

Thematic Note – 24 April 2015

# Ebola in West Africa

## Guinea: Resistance to the Ebola Response



### Key Findings

#### Resistance to the Ebola response

Resistance to the Ebola response has been more widespread and more severe in Guinea, than in Liberia and Sierra Leone, with sometimes violent incidents. This is due to a complex interaction of many factors, including underlying causes and the nature of the response.

#### Main factors contributing to resistance

- Previous existing social and political tensions
- General cultural distrust of strangers and unwillingness to accept them in the community
- Distrust of authorities, security forces and international actors
- Exclusion of key groups from the response, such as women and youth
- Politicisation of the outbreak, by the Government and the opposition
- Fear and rumours
- Confusing messages from awareness raising campaigns, especially in the early response, that conflict with local practices and beliefs

### Background

As of 19 April, the Ebola outbreak has infected 3,151 people in Guinea, 2,358 have died (WHO, 20/04/2015). The epidemic has been characterised by incidents of resistance to the response. In several areas these incidents have been violent and this has impacted humanitarian access to certain communities. At times humanitarian actors have had to temporarily suspend their activities because of insecurity. Liberia and Sierra Leone have also reported resistance, but it has been much more frequent and violent in Guinea.

There is a complex network of underlying causes. Some were factors dating from before the outbreak, which have been exacerbated during the epidemic. Others are factors at play specifically because of the nature of the outbreak and the response. This report aims to analyse the resistance to the Ebola response in Guinea, by outlining the current situation and the evolution over the course of the outbreak, and exploring underlying and aggravating factors.

### Definition

#### Terminology

Throughout the Ebola outbreak there have been reports of community resistance to the response in Guinea. Though resistance is the word that is generally being used in English reports, the French mostly use the word *reticence*, which is more accurately translated as reluctance. The term *reticence* was deliberately adopted by national authorities, because talk of resistance has a political connotation and may trigger a different reaction from responders and local communities. Social *reticence* does not have this political charge, which implies it could be overcome by negotiation. This is especially important in areas of strong political opposition, such as Forest Guinea,

#### Severity of recorded resistance incidents

Guinea, March 2014 - April 2015

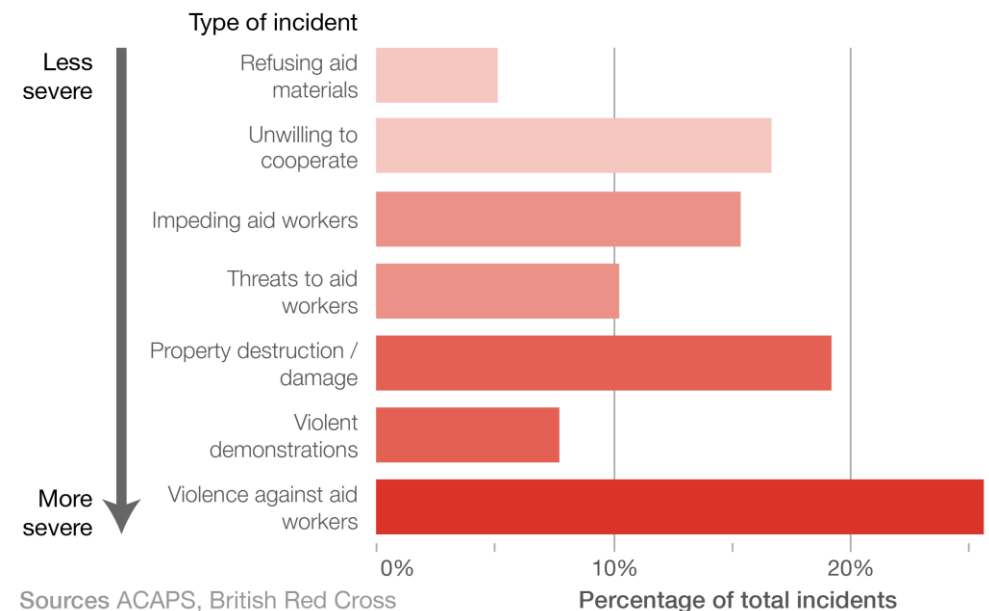


Figure 1 Classification of reported resistance incidents

where much of the resistance has been reported (Anoko, 2014). According to the IFRC, the term is more accurate to describe the situation, because the situation is very reactive. The term resistance suggests a much more proactive attitude from the community (PI, 02/04/2015). For the sake of consistency with other reports, the term used throughout this document is resistance. However, we recognise the fact that many incidents are merely reports of reluctance to adhere to Ebola prevention measures and would therefore more correctly be referred to as reticence.

### Classification

For this analysis, a database was created of public reports of resistance to the Ebola response in Guinea, collected from various sources, including international organisations, local and international media. Although these reports of incidents of resistance to the response are not exhaustive, triangulation with data collected by the British Red Cross, in support of the IFRC, and expert opinions have indicated that the ACAPS database covers a substantial part of this issue. Results presented here must therefore be seen as trends, rather than a precise account of the situation.<sup>1</sup>

Analysis of reports of community resistance shows that a wide variety of incidents are being categorised as resistance, although they have different levels of severity in terms of the security situation and potential impact on humanitarian access. Reports range from reluctance or refusal to cooperate and apply infection control measures, to public demonstrations, and even to personal threats and violence against aid workers.

Analysis of mere frequency of community reticence reports could present a false picture of the situation, as the severity of the incidents differs per time and place. Figure 1 shows a classification of all reports analysed, with differing levels of severity. A UNICEF study from February 2015 suggests that the more violent resistance is the result of less severe resistance that has not been acted upon, and has accumulated since the onset of the outbreak (UNICEF, 06/02/2015).

### Geographical spread

Since the beginning of the outbreak, the situation of community reticence in Guinea has been dynamic. In certain places, particularly in Forest Guinea where the reticence was strongest in the beginning, the situation has improved. Since February, most of the incidents are being reported from the western regions of Boke, Kindia, including Forecariah prefecture, and Conakry, which remain areas of active Ebola transmission.

### Comparison with Liberia and Sierra Leone

There are reports of resistance in Liberia and Sierra Leone, but they have been much less frequent than in Guinea. Violent incidents and threats have been mostly confined

to Guinea, where resistance has had a greater impact on the Ebola response and access to communities.

In Liberia, much of the reported resistance was related to fear of the disease. The Ebola outbreak had disrupted traditional coping mechanisms, due to the risk of transmission via close contact, which increased communal tensions (CARE, 30/09/2014). Most of the reported incidents concern denial of the disease and reluctance to adhere to infection prevention measures. There have been very few cases of violent resistance. At a later stage in the outbreak, Ebola vaccination trials triggered some incidents of resistance due to rumours and misinformation (UNMEER, 05/02/2015).

