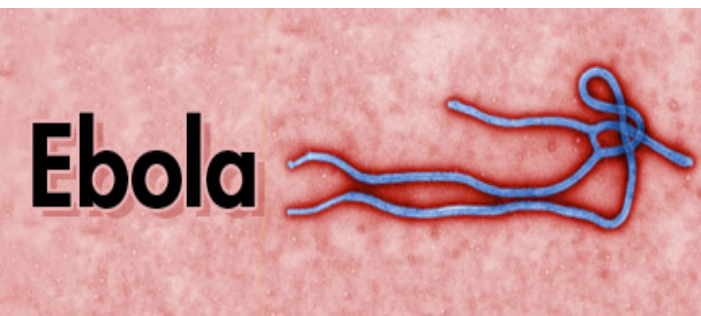


***THE NATIONAL ACADEMIES of***  
**SCIENCES, ENGINEERING, AND MEDICINE**

**WORKSHOP ON BUILDING COMMUNICATION  
CAPACITY TO COUNTER INFECTIOUS DISEASE  
THREATS**

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**LESSONS FROM THE FIELD: THE ROLE OF  
DATA AND EVIDENCE IN EBOLA AND ZIKA  
OUTBREAKS**



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# INTRODUCTION

## **Based on lessons learned from your experience from recent outbreaks:**

1. What practical steps can be used to identify influential and credible people to lead communication campaigns, gain trust with the public, and engage various partners on the ground? To what extent have these steps been taken during the recent Ebola and/or current Zika outbreak?
2. What are strategies to overcome resisting populations who want to follow their own interpretations of interventions to control and contain a disease?

## INTRODUCTION

3. What kinds of gaps in risk communication and community engagement capacity have been revealed from recent outbreaks? What resources are needed to fill these gaps?
4. What is the role of data and evidence to inform the development of communication strategies for preparedness and response to future outbreaks? How could data and evidence be better integrated into the response and how should progress be evaluated?

# Ebola – Zika: 2 Public Health Emergencies of International Concern (WHO)

- Ebola in Guinea 2014-2016;
- 10,8 millions Inhbts;
- 26 districts over 38 infected by **Ebola Virus Disease**
- **3 814** notified cases, among which 3 358 confirmed(88,0 %) et **2 544** (66,7 %) deaths
- Thousands of orphans and widows
- **June 2016, declared free of EVD by WHO**
- Archipelago of 10 islands
- Known as “sunny *holiday planet*”
- Population: around 550,000
- Political stability of ruling regimes
- Social services available
- Zika : Oct. 2015. 4 Islands (Santiago, Maio, Fogo & Boa Vista)
- **7596 suspected cases in July 2016** and **65% in Praia**
- March 2016, first cases of Microcephaly. **15 cases** in July 2016
- ***Outbreak ongoing***

# 1-a Some practical steps to identify influential and credible people.

**Building trust** (develop a strong partnership with communities to get them be owner of the situation):

1. Involve socio-anthropologist in your team
2. Meeting with local authorities (administrative and traditional) to **share knowledge** about the outbreak and the need of community ownership
3. Establish together a list of all **stakeholders** and partners (**not only key ones!**)
4. Global meeting with the community (led by local authorities) to inform about the outbreak, the need of community ownership and the involvement of selected credible and influent people

**Be aware that those ruling are not always the credible and influent!**

# 1-a Some practical steps to identify influential and credible people.

**Building trust** (develop a strong partnership with communities to get them be owner of the situation):

5. Dialogue sessions, FGD or a workshop with communities to let them select influent and credible people according to their criteria (among young men and girls, women, men, traditional authorities, religious representatives or individuals)

6. Discuss the “motivation” criteria of selected influential and credible people and/ or of community (need for transparency to build trust)

**! Some unexpected credible and influent people can be found!**  
(social-anthropologist may support)

## 1-b. To what extent have these steps been taken during the recent Ebola and/or current Zika outbreak?

### **Building trust (develop a strong partnership with communities to get them be owner of the situation):**

- In Guinea these steps have been mainly taken into account as part of the strategy to stop community reluctance (for the first time in July 2014, 6 months after the outbreak started; In Telimélé outbreak controlled in 2 months due to community involvement and ownership from the beginning)
- **Steps not extended as a global response strategy but limited to reluctant villages or areas)**
- In Cabo Verde, some steps started to be taken into account after the evidence of the **low perception of the risk regarding Zika** (10 months after first cases confirmed, and first Microcephaly cases); **the outbreak is still ongoing**

## 2. What are strategies to overcome resisting populations who want to follow their own interpretations of interventions to control and contain a disease?

### 1. Establishment of a strong partnership with public and private research' institutions to provide evidence and data

#### Understand people « resistance » and know the contexts:

- Zika: low perception of risk due to hot weather and culture; and disease itself
- Ebola: Interface between health partners (international & national ) and local populations, as point of tension of the whole Ebola response; This was exacerbated by **failures of communication**, which often took **the top-down, unidirectional form of experts 'educating' local populations** rather than more dialogical approaches based on knowledge exchange.
- Political, social organization, economy, history, gender, environment, health indicators, etc.
- Cultural ways of caring the sick vs Ebola biosecurity protocols
- Cultural funeral rites vs Ebola funeral practices
- Etc.



