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For the Management of the "Infodemic" during the Covid-19 Pandemic in the DRC, What Lessons Could Be Learned?

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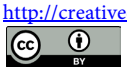

Abstract

In the DRC, the management of the infodemic linked to the Covid-19 pandemic was punctuated by significant episodes, and also by controversies that have fuelled media news. The present communication attempts to study the lessons to learn from the management of the pandemic in the DRC in order to formulate orientations and perspectives for improving the management of future epidemic crises. This reflection was built on the basis of a documentary review (strategic plan, epidemiological bulletins and communication activity reports), the analysis of the content of the main mass media in Kinshasa broadcast by the Canal+ bouquet, informal interviews with four senior executives of the Ministry of Health and direct observation of the media activities of the few actors (experts in the response and political actors) during the first six months response (June to December 2020). With a view to improving communication discourse in the event of future epidemics, three main recommendations stemming from three dimensions of the epidemic are proposed: 1) Providing the media with credible sources of relevant information in real-time during times of crisis with a view to crisis communication. 2) Building a structural partnership between the health sector and media professionals in risk management to establish risk communication and community engagement. 3) Encouraging scientific interactions through the professionalization of health journalists with a view to promoting scientific communication. In future situations, it will be wise to support synergistic coordination between the health and communication sectors to structure a response communication dynamic taking into account the triple dimension of the epidemic as a crisis situation, a moment of

community risk and a scientific event.

Keywords

Managing, Infodemic, Lessons Learned, Covid-19, DRC

1. Introduction

Generally, public health issues do not benefit enough from the greatest attraction in the treatment and dissemination in the Congolese audiovisual sector. However, faced with the rise of epidemics and humanitarian crises that find a favorable ground in the DRC, the place of relevant and correct information should be privileged in order to contribute to the response and resolution of the situation (WHO, 2018).

Nonetheless, the way in which information and communication circulate in all societies has been greatly modified by the democratization of the use of social networks and more generally digital media. Public spaces have expanded and opened up to new people as well as to new types of content that no longer need the approval of information and sciences professionals to integrate and nourish public debate (Cardon, 2010).

In the years 2020-2022, the international media environment has been disrupted by the Covid-19 pandemic. And its management has been confronted with a large quantity of information, some of which are contradictory, thus giving rise to the neologism "*infodemic*". Invented in the early 2000s by Gunther Eysenbach, its use has increased during the Covid-19 pandemic. By definition, the infodemic (a portmanteau word merging "information" and "epidemic") is the rapid and wide spread of a mixture of information mixing accurate and inaccurate elements about an epidemic or disease (WHO, 2020).

Since the discovery of its first case on April 10, 2020, the DRC has experienced 5 waves of Covid-19 epidemics of varying intensity with a total of 91,780 cases including 1354 deaths (1.5%) (TSR-DRC, 2022). Faced with this intermittent outbreak epidemic, a response was structured at the national level with different commissions including that of risk communication and community engagement RCCE (TSR-DRC, 2020-2022). For their part, the media of all sides have also invited themselves to support the response against Covid-19 pandemic in their traditional missions of informing, educating and entertaining.

The management of the Covid-19 pandemic in the DRC has gone through significant facts and episodes, but also through controversies that have fuelled media news. In view of the diversity of the media concerned and the dynamism of a plurality of actors involved, the transmission of coordinated and scientifically correct information during the management of the Covid-19 pandemic in the DRC has been variously appreciated.

Conducted following a retrospective and analytical approach, the purpose of this reflection is to dissect the main lessons learned from the communication management of the infodemic throughout the Covid-19 pandemic in the DRC in order to formulate orientations and perspectives with a view to improving the management of future epidemic crises.

2. Material and Methods

From a methodological point of view, this study was constructed from a documentary review, direct observation, analysis of the contents of media publications and informal interviews with senior officials of the Ministry of Health.

