Episodes begin and end in communities. When communities are engaged and trained in epidemic preparedness and response they become vital contributors to identifying and stopping outbreaks, spreading recovery and building resilience. IFRC’s Community Epidemic and Pandemic Preparedness Program (CP3) applies a model of community engagement and participation, engaging both national and local leaders and influencers to drive locally-led change, strengthening their ability to prevent, detect and respond to disease threats before they become outbreaks.

**Community committees promote vaccine uptake by farmers to fight anthrax in Kenya**

To gain the trust and participation of local farmers, the government and Kenya Red Cross convened a traditional community dialogue session, bringing together traditional community leaders, officials, farmers, volunteers and other influential community members to share perspectives and foster collaboration. This resulted in activities which improved community health knowledge and practices, both before and after the session.

**Mobile cinema for Ebola preparedness in Uganda**

To prepare communities along the Uganda/DRC border for a possible spill-over of the 2018 Ebola outbreak in North Kivu, DRC, the Uganda Red Cross rolled out mobile cinema activities to reach the vast population. Mobile cinema events are traveling video shows that can reach large groups in a short time. The Uganda Red Cross showed ‘The Story of Ebola’, a short, animated film supported by hygiene promotion activities and education on Ebola prevention and treatment. Red Cross volunteers sampled a selection of people in attendance with a very short questionnaire on knowledge attitudes and practices, both before and after the session.

**Community defined key messages for measles vaccine hesitancy in DRC**

DRC Red Cross volunteers collected rumours and community feedback linked to measles immunization. Participatory workshops attended by community health partners, community health workers, religious and traditional leaders, and local administrative and health authorities were held to analyse rumours and feedback. The key messages adopted to address identified rumours were later validated at the health zone level by local health authorities which fostered ownership and commitment to dissemination of the messages.

**Using community radio to fight cholera in Cameroon**

To reach as many communities as possible, in a rural part of the country with dispersed communities, the Cameroon Red Cross launched a series of community radio programmes to combat a cholera outbreak in the North. Themes for the radio programmes were chosen with community leaders. Key messages shared on protective behaviours to adopt were reinforced by volunteers at community level during household visits.

**The way forward – community level epidemic preparedness and behaviour change**

Community epidemiological preparedness and early warning systems must be built on a foundation of community engagement, trust, and two-way communication. Working with diverse partners across government and trusted community structures is crucial. This is especially true when taking a One Health approach, as interactions between humans and animals at community level are ingrained in culture and tradition, requiring trust and local ownership for the adoption of protective health behaviours that may clash with entrenched traditions. This can have huge implications for animal diseases that can pass to humans such as anthrax, avian influenza, Ebola, and coronaviruses.