Communicating Crisis, Responsibility, And Governance During The 2022-2023 Ebola Outbreak in Uganda

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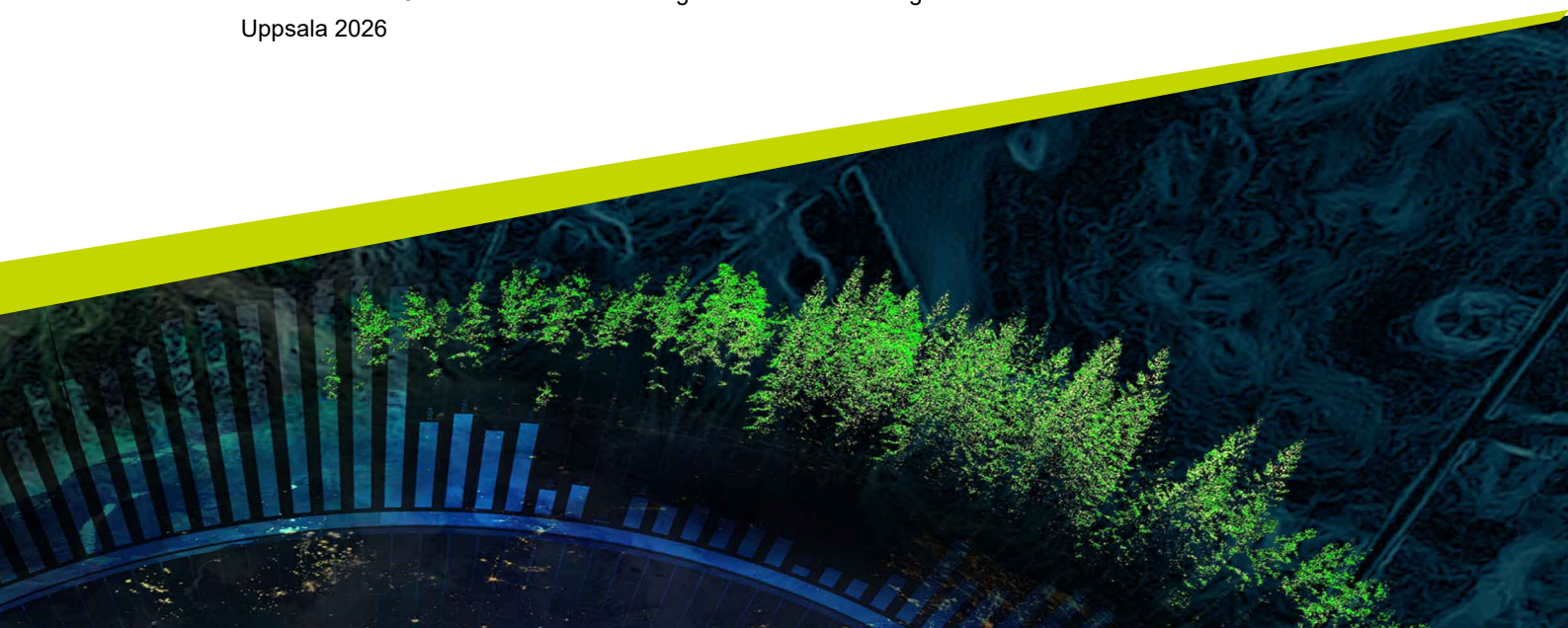

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Abstract

This thesis examines how the 2022-2023 Ebola outbreak in Uganda was constructed and communicated by two key institutional actors: the government of Uganda (GoU) and the World Health Organization (WHO). Drawing on Bacchi's "What's the Problem Represented to Be" (WPR) approach and the concept of public pedagogy, the study approaches crisis communication as a form of governance that shapes how problems are defined, how responsibility is distributed, and how citizens are expected to act.

The study adopts a qualitative comparative discourse analysis of official communication materials, including press releases, situation reports, speeches, and social media posts produced between September 2022 and January 2023. The analysis focuses on problem representations, responsibility allocation, citizen positioning, authority, and silences within the communication.

The findings show that the GoU frames Ebola primarily as a behavioural problem, emphasizing generalized responsibility and compliance with public health measures. In contrast, the WHO constructs the outbreak as a technical and epidemiological problem, focusing on surveillance systems, data, and coordinated institutional response. These different framings reflect distinct forms of governance, where the government prioritizes behavioural regulation, while the WHO emphasizes technocratic management and institutional cooperation.

The analysis also reveals important similarities. Both actors operate within a shared medical framework, prioritize institutional expertise, and frame the control of the transmission as their central objective. Structural factors, local knowledge, and socio-economic conditions are largely absent in both forms of communication.

The study contributes to environmental and health communication research by demonstrating that crisis communication is not purely information sharing but plays an active role in shaping governance, meaning-making, and public expectations. It highlights the importance of critically examining how institutional communication constructs crises and influences responses.

Keywords: crisis communication, Ebola, Uganda, WHO, WPR approach, public pedagogy, governance, discourse analysis

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Abbreviations

Abbreviation	Description
EVD	Ebola Virus Disease
WHO	World Health Organization
SLU	Swedish University of Agricultural Sciences
WPR	What's The Problem Represented to Be
DON	Disease Outbreak News
GoU	Government of Uganda

1. Introduction

1.1 Background

In late September 2022, the Ugandan Ministry of Health declared an Ebola Virus Disease (EVD) outbreak in Mubende District, central Uganda. The outbreak was later identified as having been caused by the Sudan strain of the Ebola virus, for which no approved vaccine was available at the time (WHO 2022; Kabami et al. 2024). Over the following months, the virus spread to nine districts, resulting in 142 confirmed cases, 22 probable cases, and 77 deaths, creating the need for a coordinated national and international response (WHO 2022; Musoke et al. 2025). The outbreak response involved government authorities, international organizations, and local actors, but was also characterized by challenges related to communication, coordination, and community engagement (Musoke et al. 2025). The outbreak was officially declared over in early January 2023 after 42 consecutive days without new confirmed cases (WHO 2023).

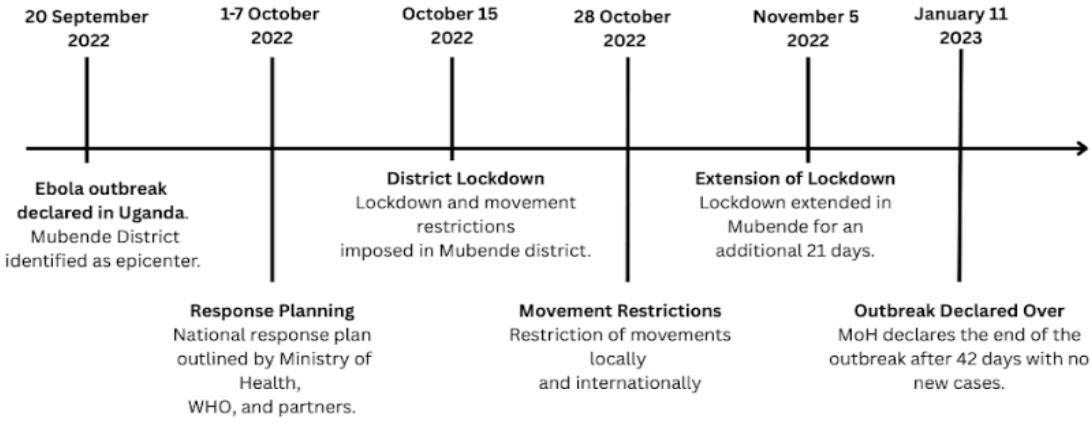

Figure 1. EVD Outbreak Timeline. Source: author's compilation based on ECDC (2022) and WHO (2022; 2023).

The response extended beyond medical containment measures. Apart from surveillance, contact tracing, isolation, and treatment efforts, public communication became a central part of the government response to the outbreak (Kabami et al. 2024). The government of Uganda issued regular press briefings, public health guidelines, and social media updates that communicated preventive measures, movement restrictions, and behavioural guidance for citizens (Mubende District Local Government 2022). In parallel, the World Health Organization (WHO) published outbreak news reports, situation updates, and news articles describing the

epidemiological situation and the response measures, presenting the outbreak as a part of a coordinated international public health response (WHO 2022).

The response to the 2022-2023 Ebola outbreak must be understood in relation to the different institutional roles and governance structures within which the government of Uganda (GoU) and the World Health Organization (WHO) operate. In Uganda, public health governance is primarily coordinated by the Ministry of Health, but it is implemented through local, district-level health authorities (Ssengooba et al. 2007; Kapiriri & Martin 2010). This essentially means that decisions are made at the national level, while implementation occurs locally, which may often result in more directive and prescriptive communication during public health emergencies.

Research on governance in Uganda further shows that top-down and prescriptive approaches to health and agricultural issues are commonly employed, but may not always align with local realities and everyday practices (Ssengooba et al. 2007; Kapiriri & Martin 2010; Arvidsson et al. 2022). For example, Arvidsson et al. (2022) demonstrate how different actors construct animal health problems in ways that prioritize expert knowledge, while overlooking the lived experiences and practical constraints of local communities.

Studies in social science and public health research similarly highlight how public health interventions often fail to consider socio-economic limitations, cultural practices, and local knowledge that shape people's ability to comply with official guidelines (Dutta 2007; Abramowitz et al. 2015; Wilkinson & Fairhead 2017). These insights suggest that communication strategies emphasizing individual behaviour may overlook structural challenges that influence how health measures are interpreted and acted upon.

In contrast, the WHO operates as an international advisory body within global health governance. Its role is not to enforce measures at the national level, but to provide technical guidance, coordinate international response efforts, and support national authorities (Fidler 2004; Kickbusch & Gleicher 2013). As a result, WHO communication tends to reflect a more standardized, technical, and coordination-oriented approach. This difference is important for understanding the variation in communication styles, as each institution communicates within the constraints and expectations of its governance role.

Communication played a central role during the outbreak by informing citizens about symptoms, transmission routes, preventive measures, and government restrictions. Official messaging was also important for coordinating public response efforts and addressing uncertainty and misinformation surrounding the outbreak. Social science and anthropological research on previous Ebola outbreaks in West Africa, particularly in Sierra Leone and Liberia, has shown that epidemic response does not depend solely on medical interventions but also on how risks are communicated, how trust is built between institutions and communities, and how

responsibilities for managing the crisis are socially understood (Abramowitz et al. 2015; Richards et al. 2015).

The 2022-2023 outbreak provides a particularly relevant case for examining institutional communication. Uganda has prior experience with Ebola outbreaks and has developed response mechanisms over time, with multiple outbreaks recorded since 2000 (Kabami et al. 2024), while the WHO operates within standardized global outbreak response frameworks. Studying the interaction between national and international actors during this public health crisis offers an opportunity to understand how different institutions communicated and responded to the same epidemiological event.

By situating the study within the specific events of the 2022-2023 Ebola outbreak in Uganda, this thesis examines how official communication contributed to the construction of the crisis and shaped understandings of governance, responsibility, and citizen behaviour at national and international levels.

1.2 Problem Formulation and Research Significance

Public health crises cannot be managed only through medical interventions, but also require processes of public communication, trust-building, and community engagement, all of which shape how societies understand and respond to emerging threats (Richards et al. 2015; Wilkinson & Leach 2015; Bavel et al. 2020). Outbreaks, apart from biological phenomena, are also socially and politically mediated processes shaped through institutional communication and public discourse. How outbreaks are described, explained, and managed shapes how citizens understand risk, interpret responsibility, and evaluate institutional authority. In this sense, communication during health emergencies can be understood as a form of governance that shapes public understanding and guides behaviour (Hajer & Versteeg 2005; Cox & Pezzullo 2016). Similarly, environmental health and health risks are mediated through language, narratives, and institutional discourse, which influence public meaning-making and political responses by shaping how risks are interpreted and how responsibility for addressing them is distributed across society (Hajer & Versteeg 2005; Cox & Pezzullo 2016). Understanding crisis communication is, therefore, central to understanding how such situations are governed.