The media sources were selected from among the most accessible ones to the entire community via the Canal+ bouquet and the analyzed documents were the only ones available at this stage of the response organization to the new epidemic given its unprecedented nature and the lack of previous references.

The following Table 1 describes the methodological framework for this study.

Table 1. Descriptive table of the methodological framework.

Types of data	Sources of data	Elements used
Document review	1) The Preparedness and Response Plan against the Covid-19 epidemic in DRC, Covid-19 Technical Secretariat (March 2020) 2) The Daily epidemiological bulletins of the fight against Covid-19 in the DRC, Covid-19 Technical Secretariat (2020-2022) 3) The Update on the situation of the response to Covid-19, Covid-19 Technical Secretariat (March 2022) 4) The activity reports of the Risk Communication and Community Engagement Commission of the National Coordination Committee for the Covid-19 Response (Covid-19 Technical Secretariat (March 2022)	1) Normative content, 2) strategic axes and 3) orientations of the pillars of the response in these official documents, Some of which are kept on the official website of the bodies of the Ministry of Health
Direct observation	Content from the Congolese media of large audiences captured on Canal+: RTNC, B-One, Télé 50, Digital Congo, Antenne A, Molière TV, Sango Malamu, Bosolo and Top Congo FM. Observation of the contribution of response and political actors	1) Programme content, 2) Profile of facilitators activities (mainly response experts and political actors) 3) relevance of the topics covered 4) quality of the messages conveyed and 5) reactions from the target audience within the community

Continued

Semi-structured interviews	4 Senior Executive's Ministry of Health who played a leading role in organizing the response to Covid-19	1) organization of the global communication system, 2) availability of funding for communication, 3) Progressive management of rumours and 4) challenges in the management of positive reported cases

The documents consulted are official and some are kept on the official website of the organs of the Ministry of Health.

Furthermore, the management of the Covid pandemic was centralized in Kinshasa, and epidemiological data from other provinces were regularly obtained from sub-provincial commissions and taken into account in the overall response measures.

Despite the plurality of audiovisual media in the DRC, the broadcasting scope of most radio and television stations is limited to Kinshasa region and its surroundings; only the national television public channel claims to cover the entire country. The media channels, including those targeted by this study, have the advantage of being integrated into the Canal + bouquet, which broadcasts via satellite and is received in all countries within the Central and West African region. Its monthly subscription differs according to social categories, which allows good accessibility of its programs to all sections of the population. The programs broadcast by these media sources are notoriously known to the population, are produced by well-known star presenters and some media have an archive via their websites.

In parallel with the analysis of the content, the activities of the few actors (mainly the experts of the response and political actors) were directly observed through the audiovisual media in Kinshasa during the first six months of the response (from June to December 2020).

Other sources were also consulted, including the international press dealing with the Covid-19 situation in the DRC as Jeune Afrique, Le Monde, France info, RFI and TV5.

Additional information was obtained through informal interviews with four senior executives of the Ministry of Health, including on the challenges of the response plan, the financing of the response to the Covid-19 pandemic and the related challenges.

A notebook was used to record all salient events, observed elements and informal interviews with Ministry of Health officials.

All this relevant information collected during the document review, observations and interviews were compared with the theoretical orientations of crisis communication and response to health emergencies (Libaert, 2015; WHO, 2018; WHO, 2022; Clever Technologies, 2020) in order to identify lessons to be learned

from the management of the pandemic in the DRC and to propose a better management during future health crises.

3. Results

3.1. Context of the Occurrence of the First Covid Case in the DRC

Declared in China in the city of Wuhan in December 2019, the Covid-19 epidemic reached the DRC on March 11th, 2020, approximately 3 months after its discovery. It arrived in the country at a time when its biological and clinical entities were well described and the World Health Organization (WHO) had already declared it an international public health emergency given its rapid propensity to cross international borders. Faced with the concerns expressed by WHO Director General Tedros Adhanom Ghebreyesus on February 27th, 2020, highlighting the weakness of sub-Saharan Africa's health systems, the DRC had taken steps to secure its borders. The Ministry of Health announced on March 7th (3 days before its first case) the home quarantine of all travelers from Italy, France, China, Germany, Iraq and Iran and isolation with care by the ministry of those who present presumptive symptoms of Covid-19 (Bujakera, 2020).

