

Ebola, or Ebola virus disease (EVD), is a serious acute illness that is often fatal if left untreated or if treatment is delayed. The virus is transmitted from human to human through direct contact with bodily fluids (such as blood and semen) or surfaces (such as clothing or bedding) that have been contaminated by bodily fluids.

Early in the Ebola outbreak in West Africa, it became clear that a clinical response alone would not be enough to turn the tide of the epidemic. With the support of USAID, the Health Communication Capacity Collaborative (HC3) worked with West African country governments, U.S. government agencies and international partners to undertake social and behavioral change communication (SBCC) activities, first in Liberia, then in Guinea and Sierra Leone.



Methods, such as patient isolation, contact tracing, infection control, case management, safe burials, social mobilization (SM) and community engagement – including utilizing the experience of Ebola survivors – are key to eliminating the transmission of Ebola. However, many of these require individuals and communities to significantly change their behaviors or accept new forms of traditional practices, such as how they bury and honor their dead.

Although Liberia was declared Ebola free on May 9, 2015, the country still requires considerable assistance and resources. The impact of the disease on the country's already weak health system has been considerable – hundreds of health workers have died, trust in the health system has been decimated and non-Ebola work has suffered due to the loss of crucial staff to the Ebola response. Liberia is still at risk for recurrent Ebola infections from two of its bordering countries, Guinea and Sierra Leone. While Guinea and Sierra Leone are still struggling to be free of the epidemic, the numbers of infected people has greatly reduced. Like Liberia, they are facing similar health system and capacity issues that will need to be addressed in the coming months and years. Ebola continues to present a challenge to global health agencies, revealing the difficulty of quickly responding to a public health crisis in countries without strong health systems – and of rebuilding health systems after such a crisis.

HC3 is helping to initiate a health systems “restart” in West Africa to respond to Ebola, prepare for future public health crises and increase key health-seeking behaviors, including service utilization.

LIBERIA

Because Liberia was the focus of the first stage of the Ebola response, HC3 SBCC activities initially concentrated on the development of health communication and promotion pathways, messages and toolkits; behavioral research; partner coordination and support; capacity strengthening; and monitoring and evaluation (M&E) plans. These activities included:

- Developing an Ebola Communication Preparedness Kit to provide national and local stakeholders with a roadmap for creating and implementing critical, relevant, practical and timely communication for responding to the threat of Ebola or an Ebola outbreak. The kit can help country stakeholders develop, improve and coordinate Ebola communication strategies at multiple response levels – from the preparation to the recovery stage. This kit is not Liberia-specific, and has been also utilized by Guinea and Sierra Leone.

- Supporting the National Health Promotion Division (NHPD) of the Ministry of Health and Social Welfare (MOHSW) and SM in Liberia. This includes capacity strengthening at the national level through mentoring and collaboration on messages and materials development, planning and implementation. A recent capacity strengthening workshop for county health promotion focal persons focused on strengthening knowledge of SBCC and health promotion, use of smart phones for communication and collaboration, and qualitative assessment skills.
- Providing technical assistance for the development of messages and materials, including the production and broadcast of six radio spots in 19 languages, airing on 32 radio stations nationwide. The spots were developed in conjunction with the NHPD.
- Providing support to the national call center, including revising the call center manual and training call agents.
- Adapting the Bridges of Hope (BoH) community toolkit for Ebola and primary health care, including training of trainers. In conjunction with the NHPD and Community Health Department, supporting the training of general community health volunteers in order to build their capacity to conduct community mobilization activities through BoH in health facility catchment areas.
- Developing and launching the Ebola Communication Network (www.ebolacommunicationnetwork.org), an online platform for global agencies to house and share Ebola resources.
- Providing dedicated staff to UNICEF Ebola response teams in New York, Freetown and Conakry.
- Conducting qualitative research in Liberia to better understand “why” Ebola-related behaviors were or were not changing. The results of the study were published as Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia.
- Leading the Research, Monitoring and Evaluation working group focused on the SM aspect of the Ebola response. HC3’s contribution includes providing technical assistance for the design and implementation of national knowledge, attitudes and practices (KAP) surveys, and the Ebola M&E dashboard, as well as coordinating all social science research.

