

Mobilising informal health workers for the Ebola response: potential and programme considerations

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Key points

- 1. Informal health workers are important care providers in the region and continue to be so during the current Ebola Virus Disease (EVD) outbreak. Many are well respected and trusted members of the community who can mobilise large numbers of people for a particular activity and lend legitimacy to a particular programme.**
- 2. Informal health workers are markedly heterogeneous in terms of the degree to which they draw on biomedical and traditional treatment beliefs, their perceived legitimacy in their communities, the strength of their ties with local societies and institutions, and the extent to which they are willing to support external initiatives. Adopting a flexible approach that is adaptable to each local context is therefore crucial to programmes seeking to engage with informal health providers.**
- 3. There is existing experience of successfully partnering with informal health workers in the region, both before and during the current outbreak, that can be drawn on to inform such programmes. Potential benefits of such partnerships include reducing the risk of transmission during the provision of informal care, improving the treatment of EVD and other major illnesses, and supporting home and community care interventions through their social capital, networks and local institutional ties.**

Role of Informal Health Providers in Sierra Leone, Liberia and Guinea:

4. The informal health sector in Sierra Leone encompasses a number of different kinds of practitioners, including formal health sector workers working informally in their communities, unlicensed drug sellers, herbalists, religious therapies, traditional birth attendants (TBAs), and traditional healers using knowledge passed through their families or linked to secret societies.

5. Medical doctors are generally highly respected, and people particularly in urban areas are normally keen to seek medical attention at pharmacies and hospitals if resources permit. However, there is now a widespread distrust of hospitals and Ebola treatment facilities. People fear being wrongly diagnosed with Ebola, and either harmed by the treatment process or worry

that they will catch Ebola in hospital. In part this attitude stems from a distrust of the motivations and the capabilities of the government during the crisis, who many feel willingly benefit at the expense of ordinary people.

6. There is a general willingness for individuals to adopt multiple methods in regard to care and wellbeing. Medical assistance often goes hand in hand with prayer and religious practices, and consultations with herbalists and other traditional healers.

7. All health practitioners draw on varying degrees of biomedical and traditional understandings to interpret causes of illnesses and appropriate treatments. There is evidence that, at least in some areas of the affected region, most traditional healers believe that EVD exists. They also, however, may perceive that sorcerers may take advantage of the outbreak in order to conceal their attacks on victims.

8. The legitimacy of both formal and informal health workers comes from their renown in demonstrating skill and compassion in caring for people in the context of what is appropriate for their position in society and their ties to the community or other institutions in which they are embedded. People may well travel far to consult with practitioners of particular renown. Additional important factors in seeking care from informal rather than formal institutions include more flexible payment mechanisms and geographical proximity.

9. However, informal health workers are not universally respected. While many informal health providers are deeply respected, others are less well trusted and may be perceived to be profiting from people's poor health and not have the best interests of the community at heart. Being closely embedded into the communities where they practice may mean that informal health providers are subject to local politics and economies that have implications for their ability and willingness to engage with external initiatives.

Potential Role in the Ebola Response:

10. Informal health providers continue to play an active role in caring for sick people in the region. There are a number of reasons for this role to have increased during the outbreak: increased closures of formal health institutions; early health education messages reinforcing the lack of effective biomedical treatment; and in the case of Sierra Leone, registered pharmacies being officially banned from operating. Despite the latter, many continue to buy medication from local pharmacies but are forced to do so in underhand ways.

11. Some informal care acts are therefore likely to be contributing to the transmission of EVD, with evidence for example that practitioners of particular renown have previously acted as transmission hubs. Engaging with care providers can potentially reduce the risk of their practices.

12. The legitimacy of informal health workers as trusted health providers offers an opportunity to provide EVD or other treatment through them and their networks. There is experience of providing quality treatment through the informal sector in Sierra Leone, for example the Global Malaria Fund has used Traditional Birth Attendants to provide anti-malaria and anti-parasite treatment.

13. Informal health workers may have extremely strong social ties and capital that has the potential to be mobilised and linked in to the response. Secret societies in particular are one of the most trusted local institutions and can, if they wish, mobilise hundreds of people to support a particular activity. These networks can be used to improve surveillance of cases, disseminate

knowledge or build structures and provide the support needed for home and community care of EVD patients.

Approaches to engaging with informal health workers:

14. Given the heterogeneity of informal health workers, their position in different local communities and the potential for friction between different providers and community members, a key approach to engagement will be to take time to identify who the well-known and trusted providers are in a particular locality, who they work with and what networks or associations they are part of. Options for collaboration across a network include two traditional healer associations with their headquarters in Freetown.

15. A number of organisations have previously run programmes engaging with informal sector workers, including for TBAs alone: Marie Stopes ongoing family planning campaign (TBA volunteers inform local women about contraception), the Global Malaria Fund as mentioned above, CARE (TBAs recruited as social activists), and UNFPA (teams of TBAs boost community awareness about sexual and reproductive health, maternal mortality and gender violence). During this outbreak, WHO have trained traditional healers in Guéckédou, Guinea on signs of EVD and appropriate referral to an Ebola Treatment Unit.

