

Mobilising experience from Ebola to address plague in Madagascar and future epidemics

As of Nov 10, 2017, there were a total of 2119 confirmed, probable, and suspected cases of plague, and 171 deaths from plague in Madagascar. This outbreak is spreading throughout the country, affecting both rural and urban areas, and anthropologists have been mobilised by global health agencies to contribute to the emergency global health response. Many of these specialists previously worked on the 2014–16 Ebola virus disease epidemic in west Africa and possess experience and expertise gained from this context. How urgently these experts were sought out by public health programmes showed that the relevance of the social sciences in global health is being increasingly recognised. However, exactly how these cross-discipline collaborations can be most effectively implemented, how anthropology can best contribute to epidemic response, and how anthropologists should be prepared require additional reflection.

The west African Ebola virus disease epidemic was the first time that social science researchers were called upon by UN agencies to be involved with a global health emergency response at every stage. Originally, anthropologists were asked to help identify and address barriers to controlling the spread of Ebola virus and to encourage compliance from local populations. However, this role quickly expanded. In addition to helping adapt Ebola-related messages and activities to specific contexts and populations, anthropologists helped shape understanding of the disease from a global health perspective. This approach included critiquing the overuse of the terms “socio-cultural factors” and “resistance” as catch-all explanations for the spread of the epidemic; insisting upon the need to conduct in-depth qualitative research to complement

the rapid knowledge, attitudes, beliefs, and practices surveys proposed by many public health programmes; and adapting public health measures to local contexts.

As the Madagascar plague epidemic expands, expert knowledge gained from the Ebola virus disease epidemic will be crucial to address topics that are relevant to both diseases—for example, avoidance of patients by health workers, hiding of the sick by their relatives, resistance to contact tracing and safe burials, over-reaction of the media, and discordance between the biomedical and lay representations of the illness. Anthropologists in Madagascar have been asked to examine burial practices, therapeutic itineraries, and the population’s relationship to (and fear of) global health interventions. Although the contexts are different from the west African Ebola virus disease epidemic, this previous experience is useful to help anthropologists face current situations.

On Oct 22, 2017, an epidemic of Marburg virus disease was declared at the Uganda–Kenya border, and social scientists should be rapidly identified to join in emergency response efforts. As highlighted by anthropologists working on plague response in Madagascar, relevant connections with other scholars are essential. The contribution of anthropology to addressing the Marburg virus disease epidemic should include circulating relevant theoretical and practical knowledge within the social sciences, adapting findings to share with public health professionals and clinicians, developing appropriate research methodologies, and translating individual experience into collective knowledge and skills. Networks in medical anthropology should be supported to work toward this emergency epidemic preparedness, engage more anthropologists in rapid response efforts, and develop complementary in-depth studies related to haemorrhagic fevers, plague, and other epidemics.

We declare no competing interests.

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