

Institution: University of Sussex		
Unit of Assessment: 22 – Anthropology and Development Studies		
Title of case study: Anthropological insights improve the humanitarian response to Ebola		
Period when the underpinning research was undertaken: 2000 – 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): James Fairhead	Role(s) (e.g. job title): Professor of Anthropology	Period(s) employed by submitting HEI: Sept 2001 – ongoing
Period when the claimed impact occurred: 2014 – 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>The Ebola outbreak in West Africa that began in 2014 was the largest outbreak of this severe and often fatal disease. Tackling the disease was hampered by social and cultural factors. Fairhead's research helped establish the Ebola Response Anthropology Platform (ERAP) in 2014 to feed anthropological research into the humanitarian response in West Africa that informed case identification, burials, care, clinical trials, communications and community engagement, and addressed social resistance and violence against health workers. This shaped policy as ERAP was adopted as a social science sub-group of the UK Scientific Advisory Group for Emergencies (SAGE) and altered community engagement practices that resolved social stand-offs on the ground (e.g. in Guinea). Three UK Parliamentary Inquiries into the Ebola response highlighted ERAP's contributions and the areas of Fairhead's expertise within it.</p>		
2. Underpinning research		
<p>Fairhead began conducting environmental anthropological research in the Republic of Guinea in 1991 and turned to medical anthropological research there in 2003. The research involved two programmes that examined how parents sought healthcare for infants, and the place of routine infant immunization and vaccine research within this. He was Principal Investigator on an ESRC grant evaluated by them as 'Outstanding' [G1 – see Section 3], and Co-Investigator on a DFID funded programme [G2]. Research was joint with Professor Melissa Leach at the Institute of Development Studies (IDS) and in Guinea with its Ministry of Health. He had thus conducted intermittent fieldwork over two decades living among communities in the Forest Region of the Republic of Guinea where, in December 2013, the Ebola epidemic began.</p> <p>His book <i>Vaccine Anxieties</i> [3.1 based on G1 and G2] had documented how existing ideas about the causes of health and disease affect attitudes towards vaccination, but it showed too how other factors shaped attendance and 'compliance' linked to politics, poverty and structural violence. These ranged from the broader political experience that affected trust in vaccines to the micro-political experience of mothers on immunization days, such as the chastisement by nurses after they unavoidably missed appointments or the shame felt by mothers whose babies were not thriving. In particular, he revealed how international health interventions – such as vaccination campaigns that are disconnected from nationally administered routine services – invite suspicions. These insights were particularly important when advising on addressing and avoiding the social friction that emerged between the humanitarian intervention in response to Ebola and existing health seeking and care practices [3.2, 3.3, 3.4].</p> <p>Fairhead's research was couched in broader ethnographic-derived understandings of the life course (birth, childhood, adulthood and death), the ritual practices associated with these changes and the cosmological considerations concerning the parallel world to which the dead might go, from which infants may come. In particular, he showed how many people in this region can attribute the causes of illness to improper or immoral conduct or to ancestral and spiritual forces, and how the men's and women's initiation institutions (sodalities), that order political life, also oversee such social conduct, including burial and relations with the dead [3.2]. These sodalities (that are secret to outsiders) are thus as central to managing health, illness and prosperity in this region as they are to the organisation of political life. Deeply-felt social and political tensions and misunderstandings emerged when the national and international Ebola response sought to exert control over the critically ill and the burial of the dead, and imposed their version of what was a 'safe and dignified burial'. Social practices around burial thus</p>		

became critical to understanding local reactions to the humanitarian Ebola response, and to strategies to avoid the reticence and violent resistance that it encountered [3.2].

Fairhead's research also examined how parents and communities in West Africa interpret and experience medical research trials into immunization [3.5, 3.6]. This research provided insights concerning local understandings of immunity important for communication, and explained sensitivities to medical practices, such as blood taking and how this can often be interpreted locally as stealing [3.6], that were both important issues in the roll-out of Ebola vaccine trials during the epidemic. These issues became central to understanding how to develop securitised burials for Ebola to avoid 'super spreading' events [3.2, 3.3].

