Turning the tide on Ebola:
Scaling up public health campaigns before it's too late

The current Ebola outbreak in West Africa is totally unprecedented. The accelerating number of cases, the poor health infrastructure in affected countries, the short supply of skills, knowledge and personnel, and the fear surrounding this disease are providing a huge challenge to affected governments and the international community as they battle to bring the epidemic under control.

The urgency and scale of the response required are enormous. The primary focus is on reducing transmission rates and experience from previous outbreaks has shown that outbreak control must be multi-faceted, involving case management, surveillance and contact tracing, a good laboratory service, safe burials and social mobilisation. Each area is essential to reducing transmission rates. Prevention and treatment must go hand-in-hand.

This short note makes the case that public health campaigns involving community engagement and social mobilisation are key aspects of reducing transmission rates and require appropriate prioritisation in the international response. Community leaders are best positioned to identify ways to stop the virus spreading in their communities. MSF have noted that involving local authorities and respected influential individuals 'is easily forgotten in the heat of an outbreak' but is key to improving case finding and outbreak control.

We therefore call on donors and implementing partners to ensure that the community mobilisation element of the UN plan – currently costed at $45.8m – is fully funded and swiftly actioned.

Community engagement is necessary to reduce transmission rates

Ebola has never been seen in West Africa before. Neither medical staff nor the general public are familiar with it – unlike, for example, cholera or malaria. This creates major problems in developing an effective Ebola response. A recent peer reviewed study into how the current Ebola outbreak is spreading notes that 'Socio-cultural factors have not only contributed significantly to Ebola spread, but have also complicated the implementation of control interventions.'

Lack of knowledge, fear and stigmatisation can prevent understanding and responsible changes in behaviour. For example:

- Lack of prior knowledge of the disease, and lack of trust in authorities, can lead communities to deny its existence and/or to associate it with witchcraft or conspiracy theories.
- The stigma carried by Ebola survivors and victims' families can increase infection rates – in particular, families hide relatives and friends with Ebola to avoid being shunned by their own communities. Case isolation can be understood as a death sentence.
- The cultural tradition of washing and touching the dead body before burial greatly increases infection rates – particularly as those attending funerals can then transmit the infection to other localities. A key response strategy has been cremation of dead bodies, which is indeed an effective way of ensuring the body cannot infect others; however the UN reports that more than half the treatment beds in Monrovia, Liberia, remain empty because cremation violates Liberians' values and cultural practices. The sick are often being kept at home and buried in secret, increasing the risk of more infections.

Poor messaging and rumours can worsen this already difficult situation. Messages must not give people false hope concerning a cure, and yet must convince them to attend treatment centres. They

must encourage early referrals, without creating panic. Learning what influences people's decisions and working with communities to address their resistance to following advice on Ebola prevention is crucial in encouraging changes in their behaviour. Educating communities, equipping them with the means to protect themselves, engaging them in the fight against Ebola, and ensuring key stakeholders are well informed and addressing crucial issues raised by the communities, helps to prevent new infections and maximise the impact of collective efforts to treat sufferers and contain the disease.

At this stage of the Ebola response, it is too early to obtain scientifically-rigorous data on the impact of preventive measures in the community. However, it is interesting to note that a meeting on 11 October of local organisations engaged in combating the outbreak in Lofa County, Liberia, concluded that a recent reduction in new infections could be attributed, among other things, to good community engagement involving standardised health messages focused on addressing stigma, community prevention and protection. Also seen as important were improved logistics and partner collaboration, effective and acceptable burial of bodies, and changes in practice at the treatment centre that have resulted in higher levels of trust and confidence by local communities.