Although it had a recognized weak health system, the DRC still had an advantage on which it could rely to reassure its population in view of the potential expansion of Covid-19. Indeed, affected by a long Ebola epidemic in North Kivu in 2018, the tenth in the series, the DRC seemed to be better prepared than before to deal with possible epidemics, particularly in the Eastern part of the country where new habits have been adopted such as temperature testing at the borders, reporting of suspected cases by health centers, awareness-raising of local communities, training of health personnel, etc. (Dubois, 2020a). Added to this was the acquisition at the end of February 2020 of a new laboratory within the National Institute of Biomedical Research (INRB) in Kinshasa, financed by Japan, with efficient infrastructure to manage epidemics (Le Point Afrique, 2020a).

Given its complexity, novelty and magnitude, preventive measures and behaviors to adopt in the face of the Covid-19 pandemic were supposed to benefit from the support of local and international media for their vulgarization. Various opportunities for large-scale information sharing on Covid-19 were available in the DRC, including free access to more than 300 audiovisual media channels (MS Frère, 2009), the possession of mobile phones by a more than 30% of the population as well as the access to small internet credit recharges at promotional costs (ARPTC-DRC, 2003). The diversity of multiple screens and the plurality of public, commercial, religious and community media (Frère, 2009) constituted another major asset for the prevention component in the face of the announced Covid-19 pandemic in the DRC.

3.2. The Infodemic and Controversies during the Covid-19 Epidemic in the DRC

A health crisis of unprecedented magnitude, the Covid-19 pandemic is also the

"first global crisis of the digital era" (WHO, 2020; Gaffled, 2020). Indeed, since the appearance of Covid-19, the whole world has faced the pandemic, but also the "infodemic", particularly on social networks, where the rapid spread of several pieces of information leads to fears and rumors. The health crisis has been associated with an information crisis, and consequently the difficulty of getting populations to adopt preventive measures.

Under these conditions, misleading information that spreads more quickly and on a larger scale behaves like pathogens of an epidemic, thus compromising the performance of emergency responses (WHO, 2020).

In the DRC, the management of this infodemic was very tedious because of the many controversies that surrounded the response, thus contributing to amplifying certain rumors in one direction or another. Faced with a political opposition that contested its legitimacy following the last elections, the Government of the new regime found itself facing this pandemic that occurred barely a year after its advent. Hence, the announcement of the first case on March 10 in Kinshasa sparked various reactions. First announced as being a Belgian subject, the Minister of Health later mentioned that it was rather a 52-year-old Congolese resident of France. Three weeks later, on April 3rd, another controversy broke out around an announcement that "*the DRC had volunteer to test a new vaccine against Covid-19*". While most Congolese refused to be considered "*guinea pigs*", the harsh criticism and reactions provoked by this information gave rise to an official clarification that attempted to reassure the population by stating "*that the vaccine will first be tested in the United States, China or Europe before being tested in the DRC*" (Le Point Afrique, 2020b).

Faced with all these imperfections in the management of the epidemic, doubt quickly settled in the Congolese population opinion and the opposition took an opportunity to politically utilize this situation with the help of the media of its obedience. Unlike foreign media (European in particular) where most of the infodemic focused on scientific and technical contradictions (scarcity or effectiveness of masks, overflow of emergencies, insufficiency of healthcare personnel, controversy over the therapeutic protocol, evolution of vaccine candidates, etc.), the debate on the Covid-19 pandemic in the DRC has preferentially taken place on the political level. Meanwhile, cases of contamination were gradually reported while on the socio-cultural level, Covid-19 was perceived as a shameful disease that forced many contaminated Congolese to hide out of shame of stigmatization (Abou Ez, 2020). This led the first emblematic case to make loud statements about his condition. "*The very first patient diagnosed and placed in isolation refuses to admit his Covid condition, believing that he is doing well and is not at risk, he is calling for his release*" Senior Executive 1 Ministry of Health.