3. References to the research

- 3.1 Leach, M and Fairhead, J. (2008) *Vaccine Anxieties: global science, child health and society*, London: Earthscan (ESRC 'Science and Society' series) ISBN: 9781844073702. Hard copy (or PDF of proofs) available on request.
- 3.2 Fairhead, J. (2016) Understanding social resistance to Ebola response in the forest region of the Republic of Guinea: an anthropological perspective. *African Studies Review*, 59(3) 7-31. ISSN 0002-0206. DOI: <https://doi.org/10.1017/asr.2016.87> This was the published version of two working documents that were circulated during the epidemic in 2014: Fairhead, J. (2014) '[The significance of death, funerals and the after-life in Ebola-hit Sierra Leone, Guinea and Liberia: Anthropological insights into infection and social resistance](#)' and Fairhead, J. (2015) '[Understanding Social Resistance to Ebola Response in Guinea](#)'
- 3.3 Wilkinson, A. and Fairhead, J. (2016) Comparison of social resistance to Ebola response in Sierra Leone and Guinea suggests explanations lie in political configurations not culture, *Critical Public Health*, 27:1, 14-27, DOI: <https://doi.org/10.1080/09581596.2016.1252034> Each author brought geographic expertise.
- 3.4 Chandler, C., Fairhead, J., Kelly, A., Leach, M., Martineau, F., Mokuwa, E., Parker, M., Richards, P. and Wilkinson, A., for the Ebola Response Anthropology Platform (2015) Ebola: limitations of correcting misinformation. *The Lancet* 385:9975, 1275-1277. Co-authored with members of ERAP, DOI: [https://doi.org/10.1016/S0140-6736\(14\)62382-5](https://doi.org/10.1016/S0140-6736(14)62382-5)
- 3.5 Leach, M., Fairhead, J., Millimouno, D., Diallo, A.A. (2008) New therapeutic landscapes in Africa: Parental categories and practices in seeking infant health in the Republic of Guinea. *Social Science and Medicine* 66:10, 2157-2167 DOI: <https://doi.org/10.1016/j.socscimed.2008.01.039>
- 3.6 Fairhead, J., Leach, M. and Small, M. (2006) Where techno-science meets poverty: medical research and the economy of blood in The Gambia, West Africa. *Social Science & Medicine* 63:4, 1109–1120 DOI: <https://doi.org/10.1016/j.socscimed.2006.02.018>

Relevant grants:

- G1 ESRC "Childhood Vaccination: science & public engagement in international perspective." (2002-2004), £133,412. L144250051
- G2 DFID "The cultural and political dynamics of technology delivery: the case of infant immunisation in West Africa." (2003-2005). Co-I with PI Melissa Leach (IDS), £290,000 of which £71,496 to Sussex.

4. Details of the impact

From 2014 to 2016, Ebola in West Africa left 11,000+ dead and 17,000+ survivors struggling with devastating social, economic and medical consequences. In 2014, the public health response faltered for a variety of reasons, many of which were social and cultural (such as those associated with mortuary and burial practices), but which were also political and economic (as the sodalities managing burial practices in the region are also central to securing prosperity, to its political organization and indeed, mobilization against historic economic marginalization). Fairhead's existing research insights allowed him to see why many aspects of the humanitarian response were being perceived locally as a threat, not a relief, and how better community relations could inflect the humanitarian response to make it more efficient and effective. In

September 2014, Fairhead united leading UK medical anthropologists (Leach, Kelly, Parker) and together initiated a collaborative 'Ebola Response Anthropology Platform' (ERAP) that could focus wider global expertise on this problem. ERAP became a focal point to feed social analysis proactively into the escalating medical response and offered real-time advice to the needs raised by medical and humanitarian responders as the unprecedented and uncertain events unfolded [5.1].

From October 2014, ERAP delivered advice derived from anthropological research to policy and implementing organisations across the region on topics including: diagnosis, caring for the sick, managing the dead, interfaces with research trials, and strategies to improve communication and engagement. It proactively mailed reports to emergent and coalescing response networks and provided rapid support to organisations that solicited its advice. ERAP liaised with medical anthropology colleagues in Europe, the US and Africa to develop common purpose, coordinate and provide mutual support. It became 'co-opted' (formally and at DFID's invitation) in October 2014, as the "Anthropology and Social Science Sub-Group" of the UK Scientific Advisory Group for Emergencies (SAGE) chaired by Professor Chris Whitty – so doubling as a formal UK Government Committee directly advising the Government's Chief Medical Officer and Chief Scientist and, through this, informing DFID and MOD decision-making as they grappled with the unprecedented and uncertain realities of the Ebola crisis. For example, the Africa APPG noted: *"The platform ... has fed directly into the UK's response at the community level with anthropologists working with leaders from 'resisting' villages"* [5.2].

ERAP authored 40 rapid response briefings solicited by DFID, the Ministry of Defense, WHO, UNMEER, Christian Aid and others, uploaded to its website that drew 16,000+ users. These contributed in real-time, through a suite of recommendations, to guidelines, protocols, face-to-face discussions and operational workshops on a range of Ebola response activities [5.1].