In Sierra Leone, reports of resistance mainly refer to reluctance to cooperate with responders, particularly in the case of safe burials. In September and October 2014, there were some reports of protests in response to the increasingly high death toll and the lack of capacity of health centres to manage the sick and properly dispose of the bodies (Reuters, 14/10/2014; UNICEF, 28/09/2014).

## Evolution of Resistance

### Shifting locations

Reports of resistance have largely followed the geographic spread of the epidemic. Figure 2 shows reported Ebola cases per month. For a long time the Forest region was the only area with active Ebola transmission, apart from Conakry. Reports of reticence began mainly in this area, particularly Nzerekore region, where the situation became especially violent in Womey in September 2014. Since early 2015, when incidence of new Ebola cases decreased in the region, reports of security incidents became less frequent.

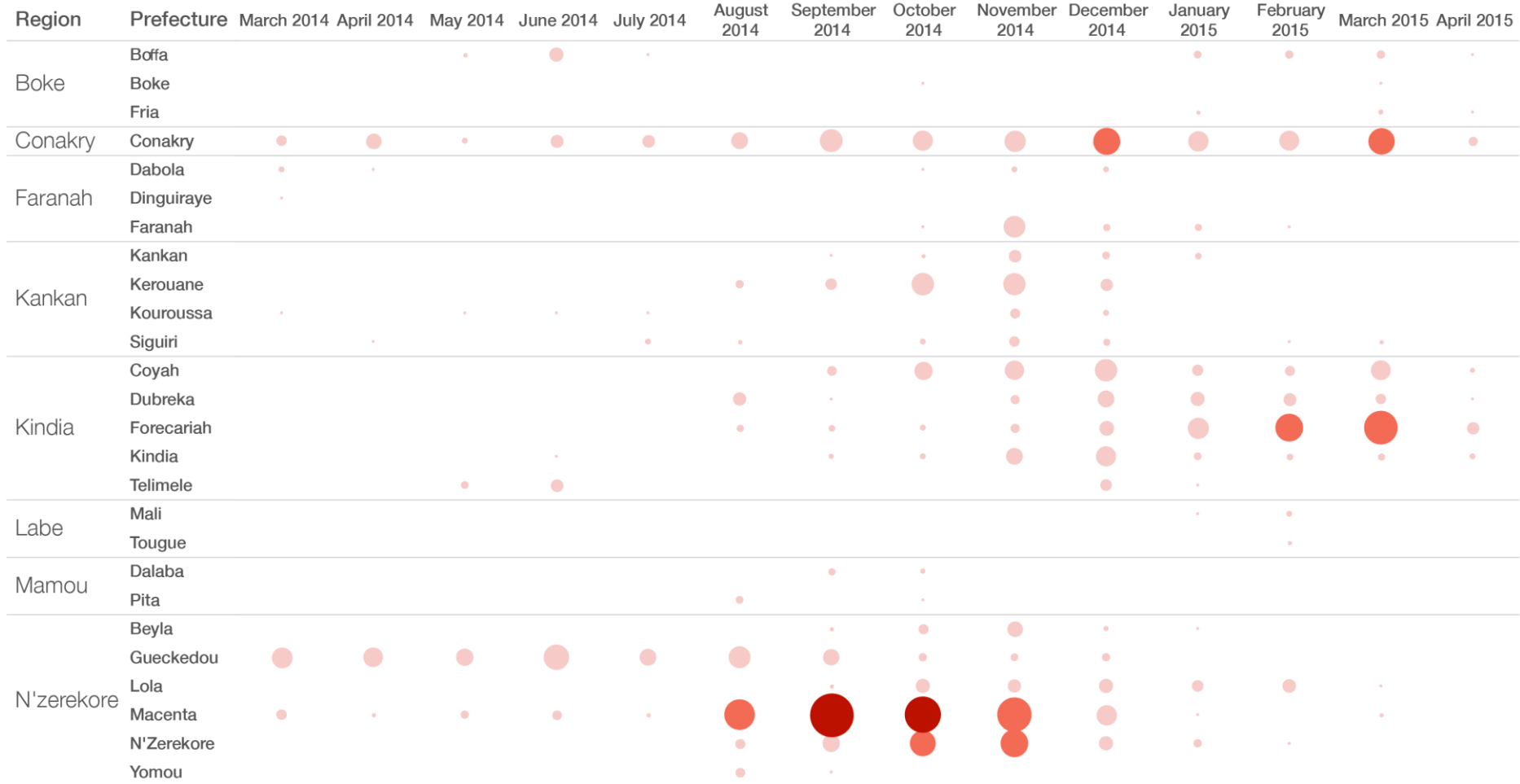
By the end of October 2014, high numbers of Ebola cases were reported in western prefectures, including Coyah, Forecariah, and Conakry. In November, reports of reticence started increasing in these regions. In Kankan region, Ebola cases were more widespread starting November, coinciding with an increase in security incidents in response to anti-Ebola efforts.

In most areas reporting resistance, the frequency rose as Ebola cases increased. Consequently, transmission of the disease in these areas became more widespread as people were engaging in risky behaviour, rather than adhering to preventative measures. With an increase in social mobilisation efforts and community engagement, access to communities improved and accurate messages were spread to halt transmission. Positive reinforcement of response efforts, as fewer people would get sick or die, further decreased reticence (PI, 02/04/2015). In most cases, the number of Ebola cases and the level of resistance are thus related. Figure 3 shows the frequency of reported resistance incidents and cumulative Ebola cases from March 2014 – March 2015.

<sup>1</sup> For access to the database, please contact [analysis@acaps.org](mailto:analysis@acaps.org)

# Ebola Cases per Month

## Guinea, by prefecture



Source WHO

Figure 2 Reported Ebola cases per month by prefecture

## Frequency and type of incidents

In February 2015, the Red Cross reported that its volunteers were being attacked on average ten times per month. The attacks ranged from verbal to physical assaults (IFRC, 12/02/2015). There is no clear trend in the type of incidents being reported. According to the ACAPS database, about one fourth of the incidents concerned violence against personnel, followed by destruction of or damage to property. Impeding aid workers from doing their jobs and reluctance to cooperate each make up about 15% of the reported incidents.

