

Connecting anthropologists with local teams for context-specific humanitarian response

In 2014, the initial public health response to the Ebola epidemic in West Africa failed to consider context-specific social, political and cultural factors, with devastating consequences. Anthropologists responded by working closely with governments and humanitarian agencies to develop culturally sensitive responses.

Between 2014 and 2017, the London School of Hygiene & Tropical Medicine and the Institute of Development Studies, together with partners at Njala University Sierra Leone and the Universities of Sussex and Exeter trialled the Ebola Response Anthropology Platform (ERAP), an online resource for outbreak control teams to receive real-time, evidence-based advice from anthropologists and other social scientists.

ERAP informed the UK government's strategic response to the Ebola outbreak as well as global health policy and practice. It was cited in World Health Organization (WHO) guidelines on communicating risk in public health practices. Crucially, it has also helped to shape recent infectious disease responses, such as the 2018 Democratic Republic of the Congo (DRC) Ebola response and the COVID-19 response, and in 2016 was awarded the Celebrating International Impact Award by the UK's Economic and Social Research Council.

Title: Ebola Response Anthropology Platform

Location: Sierra Leone and UK

Study type: Evidence brokering project with rapid response research/field evaluations, training, and policy engagement

IMPACTS

- Website and briefings widely used and downloaded globally, and online training increased the capacities of humanitarian and medical responders.
- The study team influenced the UK government's response to the 2014 Ebola outbreak in West Africa at multiple levels, encouraging increased participation of social scientists in public health response policymaking.
- Study findings informed WHO guidelines on safe burials and communicating risks

RESEARCH IMPACT LEARNING

- Positioning of study team with key decision-makers, with awareness of 'opportunity windows'
- Creating timely, tailored evidence products to inform a specific dialogue

BACKGROUND



Historically, public health interventions in humanitarian crises have taken a top-down approach that ignores important context-specific social, political and cultural factors. This was true of the 2014 Ebola epidemic in West Africa, where the initial public health response faltered. This Ebola outbreak was the largest since the virus was first discovered, leaving thousands of survivors struggling with devastating social, economic and medical consequences. This disaster highlighted the need for culturally sensitive responses developed using community collaboration and accepted by local people.

Early in the epidemic, anthropologists and other social scientists were identified as vital sources of knowledge to ensure a more effective and appropriate response. A mechanism was required to join up this vital knowledge from both locally based and international anthropologists with outbreak control teams working on the ground, to improve the humanitarian response for the remainder of the Ebola epidemic.

THE STUDY



This project was not a typical research study but integrated research production, training and evidence brokering objectives. The goal was to strengthen and inform the response to Ebola, providing clear, practical, real-time advice about how to engage with crucial socio-cultural and political dimensions of the outbreak and build locally appropriate interventions. Research questions articulated at the outset focused on understanding the role of local communities' experiences, knowledge and capacities for engaging in containing outbreaks, and translating this for policymakers to strengthen the response. Key research questions were identified during the project in response to operational needs and informed the production of rapid briefings and training.

The key deliverable was an online resource for local outbreak control teams to receive real-time advice from anthropologists and social scientists on how to build and implement context-appropriate interventions. The platform hosts details on social, historical, political and economic issues that might influence the effectiveness of the interventions. Some of this information can be translated to other emerging infections, thus contributing to wider global health policy and practice. Rapid response fieldwork projects were also undertaken, including an evaluation of community care centres in Sierra Leone (part funded by the UK's Department for International Development/DFID, now the Foreign, Commonwealth and Development Office/FCDO), an evaluation of the Ebola response to date in Sierra Leone, and a Sierra Leone diaspora communications exercise.

FINDINGS



The ERAP initiative provided critical insights on how social scientists can interact effectively with policymakers to influence a humanitarian response, particularly by UK policy actors. The researchers on the Platform Steering Committee found that the extent to which advice can make a significant contribution to policy is greatly facilitated by close proximity and interaction between ‘expert’ advisors and policymakers. The initiative also provided key insights to inform the response. Rapid ERAP research outputs focused on public health topics such as how to conduct safe burials and funerals, home-based care for Ebola patients, the psychosocial impact of Ebola on responders, and the influence of social networks in Sierra Leone on pathways of transmission. A common theme of the findings was the need to involve local communities, in all their diversity, in respectful dialogue when designing and delivering responses ; another was the importance of avoiding one-size-fits-all approaches but instead attuning humanitarian responses to political-economic, social and cultural contexts to increase the effectiveness and impact of responses to Ebola.

