

ROUNDTABLE

2021 EBOLA OUTBREAK IN GUINEA

SSHAP convened a virtual roundtable of expert advisors on Friday 12 March 2021 to discuss the outbreak of Ebola in Guinea declared on 14 February 2021. At the time of writing (19 March 2021), there have been 18 cases (14 confirmed, 4 probable), 9 deaths (including 5 in the community; CFR 50%) and 6 recoveries. Six of the 7 first cases identified were from the family of the first case, a 51-year-old nurse from Gouecke who died in N'Zérékoré on 28 January. Vaccination was launched on 23 February, and as of 19 March, 3,492 people had been vaccinated. The last new case was reported on 4 March 2021.

SUMMARY CONSIDERATIONS

LEGACY OF THE 2013-2016 EBOLA OUTBREAK

- The legacy of the 2013-2016 Ebola outbreak is shaping perceptions of the current outbreak and response efforts, and people's expectations at all levels. Collective memories, experiences and learning (both positive and negative) influence not only affected and at-risk individuals and communities, but also regional, national and international stakeholders and institutions. All interactions will likely be informed by the past outbreak, not only by present activities. Although general assumptions can be made, the more nuanced contextualised effect of 'the legacy' is not predictable, particularly at the most local and individual level.
- From early in the 2013-2016 outbreak, a dominant narrative was 'Ebola Kills'. With the vaccine and new therapeutics, 'new messages' that emphasise survival and highlight symptoms less severe than haemorrhage need to be continually stressed and fully embedded in communication activities. It will take time for these new messages to replace the negative messaging of the previous outbreak in the collective mind of the population.
- There was a high degree of investment in health system strengthening and outbreak preparedness post 2016, at the community, prefecture and regional levels, including the establishment of a specialised centre for the treatment of diseases with epidemic potential (CTEPI) in N'Zérékoré. Recent reports from the field highlight, however, that at many health centres both infrastructure and material resources are lacking (e.g.,

water, buckets, disinfectant), IPC measures remain limited and the knowledge and competency levels of health staff regarding Ebola are varied. In addition, only a small number of alerts are being made, listing contacts and contact tracing is not comprehensive, and only a few laboratory tests are being conducted each day.

EVD SURVIVORS

- In light of the findings of the EBOV genome sequencing published on 12 March 2021, the need to pay 'careful attention to EVD survivors without creating further stigmatisation' has been repeatedly emphasised. Transmission years after infection is a rare, outlying event, and how to communicate this effectively is challenging. The circulation of select or partial information creates hierarchies of knowledge, which in the socio-political context of Guinée Forestière is significant.
- It must be emphasised that although the international community has a focus on the new findings, at the time of writing, they were not widely known in Guinea. Other outbreaks have shown the inherent risk that EVD survivors are blamed and stigmatised in complex ways, but the impact of the new scientific findings and if/how they will influence perceptions and experiences of EVD survivors in Guinea will require further investigation that must be approached with a high degree of sensitivity and caution over time.
- There is need for clear and transparent communication on what is known and what is not known. The term 'sexual transmission' should be avoided in preference for 'exposure to body fluids', particularly if there is insufficient data to support possible exposure through sexual intercourse. Sexual transmission is difficult to prove, creates unnecessary focus on sexual practices and has been linked to greater stigmatisation of women (although to date, no woman to sexual partner transmission has ever been recorded).
- EVD Survivors should be encouraged and supported to raise any questions or concerns they may have. Information and explanations shared should be data-driven and uncertainties about what is currently unknown explained in a transparent manner. EVD survivors should also be supported to report any signs suggestive of relapse.
- The opinions and suggestions of EVD survivors must be foregrounded in all engagement activities and the design and delivery of related services. The evidence base that has emerged from studies with EVD survivors should be used to strengthen actionable recommendations to improve the health, wellbeing and safety of survivors over time.

- EVD survivors are people with dignity often requiring ongoing health and social assistance, and should not be seen only through the lens of Ebola and as a public health risk. Much of support available to EVD survivors has ceased or been severely reduced since the conclusion of many of the post 2013-2016 Ebola programmes. Opportunities to build on networks of EVD survivors and their communities, and on the various studies conducted with them over the last five years should be sought without creating expectations that will not be met. In light of the current outbreak, continued financial, material, social and technical support should be given to the N'Zérékoré branch of the *Réseau national des associations de survivants d'Ebola en Guinée* (RENASEG).

VACCINES

- There appears to be high demand for vaccination, but it is not available to everyone and this can also create challenges. Concerns also remain about how the vaccine is presented and perceived. It was reported that the vaccine is sometimes misunderstood (including by health workers) as providing post exposure prophylaxis. It is encouraging that vaccination is being included in broader risk communication and community engagement activities, but it was suggested that the strategy for communicating about the vaccine could still be made clearer. There were delays in embedding health communicators into vaccination teams, and it was emphasised that stronger interpersonal communication between vaccinators and communities is still needed as part of the vaccination process. Further opportunities to create dialogue about the vaccine should be sought.

PUBLIC AUTHORITY AND COMMUNITY ENGAGEMENT

- Multiple types and sources of authority co-exist and influence how interventions are both deployed and perceived. It has been reported that some mechanisms for providing assistance have unfortunately reinforced hierarchies that were already resented on the ground, including tensions related to the ethnicity and the assumed political affiliation of response actors. (It is notable that Gouecke is only a few miles from Wome, the location of a violent attack on responders in 2014 linked to social and political anxieties about their motivations). The response should be highly sensitive to these issues, particularly in relation to the employment and deployment of response actors and the flow of resources, and in terms of key activities including surveillance, contact tracing and safe and dignified burials. The response must be agile and if it is not correctly positioned, must make every effort to quickly course correct as issues arise.

- Community participation should be strengthened. It was reported that there is limited involvement of community members in the response which is perceived to be very 'top down' in its approach. The lack of community involvement in surveillance activities has contributed to the low number of suspected cases being identified overall and to the absence of suspect cases being notified by the community. Using an ethnographic approach to identify contacts and contacts of contacts is highly recommended.

CROSS-BORDER DYNAMICS

- N'Zérékoré prefecture shares a direct border with Liberia, and is close to the border with Côte d'Ivoire with trade traffic passing through N'Zérékoré. Surveillance and screening activities have been scaled up at formal border crossings, but the borders are highly porous with numerous unofficial entry points. When the Guinea-Liberia border was formally closed due to COVID-19, passage could still be granted by security forces for a small payment. Cross-border movements are expected to increase around Easter (4 April 2021) and the month of Ramadan (13 April-12 May 2021). The cross-border politics and socio-cultural dynamics of this tri-border region must be taken into consideration in both response activities and preparedness activities of neighbouring countries.

RESOURCES

The SSHAP website has been updated with a new page for this outbreak that collates resources from the Ebola Response Anthropology Platform related to the 2013-2016 Ebola outbreak in Guinea. It will be kept up to date with new materials relevant to the current outbreak:

<https://www.socialscienceinaction.org/emergency/ebola-outbreak-in-guinea/>

Emmanuelle Roth has developed a SSHAP brief focusing on the context of N'Zérékoré. It will be published on the SSHAP website on 23 March 2021.

PARTICIPANTS

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