ANTHROPOLOGY IN THE CONTEXT OF THE EBOLA EPIDEMIC IN WEST AFRICA

Lessons learned from recent experiences in Forest Guinea

Prof. Sylvain Landry FAYE
Department of Sociology
FLSH, UCAD SENEGAL
Discuss the contributions of the discipline to the management of the response, to social realities and the challenges of the contribution of social sciences

- An accompanying social epidemiologist that responds to the medical demand

- «Decentralize the view»: reflect on «neglected or buried questions by the emergency but that are challenges for the post-urgency situation.

  - Social constructs of the otherness in the time of Ebola: a dangerous figure.
  
  - Dehumanisation of social relations and ethics of trust
  
  - A poly gouvernance of the epidemic not favourable to an international response
Ebola: A sanitarian and humanitarian emergency?

- Since March 2014: Three countries of the Mano River are under an Ebola epidemic.

- **Guinea Conakry, Liberia, Sierra-Leone:** A specific expression of the epidemic:
  - Affects urban and rural areas,
  - Several spots disseminated in the country,
  - Trans borderer character

- Figures that do not reflect enough the importance of the phenomena?
Socio-historical contexts with a negative influence on the capacity to respond

- Weak institutional and logistic capacities due to the collapse of state institutions issued from the independence

- Deficit of local governance and disarticulation of health systems
  - Difficult access to health care for children, pregnant women and other people with chronic or accurate health problems
  - Poor protection of the health personals, strongly affected by the epidemic

- Few human, logistic, infrastructure and financial resources not allowing for a quick response
WHEN THE LOGIC OF EPIDEMIOLOGY IS CONFRONTED WITH THE SOCIO-CULTURAL ONE...

...the contribution of the social sciences is expected in managing the epidemic
Clear and precise epidemiological protocols ...

- The patient has to be removed from his family environment to be managed

- CTE Model: isolation of the patient in order to protect others

- The house of the patient disinfected with bleach and clothes destroyed

- The secured entombment with bleach by the teams
  - The body is disinfected in a mortuary bag and not exposed
  - Secured burying with no public attendance and research of the reason of the death and the culprit
But mistrust and community violence

• Denial of the disease / Invention of the « Whites »

• Mistrust of the protocols
  • reluctance to conduct home visits by investigation teams;
  • Reluctance to attend treatment centers and a refusal of secure management of funerals
  • practices of dissimulation of suspected cases
  • important mobility of the bodies, patients and suspects

• From verbal to physical violence's leading to death (killing of Womey, Nzérékoré)

• The youth and the women are at the center of the contestation: when the « social cadets » let themselves be heard
How to implement the protocols in a context of community mistrust?

Experts of Man and Culture?

Anthropologists requested in the response teams

Ebola: a socialized disease
PRESENCE OF THE ANTHROPOLOGIST IN AN EBOLA MEDICAL TEAM: REALITIES AND CHALLENGES
Understand the cultural factors underlying reluctance, rumors

Facilitate the interactions between the intervention teams and the communities

Help to adapt the protocols to local conditions

Adapt the communication activities and advocacy

A demand formulated by medical doctors
The anthropologist in the health crisis: an «accompanying social epidemiologist»?

- **Applied Research Activities**: collect ‘cultural’ data to facilitate an intervention
- **Advocate for an engagement in response measures**
- **Community mediation** and support for medical teams when approaching the community
- **Assistance in the joint definition and the development of a communication strategy** adapted to the local context
a- Ensure the mediation of the burial of a deceased pregnant woman and her foetus

**Epidemiological Logic**
- Probable case
- Cesarean against medical advice, due to high risk of contamination
- Need to manage the case in a secured way to prevent the risk

**Social and Cultural Logic**
- Separate burying of mother and child, the baby also needed to “travel” separately to the Beyond
- Cesarean to alleviate the woman and avoid angering the ancestors
- curse: risk of death in childbirth of pregnant women
- Abandoning of the village to avoid bad luck
Help teams to « humanize » safe burial practices

Community Level:
- Funerals = ensure the peaceful passage to the beyond of the spirit of the deceased
- Need for involvement of parents and close relations

Epidemiology:
- Unprotected washing of bodies of the deceased by relatives is banned
- Movement of the bodies of deceased carried out by hygienists in PPE...