## 2. What are strategies to overcome resisting populations who want to follow their own interpretations of interventions to control and contain a disease\*?

### 2. Bottom-up communication (communication analysis, partners and role, media, messaging, etc.)

#### 1. What is Ebola Fever ?

Ebola fever is a highly contagious et very severe disease vs “Ebola has no treatment and no vaccine”

#### 2. What to do in case of symptoms?

Contact immediately the chief of the village, the health care professional, the community watch committee, or call for free to xxxxxx vs “go to the Isolation Unit”

#### 3. Is there any person recovered from Ebola ?

Yes. Many people have recovered from Ebola

#### 4. Why going to the ETU if Ebola has no treatment and no vaccine ?

To protect the family to be contaminated by the infected relative

Because in the ETU, a treatment is given to alleviate symptoms and the patient become very robust and powerful to fight Ebola disease

#### 5. Which treatment is given ?

Treatment is given against headaches, diarrhea, vomits, body pains, fever, exhaustion and the patient is also given “good eating”

**Limiting the impact of the risk to be wrong: accept that at this stage of the outbreak, scientist are still looking for answers**

## 2. What are strategies to overcome resisting populations who want to follow their own interpretations of interventions to control and contain a disease\*?

### 3. Engagement with and engagement of community to fight resistance

- Recruitment of local people and Ebola survivors as social mobilizer and to get involved in logistics operations in affected zones;
- Show respect and allow to some local beliefs and practices always under biomedical safety (case management, safe and dignified burial, surveillance)
- Implementation of only locally adapted and consensual communication' solutions (avoiding “copy-paste” strategies to heterogeneous communities)
- Involvement of religious leaders
- Involvement of diaspora
- Etc.

**Engagement is a sustained process all over the response and not a product!**

## 2. What are strategies to overcome resisting populations who want to follow their own interpretations of interventions to control and contain a disease\*?

### 4. Address rumors and reticence

- Setting of a rumor task force as a sub-group of the communication pillar
- Collect, analyze and debunk rumor through Interpersonal Communication (face to face, house to house), FGD and/or dialogues sessions at community level
- Document rumors through a Magazine of rumors
- Etc.

**Engagement is a sustained process all over the response and not a product!**

### 5. Cross-border approach

## 3-a What kinds of gaps in risk communication and community engagement capacity have been revealed from recent outbreaks?

### GAPS

- Capacities of communicators to address effective risk communication at national and local level;
- Preparation of communicators to understanding the epidemiological management' contexts (surveillance, case management, sanitation, laboratory, logistic) and;
- Risk communication not really considered as a crosscutting pillar by leaders and response partners, though not given importance at the beginning of outbreaks;
- Technical brochures with practical tools “how to do”
- Coordination of partners
- Monitoring and evaluation
- Availability of funds and on time

## 3-b What resources needed to fill the gaps?

- Social-anthropologists needed to support the knowledge of the context and building intercultural bridges by providing data and evidence on real time
- Communicators capacities to be reinforced into the overall management of the response and epidemiological contexts
- Build communicators capacities on the use of data and evidence and on why and how to evaluate
- An advocacy document on the crosscutting role of risk communication as key component of the success of the outbreak response
- Coordination' SOP /or dissemination of the Risk communication Guide
- Funds

## 4-a. Role of data and evidence to inform the development of communication strategies for preparedness and response to future outbreaks?

### **Develop an effective and strategic risk communication :**

- Knowledge and understanding of the context and of the audience (political, social, environmental and economic factors; beliefs, religion, worries, real needs, gender issues, social organization, risk perception, partners and role, etc.);
- Appropriateness of messages, material and channels and adaptation to different audiences;
- Develop effective strategies (how and when) to engage with and engage community in all the phases of the outbreak response to prevent reticence;
- Real time sharing of information with stakeholders and feedback to adjust solutions;
- Advocacy to support decision taking
- Monitoring and evaluation of interventions /performance measurement.

## 4-b. How could data and evidence be better integrated into the response and how should progress be evaluated?

### **How to integrate data and evidence in the response?:**

- Recruit a data manager and social-anthropologist
- Share data with partners and decision takers (weekly) to support decision-taking
- Develop a practical guide (with tools and tips on how to do) for a systematic integration of data and evidence, and performance measurement

### **How should progress be evaluated?**

- Develop evaluation protocols and tools
- Undertake rapid assessment/surveys before, during and after the intervention (assess satisfaction, track initial responses and changes, efficiency)
- Continuously share the assessment/survey results with communities and with partners to support decision' taking

## CONCLUSION

- Risk communication is not a stand alone, but crosscutting pillar
- Risk communicators must be open-minded and ready to innovate

Although the emergency, **take time “not rush for action”** to

- Listen, respect, share / work together hand-in-hand;
- (Re)settle the person/individual in the center of health interventions
- Risk communication is also a matter of empathy
- **DIVERSITY IS RICHNESS!**



**THANK YOU VERY MUCH FOR YOUR  
ATTENTION**