Those in which Fairhead was particularly involved concerned: Social Resistance to the Humanitarian Response; Safe and Dignified Burials (for DFID and WHO); Community Engagement and Behaviour Change (for DFID, MOD and WHO), and Stigma and Survivors (DFID) [5.3, 5.7]. He prepared a report and briefings explaining the social logics of the healthcare and mortuary practices that were so central to Ebola transmission and which had become key, too, to the often violent resistance that Ebola response teams faced, which had rendered some areas 'off-limits' [5.2]. On the ground, for example, when a team faced a *"cluster of Ebola cases that were hiding in the forest, refusing external help"* they accessed Fairhead's study on the resistance to the Ebola response and *"Understanding these perceptions informed the communication strategy to include community leaders and influential local key-speakers (e.g. survivors) in all communication activities"* [5.4]. Such insights altered both high-level policy and practices on the ground. Concerning policy, for example, his advice during the epidemic concerning funerary rites helped DFID *"adapt practices to maintain the essence and symbolism without exposing those attending"* [5.5].

Fairhead's proactive and responsive briefings concerning the sensitivities surrounding burial practices and the stigmatisation of survivors – supplemented also by his translations from French of other key anthropological works – fed directly into DFID's support to burial policy and practice [5.10]. This was incorporated en bloc into the UK Government Health & Education Advice & Resource Team (HEART) report [5.6], and through this into UK (and global) Ebola response via DFID and MOD [5.5, 5.7, 5.9]. These insights fed directly into MOD briefings (e.g. [text removed for publication]) helping UK military support for health interventions to orient to social and cultural realities [5.7].

ERAP also questioned the initial parallel institutionalization of Ebola response separate from existing trusted health and community structures, and early communication strategies, that were both experienced by communities as threatening, patronising or disrespectful and which undermined trust (e.g. publication in *The Lancet* [3.4]). These were critical messages that reshaped DFID's approach [5.5] and that of the wider response.

ERAP showed why Ebola could only be contained with the explicit involvement and active participation of local communities, what this might involve, and how this could be achieved. Working across disciplines and with policymakers and practitioners, it generated the atmosphere

of a moving workshop, brainstorming the unprecedented challenges that the unfolding Ebola crisis posed, feeding into the highest-level fora.

ERAP achieved unprecedented recognition of the relevance of anthropological research for humanitarian emergencies, winning the ESRC award for international impact in 2016 that itself funded research by students from Ebola-affected countries [5.8]. Two UK Parliamentary inquiries (and evidence to them from The Wellcome Trust, the Africa APPG, DFID) testified to the important role ERAP played in controlling and ending the Ebola epidemic [5.9a & b]. The Science and Technology Committee, in its final report, singled out the areas of work that Fairhead led on, stating how: *“Many of our witnesses emphasised that establishing the ‘Ebola Anthropology and Social Science sub-Group of SAGE’ and ensuring that the membership of SAGE included social scientists, was ‘extremely important in controlling [the] outbreak’”*. [5.9b]

Professor Chris Whitty (then Chief Scientific Adviser at the UK Department for International Development overseeing the UK Ebola epidemic response, who convened and chaired the anthropology subcommittee of SAGE) described social science as: *“important in almost every aspect of what we did”* in West Africa. This included understanding the *“history of inequalities and economic policies that left people distrustful of foreigners and the state in many areas”* as well as the *“social routes,”* such as burial practices, through which Ebola was transmitted [5.9b]. When Whitty published his reflections on *“the central role of the social sciences in addressing the crisis,”* he cited Fairhead’s work when stating that: *“Advice given by social scientists during the epidemic built on decades of work observing funerary rites and ways these could be adapted to maintain the essence and symbolism without exposing those attending.”* He also drew on ERAP’s publication (Chandler et al. including Fairhead) when stating that:

“Fashioning a response and a communication strategy which ran with the grain of social beliefs and organization rather than against it again depended on insights from social scientists working in this area of West Africa. They self-organized around an open anthropology platform which was invaluable to responders and policymakers and should be considered in any future outbreaks in any societies” [5.5].

The ERAP model brought anthropology and wider social sciences into epidemic and wider emergency preparedness. The Government Chief Scientist cited ERAP when calling for mechanisms to integrate social science evidence into addressing all global challenges [5.10]. Following their Inquiry, the International Development Committee recommended that:

“In future outbreak responses, DFID must engage communities early and build community engagement into the fundamentals of its response. To assist with this, DFID should build its anthropological capacity and work with anthropologists in its work on strengthening health systems and on outbreak response. This would help it better understand the ways that people access and comprehend health services, so that it can build appropriately.” [5.9a].

