
Persuasive Strategies in the WHO Media Briefing on the Bundibugyo Ebola Outbreak

Khrisna Adji Maulidi^{1*}, Zaki², Alfina Alfia Zahra³, Farida Nurul Rahmawati⁴

^{1,2,3,4} Prodi Ilmu Komunikasi, Fakultas Ilmu Sosial dan Ilmu Budaya, Universitas Trunodjoyo Madura, Bangkalan, Jawa Timur, Indonesia
noobwtf542@gmail.com

DOI : <https://doi.org/10.56480/jln.v6i2.87>

Received: May 05, 2026

Revised: May 27, 2026

Accepted: June 09, 2026

Abstract

The 2026 outbreak of the Bundibugyo strain of Ebola virus disease in the Democratic Republic of the Congo (DRC) and Uganda posed significant challenges to global health governance due to the limited availability of effective biomedical interventions. In such circumstances, communication became a strategic instrument for maintaining public trust and managing societal responses to the crisis. This study aims to analyze the rhetorical strategies employed by the World Health Organization (WHO) in its official media briefing on the Ebola Bundibugyo outbreak through the perspective of Aristotelian rhetoric. Using a qualitative descriptive approach and rhetorical criticism method, this research examines the transcript of WHO's media briefing delivered on May 20, 2026. The data were analyzed based on Aristotle's three rhetorical appeals: ethos, pathos, and logos. The findings reveal that WHO constructed ethos through international legal legitimacy and global institutional collaboration, utilized pathos to manage public anxiety and foster international solidarity, and employed logos by presenting epidemiological evidence and fact-based arguments to justify its response to the outbreak. The study demonstrates that rhetoric plays a crucial role in maintaining institutional legitimacy and strengthening public trust during global health emergencies. Furthermore, the findings confirm the continued relevance of Aristotelian rhetoric in understanding contemporary health crisis communication practices.

Keywords– Health Communication; Crisis Communication; Aristotelian Rhetoric; World Health Organization; Ebola Bundibugyo Outbreak.



© 2026 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution ShareAlike (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>).

1. Introduction

Global health crises pose not only medical challenges but also complex communication challenges. In public health emergencies, the effectiveness of crisis management largely depends on the ability of health authorities to communicate credible, accurate, and trustworthy information that fosters public confidence. (Reynolds & W. Seeger, 2005). Ineffective communication can increase public panic, reinforce the spread of misinformation, and hinder the implementation of health policies.

In the context of crisis communication, messages delivered by official institutions are not merely neutral presentations of medical data. Instead, they represent rhetorical constructions that are deliberately designed to persuade, reassure, and guide public behavior during times of uncertainty. (Surahmat et al., 2021). The World Health Organization (WHO) media briefing, broadcast live on YouTube on 20 May 2026, took place amid an exceptionally complex geopolitical context. WHO's credibility was openly challenged by global political figures, including the United States Secretary of State, Marco Rubio, who criticized the organization for being slow and overly bureaucratic in detecting the outbreak. At the same time, several countries unilaterally imposed travel bans on East African nations, despite such measures being inconsistent with the provisions of the International Health Regulations (IHR).

The 2026 Bundibugyo Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda illustrates how communication serves as a critical instrument in managing public health crises. Unlike several previous Ebola outbreaks, which were supported by the availability of specific vaccines, this outbreak occurred under conditions where widely deployable medical interventions were still limited. Consequently, public communication became one of the World Health Organization's (WHO) primary strategies for managing risk perception and maintaining the trust of the international community.

Research on health communication during crises has expanded significantly in recent years, particularly following the COVID-19 pandemic. Numerous studies have demonstrated that risk communication and crisis communication

play a crucial role in shaping public perceptions of health threats. (Finset et al., 2020; Malecki et al., 2021). Nevertheless, most existing research has primarily focused on the effectiveness of digital media, public behavior, and the communication strategies of national governments. Studies that specifically examine the rhetorical structure of communication employed by global health organizations during public health crises remain relatively limited.