Existing research on Ebola communication has largely focused on questions of effectiveness, behavioural compliance, and community engagement (Hewlett & Amola 2003; Abramowitz et al. 2015; Richards 2016; Musoke et al. 2025). Studies focusing on Ebola communication in the African context emphasize that framing choices are closely linked to public trust and compliance because institutional narratives influence how communities perceive risk and evaluate the legitimacy of recommended interventions (Abramowitz et al. 2015; Fairhead 2016).

Anthropological studies of the 2014-2016 West African Ebola epidemic further demonstrate that communication strategies that failed to consider local knowledge, cultural practices, and existing systems of authority often generated mistrust and resistance among affected communities (Richards et al. 2015; Wilkinson & Leach 2015; Fairhead 2016). These studies highlight that communication challenges during outbreaks are not just a result of misinformation but also reflect misaligned assumptions between institutions and communities regarding how the disease is understood, what constitutes appropriate behaviour, and what roles and responsibilities governments and citizens should have in managing the crisis.

Scholars have also argued that crisis communication reflects broader power relations as institutions differ in the ways they define risks, encourage behaviours, and legitimize responses to crises (Hajer & Versteeg 2005). From a culture-centered perspective, official health messaging, particularly when it comes from international organizations, often marginalizes local knowledge by framing it as risky or irrational, rather than considering the social context (Dutta 2007). Research on epidemic governance has therefore highlighted that communication is not merely informational, but also political, as it shapes how authority is exercised and how responsibilities are distributed across institutions and communities (Bavel et al. 2020).

While these studies provide important insights into public health outcomes, they often treat communication primarily as a tool for transmitting information or correcting misinformation. Less attention has been paid to the underlying assumptions embedded in official messaging, including how responsibility is distributed, how citizens are positioned, and how authority is justified.

Furthermore, limited attention has been given to how different institutional actors construct the outbreak itself as a problem. National governments and international organizations operate within different institutional contexts and hold different forms of authority, legitimacy, and accountability within global health governance systems (Fidler 2004; Kickbusch & Gleicher 2013). These differences may shape how they define risk, allocate responsibility, and justify intervention measures. Comparative analysis examining how such actors frame the same outbreak within the same geographical context remains relatively limited, especially in the case of Uganda. Given the nature of infectious disease outbreaks such as Ebola and the high chances of cross-national transmission, international coordination is essential. Understanding the similarities and differences between national and international communication is therefore important for improving response planning for future health crises.

This thesis addresses this gap by examining how the government of Uganda (GoU) and the World Health Organization (WHO) framed the 2022-2023 Ebola outbreak in their official communication. Drawing on Bacchi's WPR (2009) approach and the concept of public pedagogy (Giroux 2004a; b; Sandlin et al.

2011), the study examines official crisis communication as both a political practice that constructs problems and a pedagogical practice that shapes behaviours and understandings. By shifting the analytical focus away from communicative effectiveness and toward problem representation and governance logics, the thesis explores how these assumptions shape understandings of crisis, responsibility, and governance.

The comparative analysis of the government of Uganda and the World Health Organization further contributes to environmental and health communication scholarship by highlighting how crisis communication operates across governance levels. By examining similarities and differences in how national and international actors frame the same outbreak, the study offers insights into how authority, expertise, and responsibility are represented and communicated within global health governance. More broadly, this research contributes to discussions within environmental communication by demonstrating that crises are not simply managed through technical measures but are shaped by the ways the institutions frame the problem, assign responsibility, and justify their actions through discourse. By analysing how risk, responsibility, and authority are represented in official communication, the study provides insights into how crisis governance is constructed through discourse and how institutional messaging shapes public understandings of the problem and the responses expected from society.

1.3 Research Aim and Objectives

Drawing on Bacchi's "What is the Problem Represented to Be" (WPR) (2009) approach and the concept of public pedagogy (Giroux 2004a; b) the study treats official communication as both a form of problem construction and an educative practice. It seeks to understand how the Ebola outbreak was constructed as a problem, but also how citizens were positioned and instructed to think and act during the crisis.

The study is guided by the following research questions:

1. How did the government of Uganda and the WHO, respectively, frame the Ebola outbreak in their official communication?
2. What are the similarities and differences in the ways the government of Uganda and the WHO communicated the Ebola outbreak?
3. What assumptions about risk, responsibility, and citizen behaviour are embedded in the communication materials of the respective organizations?
4. How do these assumptions reflect broader power relations and governance strategies in public health crises at national and international levels?

Together, these questions allow a comparative and critical analysis of institutional communication during a public health crisis, focusing on the

meanings attached to the outbreak and how these were produced, as well as how communication practices shaped understandings of risk and appropriate response.

2. Research Design

2.1 Theoretical Frameworks

This thesis is based on two complementary theoretical frameworks, Bacchi's "What's the Problem Represented to Be" (WPR) approach (Bacchi 2009) and the concept of public pedagogy (Giroux 2004a; b). Together, these frameworks allow for an examination of official crisis communication as both a form of problem construction and a pedagogical practice through which institutions shape public understandings and behaviour. While WPR (Bacchi 2009) focuses on how problems are constituted within policy and institutional discourse, public pedagogy highlights how such discourse educates, positions, and guides the public (Giroux 2004a; b) in relation to risk and appropriate behaviour during crises. Combining these perspectives makes it possible to analyze how the Ebola outbreak was framed in official communication while also examining how such framing works to guide citizens' conduct during the crisis.

2.1.1 Bacchi's WPR Approach

Bacchi's "What's the Problem Represented to Be" (WPR) approach originates from post-structural policy analysis, a tradition influenced by scholars such as Michael Foucault, who emphasize the role of discourse in shaping social reality (Foucault & Gordon 1980; Bacchi 2009; Bacchi & Goodwin 2016). More broadly, WPR can be situated within discourse analysis, which examines how language, knowledge, and meaning are produced, accepted, or challenged within social and political contexts (Hajer 1995; Hajer & Versteeg 2005). Rather than treating discourse as a neutral medium for describing reality, discourse analysis understands it as constitutive, meaning that it actively shapes how reality is understood. In this sense, discourse analysis is not only interpretive, but also critical, as it seeks to reveal how power operates through normalized, taken-for-granted representations of social issues (Foucault & Gordon 1980; Hajer 1995).

Instead of treating policy problems as objective realities that exist independently of political processes, WPR views problems as constructed through policy discourse (Bacchi 2009). Policies and institutional responses do not simply address problems; they actively define what the problem is understood to be. This can be linked to a broader post-structural understanding of governance, where governing occurs through technical intervention, but also through the production of a particular problem representation that makes certain actions appear necessary and legitimate (Hajer 1995; Bacchi 2009; Bacchi & Goodwin 2016).

Central to WPR is the idea that policy solutions implicitly contain representations of the problem they aim to address. By analyzing proposed solutions, it becomes possible to understand the underlying assumptions about the

nature and the cause of the problem. Bacchi therefore proposes a series of analytical questions designed to understand these representations, including how the problem is represented, what assumptions underlie these representations, which aspects are left unproblematic or silenced, and what effects are produced by these representations (Bacchi 2009). Through this analytical lens, policies and institutional communication are understood as discursive practices that shape how problems are understood and governed (Bacchi 2009; Bacchi & Goodwin 2016).

The WPR approach has been widely applied in studies that examine governance, policy discourse, and institutional communication. Researchers have used it to analyze issues such as public health policy, environmental governance, and social welfare, showing how policy narratives shape understandings of risk and responsibility, and legitimize interventions (Bletsas & Beasley 2012; Bacchi & Goodwin 2016). In the context of health crises, WPR provides a useful framework for examining how outbreaks are constructed as specific problems, for example, as technical, behavioural, or governance issues, and how these representations influence proposed solutions.

While WPR was initially developed as a tool for analyzing public policy, it has increasingly been applied more broadly to examine governance processes and institutional practices beyond formal policy texts (Bletsas & Beasley 2012; Bacchi & Goodwin 2016). Scholars have used this approach to analyze how problem representations operate across governance systems, including public health communication, environmental governance, and risk management, where discourse plays a central role in shaping how issues are understood and acted upon (Bletsas & Beasley 2012; Bacchi & Goodwin 2016; Hajer & Versteeg 2005). In this sense, WPR can be understood both as a method for policy analysis and as a tool for examining governance as a discursive practice.

In this study, WPR provides the main analytical lens for explaining how the Ebola outbreak was represented in official communication by the two institutional actors. The framework allows for an analysis of how the outbreak is described, how causes and solutions are linked, and how responsibility is distributed among government, institutions, and citizens. By focusing on problem representations instead of policy effectiveness, the approach makes it possible to explore the assumptions that are embedded in official messaging.

2.1.2 Public Pedagogy

While WPR focuses on problem construction, the concept of public pedagogy highlights how institutional communication functions as a form of learning outside of formal education settings. The concept originates from critical pedagogy, a tradition rooted in Marxist-inspired critique of education that examines how knowledge production relates to power and social inequalities (Giroux 2004a; Freire 2014). Scholars such as Henry Giroux have extended this tradition beyond

formal educational institutions, emphasizing the role of cultural and political institutions in shaping public knowledge, norms, and values (Giroux 2004a; Sandlin et al. 2011).

Public pedagogy refers to how knowledge and norms are produced through media, political discourse, and institutional communication. From this perspective, learning does not occur only in schools or other formal educational institutions, but also through everyday encounters with messages that shape how individuals understand the world and their role within it (Giroux 2004a; Sandlin et al. 2011). Governments, international organizations, and media institutions (e.g., news broadcasters) all participate in this pedagogical process by communicating ideas about risk, responsibility, and appropriate behaviour.

In the context of public health crises, institutional communication often serves as a means of education by instructing citizens to interpret risk in a certain way and how to behave in response. Health communication campaigns, press conferences, and official statements often include guidance on practices such as hygiene measures, mobility restrictions, or social responsibility. Through such communication, citizens are treated as subjects that are expected to perform certain behaviours, for example, as responsible individuals who follow public health guidance, or as potential sources of risk that need to be monitored and regulated (Foucault & Gordon 1980; Giroux 2004a; Rich & Miah 2014).

Scholars have used the concept of public pedagogy to examine how institutions communicate environmental risks, health threats, and political crises, showing how public messaging can shape social norms and expectations about responsibility and good conduct (Sandlin et al. 2011). Through public communication, institutions not only distribute information but also contribute to shaping norms, values, and expectations about how responsible citizens should act in response to societal challenges.

In this study, the concept of public pedagogy provides a lens for analyzing how official Ebola communication functions to both inform the public and shape understandings of risk, responsibility, and appropriate behaviour during the outbreak. Government announcements, institutional statements, and public briefings can therefore be understood as pedagogical practices that instruct citizens on how to understand the outbreak, manage risk, and relate to institutional authority.

Taken together, WPR and public pedagogy share a common concern with societal critique. Both approaches move beyond surface-level descriptions of communication to examine how meaning, knowledge, and power are produced and reproduced through discourse (Foucault & Gordon 1980; Giroux 2004a; Bacchi 2009). While WPR focuses on how problems are constructed within governance, public pedagogy highlights how these constructions are communicated, understood, and lead the public toward certain behaviours (Giroux 2004a; Sandlin

et al. 2011). Combined, they provide a complementary framework for analyzing both what is being communicated about the Ebola outbreak and how these messages shape broader social relations, responsibilities, and forms of governance.

2.2 Methodological Approach

The study adopts a qualitative, interpretive research design. It is based on the assumption that public health crises are not only medical events but are also shaped through language and communication. Language is treated as constitutive, meaning that it plays a role in shaping how social realities are understood and acted upon (Cox & Pezzullo, 2016). In communication research, a distinction is often made between instrumental and constitutive views of communication (Cox & Pezzullo, 2016). An instrumental perspective treats communication as a tool for transmitting information or influencing behaviour. In contrast, a constitutive perspective understands communication as actively shaping how problems are defined, how risks and authority are understood, and how responsibilities are distributed within society (Cox & Pezzullo, 2016). From this perspective, institutional messaging during health crises does not simply share information about a disease outbreak but also shapes how the crisis is understood by defining the nature of the threat, identifying responsible actors, and shaping expectations about appropriate responses.

