A community perspective on Ebola: Views from Monrovia, Liberia

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Anthropological fieldwork in Monrovia

• Three periods of fieldwork
  – September 2014 - March 2015
• Interviews, focus groups and observations
• Fieldwork in a restricted context
• Demand to take part in research
Community perceptions: main research themes in Monrovia

- Acceptability and perceptions of ELWA 3
- Survivor identity and stigma
- Perceptions on proposed clinical trials
- Funeral and burial practices
- State-enforced quarantine
ELWA 3: the stigmatisation of place

- Social dynamics of neighbourhoods changed because of Ebola
- People adapted their daily routines and avoided certain areas
- ELWA 3 played a large role in the public imagination
- ‘Life on the frontline’
Shifting perceptions of ELWA

- Anger and resistance → rumours due to lack of information
- Acceptance, gratitude and hope
- Sense of common entitlement & ownership and request for permanent structure

FEAR

Community mobilisation and health promotion essential at all stages of intervention
Stigmatisation of health-care workers

- Health-care workers are stigmatised because of their work in ELWA 3
- Staff unable to rent houses or take public transport
- Impacted social networks
- Stigma awareness interventions introduced
Survivor identity: what does it mean to be a survivor?

- Understanding survivor experiences can lead to enhanced support
- Survivor identity is celebrated by patients, families, staff and the media
- Survivors take on a different status in their community
Complexities of survivor identity

- Survivors have suffered emotional, financial and social loss
- ‘Survivor’ becomes their only identity
- People who tested negative for Ebola also claimed to be survivors
- Certificates demanded by others as proof of survivor status
“He is an atomic bomb for the whole nation!”

- Most discrimination aimed towards male survivors

- Fear around potential sexual transmission

Health promotion messages from different actors were inconsistent...

...in part because we are still learning
Why can’t MSF take the initiative to put them somewhere in hiding and not let them out?

It’s not stigma because the person is free...you can quarantine them and still talk to them.

We want to bring safety to the community and to the nation because one person...can cause desperation for the whole nation.
Reintegration of survivors

- Reintegration is experienced differently by individuals
- Reintegration can be made easier through community engagement
- Ongoing psycho-social support essential
Conclusions

• Views from the ground help us understand the social complexities of Ebola
• There is no one patient or community perspective
• Community engagement at all stages of an intervention is essential
• Improving collaboration between anthropology, HP, epidemiological and OR teams can aid reflection and strategic thinking
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