One theoretical framework that is particularly relevant for understanding persuasive strategies in crisis communication is Aristotle's Rhetorical Theory. Aristotle argues that effective persuasion is built upon three fundamental appeals: *ethos* (credibility), *pathos* (emotional appeal), and *logos* (logical reasoning). Together, these rhetorical elements enable communicators to establish credibility, influence audience emotions, and present rational arguments effectively. (Aristotle, 2007).

This study is based on the assumption that the WHO's communication during the 2026 Bundibugyo Ebola outbreak served not only as a means of disseminating public health information but also as a rhetorical practice designed to maintain institutional legitimacy in a context of uncertainty. Therefore, this study aims to analyze how the World Health Organization (WHO) constructed its persuasive strategies in its official media briefing regarding the 2026 Bundibugyo Ebola outbreak.

2. Method

This study employed a descriptive qualitative approach using Aristotle's rhetorical criticism method. This approach was chosen because it enables researchers to identify and interpret persuasive strategies embedded in health crisis communication texts.

The object of this study was the persuasive strategies employed by the World Health Organization (WHO) in its official media briefing entitled LIVE: Media Briefing on the Ebola Outbreak in the DRC and Uganda with Dr. Tedros, which was broadcast on the WHO's official YouTube channel on 20 May 2026.

Khrisna Adji Maulidi, Zaki², Alfina Alfia Zahra, Farida Nurul Rahmawati

The analysis was conducted in several stages. First, the researchers transcribed and repeatedly reviewed the entire media briefing. Second, units of analysis including statements, sentences, and speakers' responses related to crisis communication were identified. Third, the data were categorized according to Aristotle's three rhetorical appeals: *ethos*, *pathos*, and *logos*. Finally, the coded data were interpreted using Aristotle's Rhetorical Theory and were further analyzed in relation to the concepts of health communication and crisis communication.

To ensure the trustworthiness of the findings, data validity was established through persistent observation and theoretical triangulation by comparing the findings with relevant literature on health communication and crisis communication.

3. Result and Discussion

Through a close rhetorical analysis of the WHO media briefing transcript delivered on 20 May 2026, this study found that global health leaders systematically combined the rhetorical appeals of *ethos*, *pathos*, and *logos* as communication strategies to maintain the organization's legitimacy amid a multidimensional crisis. At the time, WHO faced not only the epidemiological threat posed by the spread of the Bundibugyo strain of Ebola but also international political pressure, scientific uncertainty, and growing public anxiety worldwide. In such circumstances, rhetoric functioned not merely as a vehicle for disseminating information but as a strategic instrument for building public trust, managing collective emotions, and preserving institutional authority when concrete medical solutions were not yet available.

Ethos: Building Legitimacy through Institutional Authority

In Aristotle's rhetorical theory, *ethos* refers to the credibility and character of the speaker that persuade the audience. During the 2026 Ebola outbreak, WHO faced an unusual challenge because it could not promise immediate medical success through readily available vaccines or therapeutic interventions. This limitation had the potential to undermine public confidence in the organization.

Consequently, WHO shifted the basis of its legitimacy from technological and medical achievements to institutional credibility, adherence to international law, and the strength of global collaboration. The analysis identified two dominant forms of *ethos*: **institutional-legal ethos** and **collaborative ethos**.

At the beginning of the media briefing, Dr. Tedros deliberately emphasized WHO's legal authority by stating:

"This is the first time a Director-General has declared a PHEIC before convening an Emergency Committee. I have taken this step under Article 12 of the International Health Regulations..."

By explicitly referring to **Article 12 of the International Health Regulations (IHR)**, Dr. Tedros established credibility through an internationally recognized legal framework. This rhetorical strategy conveyed that the declaration was not based on personal judgment or subjective leadership decisions but rather represented the implementation of internationally agreed legal procedures. From a rhetorical perspective, this approach shifted the audience's attention away from the individual toward the institution itself. Decisions that might otherwise appear controversial or premature were framed as legitimate because they were grounded in internationally accepted legal authority.