Methodologically, the study adopts a discourse analytical approach informed by Bacchi's WPR approach (2009) and the concept of public pedagogy (Giroux 2004a; b). The analysis focuses on how the Ebola outbreak was constructed and communicated through official institutional discourse. Particular attention is given to how problems are represented, how responsibility and risk are distributed, how citizens are positioned in relation to the response, and how authority and expertise are established through communication. These analytical dimensions are informed by the study's theoretical frameworks and background literature. Bacchi's WPR approach (2009) directs attention to how problems are constructed, what assumptions underpin proposed solutions, and what is left unaddressed within institutional discourse. The concept of public pedagogy highlights how communication shapes understandings of appropriate behaviour and positions subjects in relation to authority (Giroux 2004a; Sandlin et al. 2011). In addition, research on epidemic governance and public health crisis communication highlights how risk, responsibility, and authority are negotiated between institutions and citizens during outbreaks (Abramowitz et al. 2015; Wilkinson & Leach 2015; Bavel et al. 2020). Together, these perspectives informed the analytical focus of the study.

2.3 Data Collection

The empirical material consists of publicly available official communication related to the 2022-2023 Ebola outbreak in Uganda from the government of Uganda (primarily the Ministry of Health and relevant political authorities) and the World Health Organization (WHO).

The selection of materials was based on initial exploration of the outbreak communication, discussions with supervisors, and recommendations regarding relevant institutional sources from which to begin identifying relevant materials. Guidance from the assistant supervisor who is familiar with the Ugandan context, as well as from my main supervisor, who was in Uganda at the time of the outbreak, was particularly helpful in identifying relevant institutional communication and outbreak-related sources. A full overview of the analysed communication materials is provided in Appendix 2.

The dataset includes:

- Official press releases and public statements
- Speeches and press briefings (in written form or video recordings)
- WHO situation reports and official updates (DON)
- Social media posts from official institutional accounts or verified representatives

A purposeful sampling strategy was applied. Documents were selected based on their relevance to key phases of the outbreak, including:

- The declaration of the outbreak
- Announcements of containment measures
- Announcements for prolonging the containment measures
- Ongoing updates during the response
- The declaration of the end of the outbreak

Purposeful sampling is commonly used in qualitative research to select information-rich cases that are relevant to the research questions (Patton 2015). All materials were collected from official websites and verified institutional platforms to ensure authenticity. The scope of the dataset spans from September 2022 to January 2023 (see Figure 1), reflecting the duration of the outbreak.

To provide an overview of the empirical data, Table 1 summarizes the distribution by type and institutional actor. The table highlights the diversity of communication materials included in the analysis.

Table 1. Overview of Empirical Data.

Institutional Actor	Document Type	Quantity	Format
Ugandan Government	Speeches and Briefings	6	Written

Ugandan Government	Speeches and Briefings	7	Video
Ugandan Government	Social Media Posts	13	Digital
Ugandan Government	Press Statements	3	Written
Ugandan Government	Interviews with the press	1	Written
WHO	Situation Reports	4	Written
WHO	News Releases	7	Written
WHO	Social Media Posts	5	Digital
WHO-Uganda's Regional Office	News Releases	7	Written

2.4 Data Analysis

The analysis was guided by sensitizing concepts derived from the WPR framework and public pedagogy. These concepts included problem representation, responsibility, citizen positioning, authority, and governance. Sensitizing concepts provide an analytical direction while still allowing patterns to emerge from the material during the interpretive process (Blumer 1969; Bowen 2006).

Prior to the formal analysis, the empirical material was read multiple times to familiarize with the communication materials and the broader outbreak context. Based on this initial reading, the research questions, and the study's analytical frameworks, a structured analytical guide was developed. The purpose of the guide was to translate the theoretical frameworks into a set of concrete analytical questions that could be applied across all communication materials (Bowen 2009).

To support systematic analysis and facilitate the later stages of interpretation, a one-page sheet (see Appendix 1) was developed based on the analytical guide and used across all material in the dataset. This analytical sheet functioned as a practical tool for organizing observations and ensuring that all materials were analysed through the same analytical dimensions, including problem representation, responsibility, citizen positioning, authority, tone, language, and silences. This contributed to consistency and transparency throughout the analysis (Bowen 2009).

Each communication material was then analysed individually using the analytical sheet, in eight analytical steps described below, which were applied consistently across all materials in the dataset.

Step 1: Contextual positioning

All the materials were identified in terms of type, intended audience, timing within the outbreak, and communicative purpose. A brief summary was produced to facilitate later comparison.

Step 2: Problem framing (WPR)

The analysis of each communication material examined how the outbreak was constructed as a problem using the following guiding questions:

- What is presented as the main issue?
- What causes are identified?
- What solutions are proposed?
- What assumptions are embedded in the cause-solution relationship?

Step 3: Risk and responsibility distribution (governance)

Attention was given to how responsibility was assigned by posing the following questions to the material:

- Who is expected to act?
- Who must change behaviour?
- Is responsibility framed as individual, communal, or structural?
- Are certain actors constructed as risky or problematic?

Step 4: Public pedagogy and shaping behaviour

The analysis explored how communication shaped behaviour through the following guiding questions:

- What behaviours are instructed or normalized?
- How is a "responsible" citizen framed?
- Are citizens positioned as partners, passive recipients, or problems to be managed?

Step 5: Authority and expertise

The following guiding questions facilitated analysis of how legitimacy was established:

- Who speaks with authority?
- How is expertise justified?
- Whose knowledge is recognized or excluded?

Step 6: Language, tone, and framing

Keywords, metaphors, emotional tone, and technical language were analysed to identify implicit assumptions and framing strategies.

Step 7: Silences and exclusions (WPR)

Based on Bacchi's (2009) framework, attention was given to what was not discussed, and whose voices were absent. The identification of these silences was informed by prior understanding of the outbreak context and relevant literature on epidemic response and public health communication, which highlight the importance of factors such as local knowledge, socio-economic conditions, and community engagement (Abramowitz et al. 2015; Wilkinson & Leach 2015). This understanding provided a reference point for assessing which issues and perspectives might be expected to appear in the communication but were instead missing or not given due attention in the material.

Step 8: Memo

For each communication material, a short analytical memo was created at the end of the analysis. These memos summarized key insights regarding problem representation, citizen positioning, and authority, and served as the basis for identifying patterns within each actor's communication strategies. Analytical memos are commonly used in qualitative research to support interpretation and the development of analytical insights during the coding process (Saldaña 2013:41–57).

After all analytical sheets and memos had been completed, the answered analytical sheets and the communication materials were revisited to identify recurring patterns and similarities within each actor's (i.e., GoU and WHO) communication. Observations relevant to the research questions and analytical frameworks were grouped together based on conceptual similarity (Saldaña 2013). Through this interpretive process, broader themes emerged regarding how the outbreak was framed, how responsibility was distributed, and how authority and citizen behaviour were constructed.

Figures 2 and 3 illustrate how broader themes were developed from recurring analytical observations within the communication materials.

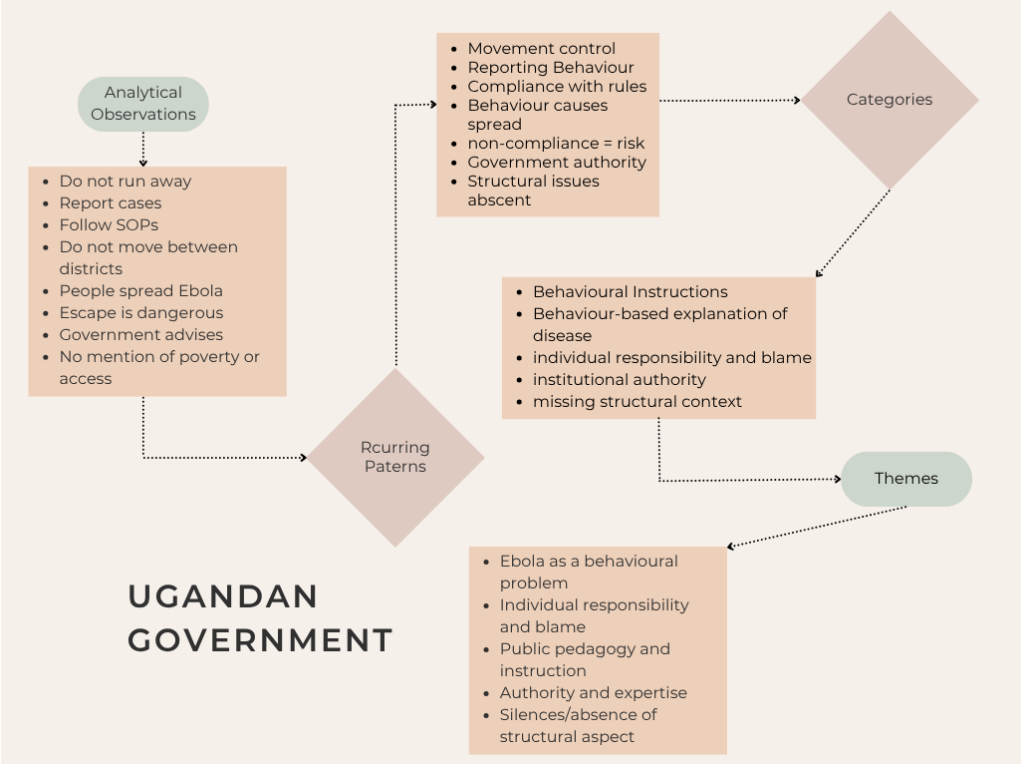

Figure 2. Analytical progression from observations to broader themes in GoU's communication materials. Source: Author's illustration created in Canva.

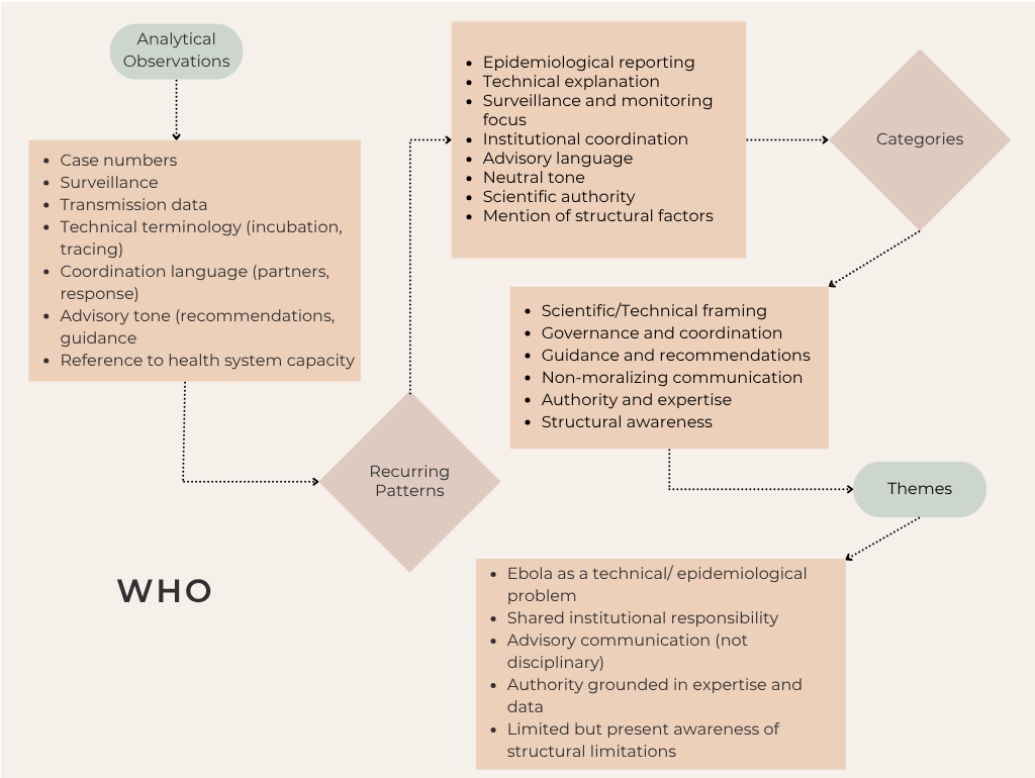

Figure 3. Analytical progression from observations to broader themes in WHO's communication materials. Source: Author's illustration created in Canva.

