I need an Indian touch: Glocalization and Bollywood films. *Journal of International and Intercultural Communication*, 3(1), 1-19.

Raz, A. (2009). Transplanting management: Participative change, organizational development, and the glocalization of corporate culture. *The Journal of Applied Behavioral Science*, 45(2), 280-304.

Stake, R. E. (1995). *The art of case study research*. Sage.

Tian, Y. (2006). Communicating with local publics: A case study of Coca-Cola's Chinese website. *Corporate Communications: An International Journal*, 11 (1), 13 – 22.

West Africa: Ebola Outbreak (2014, March). Relief Web. Retrieved from <http://reliefweb.int/disaster/ep-2014-000041-gin>

## Personal Communications

Adong, O. (2015, October 10). In phone interview. Interviewed by Oloke, T.

Babatunde, S. (2015, October 11). In phone interview. Interviewed by Oloke T.

Chem, P. (2015, October 16). In Skype interview. Interviewed by Oloke T.

Musabayana, W. (2014, October 15). [ASEOWA Communication strategy document]. Copy in possession of author

Oketta, J. (2015, October 16). In phone interview. Interviewed by Oloke, T.

Olaoye, O. (2015, October 10). In phone interview. Interviewed by Oloke, T.

## About the Authors

Toluwani Oloke is a doctoral candidate in the College of Journalism and Communications at the University of Florida. She got her Bachelors and Master's degrees in 2007 and 2013 respectively. Toluwani was the Public Information Officer for the African Union Support to Ebola Outbreak in West Africa. She had prior teaching experiences at Florida A&M University, and Florida State University. Currently, she is an instructor for PR writing, and PR strategy and also a research assistant with the department of Public Relations at the University of Florida. Her research concentration is in international public relations, health communication and advocacy.

Sarab Kochhar, Ph.D., is the Director of Research with the Institute for Public Relations (IPR). Ms. Kochhar also holds the position as the associate director in APCO Worldwide's Washington D.C. office. Sarab serves as a strategic counsel for clients on measurement and evaluation for communication programs and works with clients across the globe to develop measurement techniques and provide insights to clients. At IPR, she is the chief research strategist, advising and leading the Institute on priorities and research programs.

## Authors' Address

### Toluwani Oloke

College of Journalism and Communications  
University of Florida  
2039C Weimer Hall  
1885 Stadium Road  
PO Box 118400  
Gainesville, FL 32611 USA  
E-mail: folaketolu@ufl.edu

### Sarab Kochhar

Director of Research  
Institute for Public Relations  
Gainesville, FL, US  
E-mail: [research@instituteforpr.org](mailto:research@instituteforpr.org)