In addition, the population was becoming increasingly suspicious given the low number of deaths in the Congolese community that contrasted with those observed in Europe, thus calling Covid-19 an "*imaginary pandemic in the DRC*" and creating a collective sense of denial in the community.

Consequently, in a megacity of more than 10 million inhabitants where the population lives in promiscuity and in precarious socio-economic conditions, the barrier measures issued by the health authorities were hindered by a poor compliance.

On the media side, the scientific debates of clarification and orientation necessary in such circumstances suffered in large public spaces. Thus, we have rather observed a kind of political exploitation of the situation through an invasion of awareness messages on barrier measures from politicians serving more as self-promotion purposes.

Although there is always in such circumstances, a few partners who support communication activities in the health sector in various ways, the construction of the communication system against Covid-19 has been slowly constituted.

The toll-free telephone numbers provided by the Ministry of Health remained inoperative for the first 3 months; enough to cause complaints and desolation among the executives of the Ministry of Health: "*We are waiting for the posters and the finalization of the contract with the call center which is supported by Unicef... For the moment, there is only SANRU asbl that supports communication in* 20 *media with the expertise of a consultant specializing in health communication*," Senior Executive 2 Ministry of Health.

As an official support, a daily epidemiological bulletin was produced by the response management body to report on the distribution of the pandemic in the different health zones of Kinshasa and in the affected provinces. Its content included certain government measures and key activities of the response team. In the absence of other official channels of interaction between the population and the actors of the response, certain private contact details had to be used to report certain information, including epidemiological surveillance. "*Since my contact number has been included in the epidemiological bulletin, my phone has exploded... so many calls to report or need guidance even during late hours, I am forced to block it sometimes*", Senior Executive 3, Ministry of Health.

The majority of general and community media outlets reported on the statistics from the epidemiological bulletin and some elite media received interventions from a few guest experts. Social networks more easily relayed rumors, the most fanciful of which was that relating to the hypothetical "*purchase by the government, for* 3000 *to* 5000 *dollars, of the bodies of patients who died of other causes in hospitals to inflate the COVID*-19 *statistics in order to benefit from more allocations from international partners*".

Paradoxically, despite the collective disbelief about the existence of the pandemic in the populated suburbs of Kinshasa, there has been a propensity in the community to consume without moderation traditional recipes supposed to prevent Covid-19. Thus, the recipes for herbal tea with *kongo bololo*, *bouloukoutou*, *sinda*, *mondongo*, *artemesia*, *ngadiadia*, *makasu leaves*, etc. have been intentionally shared between users on social networks with or without indications of scientifically certified doses. At the same time, a therapeutic drug based on Congolese

pharmacopoeia has also been rapidly developed, delivering products such as *ManaCovid and Dubase-C*, the effectiveness of which has been variously appreciated.

For its part, the anti-Covid vaccination has suffered a major setback in the DRC, especially because of the contribution of multiple screens to public disinformation. And the political discourse at the top of the state has added its dose of pessimism. "*There is no enthusiasm for vaccination, especially since the President of the Republic himself has declared that he is wary of this vaccine...*" Senior Executive 4, Ministry of Health. Despite the campaigns organized to generate community support, the coverage rate remained low at around 10% as of February 27, 2023 (Unicef, 2023).

The numerous "hiccups" from the health authorities in their crisis communication (error over the nationality of the first patient, confusion of the location of the first cases diagnosed outside Kinshasa, hesitation and postponement of the lockdown of the capital city, etc.) ended up creating distrust among the population towards the authorities, considering that they were prioritizing the lure of funds by declaring a non-existent epidemic (Dubois, 2020b).