The use of legal language functioned as a rhetorical shield against political criticism directed at WHO during the crisis. At a time when the organization was accused of responding too slowly, references to international legal instruments reinforced the perception that WHO's actions followed transparent and accountable procedures. Thus, the *ethos* established in the briefing derived not from Dr. Tedros's personal image but from the authority of the global legal system underpinning WHO's actions.

To further demonstrate WHO's professional capacity despite the absence of widely available vaccines, the rhetorical narrative shifted toward recognizing the scientific capabilities of local African researchers. Professor Lucille Bloomberg, Chair of the Emergency Committee, stated:

Khrisna Adji Maulidi, Zaki², Alfina Alfia Zahra, Farida Nurul Rahmawati

"I would like to extend special appreciation to the outstanding work of research institutions in the DRC and Uganda, which rapidly identified the virus as the Bundibugyo strain through genetic sequencing..."

This statement carried a deeper rhetorical significance than a simple expression of appreciation. WHO strategically portrayed itself as an organization operating through global partnerships rather than as an institution imposing authority from Geneva upon developing countries. By recognizing the expertise of local laboratories and scientists, WHO constructed a form of **collaborative ethos**, demonstrating that outbreak response depended upon an international network of experts working collectively.

This strategy also challenged long-standing stereotypes portraying African countries merely as recipients of international assistance. Instead, the Democratic Republic of the Congo and Uganda were presented as scientifically capable actors, thereby expanding WHO's credibility through successful international collaboration. Within the context of crisis communication, this approach strengthened public trust by emphasizing that outbreak management relied on genuine scientific capacity in the affected regions rather than solely on centralized bureaucratic decision-making.

Overall, these findings indicate that WHO constructed what may be described as **institutional ethos** a form of legitimacy rooted in international regulations and global collaborative networks. This finding is consistent with Aristotle's argument that the character and credibility of the communicator constitute the primary foundation of persuasive communication.

Pathos: Managing Public Emotion and Global Solidarity

The emotional dimension, or *pathos*, emerged as one of the most complex rhetorical elements within the WHO media briefing. WHO was required to maintain a delicate balance between conveying urgency and preventing unnecessary public panic. If the Ebola threat were underestimated, donor countries might delay mobilizing essential resources. Conversely, if the threat were exaggerated, widespread fear could encourage discrimination, stigmatization, and extreme policy responses that might ultimately undermine

outbreak control. Consequently, WHO employed *pathos* selectively to guide public emotions toward solidarity and rational vigilance.

When responding to questions regarding travel bans imposed by several Western countries on Uganda and the Democratic Republic of the Congo, WHO representatives emphasized humanitarian values. Dr. Janabi stated:

"...supporting them (the DRC and Uganda) in this humanitarian crisis is the best medicine for the world a true act of solidarity..."

This expression functioned as a powerful metaphor by replacing the concept of medical treatment with that of moral responsibility. The word *medicine*, typically associated with pharmacological intervention, was redefined to symbolize international solidarity. Through this rhetorical choice, WHO shifted the audience's perspective from one of isolation toward one of global cooperation. Rather than portraying affected countries as threats to be avoided, the organization framed them as partners deserving international support for the benefit of global health security.

This rhetorical strategy sought to evoke empathy while fostering a sense of shared responsibility. The audience was encouraged to understand that epidemics are not confined to individual nations but represent collective challenges requiring cross-border collaboration. In this way, *pathos* served to counter political tendencies toward isolationism by promoting a narrative of international solidarity.

Beyond fostering solidarity, WHO also sought to reduce public fear through reassuring scientific communication. Professor Bloomberg explained:

"It is important to remember that Ebola requires direct contact with the blood or bodily fluids of an infected individual. It is not transmitted through casual contact, and it is not airborne."