These themes informed the organization of the results section and later supported the comparative analysis between the GoU and the WHO. By comparing patterns across the two institutional actors, the analysis examined similarities and differences in their communication regarding risk, responsibility, governance, and authority.

2.5 Ethics and Reflexivity

The study is guided by established ethical principles for qualitative research, especially in relation to the use of publicly available data, responsible interpretation, and reflexivity. Although the analysed material in this study is publicly accessible, ethical considerations are still relevant in terms of how the data were selected, interpreted, and presented (Creswell & Creswell 2018).

The dataset consists of official communication produced by institutional actors, including press releases, situation reports, social media posts, and public video messages. As no direct interaction with human participants was involved, issues such as informed consent and confidentiality are not applicable in the traditional sense (Sloan & Quan-Haase 2016; Creswell & Creswell 2018:144–154). However, this does not remove the ethical responsibility to handle the material carefully. Particular attention was given to representing the communication accurately and avoiding decontextualization or overemphasizing certain narratives over others in line with broader principles of transparency and faithful representation in qualitative research (Robson & McCartan 2016; Sloan & Quan-Haase 2016).

The analysed material is not treated as neutral. Institutional communication is shaped by political factors, organizational limitations, and strategic considerations. The aim of the analysis is therefore not to evaluate institutional performance, but to examine how the outbreak is constructed as a problem, how responsibility is distributed, and how citizens are positioned.

Reflexivity is an important part of this study due to its qualitative and interpretive approach. The analysis does not simply "discover" meanings in the data but actively interprets them, informed by the chosen theoretical frameworks (Creswell & Creswell 2018:260–261). Bacchi's WPR approach (2009) and the concept of public pedagogy (Giroux 2004a; b) guided attention towards specific aspects of the material, including problem representations, authority, and the construction of responsible behaviour. While these frameworks provide analytical direction, they also shape what becomes visible, relevant, and analytically significant, while potentially overshadowing alternative interpretations.

Following Prowse (2010), reflexivity is understood as an ongoing part of the research process, instead of as a separate step at the end. During the analysis, analytical memos were used to summarize observations and to reflect on how interpretations developed.

My background in environmental communication and my positionality as a European citizen may also shape how the material is interpreted and evaluated. Being situated within a European context may influence assumptions about governance, institutional capacity, and what is considered appropriate or effective crisis communication. These assumptions are not neutral and may not fully align with local realities. There is, therefore, a risk of unintentionally privileging external or Global North perspectives over context-specific understandings. While I cannot realistically "remove" this influence completely, being aware of my positionality and making efforts to read up on the local context and culture and discuss with my supervisors has increased my understanding of culturally and contextually relevant interpretations and reduced the risk of culturally insensitive readings of the material. Being transparent about my positionality also allows the reader to better understand how my interpretations were developed, thereby strengthening the transparency of the study (Prowse 2010; Creswell & Creswell 2018).

To support the trustworthiness of the analysis, a systematic approach was adopted throughout the research process. The use of an analytical guide and consistent analytical steps helped ensure that all materials were examined consistently and comparably, while analytical memos supported ongoing reflection throughout the process. These steps contribute to the transparency and consistency of the analysis (Bowen 2009; Saldaña 2013; Creswell & Creswell 2018).

As noted by Long et al. (2016), research on governance should consider whose perspectives are included and whose are absent. In this case, the analysis does not capture how affected communities experienced or responded to the outbreak. In addition, the reliance on publicly available data means that the study does not account for how messages were received or interpreted by different audiences. These limitations shape the scope of the analysis and highlight that the findings reflect institutional representations of the outbreak rather than lived experiences or audience interpretations.

3. Results

Based on the analytical process described above, the following section presents the analytical findings. The results are organized thematically, based on recurring themes identified across the analytical sheets. The analysis first examines the communication of the GoU, followed by the communication of the WHO, before moving to a comparative discussion.

3.1 Government of Uganda

3.1.1 Ebola as a Behavioural Problem

Across the analysed material, Ebola is consistently constructed as a disease that can be controlled through human behaviour (Kabami et al. 2024; Musoke et al. 2025). Transmission is repeatedly linked to actions such as failing to report symptoms early, escaping quarantine, moving between districts, or not following public health guidelines. For example, communication emphasizes that Ebola may spread if people are “careless and defiant to medical advice” (Presidential social media post, 13 October 2022), directly linking transmission to individual behaviour. Similarly, the Ministry of Health infographic explains Ebola transmission through everyday forms of physical contact, including “touching a person infected with Ebola”, “sharing utensils and food with an infected person” (Dr. Ruth Diana Atwine's social media post, 12 October 2022). In this way, the outbreak is framed as something embedded in everyday behaviour practices and interpersonal interactions.

Likewise, the proposed solutions focus almost exclusively on behavioural change, including early reporting of symptoms, isolation, and compliance with public health guidelines. Citizens are instructed to “repost suspected cases… immediately” (Dr Jane Ruth Aceng social media post, 28 October 2022) and to “stay at home and not mix…for 21 days” (MoH social media post, 20 October 2022), reinforcing behaviour as the key intervention point. This emphasis on behaviour is repeated across multiple communication formats, including social media posts, public health messaging, and presidential directives. Other messages similarly emphasize compliance and discipline, such as “do not run away to another district when you have had contact with a person confirmed to have Ebola” (MoH social media post, 9 November 2022), and the presidential directives that restricted mobility, social gatherings, and transport in affected districts (MoH social media post, presidential directives poster, 15 October 2022).

This cause-solution relationship points to an underlying assumption that positions behaviour as both the main problem and the main way to control the outbreak. In other words, the problem is not framed as a medical or structural issue, but rather as a matter of inadequate compliance. This aligns with Bacchi’s (2009)

WPR approach, where the representation of the problem implies that behaviour is both the cause and the solution of the issue at hand.

3.1.2 Generalized Responsibility and Construction of Risk

Linked to this behavioural framing is the generalization of responsibility, with individuals and communities positioned as the primary actors responsible for controlling Ebola transmission. They are expected to monitor their health, report any symptoms early, comply with quarantine measures, report suspected cases, and follow official public health guidelines. This is explicitly stated in messages such as "let us work together" (Presidential speech, 26 November 2022), and "controlling the spread… is everyone's responsibility" (MoH social media post, 9 November 2022), which positions responsibility at the level of citizens.

Similarly, official communication repeatedly encourages citizens to remain vigilant, stop handling dead bodies, report suspected cases, seek formal medical treatment, and avoid alternative pathways, reinforcing the idea that outbreak control depends heavily on public compliance (MoH press statement 20 September 2022, MoH social media post 23 September 2022, Presidential speech, 12 October 2022).

Those who do not meet these expectations are implicitly framed as risky or problematic. Non-compliant individuals are associated with spreading the disease, primarily through warnings that movement or non-compliance "exposes many people to infection and makes the epidemic more difficult to control" (MoH social media post, 9 November 2022). This is further emphasized through more explicit moralizing statements, for example, that "refusing to follow up, running away… telling lies, and hijacking dead bodies… poses a great risk of spreading Ebola… puts the lives of all Ugandans at risk" (Dr Diana Atwine social media post, 14 October 2022).

In another example, communities are explicitly told that "people are not dying of witchcraft, they are dying due to Ebola", accompanied by a call to cooperate with health workers and response teams (Dr Jane Ruth Aceng social media post, 30 September 2022). Likewise, in the presidential address of 12 October 2022, the President addresses a case of a contact who "travelled to Luweero District to seek treatment from a traditional healer", presenting such actions as contributing to further transmission. This not only reinforces the legitimacy of medical knowledge but also positions alternative interpretations and forms of response as obstacles to outbreak control.

This framing effectively creates a distinction between "responsible" and "irresponsible" citizens. At the same time, this framing of responsibility presents outbreak control as an equally shared responsibility, while not addressing differences in people's ability to comply with the public health measures. Structural constraints, such as economic insecurity, caregiving responsibilities, or equal

access to healthcare, are not acknowledged, resulting in a decontextualized understanding of responsibility.

3.1.3 Public Pedagogy and the Instruction of Behaviour

The GoU's communication can be understood as a form of public pedagogy, as it actively seeks to shape and control citizen behaviour. Messages are often very direct and instructional, focusing on clear commands such as "do not run away from one place to another when you're a contact" (MoH social media post, 9 November 2022), "stay in your home and do not mix with any of your family members for 21 days"(MoH social media post 20 October 2022), and "report to the nearest health facility…immediately if you experience signs/symptoms of Ebola" (Dr Jane Ruth Aceng social media post, 28 October 2022). Likewise, the presidential directives poster communicates behavioural expectations through explicit restrictions, including prohibitions on transport, social gatherings, worship, and movement between districts (MoH social media post, presidential directives poster, 15 October 2022).

Through repetition and simplification, these messages function as tools of behavioural guidance, teaching citizens how to respond to the outbreak. A "responsible" citizen is implicitly defined as one who is compliant, informed, and cooperative with health authorities. This pedagogical approach is also visible in educational materials that explain how Ebola spreads, symptom fact sheets, and posts encouraging people to "arm yourselves with the facts" to stay safe (Dr Diana Atwine social media post, 30 September 2022). While some communication adopts a more educational tone, the broader emphasis remains on correcting behaviour.

Citizens are therefore positioned in a somewhat dual manner. While they are essential actors in controlling the outbreak, they are also treated as subjects who must be guided, corrected, and disciplined. This reflects a pedagogical logic in which communication is not only about sharing information, but also encouraging compliance and shaping behaviour, consistent with Giroux's (2004b) concept of public pedagogy, while also reflecting how governing practices operate through the regulation of conduct (Bacchi 2009).

3.1.4 Authority and Centralization of Expertise

Authority within the communication is mainly located in state institutions and health experts. Government officials, especially high-level political and health authority figures, are presented as the legitimate sources of information, expertise, and decision-making. The government is presented as actively and decisively managing the outbreak (Presidential social media post, 13 October 2022). This is reinforced through authoritative statements such as "I would like to assure the public that we have established a fully-fledged response to contain the disease spread. We are very optimistic that the outbreak will come to an end in the coming

months" (Presidential speech, 26 November 2022), and "the government is doing everything possible to ensure your safety" (Presidential social media post, 13 October 2022) which positions institutions as capable and in control. Similarly, presidential speeches repeatedly present the state as the central actor managing the outbreak through surveillance, quarantine, restrictions, and emergency response measures, reinforcing a strong top-down governance logic (Presidential speeches, 15 October 2022; 26 November 2022).

Expertise is justified through medical knowledge, scientific terminology, and institutional authority, for example, through references to "confirmed cases", "incubation cycles", and "Ebola treatment units" (Presidential speeches 12 October 2022; 17 December 2022). Official communication also frequently relies on epidemiological statistics, contact-tracing terminology, and institutional reporting, reinforcing the role of scientific and medical expertise in understanding the outbreak (MoH social media post, 23 September 2022).

In contrast, other forms of knowledge, such as local practices or alternative interpretations, are largely absent and on many occasions implicitly devalued, for example, through warnings against "seeking treatment from traditional healers" (Presidential speech, 12 October 2022) and messaging stating that "people are dying not from witchcraft, they are dying due to Ebola" (Dr Jane Ruth Aceng social media post, 30 September 2022). This positions medical and institutional expertise as the primary legitimate sources of authority in outbreak control.

This results in a top-down communication structure in which information flows from authorities to the public, authorities define both the problem and the appropriate response, and citizens are expected to follow this guidance. This also reflects how certain forms of knowledge are prioritized over others in problem representations.

3.1.5 Silences and What is Left Unproblematic

While behaviour is strongly emphasized, other factors receive considerably less attention. Issues such as access to healthcare, economic pressures, or broader structural challenges are largely absent from the communication. Instead, the focus remains on behavioural compliance, for example, through repeated emphasis on actions such as reporting, isolation, and compliance with official guidelines.

Even in cases where strict measures are imposed, such as 21-day quarantine, movement restrictions, curfews, and transport bans, little attention is given to how individuals are expected to manage these measures in practice, including issues such as income loss, food access, caregiving responsibilities, or crowded living conditions (MoH social media post, 20 October 2022; MoH social media post, presidential directives poster, 15 October 2022). This is significant given that the communication assumes broad compliance while offering limited recognition of socio-economic conditions that shape people's ability to follow the measures.