Since January 2015, fewer prefectures have been reporting Ebola-related incidents (UNICEF, 14/01/2015). The situation seems to be improving recently, although seven prefectures still reported one or more security incidents in the first week of March (WHO, 11/03/2015). Since March, there are several reports indicating that resistance is decreasing, including in Kito Island (Boffa region), which was inaccessible to sensitisation activities in February (USAID, 25/03/2015; WHO, 02/03/2015). In Dubreka, sustained community engagement resulted in a reported decrease in reticence (UNMEER, 13/03/2015). IFRC indicated that it now has full access to Nzerekore and communities are collaborative (PI, 02/04/2015).

Apart from a decreasing frequency, the severity of resistance incidents changed over time. This is illustrated in Figure 4 and 5. In the first months of the outbreak in Nzerekore region, several prefectures were reporting violent resistance. Changes in the response and increased efforts to engage the communities increased acceptance of response teams. Consequently, resistance incidents became less severe. Although some prefectures still reported resistance in early 2015, these are mostly cases of unwillingness to cooperate and adhere to preventative measures, rather than violent incidents (see Figure 4) (IFRC, 02/04/2015). In the western regions of Kindia and Conakry, which were still reporting high numbers of Ebola cases in early 2015, community resistance was still severe in March. Several violent attacks on response teams were reported (see Figure 5).

Since April 2015, fewer violent resistance incidents have been reported in Kindia and Conakry. Several factors are contributing to this recent decrease. Additional emergency measures, including door-to-door campaigns have been implemented in the western region. Many actors are currently concentrating on sensitisation and social mobilisation in this region. These measures follow several arrests of people that have violently resisted the Ebola response. The result is a shift from public or community resistance to resistance on a smaller scale, at the micro-community or family-level (International NGO, 20/04/2015). So while violent resistance is decreasing, people are still reluctant to adhere to preventative measures, such as the 21-day follow-up for contacts of confirmed Ebola cases, and are avoiding health officials by increasing their mobility (PI, 20/04/2015). It is premature to say that the situation has improved, but it is evolving.

## Underlying Factors

Tensions in response to containment efforts are common during Ebola outbreaks, or epidemics of other deadly viruses such as Marburg. In previous outbreaks, such as in the Democratic Republic of Congo (DRC) and other countries where Ebola is endemic, underlying tensions have often been exacerbated and resulted in rumours and distrust of responders. Frustrations towards authorities, because of corruption and a lack of engagement to solve deep-rooted problems such as poverty, have manifested as accusations that they were taking advantage of the epidemic (Anoko, 2014).

### Pre-Crisis Factors for Resistance

#### Previous health interventions

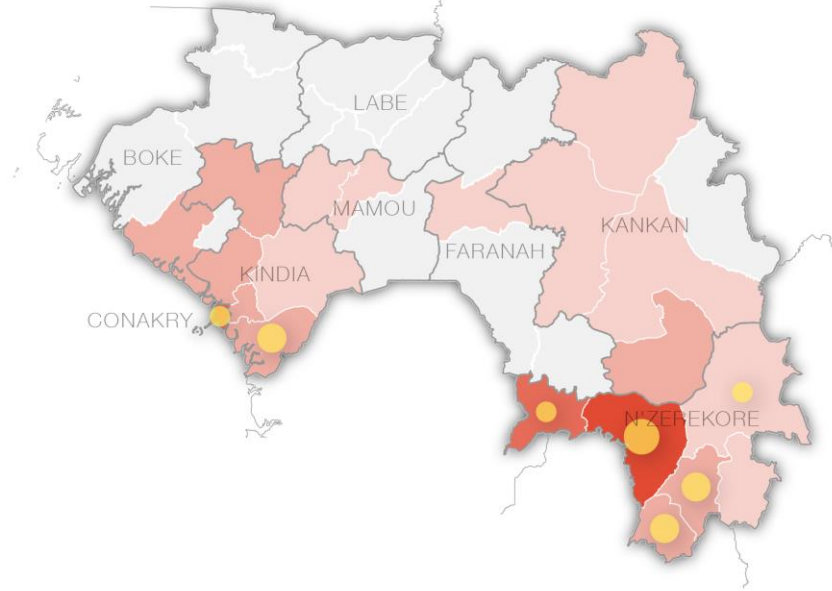
Health interventions led by foreign workers are sometimes perceived as neo-colonial, and carry a negative association in the collective memory. The Forest region, which was initially an Ebola hotspot, has previously experienced epidemics of sleeping sickness, first recorded in 1939 (Limn, 01/2015). During colonial times, which lasted until independence in 1958, these epidemics were fought with measures that were sometimes coercive and feared by local populations, such as forced internment in treatment camps. Resistance against the Ebola response must be seen in light of these measures (Bannister-Tyrell et al, 18/01/2015).

Countries involved in the current response, such as the United States, France and the United Kingdom, had been conducting clinical trials and experimental medicine in Guinea and neighbouring countries for more than a century, up until the 1990s. Local communities have knowledge and memories of this experimentation, which has resulted in distrust of the Ebola response and rumours that the disease was brought into the country for experimental purposes. Clinical trials that are being conducted during this outbreak could strengthen such views, without proper education and awareness raising (Emergency Anthropology Network, 01/2015).

#### Social tensions

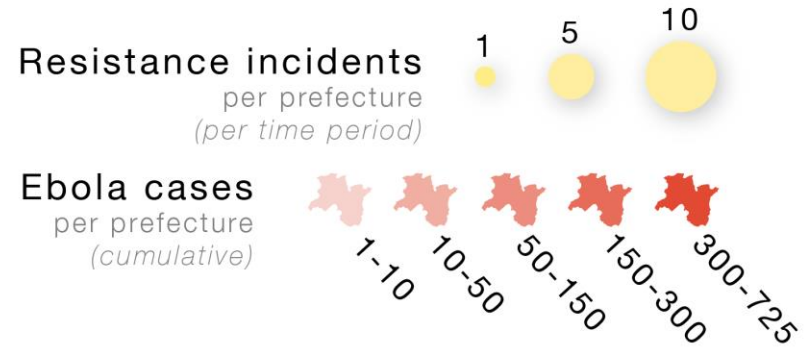
Forest Guinea is a heterogeneous and unstable socio-cultural context, historically characterised by conflict and resistance to political and administrative powers (Anoko, 2014). The Kissy ethnic majority in the region traditionally has an egalitarian and fragmented structure. Political authority was only introduced during the French colonial period (1893–1958), and has seen limited acceptance since. Most regional representatives were not originally from the region (Anoko, 2014; Encyclopaedia of African History). In contrast, the Peul ethnic group has a much stronger social organisation and centralised institutions that are more capable of implementing decisions and disseminating information. In the Fouta Djallon area, where the Peul is the dominant