As the epidemic subsided, it became clear that the focus of SBCC activities in Liberia would need to shift from emergency response to long-term planning, rebuilding and/or strengthening of the health system and its capacity, including the ways in which the population thinks about and interacts with the health system. Many of the abovementioned activities will continue through this new phase, but with a post-Ebola focus, and additional activities have been added or are being considered:

- Providing national call centers with support and training relevant to post-Ebola needs.
- Supporting the NHPD and MOHSW and SM in Liberia in the development and implementation of capacity strengthening messages and materials.
- Providing leadership, technical assistance and research coordination to the Research, Monitoring and Evaluation working group on Ebola and other health and social issues.



- Using the BoH community toolkit to explore other health and social issues.
- Providing technical assistance to the Messages and Materials working group as it is incorporated within the Health Promotion Division to address ALL health messages and materials.
- Adapting the Ebola kit to create a more general risk communication and preparedness toolkit, and developing accompanying training modules to encompass preparedness for any type of infection disease outbreak.
- Continuing to strengthen links between the NHPD and the Community Health Department at both the national and county levels to facilitate richer collaboration at all levels.

Other possible plans include capacity building through training and distance learning, and through channels such as radio for community health volunteers, and an ICT platform for health care workers; exploring how to better use ICT for community health information systems; developing materials and tools to be used to enhance community ownership of health; and rebuilding trust in the health systems

GUINEA

Current and proposed activities in Guinea focus on improving public sector coordination of health communication and health promotion; design and implementation of high-quality, multi-channel social and behavior change campaigns promoting reproductive and maternal, neonatal and child health (RMNCH) products and services; and capacity strengthening of Guinean institutions and individuals in behavior change programming and research. The following activities will work to rebuild trust in the health system through enhanced community engagement, with a robust research focus.

- Conducting behavior change landscaping missions to Guinea.
- Facilitating the establishment of a national electronic monitoring system for community engagement/SM.
- Working with radio partners to identify and share key information.
- Providing an adapted BoH toolkit to health district management teams, health facility staff and their community volunteers, as well as NGO partners.
- Facilitating use of community video to provide basic information, dispel rumors and address stigma.
- Conducting qualitative research on KAP related to Ebola.

SIERRA LEONE

To date, HC3's activities in Sierra Leone have included:

- Conducting behavior change landscaping missions to Sierra Leone.
- Developing an assessment of the research landscape related to the Ebola response and the broader health system in order to determine gaps and recommendations for strategic SBCC programmatic support for transitional and recovery phases, with a larger focus on health systems strengthening and building trust.
- Providing support to UNICEF and the SM aspect of the response, specifically drafting SM Standards of Practice, including integration of SM into the emergency response during Sierra Leone's transitional phase; drafting tools for social mobilizers, i.e., a set of flow charts describing the SM integration into emergency response; and participating in the Western Area SM workshop that mapped these integration points.
- Supporting the development of a revised community engagement strategy, including creating an M&E framework from existing process indicators from key SM partners and providing recommendations.
- Reviewing the comprehensive messaging guide, based on the Liberia model, and providing capacity building on monitoring the distribution of SBCC materials.
- Planning qualitative research on KAP related to Ebola.

LESSONS LEARNED TO DATE

Community engagement – one of the key elements of the Ebola response – is showing great promise in Liberia. As Liberia moves into the next phase of rebuilding and restoring trust in the nation’s health systems and workforce, follow-up research should be done to gauge the needs of the communities and leaders, determine what activities did and did not work, and assess how and if they were able to maintain their changed behaviors. The following lessons learned from the initial response can help prepare for this next phase and help respond to other outbreaks in West Africa:

- Involving community leadership, such as religious leaders and chiefs, can help mobilize the community and address or avert challenges. Community “task groups” can also become strong networks to dispel correct and accurate information.
- Strong coordination between the international, national and local organizations responding to the crisis is essential. This coordination will help standardize messaging and data collection, while also creating a coordinating mechanism that can continue to respond to the dynamic nature of the epidemic.
- Avoid fear-based messages and simple awareness-raising, which often serve to “paralyze” the public. As in the case of HIV/AIDS and other epidemics, the most effective Ebola messages combined clear calls to action with self-efficacy or empowerment, creating a sense of hope.
- Continuous monitoring of the effects of Ebola prevention messaging should be conducted to find out how community norms and behaviors were impacted.

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Photos: UNMEER/Martine Perret; Neil Brandvold, USAID



<http://healthcommcapacity.org/technical-areas/ebola/>