COMMUNICATIONS AND ENGAGEMENT



The ERAP project was largely a responsive knowledge translation project, so communications and engagement activities formed core deliverables. Existing networks and relationships between the ERAP team and high-level, influential experts, such as Professor Chris Whitty, then Chief Scientific Adviser at DFID (now FCDO as of September 2020), were used throughout to enhance the influence and reach of ERAP. Outputs included:

- **A website platform**, hosting knowledge products generated in response to operational questions including over 40 newly developed briefings and guidelines.
- **Training for response providers (such as UK-Med)**, and an online course to improve knowledge and understanding of social, cultural and contextual factors that can strengthen Ebola response, informed by anthropological expertise.
- **Workshops, seminars and symposia** to inform and strengthen the Ebola response, informed by the evidence generated through the platform.
- **Advisory activities for policymakers and public health actors** in the UK government, WHO, Wellcome and other key response actors. The team used the opportunity provided by the grant to propose and form the new anthropology and social science sub-committee of the UK’s Scientific Advisory Group for Emergencies (SAGE) which positioned them to give rapid advice as the epidemic unfolded.

Strategic positioning and relationships also enabled ERAP members to produce rapid inputs to decisions, briefings and guidelines, and provide ad hoc advice to policymakers and decision-makers during the epidemic.

UPTAKE AND IMPACT



Within 12 months, the ERAP platform had received over 11,000 unique visitors from more than 166 countries and 1,800 downloads of its 40 open-access policy briefings. Online training using ERAP, including on the psychosocial impact of Ebola and how to engage with socio-cultural practices and community anxieties, increased the capacities of humanitarian and medical responders working in West Africa.

ERAP informed elements of the UK government's strategic response to the 2014 Ebola outbreak, contributing to SAGE-led strategies that included community care centres for the triage and isolation of patients. While Ebola treatment units were often resisted by patients, these centres helped to build trust in communities. Safe burial practices were also shaped by anthropologists, including via ERAP; therefore, a contribution to improving health outcomes and reducing deaths is inferred.

“Without the insights we got from anthropology... I think we would have got much closer to this spreading even further, and claiming many more lives than it did.”
– Professor Chris Whitty, then Chief Scientific Adviser, DFID (now FCDO)

In the UK, the ERAP team was invited to submit evidence to three parliamentary inquiries on Ebola. The project contributed to an increased recognition of the importance of social sciences in informing public health responses in government.

“[We applaud the platform’s] invaluable insights into regional norms around travel and caring for the sick... and how to promote culturally sensitive and safe funerals.”
– Professor Sir Mark Walport, then UK Government Chief Scientific Adviser

ERAP also informed global health policy and practice. It fed into WHO guidelines on safe and dignified burials, and on communicating risk in public health practices, published in 2017, which cited three ERAP outputs. Key members of the ERAP team joined three core WHO committees, allowing direct collaboration between anthropologists and response teams. Engagement with WHO resulted in improved short-term, real-time responses to the 2014 outbreak and informed longer-term guidance on how to mitigate future humanitarian health crises.

“We have learned the importance of respect for culture in promoting safe and respectful funeral and burial practices” – Margaret Chan, then Director General, WHO

UPTAKE AND IMPACT



The ERAP network interacted with expert networks working on the Ebola response based in the US, EU and Senegal. After the epidemic, ERAP members established the broader Social Science in Humanitarian Action Platform (SSHAP). SSHAP encourages effective, adaptive and contextually informed responses to health-related emergency crises, and contributes to expert groups at the UN and WHO. These high-level contributions demonstrate the impact of connective relationships fostered by ERAP. SSHAP has helped to shape more recent responses – including 2018 DRC Ebola and COVID-19 – and fed into the UN Inter-Agency Standing Committee interim guidelines on humanitarian settings.

Finally, in 2016 ERAP was awarded the Celebrating International Impact Award by the Economic and Social Research Council.



Member of a village burial team wearing locally made personal protective equipment. Credit: Melissa Parker

RESEARCH IMPACT LEARNING



POSITIONING, WITH AWARENESS OF ‘OPPORTUNITY WINDOWS’

Key members of the team were well positioned with policy and health actors enabling them to understand evidence needs and priorities and position the ERAP project to respond effectively, both in terms of the focus and content of research as well as the outputs and activities.

CREATING TIMELY, TAILORED EVIDENCE PRODUCTS TO INFORM A SPECIFIC DIALOGUE

The project focused on providing evidence to an unfolding response, and placed emphasis on rapid production and availability of evidence, responding to new policy questions and practice priorities as the epidemic unfolded. They also focused on socialising evidence through advisory groups and platforms, to allow stakeholders to incorporate evidence into broader decision-making.

PARTNERS

London School of Hygiene & Tropical Medicine; University of Sussex; Njala University; Institute of Development Studies; University of Exeter

ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha’s Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

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R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.



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