**March - September 2014**

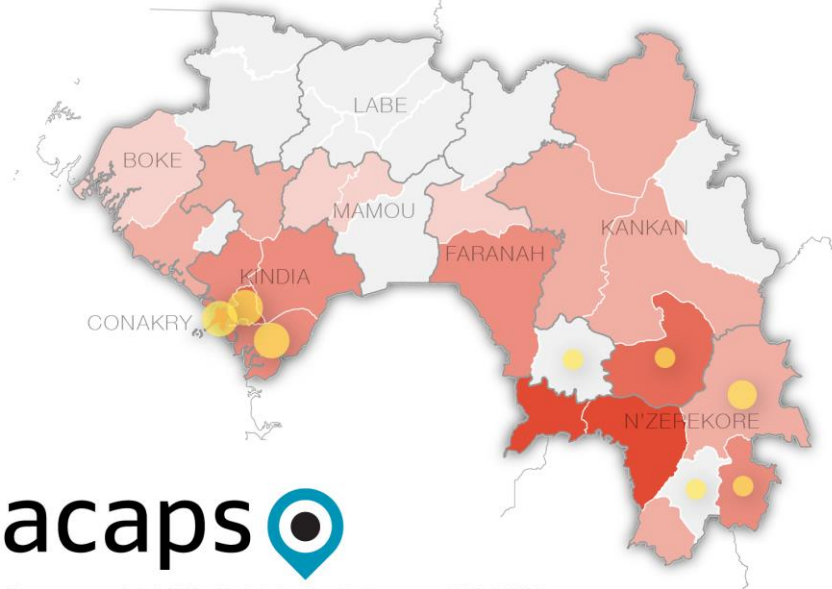


**Ebola cases vs resistance incidents**  
Guinea

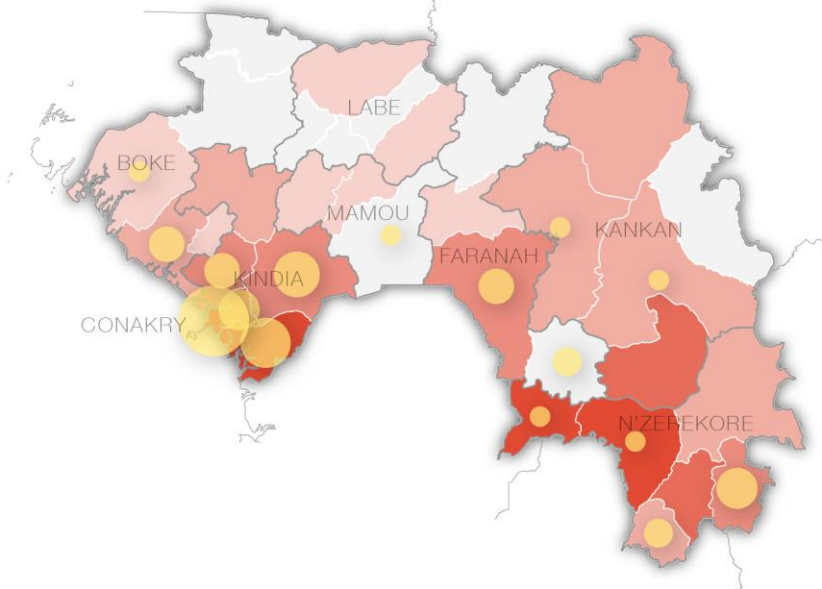
The maps show reported resistance incidents and cumulative Ebola cases per prefecture. Incidents are specific to the time period; Ebola cases are cumulative since the beginning of the outbreak.



**October - December 2014**



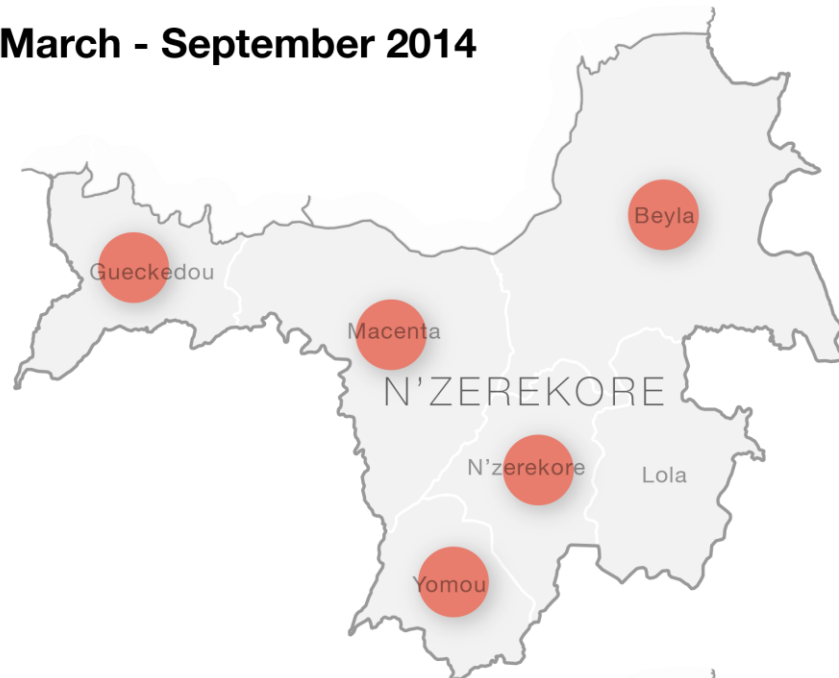
**January - March 2015**



Sources ACAPS, British Red Cross, UNMEER

Figure 3 Reported Ebola cases and resistance incidents over time

**March - September 2014**



**Severity of resistance incidents**  
N'zerekore Region, Guinea

The maps show the severity of reported resistance incidents during the specified time period.



Severity was calculated and weighted along a scale ranging from reluctance to violence. The 75th percentile of incident weights for each prefecture was then mapped.