Although some communication briefly acknowledges institutional weaknesses, such as concerns around non-compliant private health facilities or delayed detection (MoH press briefing, 5 November 2022), these structural dimensions remain secondary to the dominant behavioural framing. In the same way, while misinformation and fear are occasionally mentioned as challenges, the communication rarely explores broader social or historical reasons for mistrust, reluctance to cooperate, or preferring alternative healing methods. Instead, these responses are largely framed as irrational or non-compliant behaviours that require correction (Dr Diana Atwine social media post, 14 October 2022; Presidential speech, 12 October 2022).

These absences are important, as they reinforce the dominant framing of Ebola as a behavioural problem rather than one shaped by structural and socio-economic conditions.

3.1.6 Summary

Overall, the GoU's communication frames Ebola as a controllable disease that depends largely on behaviour. Transmission is mainly linked to everyday conduct and public compliance, while outbreak control is presented as achievable through behavioural regulation, adherence to official guidance, and institutional interventions.

Responsibility is generalized, as reflected in statements emphasizing that "everyone" must act to control the spread (MoH social media post, 9 November 2022). This framing presents responsibility as equally shared across the population, while obscuring differences in power, capacity, and lived realities that may shape people's ability to comply with public health interventions.

At the same time, communication functions as a form of public pedagogy, guiding behaviour through clear and repeated messages that appear across multiple speeches, directives, and social media posts. Instructions such as "report symptoms", "report anybody with signs and symptoms like that of Ebola early…", and "do not move in and out of districts" (MoH social media post, 23 September 2022; MoH social media post, presidential directives poster, 15 October 2022; Presidential speech, 26 November 2022) appear consistently across the analysed materials.

Authority is centralized within state institutions and medical expertise, while broader structural dimensions of the outbreak remain unaddressed. Overall, the communication reflects a governance approach in which outbreak control is mainly achieved through behavioural regulation, institutional authority, and citizen compliance, rather than through engagement with broader socio-economic conditions that may shape public response.

3.2 World Health Organization

3.2.1 Ebola as a Technical and Epidemiological Problem

WHO primarily frames Ebola as a technical and epidemiological issue. The analysed materials strongly emphasize case numbers, transmission patterns, and surveillance data, for example, through references to “confirmed cases”, contacts who are being “followed up”, and the virus’s “incubation period” (WHO DON, 26 September 2022; WHO Situation Report #44, 5 November 2022). Detailed information about the spread of the virus and patterns of transmission has a strong presence, reinforcing a data-driven representation of the outbreak. Across the Disease Outbreak News (DON) reports, the outbreak is repeatedly communicated through epidemiological indicators, geographical spread across districts, laboratory confirmations, and surveillance statistics, presenting Ebola as a measurable public health event rather than primarily as a social crisis (WHO DON, 28 October 2022; 10 November 2022, 8 December 2022).

This framing constructs the outbreak as a problem that can be understood and managed through scientific knowledge and monitoring systems. WHO communication repeatedly emphasizes technical response mechanisms such as “contact tracing”, “infection prevention and control”, and “management of cases” as core outbreak control strategies (WHO Uganda news release, 22 September 2022; WHO Uganda news release, 1 October 2022). The outbreak is also framed as requiring rapid detection, structured response planning, and coordinated technical interventions, with WHO highlighting the deployment of experts, diagnostic support, and surveillance systems (WHO Uganda news release, 20 September 2022; 22 September 2022).

WHO’s communication underlines the importance of tracking, detecting, and responding to the disease through technical interventions. Even when behavioural expectations are mentioned, such as reporting symptoms or cooperating with monitoring systems, these are generally positioned as components within a broader epidemiological response rather than as the central focus of outbreak control (WHO DON, 14 January 2023, WHO Uganda Photo Story #2, 27 October 2022).

From a WPR perspective, this indicates a specific problem representation in which the outbreak is constructed as a matter of epidemiological control, where solutions are based on surveillance and intervention systems (Bacchi 2009).

3.2.2 Shared Institutional Responsibility

Responsibility in the WHO communication is framed broadly. The response is presented as a collective effort involving governments, international organizations, and health systems. This is reflected through repeated references to “coordinated action”, “partners”, and “collaboration”, as well as statements emphasizing that controlling the outbreak requires “working together” with other actors. For

example, WHO consistently presents the outbreak response as a joint effort between the Ugandan Ministry of Health, WHO, global health agencies, surveillance teams, laboratories, and international partners, reinforcing an institutional governance logic (WHO joint statement, 3 November 2022; WHO Uganda news release, 1 October 2022).

The materials highlight coordination between the WHO, national authorities, and partners, suggesting that managing the outbreak depends on the effectiveness of institutional systems rather than solely on individual behaviour (WHO Uganda news release, 22 September 2022). Furthermore, WHO communication highlights resource mobilization, financial support, technical assistance, and international preparedness coordination, including collaboration between African health ministers and regional institutions to prevent cross-border transmission (WHO Uganda news release, 12 October 2022).

The WHO also communicates the outbreak through photo stories (WHO Uganda photo story #1, 10 October 2022; photo story #2, 27 October 2022; photo story #3, 11 January 2023), which highlight the work of health workers, surveillance teams, and treatment facilities. These visual materials emphasize institutional response mechanisms and therefore reinforce the representation of formal health systems as central in managing the outbreak. For example, the WHO visual communication features treatment centres, healthcare workers in protective equipment, laboratories, and emergency response infrastructure, reinforcing expertise and institutional preparedness rather than community-led action (WHO Instagram carousel post, 8 October 2022).

Within this framing, communities and individuals are often described as patients who receive care, positioning them primarily as recipients of interventions. Responsibility is therefore placed with systems and governance structures. However, some WHO materials complicate this framing slightly, especially the article highlighting contact tracers and Village Health Teams, where communities are presented as important collaborators in surveillance and early detection (WHO Uganda Photo Story #2, 27 October 2022). Even in these cases, however, participation remains institutionally guided, as it is structured within institutional response mechanisms instead of representing independent community agency.

3.2.3 Advisory Communication and Neutral Tone

The WHO communication adopts an advisory tone. Guidance is usually presented as recommendations rather than commands, and the language is neutral. For example, communication often focuses on outlining response measures and public health strategies, emphasizing actions such as enhancing response capacity and supporting affected areas (WHO Uganda news release, 1 October 2022; WHO joint statement, 3 November 2022).

WHO messaging is generally technical, administrative, and institutional in tone. Disease Outbreak News reports, for example, rely heavily on epidemiological language, operational reporting, and structured public health terminology, presenting updates in a standardized and relatively neutral format (WHO DON, 26 September 2022; 28 October 2022).

Even when communities are addressed, the communication tends to frame guidance in advisory rather than disciplinary terms. For example, recommendations focus on dignified, safe burials, hygiene practices, cooperation with surveillance systems, and seeking early medical care (WHO DON, 14 January 2023).

That said, WHO communication is not entirely detached from behavioural governance. In social media communication, especially through the WHO Director-General's posts, the tone is occasionally more emotionally engaged and acknowledges the social burden of the response measures, for example, by recognizing that "we are asking families to make huge sacrifices" through isolation, quarantine, and altered social interactions (Tedros social media post, 13 October 2022). However, even in these cases, behaviour is framed within broader public health coordination.

3.2.4 Authority and Expertise Through Scientific Knowledge

Authority in the WHO communication is mainly linked to scientific and technical expertise. Legitimacy is established through the presentation and interpretation of epidemiological data, including references to case numbers, transmission patterns, and risk assessments. Across the DON reports and situation reports, WHO repeatedly communicates the outbreak through epidemiological surveillance, laboratory confirmations, contact tracing, and standardized risk reporting, reinforcing scientific knowledge as the primary basis for understanding and responding to the outbreak (WHO DON, 26 November 2022; WHO Situation Report #10, 29 September 2022; WHO Situation Report #44, 5 November 2022).

By presenting detailed and standardized information, WHO positions itself as a credible and authoritative source of information. This form of authority is rather technocratic, as it relies on expertise, evidence, and data. Authority is also reinforced through references to the deployment of international experts "to support surveillance", technical specialists, vaccine preparedness efforts, and coordinated public health planning, further legitimizing expertise as central to outbreak control (WHO Uganda news release, 22 September 2022; WHO joint statement, 3 November 2022; Tedros social media post, 26 October 2022).

This technocratic authority is also visually reinforced through photo stories (WHO Uganda photo story #1, 10 October 2022), where health professionals, laboratories, and treatment infrastructures are prominently displayed. These images further legitimize expertise as the main driver of the response, emphasizing professional knowledge and institutional capacity. Likewise, WHO social media

visual communication repeatedly presents health workers in protective equipment, treatment facilities, surveillance teams, and technical response infrastructure, reinforcing the legitimacy of formal public health expertise (WHO carousel post on Instagram, 8 October 2022, WHO Uganda photo story #1, 10 October 2022).

3.2.5 Limited but Present Structural Factors' Awareness

The WHO materials show some recognition of structural factors, such as health systems capacity and response infrastructure. This is reflected in references to the need to strengthen health systems, for example, through advice to "strengthen… capacities to detect and respond to infectious disease outbreaks" (WHO Uganda news release, 12 October 2022) and to "scale up response" (WHO Uganda news release, 22 September 2022). However, these aspects are rarely explored in depth.

WHO demonstrates some awareness of institutional and infrastructural challenges through discussions of laboratory capacity, emergency medical services, treatment infrastructure, staffing, resource mobilization, and preparedness planning (WHO Uganda news release, 1 October 2022; WHO DON, 14 January 2023).

While there is some acknowledgement of systemic challenges, the overall focus remains on managing the outbreak through technical interventions and coordinated response efforts. Structural conditions are generally discussed in operational terms rather than as socio-political inequalities affecting vulnerability, health care access, or lived experience during the outbreak.

For example, although the WHO recognizes the need for stronger preparedness and response mechanisms, there is limited engagement with issues such as economic disruption, social inequalities, stigma of survivors, or barriers that communities may face in complying with public health interventions. Even when community engagement is acknowledged, the emphasis remains on optimizing outbreak control instead of exploring underlying social conditions that affect the public response.

This indicates that while structural factors are partially recognized, they remain backgrounded in relation to the dominant framing of the outbreak as a technical issue.

3.2.6 Summary

Overall, the WHO communication frames Ebola as a manageable technical and public health issue, and emphasizes epidemiological data, surveillance, and coordinated response. Responsibility is distributed across institutions, governments, public health systems, and international partners, and the communication adopts a neutral and advisory tone. Authority is grounded in scientific expertise, while structural factors are acknowledged but not explored in depth.

Although behavioural expectations are present, mainly in relation to symptom reporting, cooperation with surveillance systems, and community engagement, these are generally embedded within a broader institutional and epidemiological response framework rather than positioned as the central problem representation. Overall, WHO communication reflects a governance logic centered on technical expertise, coordinated public health response, and institutional management of the outbreak.

3.3 Comparative Analysis of Institutional Communication

Both the government of Uganda and the World Health Organization construct the Ebola outbreak as a serious public health crisis that requires coordinated action. However, the analysis reveals significant differences between the two actors in how the outbreak is framed, how responsibility is distributed, how citizens are positioned, and how authority is established. There are also important similarities in how the actors understand and communicate the outbreak.

3.3.1 Problem Framing: Behavioural vs. Technical Representations

A key difference between GoU and WHO is observed in how the outbreak is constructed as a problem. GoU mainly frames Ebola as a behavioural issue, where transmission is linked to individual action such as non-compliance with public health measures, and compliance with public health guidelines (MoH social media post, 9 November 2022; MoH social media post, presidential directives poster, 15 October 2022). Within this framing, behaviour becomes both the cause of the problem and the main way to control it.

In contrast, WHO frames the outbreak primarily as a technical and epidemiological problem, emphasizing surveillance systems, case numbers, transmission patterns, and response mechanisms (WHO DON, 28 October 2022; WHO joint statement, 3 November 2022). Ebola is therefore constructed as something that can be understood and managed through monitoring, data analysis, and coordinated interventions.

