Lessons from the Field: The Role of data and evidence in Ebola Outbreak

WORKSHOP ON COMMUNICATIONS AND INFECTIOUS DISEASES ORGANIZED BY THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, MEDICINE. WASHINGTON, DC

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Map of Liberia
Lessons from the Field

• Struck by an invisible enemy called Ebola.
• Weak health system which was ill prepared to effectively respond to the epidemic.
• Outbreak affected the health system, the people, and the socio-economic system of Liberia.
• Conflicting messages that did not resonate well with the public.
• Misconception, disbelief, Fears, community distrust, and resistance
• Refusal to seek care at ETUs and hospitals
• Religious and cultural practices that affected smooth communication.
• First case of Ebola was reported in March 2014 from Lofa County

• **EVD cases:** Over 11,000 cases with 375 cases among Health Care Workers

• **EVD Deaths:** nearly 5,000 with 189 among Health Care Workers

• **Survivors of EVD:** 1,538 Survivors (Male –46% & Female –54%)
Number of Confirmed Ebola Cases/Day up to 14th May 2015 as moving average per day in the last 21 days

- Red line: All Liberia
- Blue line: Montserrado county with Monrovia

X-axis: Dates from 1 March to 1 May
Y-axis: Number of cases per day on a logarithmic scale from 1/10 to 100
EPI Surveillance data contd.

- Provided information on the communities that were affected.
- Number of people who were on the contact list for followup or being monitored.
- Number of people admitted at the ETUs.
- Reported alert, suspected, and confirmed cases of Ebola and other priority diseases.
Anthropological Studies

• To understand reasons for community fears, distrust, denial, and quality of care that led to delay in seeking care.
• Widespread opposition to cremation and Ebola related stigma.
• ETU services and public concern about patients taken to the ETUs for treatment.
• To better understand why EVD related deaths occurred at home in order to reduce such occurrence.
• Stigmatization of Ebola patients, relatives and close associates
• To understand cultural and religious factors associated with burials and hiding of sick people to improve EVD response.
Knowledge, Attitudes, and Practices (KAP)

• Conducted to explore community perception on the Ebola Virus Disease.
• To determine level of awareness and current practices for prevention and control of the Ebola Virus disease.
• To identify correct and effective practices that would reduce the risk of contracting the virus.
• Understand current state of knowledge and attitudes toward EVD and gauge the success of social mobilization efforts.
• To explore cultural, socio-economic factors influencing the adoption of recommended preventive behaviors.
• Guidance in fine-tuning messages and communication strategy.
KAP on EVD

Key guiding tool in fine-turning our messages

• To identify correct and effective practices to reduce the risk of contacting the virus

• To understand the current status of knowledge and attitude towards EVD and guide the success of social mobilization effort

• To determine awareness level of EVD

• To explore the perception of the community on EVD
KAP on EVD

- To determine awareness level of EVD
- To explore the perception of the community on EVD
- To assess the activities to determine community practices for prevention and control of EVD
- Care seeking
- To explore / initiate culture, socio-economic function influencing adoption of recommended prevention behavior
Rapid Assessment

- Assessment of messages, materials, and activities for the response.
- Gathering of information from intended audiences to redesign our messages.
- Assess Community’s involvement and support for the EVD response.
Conclusion and Summary

• Data is important in SBCC to determine if messages are resonating with audiences.
• Provides factual information as a basis for planning and decision-making.
• Assess needs for improved communication, messaging, community engagement, and strategies to mitigate public fears.
• Increase demand for care or services
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