Although presented as scientific information, the primary rhetorical function of this statement was to alleviate public anxiety. Public fear largely stemmed from the misconception that Ebola could spread through the air, similar to influenza or COVID-19. By clearly explaining the actual mode of

Khrisna Adji Maulidi, Zaki², Alfina Alfia Zahra, Farida Nurul Rahmawati

transmission, WHO corrected these misconceptions and reduced opportunities for speculation and misinformation.

Within the framework of *pathos*, this strategy may be described as **emotional reassurance** the deliberate use of clear and accessible scientific information to calm public anxiety. Emotions initially dominated by fear were gradually redirected toward rational vigilance. Such an approach is particularly important because excessive panic often results in counterproductive social behaviors, including stigmatization and the spread of misinformation.

Overall, WHO's use of *pathos* was not intended to amplify fear but rather to cultivate empathy, solidarity, and emotional stability. These findings align with the principles of crisis communication, which emphasize maintaining a careful balance between communicating the seriousness of a threat and providing reassurance that enables the public to respond rationally (Reynolds & W. Seeger, 2005).

Logos: Rationalizing Policy through Evidence and Facts

The greatest challenge to WHO's institutional legitimacy during the outbreak emerged when the organization faced criticism that its response had been delayed. Under such circumstances, emotional or symbolic appeals alone were insufficient to sustain institutional credibility. Instead, WHO relied on *logos* by employing facts, empirical evidence, chronological accounts, and systematic cause-and-effect reasoning to justify the decisions it had made.

Dr. Abdi Rahman Mahmud presented a carefully structured chronological argument to demonstrate that WHO acted promptly once sufficient epidemiological evidence became available. He stated:

"Field evidence showed that the index patient died on 20 April... the body was transferred on 22 April... a super-spreading event occurred on 5 May... and local authorities, together with WHO, immediately collected samples on 8 May..."

This chronological sequence created a coherent logical structure. Each event was presented systematically, enabling the audience to follow the progression of the outbreak through a rational narrative. By demonstrating when

the first case occurred, when transmission intensified, and when samples were collected and analyzed, WHO argued that its response followed the scientific evidence available at each stage of the outbreak.

Presenting events in chronological order also functioned as a rhetorical defense against accusations of delayed action. Rather than directly rejecting criticism, WHO presented factual evidence that allowed the audience to reach its own conclusions. Such an approach is particularly effective within the framework of *logos* because it conveys objectivity, transparency, and accountability.

WHO's logical argument was further strengthened by explanations regarding the geographical and security conditions that affected outbreak detection and response. Dr. Janabi explained:

"...the distance from the outbreak site in Ituri to the central laboratory in Kinshasa is approximately 1,700 kilometers..."

This argument was reinforced by Dr. Tedros, who described the armed conflict affecting the region:

"Ituri Province remains highly insecure... conflict has intensified since late 2025, displacing more than 100,000 people... even local healthcare workers were forced to flee to protect their own lives..."

Together, these statements illustrate what may be described as geo-logistical *logos*. WHO explained not only *what* happened but also *why* outbreak detection and response required additional time. Geographic distance, limited infrastructure, transportation constraints, and armed conflict were presented as objective variables influencing the speed of emergency response.

Through this logical construction, the perceived delay was reframed not as an administrative failure but as a predictable consequence of extraordinarily complex field conditions. The audience was encouraged to recognize that public health responses do not occur in isolation but are shaped by interconnected social, political, and geographical realities that often create substantial operational challenges. Thus, *logos* functioned not only to explain factual

Khrisna Adji Maulidi, Zaki², Alfina Alfia Zahra, Farida Nurul Rahmawati

circumstances but also to foster a broader understanding of the real-world constraints faced by WHO and frontline health workers during the crisis.

Overall, the findings indicate that Aristotle's three rhetorical appeals operated simultaneously within WHO's crisis communication strategy. *Ethos* was employed to establish institutional credibility, *pathos* to manage public emotions, and *logos* to provide rational justification for policy decisions.