Study on Public knowledge, attitudes, and Practices related to Ebola prevention and medical care in Sierra Leone, conducted: 20th - 25th August 2014	
There is a high level of awareness - 97% of people believe Ebola exists in Sierra Leone. There are positive attitudes towards Ebola prevention: • 87% agree that one should "avoid contact with blood and body fluids" • 85% agree that one can "protect oneself by avoiding funeral or burial rituals that require handling the body of someone who died of Ebola" • 91% agree that a "person with Ebola has higher chance of survival if he/she goes immediately to a health facility" Nearly everyone (95%) is reporting some behaviour change, particularly washing hands. 79% of people accept the three main means of prevention.	**But only 36% of people would avoid physical contact with others they suspect have Ebola.** There are serious misconceptions: • 30% of people think Ebola can be caught from mosquitoes • 30% believe that it is airborne • 20% believe Ebola can be treated successfully by Spiritual Healers • 42% believe that bathing with salt and hot water can prevent Ebola There is very high level of stigma and discrimination towards Ebola victims: • 76% would not welcome a neighbour back into their community after recovering from Ebola • 32% believe that a pupil fully recovered from Ebola will put other pupils in their class at risk • 9% would keep the information secret if a family member contracts Ebola

There are clear lessons from other outbreaks

There is overwhelming evidence from previous outbreaks of haemorrhagic fever that community mobilisation can reduce infection rates. For example:

- An article in the New England Journal of Medicine concludes that: 'Public health interventions including characterizing the outbreak epidemiology, contact tracing, social mobilization, and public education are essential steps in stopping Ebola and will ultimately save many more lives than can be saved by individual patient care.'
- An IFRC evaluation of three outbreaks of viral haemorrhagic fever in Uganda found: 'It was perceived that this [information campaigns] played a strong role in putting a halt to the spread of the disease as it minimized contact points by reducing the time from experiencing symptoms to reaching out to health facilities and as such reduced mortality.'

- An MSF evaluation of a Marburg outbreak in Angola found that: 'An effective IEC [Information and Education Campaign] program is crucial to the control of the outbreak and should be implemented from the start of the intervention.'
- Lessons learned from an outbreak of Ebola in Uganda included: 'In many ways, the response to the Ebola outbreak in Masindi should have been straightforward..... And yet, because of fear and resulting adverse reactions from local communities and health care workers (HCWs), the response proved most challenging. This underlines once more the fundamental importance of establishing a relationship of trust and confidence with the families concerned, the community at large and local HCWs - such relationship is actually a necessary condition for a successful response.'
- A report on lessons learned from past Ebola outbreaks produced in September 2014 by CORDS found: 'Infectious disease management will only work when it is built with and within the community and not directed against them.' And 'Communication needs a broader approach that includes different channels (social media, local languages and champions) and a paradigm shift in listening to and learning from the community. Communication should not only include the promotion of hygiene and health messages; a key activity is the reading of rumours (cases and causes) and the understanding of traditional beliefs.'
- A recent WHO factsheet states that: 'Community engagement is key to successfully controlling outbreaks. Raising awareness of risk factors for Ebola infection and protective measures that individuals can take is an effective way to reduce human transmission.'

A thoughtful MSF evaluation of a Marburg outbreak in Angola found that 'Control measures and the setting up of health facilities for patients with Marburg Fever required immediate attention and pushed IEC and psychosocial programs aside.' Whilst it is established practice to involve local authorities and respected influential individuals, this 'is easily forgotten in the heat of an outbreak'. When MSF involved such authorities, community relations improved promptly and significantly, ameliorating case finding and outbreak control. The evaluation notes that 'In retrospect, we understand that an intervention that neglects the timely delivery of accurate and realistic IEC messages and ignores the psychosocial needs of patients, families, and the community will intensify anxieties and provoke resistance. Because regaining lost trust is more arduous and prone to failure than establishing it in the first place, we believe that IEC and respect for psychosocial needs must be part of an Ebola/Marburg intervention from the beginning. Actively involving all key stakeholders from the beginning is crucial.'

Prevention of infection reduces human and financial costs

Ebola can only be spread through direct contact with the bodily fluids of an infected person who is showing symptoms of the disease, or through contact with contaminated surfaces.[1] According to IFRC , the nature of Ebola being a non-aerosol, contact-based disease makes it an ideal target for prevention. Prevention mechanisms include wearing protective clothing, and washing with cheap, available products such as soap and chlorine - thus prevention is cost-effective. By contrast, treatment is resource-intensive (and as described, often unsuccessful). MSF estimate that a 70-bed Ebola management centre in Bong County, Liberia cost $170,000 to build; it requires a staff of 165 personnel to treat and care for Ebola patients, plus supplies for such care and treatment, such that the monthly cost to run the centre is about $1m.