From a WPR perspective (Bacchi 2009), these differences in framings suggest that the outbreak is not a fixed problem, but is constructed differently depending on the institutional context. While both actors aim to control transmission, they do so by emphasizing different aspects of the problem. GoU's communication implies that the main challenge is regulating citizen behaviour, whereas the WHO focuses on managing and monitoring the disease through technical interventions.

At the same time, this distinction should not be understood as absolute. WHO communication also includes behavioural expectations (WHO DON, 14 January

2023; WHO Uganda Photo Story #2, 27 October 2022). However, these behavioural elements function as supportive components within a broader technical and institutional framework rather than being positioned as the dominant problem representation, which is the case in the government's communication.

3.3.2 Responsibility: Citizen Focused vs. Institutional Distribution

These different problem representations are linked to how responsibility is assigned. GoU distributes responsibility broadly across the population. Citizens are expected to report symptoms early, follow guidelines, report suspected cases, and avoid behaviours that may contribute to transmission (MoH social media post, 9 November 2022; Presidential speech, 26 November 2022). Responsibility is therefore framed as a shared public obligation, with outbreak control presented as something that depends on collective citizen compliance.

In contrast, the WHO frames responsibility as shared between institutions. The response is presented as a coordinated effort between governments, international organizations, health systems, and partners (WHO joint statement, 3 November 2022; WHO Uganda news release, 1 October 2022). Responsibility is therefore dependent on effective collaboration between institutions, resource mobilization, institutional preparedness, and coordinated public health action.

According to Bacchi (2009), this reflects how different problem representations shape who is expected to act and where responsibility is located.

Although the WHO does not entirely exclude public responsibility, communities are expected to cooperate with surveillance systems, report symptoms, and engage with public health measures. The difference lies in the framing. GoU positions citizens as central to the response, whereas the WHO presents public cooperation as one component within a larger institutional response structure.

3.3.3 Citizen Positioning: Active Partners vs Passive Recipients

The two actors differ in how they position citizens in relation to the response. GoU constructs citizens as active participants who play a central role in controlling the outbreak. However, this participation is highly regulated, as individuals are expected to follow strict guidelines and comply with instructions.

In the WHO communication, citizens are less central and are mainly positioned as recipients of care. The focus is placed primarily on institutional actors, including health workers, surveillance teams, and international partners (WHO Instagram carousel post, 8 October 2022; WHO Uganda photo story #1, 10 October 2022).

However, the WHO communication presents a more subtle positioning. In some of the materials, particularly those highlighting contact tracers, Village Health Teams, and community engagement efforts, communities are framed as cooperative partners in surveillance and early detection (WHO Uganda Photo Story #2, 27

October 2022). Nevertheless, this participation remains institutionally guided as individuals and communities do not participate in decision-making and therefore have limited agency.

This difference reflects how communication can position citizens in different ways, either as responsible subjects expected to act, or as subjects to be managed through institutional systems.

In this sense, both actors position citizens as participants in the outbreak control, but in different ways. GoU emphasizes direct behavioural responsibility and compliance, while the WHO positions communities primarily as participants within institutionally organized response systems.

3.3.4 Authority and Expertise: Political vs Technocratic Legitimacy

Authority is also constructed differently. GoU draws on both political authority and medical expertise, with government officials and national health authorities being positioned as the main decision-makers (Presidential speeches, 15 October 2022; 26 November 2022). The communication is more directive and reinforces a top-down relationship between institutions and citizens.

The WHO, on the other hand, establishes authority mainly through scientific and technical expertise. Legitimacy is based on data, epidemiological analysis, standardized reporting, technical coordination, and institutional response planning (WHO DON 24 November 2022; WHO Situation Report #44, 5 November 2022; WHO joint statement, 3 November 2022). Rather than relying on political leadership, the WHO presents authority as institutionalized, procedural, and evidence-based.

A key distinction, therefore, lies not only in the source of authority but in how legitimacy is communicated. GoU's communication combines political leadership with medical expertise in a directive governance style, whereas the WHO relies more on technical credibility.

3.3.5 Similarities Between Actors

Despite these differences in framing responsibility and tone, there are also significant similarities in how the outbreak is constructed.

First, both actors prioritize medical understandings of EVD. They present the outbreak mainly as a virus that spreads through identifiable transmission pathways and can be controlled through medical and public health interventions. In both cases, the response prioritizes diagnosis, surveillance, isolation, and treatment (MoH social media post, 23 September 2022; WHO DON, 28 October 2022), framing medical knowledge as the dominant way of understanding the outbreak.

Second, both actors emphasize the control of transmission as the main objective. Whether through behavioural compliance (GoU) or through technical coordination

(WHO), the central goal remains the same: interruption of the transmission chain. This reveals a shared governance logic in which the outbreak is understood as manageable through appropriate interventions.

Third, both forms of communication prioritize institutional expertise as the most legitimate source of authority. Government officials, health authorities, and international organizations are consistently positioned as legitimate sources of knowledge. Alternative interpretations and local understandings receive limited attention across both actors' communications. While the exclusion is more explicit in GoU's communication, the WHO similarly privileges formal public health expertise through its technical and institutional framing.

Another similarity is that the governance approaches identified in the analysis are not entirely separate. While behavioural regulation is considerably more central in the GoU's communication, WHO materials also encourage behaviours such as symptom reporting, cooperation with contact tracing, hygiene practices, and engagement with public health measures (WHO DON, 14 January 2023; WHO Uganda Photo Story #2, 27 October 2022). At the same time, although GoU emphasizes citizen conduct, its communication also relies heavily on medical expertise, epidemiological language, and formal institutional response structures. This suggests that both actors operate within a shared public health governance framework, while emphasizing different mechanisms of outbreak control according to their institutional roles.

Both actors also use communication to present the outbreak as actively managed. By providing regular updates, epidemiological reporting, public directives, and response announcements, the situation is framed as organized and under control, even though the outbreak is ongoing. This aims to reduce uncertainty and reinforce confidence and trust in the response.

Another similarity concerns the silences present in both actors' communication. Structural and socio-economic factors, such as access to healthcare, economic constraints, or broader inequalities, receive limited attention in the communication. Similarly, local knowledge, cultural practices, and community perspectives remain secondary to medical and institutional expertise.

Although WHO acknowledges institutional capacity challenges more explicitly than the GoU, this recognition remains largely limited, focusing on preparedness, infrastructure, and response coordination rather than taking structural inequalities or lived realities into account.

As highlighted by Bacchi (2009), these silences contribute to the framing of the outbreak primarily as a medical and behavioural issue, rather than a complex socio-political and structural problem.

3.3.6 Summary

Overall, the comparison demonstrates that while both actors address the same outbreak, they construct it through different governance logics. GoU emphasizes behavioural regulation, generalized responsibility, and directive institutional authority, while the WHO prioritizes technical management, institutional coordination, and epidemiological expertise.

At the same time, these governance approaches are not entirely distinct. Both actors rely on medical expertise, promote public health compliance, and frame the outbreak control as achievable through coordinated interventions. The key difference does not lie in the shared objective of controlling the outbreak, but in the governance mechanisms through which the outbreak control is managed and communicated.

However, both actors operate within a shared medical framework that gives limited attention to broader structural and socio-economic conditions that shape vulnerability, compliance, and therefore public response. As a result, the outbreak is mainly communicated as a problem to be managed through behavioural and institutional interventions, not as a crisis embedded in wider social inequalities and contextual realities.

4. Discussion of Research Findings

The findings of this study demonstrate that the Ebola outbreak in Uganda was not constructed as a single, fixed problem, but was represented differently by the Government of Uganda (GoU) and the World Health Organization (WHO). These different representations are not simply variations in communication style but reflect different problem framings that shape how the outbreak is understood and managed (Bacchi 2009).

The analysis shows that these differences coexist with important similarities in how both actors constructed the outbreak, especially in their reliance on medical knowledge and institutional response.

Together, these findings highlight how crisis communication functions as a form of governance that both constructs public health problems and guides outbreak responses.

4.1 Problem Representation and Governance Logics

A key finding of the study is that the 2022-2023 Ebola outbreak is constructed in distinct ways by the two institutional actors. The GoU primarily frames Ebola as a behavioural issue, where transmission is linked to individual actions and compliance with public health measures. In contrast, WHO frames the outbreak as a technical and epidemiological problem, emphasizing case tracking and coordinated response efforts.

These representations shape what is understood as a "problem" and, therefore, what kinds of solutions are seen as appropriate (Bacchi 2009). In the GoU's communication, behavioural compliance becomes the main solution, while the WHO's communication prioritizes technical capacity and institutional coordination. Rather than simply reflecting differences in communication style, these findings suggest different governance rationalities through which outbreak control is imagined and operationalized.

These different framings also align with previous research on outbreak governance. Wilkinson and Leach (2015) for example, show how Ebola responses have often emphasized behavioural compliance and public cooperation, sometimes without sufficient engagement with the broader structural and social realities that affect people's responses. Similarly, Richards et al. (2015) argue that outbreak responses become less effective when institutional assumptions about public behaviour fail to align with the practical realities of affected communities. In this case, GoU's communication reflects broader patterns in outbreak governance, where citizen conduct becomes a central part of intervention.

Meanwhile, the findings indicate that these framings are not entirely separate. While GoU emphasizes behaviour, it still relies on medical language and response

structures, and while the WHO emphasizes technical systems, it does not completely exclude behavioural considerations. Taken together, this suggests that both actors operate within a shared framework but emphasize different aspects of it depending on their institutional roles.

This aligns with Fairhead's (2016) critique of Ebola governance approaches that framed communities primarily in behavioural terms rather than as actors embedded in specific social, historical, and economic contexts. It also resonates with Arvidsson et al. (2022), who highlight how institutional problem framings in Uganda may privilege formal expertise while overlooking local realities and context-specific understandings.

This supports existing research in environmental communication, which suggests that risks are not simply objective realities but are shaped through discourse and institutional narratives (Hajer & Versteeg, 2005; Cox & Pezzullo, 2016). At the same time, outbreak governance literature suggests that responses which prioritize behavioural compliance or technical management without sufficient engagement with social contexts may overlook dimensions that are critical to effective response, including trust, local knowledge, socio-economic constraints, and the practical realities shaping public behaviour (Richards et al. 2015; Wilkinson & Leach 2015; Fairhead 2016).

4.2 Responsibility and the Distribution of Risk

Linked to these problem representations is the distribution of responsibility. The GoU emphasizes generalized public responsibility by encouraging certain actions such as reporting symptoms, complying with guidelines, and avoiding risky behaviour. Non-compliance is implicitly connected to the continuation of the transmission, reinforcing the idea that individuals play a central role in controlling the outbreak.

In contrast, the WHO frames responsibility as distributed across institutions, including governments, international organizations, and health systems. The response is presented as a coordinated effort that depends on collaboration, resources, and system capacity.

However, as highlighted in anthropological studies of Ebola outbreaks, generalized responsibility raises important questions about whether people's unequal capacities to comply are sufficiently acknowledged (Wilkinson & Leach 2015; Fairhead 2016). Richards et al. (2015), for example, argue that actions interpreted by authorities as resistance or non-compliance may instead reflect practical rationalities shaped by caregiving obligations, mistrust of institutions, economic necessity, or limited access to healthcare. In this sense, framing outbreak control primarily as a matter of public responsibility risks oversimplifying behaviour and overlooking conditions that shape people's choices.

In this context, the GoU's communication raises similar concerns. By framing outbreak control as a broadly shared civic responsibility, the communication risks obscuring differences in people's capacity to comply. While messaging emphasizes that "everyone" has a role in controlling transmission, such framings may overlook the unequal socio-economic conditions that shape what compliance is realistically possible in practice.

From Bacchi's (2009) perspective, this reflects the lived effects of problem representations, as the way responsibility is framed influences who is expected to act, whose behaviour becomes problematized, and which structural conditions remain outside the frame of intervention. The effect is not simply that responsibility is assigned, but that certain populations may become implicitly positioned as failing subjects when they cannot meet institutional expectations, regardless of the conditions shaping their actions.