Social recommendations for medical teams to “humanize” safe burial
b-Ensure the alleviating of fears in the village of Kolobengou (Tekoulo, Guéckédou)

- Villages reluctant to allow the intervention of response teams (vehicle refusal, visiting medical teams):
  - Village access bridge destroyed to prevent humanitarian access
  - “Autarcie” and vigilance squads set up by young people;
  - acts of violence against all mediation missions: citizens, local politicians, council of elders of Gueckedou
  - Arrest of 18 young people and incarceration at the police station

- Anthropological mediation to restore order, overcome reluctance and assist intervention teams
Anthropologue discutant avec les jeunes de Kolobengou détenus à la gendarmerie de Gueckedou afin de comprendre les raisons des réticences aux équipes d’intervention et de la violence envers les sages
Community meeting in village of Kolobengou after local fears were allayed
C- Help medical teams be empathetic despite the threat of the situation

• The psychological pressure and fear of infection results in medical teams, « forgetting the communities »
  • Not greeted in villages due to the limited contacts
  • Are preoccupied by “le portage des combinaisons” while forgetting the families
  • Refuse to touch the suspected patient and ask the family to remove him from the premises

• The practices of support teams are not sensitive to the context and remain rigid
  • MSF’s refusal to seek out the sick in the villages
  • Suspected deaths while awaiting transfer from villages to MSF ambulances pre-positioned in the center of Macenta

• Practices that ”provoke” communities and lead to violent reactions
Accompany the (medical, communication) teams to assist in approaching the communities.
Another method of conducting anthropology in an emergency situation is to address the « hidden questions » concealed by the emergency.
3. To break away from this « demand » and conduct anthropology in a health emergency

- Avoid being snared by the overpowering culture of the epidemic
- Also question the political, ethnic, social and political dimensions
- Discuss the evidence around the epidemiological protocols (EPP, CTE, body bags)
- Consider Ebola to be a social metaphor
1. Social constructions of ‘otherness’ in times of Ebola: Examples of "dangerous otherness"

- **The « white » foreigner,** responsible for the spread of the disease: Nothing new (Fay, 1999; Héririer, 1997)

- **National political and health authorities,** accomplices with the « whites » in spreading the disease
  - Epidemics: large scale political tests (Fassin, 1996)

- "The other dangerous entity responsible for the epidemic," it is also the neighbors (Sierra Leoneans and Liberians)

- **The "other" coming from a different ethnic group,** an explicit affirmation of ethnic differences in Guinea
• Reaffirmation of the distinct « political and ethnic borders » within Guinea during the Ebola epidemic

• affirmation of how social **cadets** transform society and render the classical categories of legitimacy inoperative

• Country closures of borders at the sub-regional integration and inter-country level

• Documented social transformations in sub-regional geopolitical and inter-country relationships
  • What does the future hold for sub-regional integration when its relevance has been called into question by Ebola?
2. dehumanization of social relations and the ethics of trust

- **Macenta and Nzérékoré: from autarchy to rejection, stigma and family isolation of suspected infected patients**
  - A suspected patient from Zénié (Fassankoni) came to visit his brother in Nzébéla and was abandoned and driven away.
  - Vassérédou (Kassiadou), a suspected patient was locked up by his family in a room with two bodies (suspected Ebola deaths).
  - A woman died in Bowa (Macenta) and her body was transferred to her husband’s village and refused. The body was then transferred to her own village and her burial was also refused.

- **Adverse effects on the principles of solidarity, the communitarian tradition of disease management as a social experience shared by members of a group (Janzen, GOT)**
• Suspicion, avoiding the « other », renders the social relationship with patients, with suspected ill, with families « illegitimate »

• HIV: means of social integration for seropositive patients arriving in the North from the South.
  • patients gain legitimacy to "enter into another's territory" on humanitarian grounds (Fassin, 1996).
  • HIV in the postcolonial context: being sick has promoted and facilitated the regularization of foreigners (Musso, 2012).

• Specificities of Ebola
  • A neo-colonial setting : legitimacy in intervening in an prior colony
  • Being ill socially excludes the individual.
  • Cuts the patient off from his environment and isolates him due to the medical risk
  • Closing of borders and recommending confinement
Infection of care providers and the loss of confidence in the health system

Providers’ unfamiliarity with ways of defining and identifying cases

negligence / breach of the use of personal protective equipment (sometimes unavailable).

Concealment adopted by health service users in order to deny illness and/or to avoid stigmatization

Concealment adopted by health service providers themselves, thereby exposing their colleagues (Kailahun, Sierra Leone)
• The treatment is based on the ethics of trust: the basis of the therapeutic relationship is the therapeutic alliance.

• The Ebola epidemic undermines confidence:
  • Communities "deallocate" health services that no longer inspire confidence and security.
  • Caregivers are less and less motivated to work in a health system that provides little protection.
  • Care providers are less empathetic to «concealer» patients.