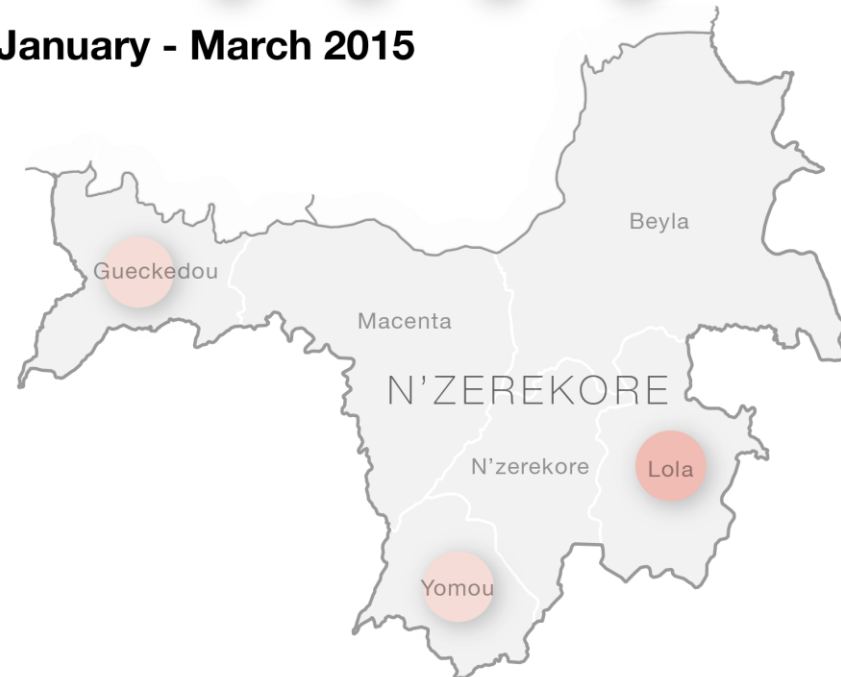
**Severity scale**



**October - December 2014**



**January - March 2015**



Sources ACAPS, British Red Cross, UNMEER

Figure 4 Severity of resistance incidents in N'zerekore region over time



# Severity of resistance incidents

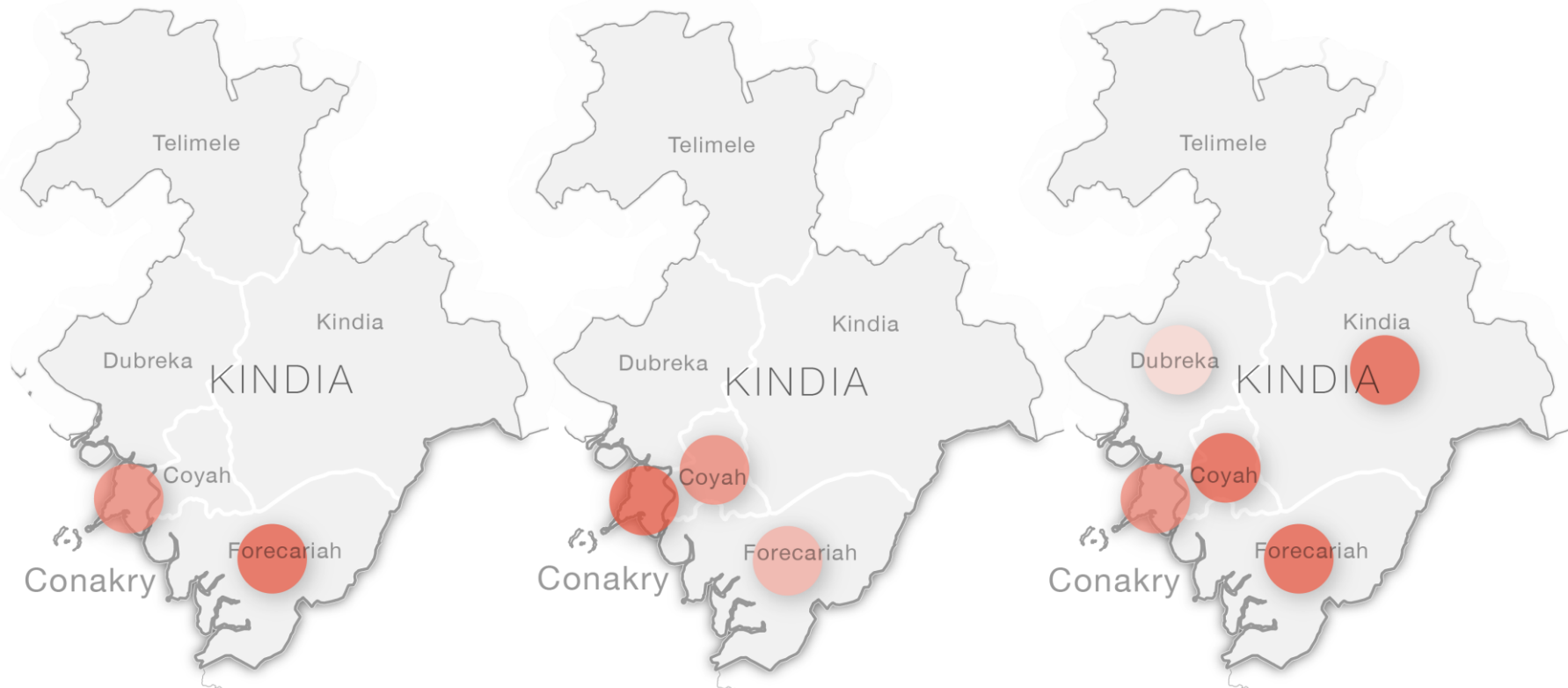
Kindia and Conakry Regions, Guinea



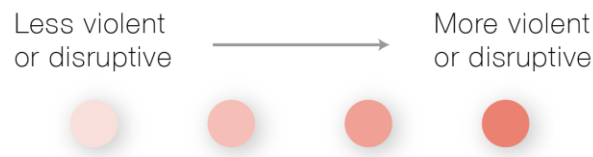
March - September 2014

October - December 2014

January - March 2015



### Severity scale



The maps show the severity of reported resistance incidents during the specified time period.

Severity was calculated and weighted along a scale ranging from reluctance to violence. The 75th percentile of incident weights for each prefecture was then mapped.

Sources ACAPS, British Red Cross, UNMEER

Figure 5 Severity of resistance incidents in Kindia and Conakry regions

ethnicity, resistance has not been reported and the outbreak was quickly contained (International NGO, 20/04/2015).

In Gueckedou, resistance was particularly related to the mistrust of strangers (WHO, 03/04/2015). The strong distrust and fear of betrayal stems from their resistance to colonisation by the French and subsequent regimes. This manifests as internal conflicts between communities, between age groups, and between men and women. There is a lack of trust in each other, and even less credit is given to messages coming from outside the community. It is therefore important that those delivering messages, educational or otherwise, have the respect and trust of the community. The intra and intercommunity conflicts have affected cohesion between community leader and the public in the fight against Ebola, and decreased accessibility to the communities for Ebola response teams (Anoko, 2014).

The majority of security incidents reported since the outbreak (March 2014–February 2015) is not linked to Ebola-related activities, according to the Armed Conflict Location and Event Data Project (ACLED), which collects political violence data for developing states. Even since July, when reports of resistance incidents increased, more than half were related to other social and political tensions (ACLED, 2015). There were several reports of clashes between communities in 2014, not only in the Forest region, but also in the prefectures of Siguiri in the north and Mamou in central Guinea. Both of these areas also witnessed resistance incidents.