All of these specific controversies have directly negatively influenced community behaviors with an unfavorable impact on the expected public health effects. As an illustration, in some peripheral municipalities of Kinshasa, the follow-up of contacts at home was interpreted as a corruption maneuver or complicity of families to endorse false cases of Covid-19. As a consequence, some community health workers were considered undesirable and were sequestered and mistreated by the community members. On the other hand, the restriction of movements with night lockdown was trivialized over time in complicity with the assigned policemen, making the barriers easily permeable against some payment.

The refusal to wear masks for most young people, the challenge of observing the restriction on going out and the distancing measures in public transport are all elements of this mistrust. The non-observation of patients in cascades in hospitals or possibly via the media (compared to the European media), the deprivation of freedoms to a population that lives in daily resourcefulness in the face of an "imaginary disease" are all factors that have contributed to this mistrust.

4. Discussion

This study has collected a series of data relevant to the management of the Covid-19 pandemic in the DRC in order to draw the main lessons from a communication point of view and formulate orientations for improving the management of future epidemic crises. The temptation to extrapolate to the whole country the data collected and observed during the period of the epidemic from the city of Kinshasa would have been a limitation of this work. However, the fact that the spread of the epidemic was gradually spread from Kinshasa to the provinces, the experience and challenges overcome upstream in Kinshasa made it possible to anticipate and limit the difficulties in the provinces, therefore attenuating the study bias.

What lessons can be learned from the management of the Covid infodemic in the DRC?

The Covid-19 pandemic has emerged as a major global health crisis that has shaken humanity at the beginning of 2020. Like any crisis, it is first understood from the perspective of communication through traditional or online media, which both construct and amplify the event. At the heart of the crisis management system, communication is the determining element that allows, to overcome the crisis depending on its more or less good control (Libaert, 2015).

Hence the interest in proactive communication that encourages the population to adopt protective behaviors, facilitates increased disease surveillance, reduces confusion and allows better use of resources by taking care to adapt the content, form and type of communication to each type of media.

With a view to improving communication support in the event of future epidemics, the main lessons to be learned from the Covid-19 pandemic situation in the DRC stem from the consideration of the triple dimension of the epidemic: 1) as a crisis situation, 2) as community risk issues and 3) an opportunity for scientific sharing. Each of these dimensions is subject to specific proposals.

4.1. The Epidemic as a Crisis Situation

1) Provide the media with credible and accessible sources of relevant information in real time during the health crisis with a view to crisis communication.

When a public health crisis occurs (epidemic, pandemic, humanitarian crisis or natural disaster, etc.), the first information challenge to be met is educational: to raise awareness of the potential danger and the measures to be taken to avoid the worst outcome, both individually and collectively (Clever Technologies, 2020). Hence the need and interest for media editorial staff to have credible, reliable and accessible sources of information. This involves devoting listening and reading time to providing information-service that guides the public, that teaches them what is good or bad to do, without however replacing medicine. Because if the populations at risk do not trust the source of information, risk communication interventions will not allow the people concerned to protect their lives, their health, their family and their community (Clever Technologies, 2020).

In the DRC, the lack of interface between the health sector and the media, especially in the acute phase of the crisis (first 3 months of the Covid-19 epidemic), exposed the community to a mass of information that was equally true and false, thus fuelling the infodemic. However, in such circumstances, it is more recommended to reactively establish a crisis communication system equipped with a set of proven human resources and adequate response equipment. All the more so because this was a new epidemic whose preventive and curative contours were not yet universally consensual. A crisis unit with its communications team could and should have been quickly set up. It would generally have been composed of: 1) Key political decision-makers and administrative executives, 2) Experts linked to

the field of crisis (epidemiologists, virologists, infectiologists, Intensive care Unit specialists, etc.), 3) Communication professionals and 4) other specialists in civil protection or public order (WHO, 2018; Clever Technologies, 2020).