This can be linked to broader patterns identified in previous research on health crisis communication, which highlight that responsibility is often shaped through institutional narratives and framing choices (Abramowitz et al. 2015; Richards et al. 2015). Abramowitz et al. (2015), for instance, show how outbreak responses that insufficiently engage with public mistrust or institutional historical grievances may struggle to gain cooperation, particularly when responsibility is framed without acknowledging the reasons behind public reluctance or alternative responses.

The stronger emphasis on public responsibility in GoU's communication may partly reflect the practical need for behavioural compliance during a public health emergency. However, framing responsibility primarily at the level of public behaviour shifts attention away from the broader structural conditions that shape behaviour in the first place, raising questions about how realistic or equitable such expectations are. This may be understood as a form of responsibilization, in which individuals are expected to manage health risk while structural conditions remain backgrounded. In this sense, the communication functions as a form of public pedagogy that teaches individuals to see themselves as primarily responsible for managing risk (Giroux 2004b).

4.3 Public Pedagogy and the Construction of the "Responsible Citizen"

The findings indicate that communication during the outbreak functions as a form of public pedagogy. In line with Giroux (2004a; b) and Sandlin et al. (2011), both actors do not simply provide information to the public, but also shape how individuals are expected to understand and respond to the crisis.

In the GoU's communication, citizens are positioned as active participants who play a key role in controlling the outbreak. However, this role is clearly defined and regulated, as individuals are expected to follow instructions, comply with guidelines, and act in accordance with public health recommendations, and they

have no part in the decision-making regarding the response. A "responsible" citizen is therefore constructed as compliant, informed, and cooperative. In this sense, communication functions not only as a tool for information sharing but also as a mechanism for shaping norms and expectations during a public health crisis.

This reflects Giroux's (2004b) understanding of public pedagogy as a process through which institutions shape public knowledge, values, and forms of acceptable conduct beyond formal educational settings. The communication does not simply inform citizens about Ebola but implicitly teaches them how they are expected to behave, what forms of conduct are considered responsible, and what kinds of responses are viewed as legitimate. Public health communication, therefore, becomes a governance mechanism through which populations are guided toward particular forms of behaviour.

Although the WHO adopts a less directive communication style, this does not mean that its communication is free from pedagogical effects. Even when presented through a more advisory and technical tone, communication still shapes assumptions about who holds expertise, how the outbreak should be understood, and what forms of public cooperation are expected. The difference lies less in whether pedagogy is present and more in the form it takes.

These differences suggest that crisis communication, apart from informing the public, also produces different subject positions (Giroux 2004a; Sandlin et al. 2011). While the GoU more explicitly constructs the citizens as responsible behavioural subjects who are expected to actively contribute to outbreak control through compliance, WHO incorporates the public more indirectly within institutionally managed response systems.

Rather than fully engaging citizens as active participants in shaping outbreak governance, both approaches ultimately position the public within predefined institutional roles. This reflects broader governance dynamics in which participation is structured and conditional, rather than genuinely participatory.

4.4 Authority, Expertise, and Power

Another key finding concerns how authority is constructed and legitimized in outbreak communication. Both actors establish a particular form of legitimacy through communication, which shapes whose knowledge is treated as credible, whose expertise is prioritized, and who is positioned as capable of defining the appropriate response.

While GoU and WHO rely on different forms of authority, with the former drawing more visibly on political leadership and the latter on scientific and technical expertise, both privilege institutional and medical legitimacy. This suggests that authority in public health crisis communication is not only about providing guidance, but also about establishing who has the power to define the crisis and its appropriate solutions.

This reliance on institutional validity leads to important questions regarding whose knowledge is considered legitimate in public health crisis response. As Dutta (2007) argues, institutional health communication often marginalizes local knowledge by framing it as less relevant or less legitimate. This reinforces existing power relations by prioritizing scientific expertise over community-based knowledge, which may be essential for understanding local realities, practical constraints, and everyday experiences that shape how public health interventions are received.

This concern is also reflected in previous outbreak research. Richards et al. (2015) argue that institutional outbreak responses may fail when they overlook practical local realities and interpret community responses through narrow assumptions about compliance or resistance. Similarly, Fairhead (2016) highlights how Ebola governance approaches have sometimes framed local populations as obstacles to disease control rather than as holders of relevant contextual knowledge. In the Ugandan context, Arvidsson et al. (2022) similarly show how formal institutional framings may privilege expert knowledge while overlooking context-specific understandings and lived realities.

From this perspective, the exclusion of local or alternative forms of knowledge is not merely an issue of representation, but one with practical consequences. When communities do not recognize institutional framings as relevant to their realities, communication may become less effective, public cooperation may weaken, and mistrust may deepen. Abramowitz et al. (2015) similarly demonstrate how outbreak responses that fail to engage with public mistrust or local experience may struggle to secure cooperation, even when they are technically well-designed.

At the same time, authoritative communication also serves an important governance role during such crises. In rapidly evolving public health emergencies, institutions may rely on clear and authoritative messaging to reduce uncertainty, coordinate behaviour, and maintain public trust in response efforts. The issue, therefore, is not that institutional authority itself is inherently problematic, but that exclusive reliance on institutional expertise may limit the ability of outbreak responses to engage with the broader social conditions and lived realities that shape public behaviour and cooperation.

4.5 The Role of Language and Tone in Crisis Communication

The analysis highlights differences in language and tone. GoU's communication is directive and instructional and often emphasizes urgency and compliance. This likely reflects the practical need to influence behaviour quickly during a public health emergency, where authorities are responsible for coordinating public action, reducing uncertainty, and preventing further spread. In this sense, directive

communication is not necessarily only a mechanism of discipline but may also serve an important governance function during crisis response.

The WHO adopts a more neutral and advisory tone, focusing on providing information and response strategies. This difference in tone shapes how urgency, responsibility, and trust are communicated and understood. While the GoU's communication more directly encourages behavioural compliance, the WHO's more technical tone reinforces authority through expertise and institutional legitimacy rather than directive instruction.

However, these findings also show that both forms of communication actively construct a sense of control over the outbreak. By presenting clear actions (GoU) or structured data and response mechanisms (WHO), both actors frame the situation as manageable, even if the crisis is ongoing. This may be particularly important during public health emergencies, while communication plays a practical role in reducing uncertainty and maintaining public confidence in the response, in order to avoid confusion and panic.

As suggested by Hajer and Versteeg (2005), language plays an important role in shaping how risks are understood. The use of directive versus advisory language may therefore influence how citizens perceive their role in the response. A more directive tone may position citizens primarily as subjects expected to follow instructions, while a more advisory tone may frame the public more as recipients of expert guidance. In this sense, differences in tone reflect different ways of governing public response through communication.

4.6 Silences and Their Implications

An important observation across both actors is what is not discussed. Structural and socio-economic factors, such as access to healthcare, economic pressures, and broader inequalities, receive limited attention. Similarly, local knowledge, cultural practices, and community perspectives are largely absent.

From a WPR perspective, these silences are significant because they shape how the problem is understood by leaving certain aspects unaddressed (Bacchi 2009). Problem representations shape understandings through what is emphasized, but also through what is left outside of the discussion. In this case, the limited attention given to structural and contextual factors contributes to a narrower understanding of the outbreak, where behavioural compliance and technical response appear as the primary or sufficient means of control.

This aligns with previous research on Ebola communication, which has shown that overlooking local realities and structural factors can directly affect outbreak response. Drawing on the West African Ebola outbreak, Wilkinson & Leach (2015) show that public health responses often framed community behaviours as problematic or irrational, while failing to adequately take into account socio-economic realities, care obligations, and practical constraints that shape people's

actions. Similarly, Abramowitz et al. (2015), drawing on the Liberian context, demonstrate how mistrust toward institutions shaped by historical grievances and government failures influenced public willingness to cooperate with official response efforts. Richards et al. (2015) likewise argue that behaviours interpreted by authorities as resistance may instead reflect practical rationales grounded in everyday realities rather than opposition to public health measures.

In this sense, these silences are more than just analytical omissions; they may also have practical implications in governance. When outbreak communication does not engage with the broader conditions that affect public behaviour, interventions may become less responsive to the realities of the affected populations. This may limit the effectiveness of communication and reinforce misunderstandings between institutions and communities.

The absence of local knowledge and community perspectives is also significant. As discussed in the previous sections, the stronger reliance on institutional and medical expertise may narrow the range of perspectives considered relevant to outbreak response. This reflects concerns raised by Dutta (2007), Fairhead (2016), and Arvidsson et al. (2022), who highlight how excluding local knowledge may weaken contextual responsiveness and reinforce unequal power relations in health governance.

At the same time, it is important to acknowledge that crisis communication during active outbreaks often prioritizes urgency, clarity, and actionable guidance. The absence of broader contextual discussion may therefore partly reflect the practical demands of emergency communication. However, this does not remove the importance of critically examining what such communication leaves unaddressed, particularly when these omissions shape how populations are governed and what forms of intervention become imaginable.

4.7 Implications for Crisis Communication Governance

Overall, the findings suggest that crisis communication plays a central role in shaping how outbreaks are governed. Different actors construct the problem in different ways, which in turn influence how responsibility is distributed, how citizens are positioned, and how authority is justified.

The comparison between the GoU and the WHO highlights how national and international actors may operate within different governance logics, even when they address the same outbreak. The GoU's more directive communication reflects its responsibility for implementing measures, while the WHO's technical and advisory communication reflects its role in global health governance (Fidler 2004; Kickbusch & Gleicher 2013).

At the same time, both actors share a reliance on medical knowledge and institutional approaches, which may limit the attention given to alternative perspectives, local realities, and broader structural conditions that affect public

response (Dutta 2007; Fairhead 2016; Arvidsson et al. 2022). As discussed throughout this chapter, this has implications for what forms of interventions are prioritized and which perspectives remain unaddressed in the response (Bacchi 2009).

Taken together, this suggests that crisis communication does not simply reflect governance but actively shapes it. Communication becomes a mechanism through which problems are defined, behavioural expectations are established, expertise is legitimized, and particular forms of public participation are encouraged (Giroux 2004b; Bacchi 2009; Sandlin et al. 2011).

These findings contribute to environmental and health communication research by showing that crisis communication goes beyond purely informing to shaping meanings, expectations, and governance practices (Hajer & Versteeg 2005; Cox & Pezzullo 2016). They also suggest that evaluating crisis communication solely in terms of clarity and effectiveness may be insufficient if less attention is paid to how communication frames responsibility, includes or excludes forms of knowledge, and shapes relationships between institutions and affected populations (Abramowitz et al. 2015; Wilkinson & Leach 2015).

This, in turn, raises questions about how inclusive and context-sensitive current communication approaches are, especially during public health crises where public cooperation, trust, and legitimacy are central to effective response.

Ultimately, the findings highlight that crisis communication is never neutral, but actively shapes how problems, responsibilities, and possible solutions are understood.

5. Conclusion

This thesis examined how the government of Uganda and the World Health Organization communicated the 2022-2023 Ebola outbreak in Uganda, with a focus on how the outbreak was constructed as a problem, how responsibility was distributed, and how citizens were positioned. Drawing on Bacchi's (2009) WPR approach and the concept of public pedagogy (Giroux 2004a; b), the study treated communication as a form of governance that shapes understandings, expectations, and responses during a public health crisis.

The findings show that the two actors constructed the outbreak in different ways. GoU primarily framed Ebola as a behavioural problem, emphasizing generalized responsibility and compliance with public health measures. In contrast, the WHO framed the outbreak as a technical and epidemiological issue, focusing on surveillance, data, and coordinated response systems. These differences reflect distinct governance rationalities, where the government focuses on behavioural regulation, while the WHO prioritizes technical management.

At the same time, the analysis demonstrates important similarities between the two actors. Both operate within a shared medical framework, prioritize institutional expertise, and frame outbreak control as the central objective, although they differ in how this is pursued. Across both forms of communication, structural conditions, local knowledge, and community perspectives receive limited attention, suggesting that broader social dimensions of the outbreak remain insufficiently addressed.

By comparing national and international communication, the study highlights how institutional contexts and governance roles shape crisis communication. Rather than simply describing the outbreak, communication actively contributes to defining what the problem is, how responsibility is delegated, and which responses are considered appropriate or legitimate.

