

AfroSuppressEbola 2026: Advancing Afrocentric Health Literacy for Epidemic Control in Africa.

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Abstract

The resurgence of Ebola virus disease (EVD) in 2026, in conjunction with persistent misinformation and sociocultural complexities, necessitates a paradigm shift in public health strategies across Africa. In accordance with this need, in this paper, advances the argument that Afrocentric health literacy, grounded in indigenous knowledge systems and community engagement, is essential for effective epidemic control. Furthermore, evidence suggests that locally co-constructed interventions and culturally aligned communication significantly enhance compliance with public health measures. Hence, integrating traditional belief systems with biomedical approaches represents a critical pivot in addressing stigma, mistrust, and vaccine hesitancy. Therefore, health literacy must be reconceptualized as a contextual and participatory process, central to sustainable epidemic preparedness and response. These viewpoints are recommended for a policy response framework in addressing EVD sustainably.

Keywords: Ebola, Suppress, Health Literacy, Afrocentric, Epidemic, Africa.

INTRODUCTION

Africa continues to experience recurrent outbreaks of high-impact infectious diseases, including Ebola virus disease, COVID-19, and emerging pathogens. The 2026 Ebola resurgence highlights persistent structural challenges such as fragile healthcare systems, limited infrastructure, and low health literacy [1,2].

In tandem with established public health frameworks, health literacy is a key determinant of disease prevention and control. However, existing strategies often rely on externally driven,

standardized interventions, which frequently fail to resonate with diverse African sociocultural contexts. Consequently, such approaches have resulted in limited compliance and reduced trust in health systems [2-4].

AfroSuppressEbola 2026 proposes an Afrocentric health literacy model, emphasizing cultural alignment, indigenous knowledge systems, Indigenous governance and community participation. The pivot toward this paradigm is therefore essential to addressing both epidemiological and socio-behavioral dimensions of Ebola outbreaks [3-5].

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Received: June 18, 2026, **Revised:** June 23, 2026,

Accepted: July 5, 2026, **Published:** July 29, 2026

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MAIN DISCUSSION

1. Infodemics and Misinformation Dynamics

The Ebola outbreak of 2026 occurs within a persistent infodemic environment, characterized by the rapid spread of misinformation across social and digital platforms. In addition, evidence from African contexts demonstrates that misinformation based on negative cultural beliefs as well as unverified science spread via social media contributes to confusion, risk-taking behaviours, and mistrust of public health authorities [6,7].

Limited access to reliable health information in rural communities exacerbates dependence on informal communication networks. Therefore, addressing infodemics requires contextualized and culturally relevant communication strategies rather than generic information dissemination.

2. Afrocentric Health Literacy as a Conceptual Framework

Afrocentric health literacy represents a shift from passive information delivery to culturally embedded and community-driven health engagement. In accordance with this framework, effective interventions must reflect the indigenous knowledge systems and ethnomedical practices, cultural narratives and belief structures, local languages and communication patterns and traditional leadership and governance structures.

Furthermore, integrating traditional medicine systems into health frameworks has shown potential to improve access, trust, and outcomes in African populations [8,9]. Hence, Afrocentric health literacy promotes community ownership and sustainability of interventions.

3. Community Engagement and Co-Creation of Interventions

Conventional top-down public health intervent-

ions often face resistance due to cultural misalignment and inadequate consultation. Conversely, evidence from Ebola responses demonstrates that community engagement is fundamental to outbreak control [10,11].

The add value of this study to the science

This study:

- Introduces a novel Afrocentric health literacy framework that repositions indigenous knowledge, cultural values, and local governance as essential components of Ebola preparedness and epidemic control in Africa.
- Advances understanding of community-centered epidemic response by demonstrating how culturally aligned communication and community participation can improve trust, reduce misinformation, and enhance compliance with public health interventions.
- Provides a practical policy and implementation model for integrating traditional and biomedical systems to address stigma, vaccine hesitancy, and health system resilience, thereby supporting sustainable outbreak preparedness and response across Africa.

In addition, effective community-based approaches include mobilization of local leaders and traditional authorities, engagement of community health workers and volunteers and co-design of culturally acceptable practices, including safe burial protocols. Furthermore, continuous engagement improves adherence to interventions and enhances preparedness for future outbreaks [11]. Therefore, community participation constitutes a central pillar of effective epidemic response.