Prevention of infection is a key strategy to reduce the dire human costs of this epidemic. The death toll will soon reach 5000 people and the number is continuing to rise fast. Once contracted, the Ebola virus is devastating, with a fatality rate of around 70 per cent; one of the highest of all infectious diseases.

[1] The rate of transmission of Ebola is low – on average, 1.5-2 new cases are generated by each case, this is much lower for example than measles, polio, or TB.

Social Mobilisation is a feature of all UN response plans

Social mobilisation is thoroughly embedded in all UN response plans to date.

- **The Accra Response Strategy** developed in July by health ministers from 11 countries in West African agreed on action in four thematic areas: (i) coordination, finance, and logistics, (ii) epidemiology and laboratory, (iii) case management, infection prevention and control and psychosocial support; and (iv) social mobilization and public information.
- **The WHO Ebola Response Roadmap** published on 28 August 2014, identifies five priority activities: (i) case management (ii) case diagnosis (iii) surveillance with contact tracing and monitoring; (iv) safe burials and (v) social mobilization with full community engagement in contact tracing and risk mitigation.
- **The UN Overview of Needs and Requirements** , published on 16 September, highlights 5 strategic objectives STEPP – Stop the outbreak, Treat the infected, Ensure essential services, Preserve stability, Prevent outbreaks in countries currently unaffected – and 13 mission critical actions, one of which is Social Mobilization and Community Engagement, another of which is Messaging. These account for $45.8m and $3.2m of the overall budget respectively.

The current operational draft - **the Framework for Global Response to the Ebola Outbreak,** draft 3 dated 7 October 2014 - is based on the STEPP plan and includes social mobilisation under Strategic Objective 1: To STOP the outbreak: Societies are mobilized so that people's patterns of behaviour do not put them at risk of infection. It is clear therefore that the UN recognises the importance of social mobilisation as a key element of reducing transmission rates, the current priority.

Oxfam's Ebola response

This crisis requires a multi-sectoral response to reduce infection rates. Oxfam is not an organisation specialised in medical response, so we are committed to working in partnership with organisations with clinical skills. Oxfam has a particular expertise in high quality public health promotion, water and sanitation and is committed to delivering this in this Ebola outbreak. Our Water, Sanitation and Hygiene (WASH) activities will be facilitated by trained health workers who live and work with communities, listen to their concerns and thus help to increase local acceptance of key measures designed to help communities to contain and prevent the spread of the virus.

Oxfam plans to provide assistance for 3.2 million people in Sierra Leone and Liberia with a proposed budget of $46m/£29m. Our goal is to work with others to halt the Ebola virus outbreak through:

- Providing information, hygiene assistance, and access to safe water to prevent disease in communities. We will play a role in giving a voice to communities and their concerns to improve the effectiveness of treatment centres and therefore contribute to the overall response. We will also provide the practical means for communities to protect themselves; affected communities often lack basic water and sanitation infrastructure.
- Providing water and sanitation support to Ebola treatment facilities
- Informing key national, regional and international stakeholders of critical gaps and solutions. Oxfam will also draw on its research, analysis and advocacy expertise to identify challenges and solutions in the Ebola response and bring these to the attention of relevant actors. This will aim to ensure the Ebola response is as effective as possible in saving lives and making the best possible use of human, material and financial resources.

Oxfam is also working to ensure that three vulnerable countries - Guinea Bissau, Gambia, Senegal - remain Ebola-free through preventative measures such as:

- Mass public and community awareness campaigns, training community health volunteers in surveillance for Ebola and supporting local government health directory prevention initiatives.
- Providing hygiene kits and hygiene assistance in communities.
- Provision of protective equipment to health facilities and personnel.