In its formal response, the UK Government commended ERAP, confirming that: *“the department recognised that supporting behaviour change through effective community engagement was absolutely key to reducing Ebola transmission, and made critical contributions to understanding relevant cultural practices.”* [5.11]. It concluded:

“This model could be adapted for use in response to future crises, to ensure cultural, traditional and religious sensitivities are understood and fully taken account of... DFID has undertaken lesson learning following Ebola on how social science can help inform the evidence base for decision-making. During each developing emergency, DFID discusses with Government Office for Science the need for social science expertise. Through this process social scientists are included on relevant scientific advisory groups informing HMG responses. DFID will continue to engage with a board [sic] range of social scientists as it strengthens its mechanisms for using science in international emergencies and disasters.” [5.11].

Now renamed the Social Science in Humanitarian Action Platform (SSHAP) for this wider mission, Fairhead has since supported its briefings addressing the Ebola epidemic in Eastern DRC (2018-20), and this platform model is now informing the COVID-19 response [5.12].

5. Sources to corroborate the impact

- 5.1 The Ebola Response Anthropology Platform worked from October 2014 until mid-2015.
<http://www.ebola-anthropology.net/>
- 5.2 For the establishment and membership of SAGE, see (a) Terms of Reference, 21 October 2014 (PDF emailed from DFID). For testimony to its use, see (b) written evidence by the Africa All Party Parliamentary Group (APPG) to the Inquiry into the Ebola Response conducted by UK Parliament's International Development Committee (paragraph 33):
<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/international-development-committee/ebola-responses-to-a-public-health-emergency/written/21838.pdf>
- 5.3 See ERAP Website [5.1] in particular for briefings on: (a) [Social resistance to the humanitarian response](#); (b) [Safe and dignified burials](#) (for WHO and DFID); (c) Community engagement and behaviour change (including [blood donation](#) and [older people](#)) (for WHO and DFID); (d) [Stigma and survivors](#) (for DFID).
- 5.4 Local health authorities and WHO teams in the Lola prefecture, Guinea, report this in Carrión Martin, A, T Derrough, P. Honomou, N Kolie, B. Diallo, G. Rodier, C Kpoghomou and M Jansà 2016. Social and Cultural factors behind community resistance during and Ebola outbreak in a village of the Guinean Forest region, February 2015: a field experience. *International Health*. May 2016 8(3) 227-9. DOI: <https://doi.org/10.1093/inthealth/ihw018>
- 5.5 Whitty C.J.M. (2017) The contribution of biological, mathematical, clinical, engineering and social sciences to combatting the West African Ebola epidemic. *Phil. Trans. R. Soc. B* 372: 20160293. <http://dx.doi.org/10.1098/rstb.2016.0293>
- 5.6 Health and Education Advice and Resource Team (HEART) provides technical assistance and knowledge services to the UK Government's Department for International Development (DFID) and its partners in support of pro-poor programmes in education, health and nutrition. Report on Ebola - local beliefs and behaviour change (22 October 2014) <http://www.heart-resources.org/wp-content/uploads/2014/11/Final-Ebola-Helpdesk-Report.pdf>
- 5.7 [text removed for publication] (PDF).
- 5.8 ESRC Outstanding International Impact 2016 award: <http://www.esrc.ac.uk/news-events-and-publications/impact-case-studies/ebola-response-with-local-engagement/>
- 5.9 (a) Report of the House of Commons International Development Committee. Ebola: responses to a public health emergency (paragraphs 28-29):
<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmintdev/338/33802.htm>
(b) Report of the Science and Technology Committee (Commons) Science in emergencies: UK lessons from Ebola inquiry (paragraph 40):
<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmsctech/469/46902.htm>
- 5.10 Mark Walport (22 October 2015) 'All the talents: policy needs social science and humanities' input'. *Times Higher Education*.
<https://www.timeshighereducation.com/opinion/policy-needs-social-science-and-humanities-input>
- 5.11 UK Government's formal response following the International Development Committee inquiry into Ebola (paragraph 8):
<https://publications.parliament.uk/pa/cm201516/cmselect/cmintdev/946/94604.htm>
- 5.12 Social Science in Humanitarian Action Platform <https://www.socialscienceinaction.org/>
Additional briefings informed by Fairhead (on the North Kivu region of the DRC – the location of this epidemic) include ['Bushmeat in the Border Areas of South Sudan and DRC'](#) (2019).