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LSHTM | CDC

TRUST BRIEFING

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WRITTEN BY ALEX BOWMER

Translators without Borders

unicef

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

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TRUST

Context:

This briefing provides practical recommendations for improving community trust prior to, during and after Ebola outbreaks. Community engagement and cooperation is crucial to facilitate effective response efforts and to minimise conflict, misinformation and the additional transmission of the disease in communities. Below you will find recommendations based on our findings. These findings can be used by field staff to understand community perspectives, address hesitancies towards responders, and increase engagement with response efforts . Future responses require targeted and community specific engagement to identify, understand and address barriers to activities such as vaccine deployment.

CASS:

The Social Sciences Analysis Cell (CASS), established during the DRC Ebola outbreak (2018-present), is a unit set up by UNICEF, together with national and international, operational and academic partners to operate under the Ministry of Health (MoH) response lead. The Cell conducts mixed methods, operational social sciences analyses to support the response actors, strategies and interventions. The purpose of this Cell is to provide integrated analysis to facilitate understanding and monitoring of epidemiological, behavioural and perception trends as the outbreak and its responses evolve, and together with partners, apply results of analyses to motivate real operational change and improved community health outcomes. As part of the Ebola outbreak response, the CASS conducted 57 field studies. In partnership with the London School of Hygiene and Tropical Medicine (LSHTM), we identified 25 relevant data sets relating to trust, containing 710 interview and focus group discussion transcripts. Transcripts were coded iteratively, using a priori and axial codes. Through a deductive process, categories relating to trust have been identified and recorded.

****This document draws from research on building trust in epidemic response in the Uganda-DRC border region, focusing on experiences with Ebola (DRC epidemic) and COVID-19. Data were collected from 231 participants in Uganda's western border region, including Hoima, Kasese, and Kisoro districts in May 2021 primarily with Banyoro, Bakhonzo, and Bafumbira ethnic groups. Many recommendations apply to the current outbreak (20th September 2022, Ebola – Sudan strain), though we did not conduct research with the Baganda.****

Operational Recommendations:

Trust is often dependent on *familiarity*…

- Recruit in each area nurses who represent their community. Our data suggests that communities had more trust in response teams and healthcare workers (HCW) who were recruited locally, from their community or region, and who spoke the same language
- Recruit local people known by the community to work as community intermediaries in response activities
- Use local nurses who have been involved in previous epidemics as healthcare champions
- Introduce local doctors and laboratory technicians in the community so that the population has confidence in the results that come out of the laboratories/health centres.

Trust is gained when healthcare professionals *communicate* and *engage* with communities…

- Information needs to be decentralized from specialists to caregivers and from caregivers to patients in the community
- Increased communication and sensitisation at the community level increases trust in response efforts and referral pathways to specific health centres
- Refer local treating physicians to the communities to raise awareness and host community meetings. At the present time, some communities do not take Ebola Virus Disease (EVD) as seriously as other epidemics because during other epidemics it was the nurses and the local authorities who sensitized the community, but they have lost confidence in their abilities to respond to outbreaks.

Trust is often dependent upon *specialist training* and *certainty* in healthcare professional training…

- Community members had a greater level of trust in specialist and university medical staff, as they were perceived to know more and provide a greater level of care
- Community members value specialists as opposed to generalists, and felt that healthcare staff required specific training in how to manage Ebola
- Nurses are requesting specialist training and increased laboratory training to develop their ability to read and understand results and assist with the diagnosis and management of patients health.

Trust is gained when the influence of *faith* is acknowledged….

- Practitioners must acknowledge the power of God/faith when rationalising and modifying patient's health-seeking behaviours. Practitioners must take into account beliefs regarding evil spirits and the devil as cause of EVD, and work with religious leaders to provide both medical and faith-based treatments.
- Engage with religious leaders to increase engagement with response efforts. 'Our pastor said that if a faithful Christian shows signs of Ebola they must quickly go to the CT / CTE to heal quickly'

Trust is lost when *fear* is generated…

- Response teams should avoid travelling with the police and armed forces. It would be advisable to reduce the scale of response teams in the community and keep response staff numbers to a minimum.
- Fear of being alerted or going to CT / CTE, affects people reporting symptoms and reporting to health facilities as they do not trust response teams and their intentions
- Trust is lost in response teams when they do not listen first to the patient before rushing them to the CTE
- Some participants reported that the fear of being alerted and transferred to the CT / CTE made them or family members hide at home and self-medicate

Trust in healthcare services are often influenced by *money*…

- Free healthcare is problematised and is often associated with poorer levels of care, with community members describing a lack of trust in the abilities of practitioners providing free healthcare. 'When you come with the money the nursing staff take care of properly but when it is free you are neglected in health centers'
- Lack of trust in practitioners is reported more highly in younger community members, who attribute the behaviours and efforts of healthcare providers to be based on money.

Trust is often influenced by *empathy* and *follow-up*…

- Empathy towards, and connection with medical staff, increases trust between patient and practitioner
- Following-up with patients was often reported as a sign of a trusted practitioner. Community members often described how they trusted practitioners who followed up with them or family members following illness.

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Trust in *alternative healthcare providers* should be acknowledged in outbreak contexts…

- Practitioners should understand the reliance on alternative healers and work with, not against them, to increase the effectiveness of response activities.
- Using their trusted places in society/communities, referral pathways could be created that rewards alternative healers who report and guide EVD patients to appropriate care.
- This should also include pharmacists, herbalists and spiritual healers, who were all reported as trusted healthcare providers when managing the early onset symptoms of EVD.

Trust is reduced when *rumours* overshadow key messaging…

- Our findings suggest that to increase trust in Ebola treatment facilities, you must directly address rumours surrounding health centres as a priority. 'There were rumours against the Riposte teams and the CTE saying that if you go to the CTE equals death and that the disease was just a pretext to kill people'. 'If you went to the CTE there was a bag where you put yourself and you were injected into the blow so that you die'
- Healthcare workers should remain apolitical. Trust is reduced when practitioners express political opinion or support or engage with local, politically influenced rumours.

Recent infectious disease outbreaks show that inadequate consideration of social, cultural, political, and religious factors in humanitarian responses has consequences for community acceptance of, and the effectiveness of, response activities. This briefing offers some practical recommendations to increase *Trust* in responders and response efforts for EVD outbreaks.

The brief was developed in response to a request from the Centre for Disease Control and Prevention (CDC) and UNICEF. It aims to provide actionable recommendations based on a realistic analysis of the available, local resources. It is one of a series of briefs focusing on Ebola preparedness efforts between DRC and Uganda. We would like to acknowledge the contributions made by research staff at Makerere University & David Kaawa-Mafigiri, research staff at Conservation Through Public Health, Alex Bowmer, Hannah Brindle & Shelley Lees at LSHTM, Megan Schmidt-Sane at IDS, and Christine Fricke at TWB.