• Consequences of the loss of confidence in the health system:
  • Diminishing revenues for health services.
  • Difficulties in the management of "other categories of patients".
  • Adverse consequences on the efforts of vertical programs.
FIÈVRE EBOLA, C'EST PAS PLAISANterIE !

AKWABA RIAK
Pas de faux Combats !

La menace du virus Ébola est réelle. Plus de mille morts déjà. La Guinée et le Liberia, pays voisins de la Côte d'Ivoire, ne savent plus à quoi s'attendre, tandis que le Sénégal, qui a été épargné, s'arme de précautions. Le virus a détruit la santé, la vie, le monde des vivants. Précédement en Colombie où le gouvernement a été obligé de mettre en place un couvre-feu. Pas encore de cas déclaré, jusqu'ici. Mais, nous n'attendons pas de bonnes nouvelles. Mieux est de prévenir que de guérir. Le mieux, c'est de prévenir. Les mesures a été prises par l'OMS. "ZMapp" n'a pas encore convaincu la communauté scientifique mondiale. Il est encore en phase expérimentale. Mais, vu l'urgence, son usage est autorisé de façon exceptionnelle, par les autorités sanitaires. Le mieux, c'est de ne pas faire de faux combats ! Le mieux, c'est de prendre des mesures sérieuses, afin qu'il nous accorde sa grâce, dans cette période difficile, voire critique dans toute la sous-région.

En dépit de tout, la vie continue dans nos villes. Et, le maire Abi Ronou a décidé de passer à l'offensive. Face à l'occupation anarchique des trottoirs de sa commune, il a décidé de procéder à des retournements. Le bon Dieu lui-même ne fait pas l'immunité. Nous voulons que nous soyons traités avec notre gratitude au maire, pour cette initiative louable.

L'occasion est également propice pour dire à Maman illustre qu'elle manque à Abidjan. C'est donc avec plaisir que nous espérons le retrouver bientôt (pourquoi pas) pour permettre aux nôtres de notre capitale économique de respirer convenablement. Bientôt l'installation de l'Américain, le propriétaire de cet espace qui nous accueille, à titre exceptionnel. Nous le bénis dans 14 jours, Inshallah !

Hien Sié, DG du Port Autonome d'Abidjan
"LE PORT D'ABIDJAN A UNE PLUS-VALUE"
3. Poly-governance of an epidemic unfavorable to an international response

A response to Ebola organized “from the outside”, with a multi-actor pool, identifiable at the “level of the ladder”
- Local level (civil society, youth, churches, ethnic communities),
- National level (the State versus political opposition),
- Sub-regional level (CEDEAO, OAAS, UA)
- International level (WHO, MSF, CDC, Decentralized cooperation, former colonial powers, etc.).

Poly-Governance and international presence in the response to Ebola due to the "Global Health” paradigm
- epidemiological dynamics are being included on the international agenda
① The invisibility of African states, while simultaneously being "guiding centers" of public policy
   a. Entrenched in a tradition of privatization and / or outsourcing of public tasks
   b. Political agendas that lead to denial, customs clearance, « political mamaya »

② Weakness of the African response and delay in the involvement of AU / ECOWAS (AASOs)

③ Does the issue of public health policies in Africa make it onto the agenda and among the current concerns of African institutions?

① The delegation of national and sub-regional coordination tasks at the WHO

② Questioning the legitimacy of coordination by MSF, in view of the response
Some questions concerning the governance of the epidemic that require a "shift in perspective"

- Why, since 1976, do the same socio-cultural issues and lack of humanization of medical practices continue to arise in relation with the AO epidemic?
- Why the lack of vaccines and etiological treatment against the Ebola virus despite the multitude of current clinical trials?
- Internationalization/Globalization of the epidemic?
  - Market Logic?
- Confrontations between clinical trial teams and the legitimacy of MSF in this arena/sector
- Why the dictate of a treatment model based on the CTE and the continued isolation of patients when experience shows the flaws of this model?
  - Consider an alternative community model?
When Ebola elicits a debate on neoliberal public policies and vertical programs

- The tradition of funding vertical health programs in Africa (AIDS, tuberculosis, malaria)
- Funding for strengthening health systems as the basis of policies against the disease is insufficiently supported
  - Level of funding for the management of malaria and HIV in countries affected by Ebola (5% Initiative)
  - RSS window of Global Fund is pitiful
- Ebola once again emphasizes the need for a strong health system:
  - A better response
  - A continuity of care for other diseases
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