Crisis communication being a delicate procedure, it should have been well coordinated with one or two designated spokespersons (several in some cases depending on the specialty) to serve as official sources of information to be shared. Hence, these people would have been the only ones authorized to speak in real time on behalf of the entity (Clever Technologies, 2020). Resulting from a rigorous selection process, they could have been trained on the techniques and methods of dissemination on the different communication channels available and accessible to the general public. Messages specific to the crisis should be simple and precise, easily understandable for the recipients in order to ensure their effectiveness. Messages disseminated by decision-makers to the population should be transparent, include explicit information on the uncertainties associated with risks, events and interventions, and specify what is known and what is not known at a given moment. Social networks and traditional media could have benefited from an integrated strategy with other forms of communication to 1) converge verified and precise information; 2) raise awareness of the situation; 3) monitor and respond to rumors, public reactions and concerns in the event of an emergency; and 4) facilitate local level responses (WHO, 2018; Clever Technologies, 2020).

The daily epidemiological bulletin widely shared via social networks served as a useful support to inform about the evolution of the pandemic in the DRC. The media and other partners used it well as a source of statistical data. However, this bulletin unfortunately could not answer community concerns such as the recurring question of the frequency of cases in Gombe and its surroundings, against the almost non-existence of cases in the popular communes on the outskirts of Kinshasa where promiscuity, lack of running water and notorious poverty compromised compliance with preventive barrier gestures. It would have been desirable for the experts to also support the community on the concerns that hindered their daily experiences in the face of the epidemic. Essential questions had still not been discussed with the population. For example, what effect would have had the lockdown imposed from 9 p.m. to 5 a.m. in reducing Covid-19 contamination, while there was notorious promiscuity in public transport at day times where masks are kept under the chin? Or were air travelers (on international or domestic flights) who were strictly required to have negative Covid PCR tests more exposed to the epidemic than travelers on buses, boats or whaleboats that were tightly packed, without any preventive measures?

On the internet, the monitoring of (social) media revealed a sort of confrontation between people who believed in the epidemic and strictly respected the rules and those who trivialized or neglected it. Everything depended on the difference in risk perceptions as assessed by each individual in society.

4.2. The Epidemic as Community Risk Issues

2) Build a structural partnership between the health sector and media profes-

sionals in risk management to establish risk communication and community engagement.

It is a fact that during the Covid-19 pandemic, not all newsrooms around the world had dedicated medical journalists/communicators capable of shedding light on the phenomenon. This is why interactions were created with experts who came to share their knowledge on the subject, building the bonds of trust essential to maintaining a lasting and regular collaboration. The challenge would have been similar in the DRC, which, lacking a critical mass of journalists trained in health, would have been interested in structuring a partnership framework between the health sector and media professionals. Taking into account the plurality of easily accessible multiple screens in the country, this intersectoral synergy would surely have been successful.

Indeed, health communication should be interactive and participatory in order to generate a dialogue that promotes changes in behaviors and environments that will improve the health of the latter and that of the population in general (Renaud, 2020).

As this is an exceptional and historic pandemic, the quality of information in its intersectoral diversity should support risk communication and encourage community engagement in order to influence the understanding of general health issues but also the adoption of appropriate individual and collective decisions in terms of prevention and care. This refers to real-time exchanges of information, advice and advice between health experts or authorities and populations threatened for their survival and social well-being.

Because in the absence of an infodemic management strategy, the population was tempted to take the risk of distrusting the public authorities and their response to the pandemic, and sought non-evidence-based diagnoses or treatments.

The production of quality health information for rapid dissemination via social networks should be promoted. The same applies to the organization of interactive interpersonal communication activities targeting different risk categories should be capitalized.

In addition, a team responsible for rapidly generating insights into the infodemic, respond to rumors, and if necessary, train staff in risk communication and community engagement efforts should be established. Ultimately, a structural partnership between the health sector and media professionals would be very instrumental in risk management after the crisis (Crisis Centre.be, 2020).