The findings also suggest that crisis communication has implications beyond information sharing and behavioural effectiveness alone. How problems are framed influences what becomes visible as a site of intervention, whose knowledge is considered credible, and how populations are positioned in relation to institutional authority. This highlights the importance of critically examining what remains unaddressed during a public health crisis, apart from what is communicated.

In this sense, the study contributes to environmental and health communication research by demonstrating that crisis communication is not only a matter of effectiveness or information sharing, but also a process of meaning-making and governance (Hajer & Versteeg 2005; Cox & Pezzullo 2016). By applying WPR and public pedagogy to institutional outreach communication, the study contributes to understanding how authority, responsibility, and citizen behaviour are constructed through communication during public health crises.

Meanwhile, the study is limited by its focus on institutional communication and does not examine how messages were received, interpreted, accepted, or rejected by different audiences. Incorporating audience perspectives could complement this analysis by providing insight into how institutional problem representations interacted with lived experiences during the 2022-2023 Ebola outbreak.

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AI Disclaimer

Grammarly was used for spelling and grammar correction. The suggested changes were reviewed before being accepted or rejected.

In addition, I made limited use of generative AI tools, specifically ChatGPT and NotebookLM, to support my understanding of some of the research material and theoretical concepts. These tools were used to clarify complex ideas and assist in summarizing parts of the literature when needed.

To assess the accuracy of the AI outputs, I cross-checked the information with the original academic sources. When there were inconsistencies or I was uncertain, I relied on my understanding of the original sources rather than the AI-generated responses.

All writing, analysis, and interpretations are my own. The AI tools were used for understanding and did not replace my own critical thinking or engagement with the material.

Popular science summary

When an outbreak like Ebola occurs, communication becomes just as important as medical treatment. Governments and international organizations must inform the public, guide behaviour, and manage uncertainty. But communication does more than simply share information. It shapes how people understand the crisis, who they see as responsible, and what actions seem necessary.

This thesis explored how the 2022-2023 Ebola outbreak in Uganda was communicated by two key actors: the government of Uganda (GoU) and the World Health Organization (WHO). By analysing official statements, reports, news releases, and social media posts, the study shows that the same outbreak was presented in different ways depending on who was communicating it.

The government of Uganda mainly described Ebola as a problem of behaviour. People were told to report symptoms, follow guidelines, and avoid actions that could spread the virus further. In this communication, individuals were seen as central to controlling the outbreak. Being a "responsible citizen" meant following the rules and cooperating with authorities.

The WHO, on the other hand, emphasized the technical side of the outbreak. Its communication highlighted case numbers, surveillance systems, and coordination between institutions. Instead of emphasizing individual behaviour, the WHO presented the outbreak as a collective effort involving governments, international organizations, experts, and health systems.

Despite these differences, the two actors shared some important similarities. They relied heavily on medical knowledge and presented the outbreak as something that could be controlled through proper management. Meanwhile, broader social and political issues were absent from both communications.

This is important because the way that a crisis is communicated affects how people understand it and respond to it. If the focus is mainly on individual behaviour, structural challenges may be overlooked. If the focus is mainly on technical systems, the role of communities may be backgrounded.

By showing how communication shapes our understanding of responsibility, this study highlights that managing a crisis is not only about controlling a disease, but also about how the problem itself is defined.

Appendix 1: Analytical Sheet

The analytical guide was developed based on Bacchi's WPR approach (2009) and the concept of public pedagogy (Giroux 2004a; b; Sandlin et al. 2011). The following analytical sheet was used for each document and video in the dataset to ensure consistency in the analysis.

ANALYTICAL GUIDE – ONE-PAGE ANALYTICAL SHEET

Thesis: Communicating Crisis, Responsibility, and Governance in Official Communication During the 2022-2023 Ebola Outbreak in Uganda

Document: _____

Actor: ☐ Government ☐ WHO

Date: _____ Type: _____

Audience: _____

1. QUICK SUMMARY (1–2 lines)

_____

_____

2. PROBLEM FRAMING (How is Ebola constructed?)

- How is the situation described? Cause? Main problem? Proposed solutions?

_____

_____

3. RISK & RESPONSIBILITY (Who must act?)

- Who is responsible? Who must change behaviour? Who is risky or blamed? Individual/community/structural?

_____

_____

4. BEHAVIOUR & PUBLIC PEDAGOGY (What are people taught to do?)

- Instructions/rules? Normalized or disciplined behaviours? What is a 'good citizen'?

_____

_____

5. AUTHORITY & EXPERTISE (How is power legitimized?)

- Who speaks? How is expertise justified? Whose knowledge counts or is missing?

_____

_____

6. LANGUAGE & TONE (How meaning is shaped?)
- Keywords, metaphors, emotional tone, technical vs everyday language

_____
_____

7. SILENCES (What's missing?)
- Issues/voices/structural or environmental factors not discussed

_____
_____

8. QUICK ANALYTIC MEMO

This text frames Ebola as _____

Responsibility is placed on _____

Citizens are expected to _____

Authority is justified through _____

Key insight or missing element _____

Appendix 2: Empirical Material List

Table 2. List of Analysed Communication Materials

Actor	Type	Title/Description	Date	Source/Platform
GoU	Press Statement	"Press Statement on Confirmed Ebola Outbreak in Mubende District"	20/09/2022	Ugandan Ministry of Health
GoU	Press Statement	"Update on the Ebola Virus Disease Outbreak and Containment Measures"	05/11/2022	Ugandan Ministry of Health
GoU	Press Statement	"Declaration of End of Ebola Outbreak in Uganda"	11/01/2023	Ugandan Ministry of Health
GoU	Interview	"Interview with Hon. Dr. Jane Ruth Aceng, Minister of Health of the Republic of Uganda, on the Ebola Sudan Disease Experience in Uganda"	04/04/2023	Africa CDC
GoU	Presidential Speech	"Update to the Nation on the Ebola Virus Disease Outbreak in the Country"	12/10/2022	Yoweri Kaguta Museveni Website
GoU	Presidential Speech	"Latest Updates on Ebola Virus"	15/10/2022	Yoweri Kaguta Museveni Website
GoU	Presidential Speech	"4th Adress to the Nation on the Ebola Virus Disease Outbreak in the Country"	15/11/2022	Yoweri Kaguta Museveni Website
GoU	Presidential Speech	"H.E. The President's Speech on Ebola Virus Disease Outbreak"	26/11/2022	Yoweri Kaguta Museveni Website

GoU	Presidential Speech	"H.E. The President's Speech on Ebola Virus Disease Outbreak"	17/12/2022	Yoweri Kaguta Museveni Website
GoU	Presidential Speech	"Talking Points for His Excellency the President's Address to the Nation"	20/12/2022	Yoweri Kaguta Museveni Website
GoU	Press Statement (Ministry of Health- Permanent Secretary)	"Ebola Virus Disease Confirmed in Mubende"	20/09/2022	YouTube
GoU	Presidential Speech	"President Museveni's Address to the Nation"	28/09/2022	YouTube
GoU	Presidential Speech	"President Museveni's Address on Ebola"	12/10/2022	YouTube
GoU	Presidential Speech	"Presidential Address on Ebola Outbreak in Uganda"	15/10/2022	YouTube
GoU	Press Briefing (Minister of Health)	"Press Briefing on Ebola Preventive Measures"	05/11/2022	YouTube
GoU	Presidential Speech	"Museveni Addresses the Nation on Ebola	15/11/2022	YouTube
GoU	Governmental Speech- Minister of Health	"Health Minister Dr. Ruth Aceng Declares Uganda Free of Ebola"	11/01/2023	YouTube
GoU	Social Media Post	"Update on Ebola Disease Outbreak	23/09/2022	Ugandan Ministry of Health
GoU	Social Media Post	"Facts Sheet on Ebola & 4 posters	30/09/2022	Dr. Diana Atwine- - Twitter/X
GoU	Social Media Post	Informing local leaders	30/09/2022	Dr. Jane Ruth Aceng Ocero- Twitter/X
GoU	Social Media Post	Informational Poster on how Ebola Spreads	12/10/2022	Dr. Diana Atwine- Twitter/X

GoU	Social Media Post	Reassuring Post regarding the Country's Ability to Control the Outbreak	13/10/2022	Yoweri K Museveni- Twitter/X
GoU	Social Media Post	Ebola Facts Poster created by the Ministry of Health with a picture and a quote from the President	14/10/2022	Dr. Diana Atwine- Twitter/X
GoU	Social Media Post	"Highlights from the President's National Address"-Poster	15/10/2022	Government of Uganda- Twitter/X
GoU	Social Media Post	Directives for contacts- Poster	20/10/2022	Ugandan Ministry of Health- Twitter/X
GoU	Social Media Post	"Press Release: All contacts to #EbolaOutbreakUG confirmed cases are NOT allowed to travel locally or internationally for 21 days"	28/10/2022	Ugandan Ministry of Health- Twitter/X
GoU	Social Media Post	"EBOLA IS HERE! It is Real! -Poster	28/10/2022	Dr. Jane Ruth Aceng Ocero- Twitter/X
GoU	Social Media Post	Reassuring the public that there will be no lockdown.	04/11/2022	Yoweri K Museveni- Twitter/X
GoU	Social Media Post	Poster on good conduct for contacts	09/11/2022	Ugandan Ministry of Health- Twitter/X
GoU	Social Media Post	Poster-End of Outbreak Declaration	11/01/2023	Ugandan Ministry of Health- Twitter/X
WHO	Situation Report	"Situation Report #10"	29/09/2022	WHO- Regional Office for Africa Webpage
WHO	Situation Report	"Situation Report #26"	16/10/2022	WHO- Regional Office for Africa Webpage

WHO	Situation Report	"Situation Report #44"	05/11/2022	WHO- Regional Office for Africa Webpage
WHO	Situation Report	"Situation Report #93"	11/01/2023	WHO- Regional Office for Africa Webpage
WHO	News Release	"Uganda declares Ebola Virus Disease outbreak"	20/09/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"WHO bolsters Ebola disease outbreak response in Uganda"	22/09/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"Health Development Partners Mobilized to End the Ebola outbreak in Uganda"	22/09/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"Uganda Defines Priorities and Needs in Its Ebola Response Plan"	01/10/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"African health ministers take steps to curb Ebola disease outbreak"	12/10/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"Contact tracers and village health teams take on Ebola in Uganda"	27/10/2022	WHO- Regional Office for Africa Webpage
WHO	News Release	"Uganda declares end of Ebola disease outbreak"	11/01/2023	WHO- Regional Office for Africa Webpage
WHO (Joint statement by CEPI-Gavi-WHO	News Article	"Global health agencies outline plan to support Ugandan government-led response to outbreak of Ebola virus disease"	03/11/2022	WHO Webpage
WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	26/09/2022	WHO Webpage

WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	18/10/2022	WHO Webpage
WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	10/11/2022	WHO Webpage
WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	24/11/2022	WHO Webpage
WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	08/12/2022	WHO Webpage
WHO	News Release	"Disease Outbreak News/ Ebola Disease caused by Sudan virus - Uganda."	14/01/2023	WHO Webpage
WHO	Social Media Post	Rapid response to the Ebola Outbreak by WHO& partners	08/10/2022	WHO & WHO Africa- Instagram
WHO	Social Media Post	Post on the need for cooperation, behavioural change, and trust	13/10/2022	Tedros Adhanom Ghebreyesus (WHO Director General)- Twitter/X
WHO	Social Media Post	Update on the Ebola Outbreak	26/10/2022	Tedros Adhanom Ghebreyesus (WHO Director General)- Twitter/X
WHO	Social Media Post	Update on Ebola Outbreak	05/11/2022	Tedros Adhanom Ghebreyesus (WHO Director General)- Twitter/X
WHO	Social Media Post	Declaration of End of Ebola Outbreak-Video	11/01/2023	WHO-Twitter/X

WHO	Photo #1	Story	"In Uganda, fighting Ebola one patient at a time"	10/10/2022	WHO-Regional Office of Africa Webpage
WHO	Photo #2	Story	"Contact tracers and village health teams take on Ebola in Uganda"	27/10/2022	WHO-Regional Office of Africa Webpage
WHO	Photo #3	Story	"Keeping up the vigilance on Ebola in Uganda's capital"	11/01/2023	WHO-Regional Office of Africa Webpage

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