In January 2015, the number of riots, demonstrations and other violent incidents increased, with ten being reported in just that month. The large majority of these demonstrations were reported from Kaloum commune in Conakry and several incidents involved opposition rallies (ACLED, 2015).

### **Political and ethnic tensions**

In Guinea, power has been exercised mainly by the two dominant ethnic groups, the Peul and the Malinke. In the Forest region, whose people are socially more closely linked to Liberia and Sierra Leone, there have been long running tensions with the state, which has been perceived as opposing the traditional religions in the country (CRS, 16/10/2014). National authorities have tried to rule out traditional beliefs for decades in an attempt to modernise society. This resulted in a general lack of confidence in the authorities, even before the Ebola crisis. Resistance has become a way to defend their identity and cultural beliefs (Anoko, 2014). The epidemic led to accusations of the authorities trying once again to undermine the Forest people (Anoko, 2014).

Nationwide there is a strong distrust of the Government and other authorities. Many conspiracy theories have emerged, accusing the Government of bringing the disease into the country on purpose. In a UNICEF study from February 2015, 12% of respondents thought the Government was responsible for the disease, of which about half were residing in Kindia. Such views were present in the regions of Nzerekore and

Mamou to a lesser extent (UNICEF, 06/02/2015). However, it should be noted that this survey was carried out after social mobilisation efforts had increased access to these areas. The situation may well have been different earlier in the outbreak.

Guinea has been relatively stable since the election of president Alpha Conde, who has pushed through several economic and security reforms. The opposition accuses him of ruling unilaterally, and his rule has been marked by severe political tensions. Guinean politics are closely linked to ethnicity, with the Malinke ethnic group mainly supporting President Conde and the Peul supporting the opposition. Presidential elections in 2010 and legislative elections in 2013 were disputed and accompanied by electoral violence, mostly along these ethnic lines. The political climate has remained highly polarised since (CRS, 16/10/2014). Tensions and mistrust between these ethnic groups remain, based on social and political differences.

The continuous delay of local elections, which have not been held since 2005, and suspected delay of presidential elections in 2015 have recently sparked social unrest, leading to several violent demonstrations in Conakry in April (Jeune Afrique, 20/04/2015). Throughout 2014 and 2015, multiple demonstrations and riots have occurred, generally to voice discontent about the poor living conditions in the country, including a lack of access to water and electricity. In some cases protests have led to clashes between opposition and Government supporters. The commune of Kaloum, Conakry, has often been the stage of unrest, and is one of the areas where many security incidents related to the Ebola response originate from. Violent protests have also occurred in the prefectures of Kankan, Labe and Nzerekore (ACLED, 2015). In this volatile context, Ebola responders and health authorities can easily become the targets of expressions of discontent with the Government or the general situation of the county. Upcoming political campaigns for the 2015 presidential elections could amplify violent resistance (WHO, 03/2015).

### **Intervention of armed forces**

Guinea has a history of military involvement in politics. There have been several coup attempts and mutinies, some of which were successful. Military forces have been involved in serious human rights abuses, which has played a role in the distrust of the population towards security forces, especially in certain areas (CRS, 16/10/2014). Although President Conde has tried to reform the security sector and improve military discipline, the potential for abuse remains high. Certain recent events have contributed to the distrust of the army, the most important of which occurred in September 2009. Military forces opened fire on civilian protesters and killed 157 people. The gathering was organised by opposition groups to protest against the ruling Government (ICG, 16/10/2009; CRS, 16/10/2014). These events further fuelled tensions and remain an important factor in the resistance against the use of security forces.



## Drug-related crime

Guinea is a key transshipment hub for cocaine being trafficked from South America to Europe. Reuters analysts say that drug flows in the country have increased in recent years, as traffickers may have relocated from Guinea-Bissau to Guinea since 2013. Drug traffickers are reported to be operating under the protection of senior civilians and military and police officials (CRS, 16/10/2014; Reuters, 31/01/2014).

Maritime Guinea, the western region of the country, is the primary region of cannabis production. Forecariah particularly, which borders Sierra Leone, has been implicated in drug crime. The region is a point of transfer between Guinea Bissau, Sierra Leone and Conakry (Guinee58, 06/10/2014). Some sources say that in Forecariah, one of the areas where resistance has been most frequent, the resistance is linked to drug trafficking. Those involved in drug crime have no interest in peace or accepting outsiders into their community. On the contrary, they have an interest in keeping their community isolated and are spreading false rumours to prevent actors from accessing them. Western interest endangers their business and causes distrust in the area (PI, 02/04/2015).

## In-Crisis Factors for Resistance

### Mixed messages

At the beginning of the outbreak, messages to the community focused on the severity of Ebola and its high mortality rate. The aim was to alert the population and stimulate the sick to present themselves at a health facility so they could be isolated and treated. Awareness materials included statements such as 'neither treatment, nor a vaccine exists for this disease' and 'the sick should be isolated to prevent contagion' (MSF, 11/2014). Many people decided that if they would die of the disease anyway, they would rather it happened in their home. As a result, they were not reporting themselves to a health facility when falling ill. In response, authorities changed their communications, shifting the focus to the possibility of surviving Ebola. To support this message, they engaged survivors to testify (WHO, 03/04/2015).

Misunderstandings were also generated by differing explanations for the disease. The biomedical reasoning that restricts individual freedom and imposes measures on the sick and the dead to prevent transmitting the virus, clashes with the cultural explanations that attribute the disease to other forces. The misunderstanding leads to reluctance and sometimes violent resistance, as has been the case in previous epidemics (Anoko, 2014).

Mixed messages and confusion around suspected and confirmed cases also fuelled fear and resistance. There are reports of cases where initially a person was thought to have died of something other than Ebola, but families subsequently had to be quarantined later when Ebola was confirmed (WHO, 03/2015).

In the early response, the messages were very general and not adapted to the context, coming directly from previously affected countries such as DRC. In DRC, Ebola outbreaks occur every few years and people are familiar with the awareness messages. Behavioural differences, target audience and perceptions of the population had to be considered to win the trust of the communities in Guinea. Previous reports of resistance in DRC were mainly linked to religion, but those in Gueckedou, Guinea, were based on the distrust of strangers (WHO, 03/04/2015).

Promises of responders were not always fulfilled, for example transportation by ambulance that was not provided or distribution of kits that were not delivered (UNMEER, 12/12/2014). Such cases further stimulated a lack of trust in response teams.

