

THE IMPORTANCE OF SOCIAL AND BEHAVIORAL CHANGE RESPONSE IN THE ZIKA OUTBREAK: LESSONS LEARNED FROM EBOLA

“Communities are not only at the frontline of the response...they are the frontline.”

Peter Piot - credited with first discovering Ebola, speaking about the HIV virus while head of UNAIDS¹

Call to action: In combatting the Zika virus outbreak it is critical to invest in participatory communication approaches that put the community at the forefront of their own risk management in prevention and management of this disease.

The current challenge: The Zika virus is spreading rapidly across the Western Hemisphere, with active transmission occurring in over 30 countries as of Mar 9, 2016, compared to nine countries as of December 1, 2015.² Current control measures include: reduction of mosquito-breeding sites; postponement of pregnancy in afflicted areas; and reduction of vector transmission. At present, the WHO Risk Communication Mechanism is actively asking partners to share rumors encountered on the ground related to Zika (a similar approach was used in Ebola in Sierra Leone); these will be collated and talking points will be developed to combat these rumors in a coordinated way with local and governmental messages.³ **However, like in the Ebola outbreak, participatory community engagement is the key to an effective response. This includes participatory approaches to engage communities early in the emergency, led by Local Ministries of Health, Community-Based Organizations (CBOs), Non-Governmental Organizations (NGOs) and other local stakeholders.** Work is ongoing in Zika affected countries, however, some of this work is neither documented nor disseminated globally.

What we learned from the Ebola response: During the Ebola outbreak in West Africa from 2014-2015, **it was apparent that isolating cases and bolstering medical services were not enough to control the outbreak. The Ebola crisis affirmed the essential role of community engagement at the onset of public health emergencies.**⁴ Respecting and acknowledging local cultural and social behaviors such as burial practices were just as important as biomedical interventions. The application of “push” social and behavior change (SBC) interventions e.g. use of media campaigns and mobile technology (versus participatory methods), increased knowledge over the first six months.⁵ The Ebola outbreak highlighted the need for community involvement and understanding local perspectives. At this juncture, global multilateral and bilateral organizations realized that communities needed to be placed at the center of the process.⁶ Traditional cultural practices, including funeral and burial customs, contributed to virus transmission; culturally sensitive messages and community engagement had to be prioritized. **Participatory approaches – from the onset – can save lives.**⁷ **It is also important to recognize that everyone was learning from each other. Novel and neglected diseases require learning – both by and from communities.** No one has all the answers. Responses need to adapt as more is learned – both from formal study and community learning.

*September 2014 - “We have been sending life-saving messages through radio, TV and print, but it’s not enough,”
UNICEF Representative, in Sierra Leone⁸*

What we need to learn from Ebola and apply to Zika: Guidance has been offered on participatory community engagement at the onset of outbreaks including Ebola and other Viral Hemorrhagic Fevers. **However, barring several important exceptions, the public health community has missed key opportunities to work hand in hand with affected communities and trusted members from the start.**⁹ Messages are not enough; participatory involvement to shape the messages and the response is needed. Clearly there is a difference in severity and methods of transmission among the Ebola and Zika viruses; however, knowing that community participation resulted in a significant reduction of Ebola cases warrants close scrutiny of how this approach should be applied to the Zika outbreak. In the Ebola crisis, communities had to adapt long-held cultural practices to this new reality; this will most likely be a factor as we learn more about the Zika virus.

*“...At first, there was confusion – we didn’t know what Ebola was, what to do. We didn’t know where to start; there were dead bodies in all our houses; rumours about witchcraft. Then we organized ourselves, educated other community members about hand washing, touching, and how to handle the sick and the dead.”
Community leader, Liberia¹⁰*



Similarly, in the 30 affected countries to date, social and cultural practices will inform appropriate communication responses. Some of these countries have legal and political implications that may shape some of the responses. **The response needs to be a partnership between communities, public health workers, policy makers, governments, and researchers, as we learn more about this disease.**

The Bottom line: “The difficulty of effectively engaging communities was a problem that could have been foreseen had a social and political analysis been conducted to complement the epidemiological assessments.”¹¹ Communities need to be acknowledged as the frontline in fighting disease outbreaks. **Investing in proactive and participatory inquiries will help create robust, effective responses.** Local organizations in the affected countries are ready and able to provide support for participatory engagement of communities. The potential for a proactive and appropriate response is possible today.

The Next Steps:

Actor	Actions to Be Taken
Donor Community	<ul style="list-style-type: none"> - Strategically allocate funds for participatory engagement activities. - Ensure funds are channeled through community-engaged agencies. - Create a rapid response funding mechanism. - Support learning and rapid evidence generation and dissemination around health seeking behaviours that contribute to increased risk profiles for individuals and communities. - Respond in a holistic manner, acknowledging that “health” emergencies affect multiple sectors including health, nutrition, WASH, education, and livelihoods.
Governments and Policy-Makers	<ul style="list-style-type: none"> - Work closely with communities to undertake needs assessments. - Coordinate with neighbouring countries for active learning. - Ensure a coordinated response among actors. - Avoid duplication of responses and results. - Work with media to ensure timely, accurate and consistent messages. - Engage the private sector where appropriate (i.e. bednet marketing and distribution). - Advocate for complementary work between biomedical and social scientists.
National and International NGOs	<ul style="list-style-type: none"> - Ensure that community voices are heard and acknowledged. - Use bottom-up approaches to ensure interventions are locally developed, community-based, evidenced in research and responsive to feedback. - Document and disseminate activities in a coordinated manner. - Ask for resources to fill gaps. - Coordinate to leverage resources and technical capacity.



References Cited

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² CDC. Areas with Zika. 2016 March 9. Retrieved from: <http://www.cdc.gov/zika/geo/>.

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⁴ WHO PANEL REPORT - Report of the Ebola Interim Assessment Panel. <http://www.who.int/csr/resources/publications/ebola/ebola-panel-report/en/> accessed March 02, 2016.

⁵ Fast SM, Mearu S, Brownstein JS, Postlethwaite TA, Markuzon N. "The role of social mobilization in controlling Ebola virus in Lofa County, Liberia." *PLOS Currents Outbreaks* (1). 2015 May 15. 10.

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⁶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1114a1.htm> accessed March 09, 2016.

⁷ Kickbusch I, Reddy KS. "Community matters – why outbreak responses need to integrate health promotion." *IUHPE Global Health Promotion*. 2015. DOI: 10.1177/1757975915606833.

⁸ http://www.unicef.org/media/media_75963.html Accessed March 05, 2016

⁹ Marais, F. et al. A community-engaged infection prevention and control approach to Ebola. *Health Promotion International*, 2015, 1–10. doi: 10.1093/heapro/dav003

¹⁰ WHO PANEL REPORT - Report of the Ebola Interim Assessment Panel. <http://www.who.int/csr/resources/publications/ebola/ebola-panel-report/en/> accessed March 02, 2016.

¹¹ WHO PANEL REPORT - Report of the Ebola Interim Assessment Panel. <http://www.who.int/csr/resources/publications/ebola/ebola-panel-report/en/> accessed March 02, 2016.