4. Local Innovation and Resource-Based Health Solutions

A critical barrier to Ebola control is limited access to essential hygiene resources, including

potable water and sanitization tools. In addition, standardized recommendations such as alcohol-based hand sanitizers are often impractical in rural African settings.

Hence, AfroSuppressEbola emphasizes locally adaptable and sustainable solutions, including Community-based soap production and hygiene promotion, household-level water treatment systems and locally sourced disinfectant production.

Furthermore, such approaches enhance self-reliance and are consistent with evidence that locally tailored interventions are more effective in low-resource settings [10]. Therefore, promoting local innovation is essential for sustainable disease prevention.

5.Addressing Stigma and Integrating Traditional Beliefs

Ebola outbreaks are frequently associated with stigma and fear, which hinder testing, reporting, and treatment adherence. In addition, disease causation is often interpreted through spiritual and ancestral belief systems.

Conversely, rather than dismissing these beliefs, Afrocentric approaches advocate their integration into public health strategies. This includes:

- i. Collaboration with traditional healers and spiritual leaders
- ii. Inclusion of community elders in health communication
- iii. Development of culturally sensitive messaging frameworks

Furthermore, integration of traditional and biomedical systems enhances trust and improves health outcomes [8]. Therefore, culturally informed engagement is essential to overcoming stigma and improving intervention uptake.

6. Strengthening Health Systems and Workforce Capacity

Ebola outbreaks place significant strain on fragile healthcare systems, particularly in resource-limited settings. In addition, healthcare workers face increased risks due to inadequate training and protective resources.

Hence, AfroSuppressEbola proposes a dual-capacity framework:

1. Strengthening healthcare professionals' competencies in culturally responsive care
2. Empowering community-level actors to support surveillance and response

Furthermore, evidence indicates that weak community engagement and communication are major barriers to effective outbreak response [12]. Therefore, strengthening both formal and informal health systems is critical for resilience.

7. Vaccine Literacy and Trust Building

Vaccine hesitancy represents a major barrier to Ebola prevention. Evidence suggests that trust in institutions is a key determinant of vaccine acceptance in Africa [13]. In addition, historical and ethical concerns contribute to skepticism toward vaccination programs. Therefore, AfroSuppressEbola promotes Afrocentric vaccine literacy, incorporating:

- i. Culturally relevant communication of vaccine science
- ii. Ethical transparency and community participation
- iii. Engagement of trusted local leaders in advocacy

Furthermore, recent evidence indicates that Ebola vaccine acceptability in sub-Saharan Africa varies but is strongly influenced by trust and knowledge levels [14]. Hence, improving vaccine literacy requires both scientific accuracy and cultural alignment.

Conclusion and Recommendations for Policy and Practice

The recurrent emergence of Ebola and other epidemic-prone diseases in Africa demonstrates that biomedical interventions alone are insufficient to achieve sustainable outbreak control. AfroSuppressEbola 2026 argues for a transformative approach that places Afrocentric health literacy at the center of epidemic preparedness and response. By integrating indigenous knowledge systems, culturally responsive communication, community participation, and evidence-based public health strategies, African countries can strengthen trust, reduce misinformation, and improve adherence to prevention and control measures.

To operationalize this vision, governments, Africa CDC, public health institutions, and development partners should:

1. Institutionalize Afrocentric health literacy within national epidemic preparedness frameworks.
2. Strengthening partnerships between biomedical practitioners, traditional healers, and community leaders.
3. Invest in community-led health promotion and locally adapted risk communication systems.
4. Promote vaccine literacy through trusted community structures and culturally appropriate messaging.
5. Support research evaluating the effectiveness of Afrocentric approaches in improving outbreak outcomes.

Future epidemic preparedness efforts in Africa should move beyond information dissemination toward participatory, culturally grounded, and community-owned approaches. Such a shift will not only enhance Ebola control but also contribute to resilient health systems capable of responding effectively to future public health emergencies.

Acknowledgements

Prof Richard Osborne, Global Health and Equity Development Hub, La Trobe Rural Health School, La Trobe University, Australia, is acknowledged for reading through the initial draft in 2020, meant to address the COVID-19 pandemic spread in Africa

Author contributions

KY has carried out the concept and organized the study. CN has reviewed and structured the study as per journal format.

Funding

This study has not been funded

Data availability

All data has been submitted within this viewpoint.

Declarations

Ethics approval and consent to participate

Non-applicable.

Competing interests

The authors declare no competing interests.

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