At the beginning of the response, people used the term *isolation centre* when referring to the places where suspected cases were gathered. Following anthropologists' recommendations this changed to *treatment centres*. Although treatment centres also have an isolation room where suspected cases await test results, the term is more reassuring and more productive in finding the balance between fear and resistance and the need to control the epidemic (SciDevNet, 24/09/2014).

Western medical messages were ambiguous to local populations. Blood is a source of disease transmission and exposure to it be avoided. Yet in the context of clinical trials, the blood of previously ill people could potentially be used as treatment. These conflicting messages give rise to misunderstanding and rumours (Bannister-Tyrell et al, 18/01/2015).

### Centralisation of response

The centralised nature of the response in Guinea has been criticised. The Government has been leading and coordinating the response, a top-down approach. National measures have been implemented to support the fight against Ebola, including a law allowing prosecution of anyone hiding patients from medical teams (Global Post, 12/01/2015). There is considerable resistance to adhere to the regulations prescribed by the National Ebola Coordination. Local surveillance committees have been appointed by the central Government (International Health Policies, 19/01/2015).

Centralisation of the Ebola response through the creation of new structures, parallel to those that already existed, has further fragmented the process. Health authorities, particularly at the local level, complained that existing governance mechanisms and health structures were bypassed. This increased distrust of the national response (International Health Policies, 19/01/2015).

### Comite villageois de veille (CVV)

Surveillance committees were established in each prefecture in November 2014 (GuineeTime, 13/11/2014). The population diversity and tension between communities within prefectures, required support for these committees in all sub-prefectures.

Instead, people were appointed from only certain areas and lacked support from sub-prefectures that were not represented (PI, 16/02/2015).

Other limitations of the CVVs are the exclusion of women and youth from the committees (WHO, 03/2015). Women required a particular representation in the committees because they were the most affected by Ebola, especially in the beginning (UN, 16/09/2015; Human Rights Watch, 15/09/2015). Inclusion of youth in essential steps of the response was important because they have often been involved in resistance incidents. Representation in the CVVs might make them more accepting of response efforts. Sentiments of discontent and being neglected originate from problems in the society such as high youth unemployment (Guinee Matin, 15/11/2014; International Health Policies, 19/01/2015). Further perceptions of exclusion could trigger riots. Ebola and certain aspects of the response have facilitated the violent expression of these sentiments.

### Politicisation of the outbreak

The Guinean Government has seen a lot of criticism to its response. Weak institutions and governance led to a slow response. The first cases of Ebola have been traced back to December 2013. In early 2014, MSF warned of the disease, but it was not until March that the Ebola outbreak was declared. Finally in August the President declared the outbreak a national health emergency and initiated measures to contain it. Some have called the Government negligent, which further decreased trust in authorities (US Department of State, 14/10/2014).

The history of unrest and clashes in the minority Forest region gave rise to several conspiracy theories. Some see Ebola as a Government tool to get rid of the minority groups in the region, who have previously been violently oppressed. Others, particularly the opposition, are convinced the President used the disease to delay upcoming presidential elections (US Department of State, 14/10/2014). Both the Government and the opposition have used Ebola as a political instrument. The former using it in relation to election campaigns, carrying out sensitisation activities with clear reference to the ruling political party, while the latter used the epidemic to point out failures of the ruling Government and call for protests (International NGO, 20/04/2015).

Political tensions have also played a role during the Ebola outbreak. In response to the unrest and severe violence in Womey, Nzerekore, security forces were deployed. This is an area of Government opposition, and demonstrations related to the opposition's demands for political dialogue had been going on for months (UNMEER, 14/11/2014). In Womey, a Government outreach team was attacked in September 2014. The team was stoned and vehicles were damaged. Many members of the team were injured, and eight were captured and later found dead. Following the incident, the majority of the population fled the village (RFI, 19/09/2014). In March 2015, 78 suspects were on trial for the killings (USAID, 25/03/2015). These incidents have been linked to

demonstrations and other events in the area and in Conakry, used by some for political gain.

### Security forces in the response

The history of military involvement in Guinean politics has led to civil-military tensions. The use of military forces in the Ebola response has exacerbated these. In many cases, humanitarian response teams have been accompanied by security forces to support their interventions.

In September 2014, military forces were deployed to Womey, Nzerekore, after Ebola-related killings and subsequent unrest. They have been accused of grave human rights violations (UNMEER, 12/11/2014). In November politicians, civil society activists and others went on hunger strike. They demanded the withdrawal of troops and the safe return of villagers, who had been hiding in the forest for more than a month because of the tensions (UNMEER, 14/11/2014; UN, 12/11/2014).

In January 2015, President Conde authorised the use of public forces (gendarmerie and police) to arrest those who are uncooperative in the response to the Ebola outbreak (AFP, 18/01/2015). There are reports from Forecariah prefecture of security forces firing warning shots and tear gas, while accompanying aid workers looking for suspected Ebola cases. Reportedly, people were beaten and some personal belongings taken. The sick were transferred to Ebola transit centres by force. This has resulted in people fleeing their village, leaving the community panicked and frustrated. In response, some vandalised the hospital (local media, 18/01/2015).

## Aggravating Factors

### Traditions, beliefs, burial practices

The Red Cross has been especially affected by community resistance because of its role, which mostly included the dignified and safe removal and handling of bodies, and disinfection of houses and other localities. The secure burials interfere with traditional burial practices, and are believed to affect the spirit of the deceased (WHO, 03/2015; Red Cross Movement, 19/03/2015). The fact that relatives and friends could not even attend the burial from a distance exacerbated the situation (WHO, 03/2015). In the early response, the lack of a system to track where bodies were buried, especially in urban areas, was an additional issue. Changes in the handling of bodies has increased community acceptance (PI, 19/04/2015).

Traditional burial practices are very important to local populations. Not carrying out the rites is believed to result in the deceased becoming phantoms, instead of ancestors. The grave social and psychological consequences lead people to continue their burial customs and be exposed to Ebola, rather than see their loved ones turn into a phantom because of a safe but non-traditional burial (PI, 11/02/2015).

Analysis of resistance reports shows that disinfection activities and safe burials most often trigger community resistance, compared to other Ebola-related activities such as contact tracing or surveillance.

### **Fear**

Fear, both of the disease and of certain related activities, is a significant factor in resistance to the response. Many patients admitted to Ebola Treatment Units (ETUs) did not survive, fuelling fear of these facilities (UNMEER, 12/12/2014). People did not know what was happening in ETUs and feared being neglected, not receiving any food, or dying in the centre and having their blood or organs stolen after their death (WHO, 03/04/2015; UNMEER, 25/11/2014). As a result, people have been impeding contact tracing and rejecting surveillance efforts (UNMEER, 16/02/2015). Fear and limited information on transmission of the disease also caused concerns about water and sanitation facilities in the ETUs. People thought the common use of facilities by confirmed and suspected cases would increase the risk of infection within the facility (UNMEER, 23/12/2014).