The experiences of Western countries such as Belgium, Italy, Sweden, the United Kingdom, the United States or other emerging countries such as India and Brazil where partnerships have been concluded between Health agencies and organizations and their large media groups are irrefutable proofs of the success of the infodemic management in these nations (Crisis Centre.be, 2020; Tagliacozzo, 2021). In Kinshasa, the results of the first 6 months of the media partnership with the health expertise supported by the partner of SANRU ASBL proved promising, but could not be sustained.

4.3. The Epidemic, an Opportunity for Scientific Sharing

3) Encourage scientific interactions through the professionalization of health journalists with a view to promoting scientific communication.

Either for major scientific discoveries or exploits or for the most dramatic health crises (epidemics, humanitarian disasters), the media specializing in health have been able to demonstrate throughout the world their crucial role in bringing these health issues to the forefront.

In the case of a high-risk epidemic like Covid-19, the media have provided essential information so that people understand what is happening, learn how to protect themselves, and know when and where to seek treatment and help. It is also through these media that relevant knowledge has been shared between scientists and with communities that have led to a good understanding of the disease. This **scientific communication** strengthens the knowledge and skills of the media, and thus allows them to play an important role during public health crises by disseminating new knowledge, reassuring the population, and motivating people to act to improve their situation (CFI and France Médias Monde, 2024) and help avoid stigmatization of people of those affected (BBC Media Action, 2019).

In the DRC, the near non-existence of a body of media professionals trained in health matters created a gap that has contributed to maintaining the community in an ambivalence of disbelief in the pandemic on the one hand and in the awakening of an instinct for prevention by self-medication of traditional recipes on the other hand. The abovementioned specialized professionals could have positioned themselves as guarantors of reliable and objective information free from any political, partisan or advertising pressure that communities needed, being invaded by rumors shared in various ways (BBC Media Action, 2019).

Nevertheless, it will be necessary to highlight the effort and the will of the plurality of the media of the DRC to deal with health issues by almost equipping themselves with a health desk in their editorial teams. However, few health programs are broadcast that address health issues in the consideration of technical disciplines such as epidemiology, infectiology, statistics or medical specialties while adapting to local specificities. For the most part, they are reports of public health events, reports of health campaigns or the promotion of the activities and products of certain medical and pharmaceutical firms, including traditional ones. The lack of professional training in health, moreover not organized in the context of our country, will have been to the detriment of the proactivity of Congolese media professionals in the management of the infodemic relating to Covid-19. However, it is quite possible to structure an academic course in the crucible of journalism, communication and public health to the extent that it requires the permanence of a critical mass of expert trainers in one or the other branch. The initiated alignment of the higher and university education curriculum of the DRC with the BMD (Bachelor-Master-Doctorate) system is therefore an opportunity to develop and insert a good training framework in journalism/health communication. Pending the integration of pre-service training in communication faculties, WHO

advocates for and supports pre-service and in-service training for health workers, so that they can better identify and combat health misinformation (WHO, 2022).

5. Conclusion

For two years, the emergency of the Covid-19 pandemic has plunged the DRC into a climate of anguish and anxiety. The situation in the health care sector has been particularly difficult and the human impact is high. Thanks to the efforts of each component of society, and the support of international cooperation, the situation has been brought under control and life has returned to normal. Learning from this uncertain and unprecedented period, it will be essential and judicious in future situations to support correct information through synergistic coordination between health services and communication actors to give the population as much information as possible on how to prevent themselves and direct them towards the available care offer.

At each stage of the response, the communication discourse will have to be expressed taking into account the triple dimension of the epidemic as a crisis situation, a moment of community risk and a scientific event.

Authors' Contribution

GVN: conception, writing, validation, and bibliographic research. Writing original draft preparation and validation of the final version. BNM: bibliographic research, writing-review and editing. Both authors have read and approved the final version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest regarding this manuscript.

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