16. The feasibility and extent to which informal health workers will be willing to help will depend on the particular initiative proposed and the extent to which their beliefs and concerns are respected and taken into account. Showing support for a particular initiative may pose a very real threat to their own legitimacy and position in society, therefore there is the potential to disrupt some of the few still-functioning care networks in the region.

17. It is particularly important to avoid reinforcing a dichotomy between formal and informal modes of care by portraying both as complementary. Despite the above examples of successful partnerships, there is considerable tension between many formal and informal practitioners. Programmes engaging with the informal sector would need to be sensitive to such relationships.

18. It is likely that there will be other sensitivities particular to a given kind of practitioner in a given locality that need to be understood and taken into account. For example, TBAs have particular sensitivities about gender and secret knowledge.

Background: Informal health care provision in Sierra Leone

Types of informal health providers

Informal health workers in Sierra Leone, Guinea and Liberia consist of a wide variety of different providers drawing on different health understandings to offer biomedical, herbal and spiritual treatments. Different types of informal providers include: unlicensed pharmacies or pharmacies operating outside of official regulations, unlicensed street (biomedical) drug peddlers, bone setters, herbalists, 'pepe' doctors selling either or both biomedical and herbal treatments, spiritual healers (including those of Christian or Muslim faith), traditional birth attendants, some female chiefs and senior members of secret societies, and other traditional healers who have received knowledge either from their families or from secret societies.

Rather than categorising informal health providers as being either traditional or biomedical, categories that are far from being mutually exclusive, it is perhaps more useful to conceptualise

informal providers as being more or less renowned and embedded in local social, political and economic structures, along a spectrum. Part of being embedded in localities and regional networks, will be being embedded in local institutions such as the Societies, as in the case of TBAs. This could also mean village (or urban section) politics, economies, marriage and kinship ties. Their legitimacy then comes from demonstrating skill and compassion to the community, in the context of what is appropriate for these institutional ties.

Health beliefs and care-seeking

Beliefs about the cause of ill-health and therapeutic action underpin perceptions about the quality and effectiveness of different health providers. While many in Sierra Leone, for example, would differentiate between 'hospital' or 'ordinary' treatment and 'country' treatment, in reality people – whether ordinary members of the community or designated care providers – draw on both biomedical and local understandings of health and illness when explaining the cause of an illness and deciding on an appropriate treatment. Some of these local understandings are historical and more 'traditional', while others are much more contemporary and are influenced by people's immediate experiences. In particular, beliefs about appropriate treatment may change after successful or unsuccessful treatment of a certain kind of illness or in response to messages or advice about treatment options in different health modalities. Early health education messages emphasising the lack of an effective treatment in hospitals is likely to have been interpreted by many as signifying that EVD has a non-biomedical aetiology, caused by social or spiritual faults, transgressions or bad intent.

Geographical and social proximity also play key roles in determining where care is sought, with the latter often overriding the former despite the added costs of transport. There is a general practice of seeking care from those 'closest' to you which is intensified currently, as people are afraid of being considered Ebola patients, being sprayed by chemicals that might kill them or injected lethally, or indeed catching Ebola in a medical facility. Flexibility with payment mechanisms is also a strong incentive to use informal providers who may accept deferred payment, payment in kind or provide care free of charge if social ties with the patient are sufficiently strong.

Social position of informal health providers

The extent to which providers are embedded and part of local social relationships and networks is central to how people perceive that person's quality as a health provider, trust in their motives and the effort they will place in treating patients. The legitimacy of both formal and informal health workers comes from their renown in demonstrating skill and compassion in caring for people in the context of what is appropriate for their position in society and their ties to the community or other institutions in which they are embedded. Providers to whom patients feel they have weaker social ties, whether formal health providers or travelling informal providers from outside the particular community, may be less well trusted unless they develop a particular renown for effective or compassionate treatment.

Informal providers' positions within social structures not only lends legitimacy to their own practices but allows them to draw on this legitimacy to mobilise communities towards certain activities. Many networks of authority are based on personal relationships developed by and between different formal and informal health providers in a particular locality. However, many informal providers play key roles in broader networks and institutions, notably secret societies. Secret societies are highly organised institutions that are typically well-trusted, particularly in rural areas but also in cities. Historically, the Poro and Bundu societies were the most powerful political institutions in the region. While their power has been somewhat eroded by the introduction of Western forms of education

and governance, they continue to fill a range of very practical roles especially in remoter parts of the country, where government institutions have had minimal effective presence since before the war. During the civil war, when the state army failed to protect local communities, village residents drew directly on the model of the initiation society to organise young farmers into an effective civil defence force. Societies are an institutional structure that people understand, and trust, and that communities fall back on in times of crisis. Bundu leaders are already respected within their communities as health experts and, in some parts of Sierra Leone, there is a precedent for Bundu leaders receiving midwifery training from medical doctors, and using the Bundu bush as a space in which to pass that knowledge on to other women.

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