

Experiences and context of the Bundibugyo outbreak: evidence needs and gaps

Jules Villa, Medical anthropology team, Pasteur Institute
jules.villa@pasteur.fr

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The context

- Humanitarian crisis, insecurity dynamics
- Different social dynamics to consider between mining sites & urban areas (but highly interconnected)
- A health system in need of holistic reinforcement, Ebola as a crisis upon crises
- High population density
- Large urban centers (Bunia, Butembo, Beni)
- High mobility (inc. cross-border, & speed of such movements)



Top : mining sites near Mayalibo, photo PAX
Bottom : aerial view of the city of Bunia



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WHAT ARE SOCIAL SCIENTISTS DOING ?

- Desk-based support and/or field deployment
- There is an active informal network (mailing list) of regional experts (academics) in the region and of the region. A contextual brief written for responders being deployed will be out online on 26 May
- Community of Practice – Community Protection
First met on 21 May. Teams channel created, 43 members already. Mix of practitioners and academics.
Institutions represented: WHO, Africa CDC, IFRC, UNICEF, FCDO, IDS, LSHTM, Institut Pasteur, Sonar-Global, BNITM, Elrha, Oriented Research Action Institute, UK-PHRST...
- GloPID-R SBS Ebola roundtable (May 26, 11:00 CET). More here : https://us06web.zoom.us/meeting/register/0qIQ4YSzQfa_0WJj7zA9oQ#/registration

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UNDERSTAND WHAT YOU WANT TO HELP US HELP YOU (or What do you want from us ?)

Rapid operational data

Community feedback
Community mapping
Community consultations
Social listening
Media monitoring

Rapid cross-sectional surveys
Rapid assessments (qual/ mixed methods)

- Pragmatic
- Operational

Mid term / longer studies

Research studies
Methods - quant/qual/ mixed methods
Disciplines – all welcome !

Transparency ---- Sharing ---- Use

- Partnership
- Integration
- Evidence uptake products
- Coordinating structure / head of the response : COUSP (GoDRC)
- Motto : “One coordination, one team, one budget”
- Guidance is available for community protection in public health emergencies
<https://www.who.int/publications/b/82571>

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IMMEDIATE PRIORITIES

Public health response – immediate

- Understanding of Ebola disease & different species (+ impact on vaccines), risk perception
- Social cohesion and narratives driving stigma
- Information environments - what is trusted, where etc.
- Health care – practice, availability, access, trust + impacts on continuity of care
- Experience and trust in the response, including contact tracing etc in historical context
- Uptake of public health and social measures/ factors influencing policy
- Wider social / economic impacts of prevention and control measures policies + mitigation

MCMs – immediate

- Acceptability of clinical trials and key design considerations, trust in science

ACROSS ALL : GENDER, AGE, MARGINALISATION

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MID-TERM PRIORITIES

Public health response – ongoing : changes / improvements / accountability

- Understanding of Ebola disease and risk perception
- Social cohesion and stigma
- Information environments
- Health care – practice, availability, access, trust + impacts on continuity of care
- Experience and trust in the response – how does this change over time?
- Uptake of public health and social measures/ factors influencing policy
- Wider social / economic impacts of prevention and control measures – education, livelihoods, protection risks – how do these differ by gender, age, marginalisation

Alongside clinical trials

- Acceptability + trust in science

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**Contacts:**

Informal network of academic experts on Ituri :
jules.villa@pasteur.fr

Community protection group :
ngobat@who.int

GloPID-R SBS Ebola roundtable :
clare.chandler@fcdo.gov.uk