These findings support the work of Oxman et al. (2022), who argue that contemporary health communication extends beyond the transmission of information to encompass the construction of institutional legitimacy and public trust. In the context of global health emergencies, rhetoric serves as a strategic instrument that enables organizations to preserve their authority amid scientific uncertainty and political pressure.

4. Conclusion

The analysis of the WHO official media briefing delivered on 20 May 2026 demonstrates that when an international health organization faces the absence of effective biomedical interventions, such as widely available vaccines, rhetorical communication becomes one of its most critical strategic resources. In navigating the 2026 Bundibugyo Ebola outbreak, WHO successfully integrated Aristotle's three rhetorical appeals ethos, pathos, and logos to maintain institutional legitimacy and public trust.



Picture 1. WHO crisis rhetorical strategy

The findings reveal that ethos was constructed through adherence to international legal frameworks and institutional collaboration. Pathos was employed to manage public anxiety while fostering global solidarity, whereas logos was manifested through epidemiological evidence, chronological narratives, and fact-based reasoning. Together, these rhetorical strategies enabled WHO not only to communicate health information effectively but also to justify policy decisions and reinforce its credibility during a period of scientific uncertainty and political pressure.

This study highlights that crisis communication extends beyond the simple dissemination of health information. It functions as a strategic mechanism for preserving institutional legitimacy, strengthening public trust, and guiding collective responses during global health emergencies. Therefore, effective communication strategies should be regarded as an integral component of preparedness for future public health crises.

Funding: This research received no external funding

Acknowledgments: The authors would like to express their gratitude to all parties who have contributed to the completion of this article, including colleagues who provided valuable input during the discussion process and the academic community at the respective institutions of the authors for their administrative and moral support.

Declaration of Conflicting Interests: The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

References

- Aristotle. (2007). Aristotle, On Rhetoric: A Theory of Civic Discourse, George Kennedy. *Rhetoric Review*, 26(3), 339–344. <https://doi.org/10.1080/07350190701419913>
- Finset, A., Bosworth, H., Butow, P., Gulbrandsen, P., Hulsman, R. L., Pieterse, A. H., Street, R., Tschoetschel, R., & van Weert, J. (2020). Effective health communication - a key factor in fighting the COVID-19 pandemic. In *Patient*

Khrisna Adji Maulidi, Zaki², Alfina Alfia Zahra, Farida Nurul Rahmawati

education and counseling (Vol. 103, Number 5, pp. 873–876).
<https://doi.org/10.1016/j.pec.2020.03.027>

Malecki, K. M. C., Keating, J. A., & Safdar, N. (2021). Crisis Communication and Public Perception of COVID-19 Risk in the Era of Social Media. *Clinical Infectious Diseases*, 72(4), 697–702. <https://doi.org/10.1093/cid/ciaa758>

Organization, W. H. (2026). Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern. *WHO Htpps://Go. Nature. Com/4vAcEla*.

Oxman, A. D., Fretheim, A., Lewin, S., Flottorp, S., Glenton, C., Helleve, A., Vestrheim, D. F., Iversen, B. G., & Rosenbaum, S. E. (2022). Health communication in and out of public health emergencies: to persuade or to inform? *Health Research Policy and Systems*, 20(1), 1–9. <https://doi.org/10.1186/s12961-022-00828-z>

REYNOLDS, B., & W. SEEGER, M. (2005). Crisis and Emergency Risk Communication as an Integrative Model. *Journal of Health Communication*, 10(1), 43–55. <https://doi.org/10.1080/10810730590904571>

Surahmat, A., Dida, S., Zubair, F., Surahmat, A., Dida, S., & Zubair, F. (2021). Analisis Wacana Strategi Komunikasi Krisis Pemerintah Menangani Covid-19. *Jurnal Komunikasi*, 13(1), 36–53.

World Health Organization. (2026, May 20). *LIVE: Media briefing on the Ebola outbreak in the DRC and Uganda with Dr. Tedros*. YouTube.