Anthropology and Ebola in Liberia: Views from ‘behind the fence’

Dr Emilie Venables
Qualitative Research Mobile Implementation Officer, MSF
Luxembourg
On behalf of Médecins sans Frontières / Doctors without Borders
November 2015
What does an anthropologist do?

Anthropologists in the field
Why use anthropologists during an Ebola outbreak?

• Understanding the socio-cultural context
  ➔ health, sickness and treatment
  ➔ beliefs around origins of Ebola

• Learn how health services will be accepted by a community

• Ensure health services are appropriate and relevant to local populations
  ➔ exploratory missions for immediate information seeking and formal research studies
# The different stages of anthropological research

| Background and planning an intervention | • What do we know about this context and community?  
• What has been written before?  
• What might the challenges be in providing health-care services in this context? |
|----------------------------------------|--------------------------------------------------------------------------------------------------|
| Health promotion & community engagement | • How can we engage communities and disseminate information?  
• What are the main messages we should give?  
• How are they being received? |
| Evaluation and lessons learned          | • What can we do better next time?  
• What do local communities think about the services offered to them?  
• What are communities ongoing health care needs? |
Anthropology → health promotion

- Giving information to communities to empower and reduce transmission
- Messages adapted to local – and constantly changing – context
- Incorporation of local beliefs into messages
MSF’s interventions in Liberia

- Ebola Management Centre in Monrovia
- Community outreach
- Health promotion
- Case-finding and contact tracing
- Psycho-social support
- Survivor support and follow-up

→ Anthropological support across all activities
Anthropological fieldwork in Monrovia

- Fieldwork took place between September 2014 and March 2015
- Fieldwork in local communities and the Ebola management centre
- Interviews, focus groups and observations with a range of actors
- Demand to take part in research to have their voices heard
Community perceptions: main research themes in Monrovia

- Funeral and burial practices
- Acceptability of MSF’s Ebola Management Centre
- Perceptions on proposed clinical trials
- Survivor identity & stigma
- Enforced quarantine
Stigmatisation of place: perceptions of an Ebola centre

- Social dynamics of neighbourhoods changed as a result of Ebola

- Certain areas and neighbourhoods were feared and avoided

- People adapted their daily routines during the outbreak

- Shifting perspectives of the Ebola Centre linked to differing relationships with local spaces

- Survivors return to communities that are not the same as when they left
The impact of architecture

• Monrovia’s Ebola centre was hidden behind high walls
• Gates were protected by anonymous people
• People could not see what was happening inside
• Communities created their own narratives
“We are on the frontline”

• ‘Life on the frontline’

• The ‘fight’ against Ebola was popularised by the media and public health discourse

• Divisive language and spaces

• These metaphors were also used to describe survivors: fight against people and places
Ebola-related stigma

- Social impact of the Ebola virus cannot be ignored
- Fear over mode of transmission and high death rate
- Reporting of self-imposed quarantine and overly-cautious isolation procedures fuel tensions

Stigma prevents people from seeking health-care services and they risk transmitting the virus to others
Experience of Liberian health-care workers

- Health-care workers are also stigmatised...but often forgotten
- Contribution to the community – and everyday risks – ignored
- Staff unable to rent houses in and reported challenges taking public transport
- Lost social relationships and structures such as church and friendship groups
Survivor identity: what does it mean to be a survivor?

- New ‘survivor’ identity after recovery from Ebola and discharge from Ebola centres
- Survivor identity is celebrated by patients, their families, staff and the media
- Survivors take on a different status in their community
- A survivor as a ‘success story’ because they have recovered, but they continue to face daily challenges
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
Community (mis)perceptions on survivors

- Misperceptions around sexual transmission
- Requests for additional quarantine of male survivors for 90 days
- Desire to prioritise community ‘safety’ over individual rights
- Health promotion messages were contradictory
“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

• Individuals returning home ‘in secret’ or with public ceremonies

• Reintegration can be made easier through community engagement

• Ongoing psycho-social support and medical follow-up essential
Clinical trials?

- Private, individual bodies can be argued to become public property during a clinical research study.

- Are clinical trials a way of de-stigmatising bodies and making them ‘useful’ again?

- Discussions about clinical trials revealed limited agency: ‘we are waiting for you’, ‘we will accept it’, ‘we need your help’…

- Formative research showed very little opposition to the idea of clinical trials BUT this can change rapidly.
Conclusions: lessons learned 12 months on

• Every outbreak situation is different, but we can be prepared
• It’s never too early (or late!) for anthropology
• Views from the ground help us understand the complexities of Ebola
• Exploring local perspectives helps MSF to offer services which are more likely to be accepted
• We cannot work in isolation: improve communication between anthropology, HP and epidemiology to ensure uptake of findings
Acknowledgements

• Louise, Patrick Kamara and Alfred Massaquoi, research assistants in Monrovia
• Dr Umberto Pellecchia, MSF
• Dr Tom Decroo, MSF

Thank you!

Contact: Dr Emilie Venables
emilie.venables@brussels.msf.org