Many of these fears were closely related to rumours, but also to errors in the response, including a lack of early social mobilisation and transparency.

### **Rumours**

Many rumours have been spread about Ebola and the response by national and international actors. One such rumour portrayed Ebola as a business (WHO, 03/2015), in which blood or organs of Ebola patients would be sold for the profit of a small group. These rumours have eroded what little trust people had in authorities and responders, and increased resistance.

Disinfectant spraying has been the subject of many rumours. People often think the spray is contaminating and makes people sick. They are therefore afraid of the sprayers and reject the disinfection of homes and public buildings, such as schools. Engaging with the community to explain the spraying process and show what the spray is and why it is being used, increases acceptance (WHO, 03/2015; IFRC, 20/02/2015). Anthropologists have noted that the use of personal protective equipment and spraying reminds people of some traditional rituals that involve curses or black magic, in which masquerade suits and masks are worn. So resistance to these activities is linked to the fear of being cursed as part of foreign rituals (Fairhead, 10/2014).

Other rumours have surrounded vaccinations. In February 2015, rumours that the Red Cross would administer Ebola vaccines to school children circulated in the country. This resulted in parents taking their children out of school, and in threats to health workers and schools (Voice of America, 15/02/2015).

In some cases the media contributed to rumours and misunderstanding, by disseminating incorrect information. Testimonies were published of health workers or people that claimed to have fled ETUs, which confirmed atrocities had taken place in

these centres. Some youth groups also used media to convince people that organ trafficking in ETUs was reality (PI, 19/04/2015).

### **Corruption**

There are reports of dozens of NGOs, possibly up to 200, being created to raise awareness among communities. These organisations all received money but many were not doing any sensitisation for fear of contracting the disease (WHO, 03/2015). This could have further fuelled distrust of responders and increased resistance.

Corruption, which has long been widespread in Guinea, fuels suspicion of the health care system and its actors. In a survey, four in ten respondents reported paying bribes in order to receive treatment at a health facility (US Department of State, 14/10/2014).

### **Absence of radio transmission**

The absence of widespread radio broadcasts has complicated awareness raising messages, particularly aimed at spreading correct information and countering rumours. In several of the most affected areas, including some of the locations with high community resistance, the radio transmission towers have not been functional since before the outbreak. According to IFRC, it was not until early 2015 that they were repaired (PI, 02/04/2015).

### **Access**

Humanitarian access to the affected communities has been impacted by several factors, such as resistance to accept humanitarian and other actors. In some cases, especially in the beginning, physical barricades were set up to prevent actors from entering towns (Reuters, 29/08/2014). Social unrest, including the Conakry demonstrations in April 2015, have affected response activities (CIDRAP, 15/04/2015). In addition, remoteness and a lack of infrastructure led to difficulties reaching certain communities. As a result, the spread of accurate information and countering rumours becomes harder. Seasonal conditions can further impact the situation. Some are afraid resistance may increase or will be harder to improve once the rainy season starts in May, due to decreased access to some communities.

## **Information Gaps**

### **Reporting**

No exhaustive account of incidents of resistance to the Ebola response is available. Most reports come from secondary sources such as local or international media. In many cases the type of incident is not specified. It remains unclear whether these reports are over or underestimating the issue. Nuances are not transmitted, especially

when reporting at the prefecture level. In certain localities access to the community might be problematic, other areas in the same prefecture could have full cooperation of the community.

### Rumours

There are multiple accounts of rumours referring to Ebola as a business, where the organs and blood of the sick or deceased are sold for profit, or where Government and international organisations use Ebola to mobilise money for their own gain. The extent to which these kind of harmful messages are reaching communities is not clear, nor is there concrete information on the where exactly these rumours are still circulating.

### Behaviour of security forces

Several sources indicate the extensive use of security forces in the Government's response to the crisis. A few reports point at human rights abuses and other misuse of these forces and harmful behaviour towards civilians. The extent to which these events have occurred, and whether they still are occurring, is unknown.

### Women and youth

Limited information is available on the role of women and youth in the response. Some sources report a lack of involvement of these groups in the early response has greatly contributed to the mounting reticence. Others suggest they are excluded particularly from the decision-making process and are not represented among higher positions, although they are involved in the implementation of the response in activities such as social mobilisation. However, no concrete information is available as to how this has changed over the course of the response and what the impact has been.

### 45-day health emergency

On 28 March, President Conde announced a 45-day health emergency in the prefectures of Forecariah, Coyah, Dubreka, Boffa, Kindia and Conakry. This includes measures such as temporary closure of hospitals and clinics where Ebola infection had been reported, stricter rules on safe burials, and door-to-door campaigns during stay-at-home periods (OCHA, 30/03/2015).

The impact of the additional measures on social tensions and resistance to the Ebola response is unclear. IFRC indicated that it could have a positive effect on accessibility, if the measures were well implemented with community engagement. However, the use of force could exacerbate the situation and trigger incidents of reticence (PI, 02/04/2015). In the first door-to-door campaign in Forecariah, there has been no need for military escort or intervention, despite previous violent resistance in the area (PI, 20/04/2015).

## Lessons Learned

Though many people still deny the existence of Ebola or continue to engage in risky behaviour such as touching or washing dead bodies, hiding sick relatives and conducting unsafe burials, improvements have been made and social mobilisation efforts have increased (Voice of America, 23/03/2015; IRIN, 23/03/2015).

This analysis points to some valuable lessons to consider when dealing with community resistance to a humanitarian response (INSUCO, 04/2015).

- Involve religious leader, such as Imams. This led to increased community acceptance of aid workers and helped disseminate correct information.
- When disseminating information consider the target audience, especially the behavioural differences and existing perceptions of the population.
- Adapt the message to the context to help win the trust of the community.
- Knowledge and understanding of local customs relating to activities that might spread the disease is of great importance.
- The response should be adapted to allow people to carry out their traditional practices, but in a way that decreases the risk of disease transmission.
- Engaging the community to explain the risks, and how they can be prevented, increases acceptance.
- Avoiding and countering rumours is extremely important, and should be incorporated in the response from the beginning.
- Pre-existing tensions and conflict should be taken into account.
- An existing volatile or unstable situation can be exacerbated by external factors, such as a foreign disease.
- Distrust of certain actors or authorities can impact community acceptance.
- Messages to raise awareness should be delivered by actors respected by the community, to increase trust.