

of developing local capacity, there will be immediate benefits for halting this epidemic, and these countries will be better positioned to efficiently respond to future global health security threats.⁵

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Social science intelligence in the global Ebola response

Sociocultural, economic, and political dimensions play a defining part in epidemics and pandemics.¹ Anthropological involvement is increasingly recognised as important;² however, integration of social sciences during global health crises remains, for the most part, delayed, inconsistent,

and distant from the centre of decision making and resource prioritisation.

This problem is representative of much larger systemic barriers to academic and practitioner co-ordination in global health, humanitarian aid, and development practice.³ While anthropological insights on-the-ground can and do inform extraordinary containment and education efforts during medical humanitarian emergencies, they are all too often not scaled up.

This pattern is being repeated, albeit with some improvement, in the current west African Ebola response. As engaged anthropologists, we know examples of local and international colleagues being integrated into WHO and Médecins sans Frontières programmes and advising the UN Mission for Emergency Ebola Response. The governments of France, Sweden, and the UK have directly sought the consultation of regional and area experts, and mobilised support for rapid social science research. In the UK, anthropologists have been involved in the Scientific Advisory Group in Emergencies—a major advisory committee shaping the Ebola response.

By contrast, in the USA social science involvement has been limited. While the US Centers for Disease Control and Prevention has established internal anthropology desks to inform the Ebola response, the US Government's broader engagement with social scientists has been sluggish. This is alarming, in view of the substantial commitment of US military and civilian resources in west Africa.

Anthropologists in Europe, Africa, and the USA have built new collaborative platforms (such as the Ebola Response Anthropology Platform) and networks (such as the Ebola Anthropology Initiative discussion board and Listerv) to support Ebola research and interventions by providing data analysis capabilities, mobilising academic institutional resources, sharing actionable recommendations, providing expertise and technical information,

and collaborating on research initiatives. This kind of initiative avoids the wasteful duplication of effort, and should be reproduced for other medical humanitarian emergencies.

The Ebola response shows the need for new global mechanisms to be established that can rapidly mobilise all experts who can bring relevant local contextual, medical, epidemiological, and political information on global health emergencies. Now is the time to consider how to bring social science into the centre of future pandemic surveillance, response, community preparedness, and health system strengthening.⁴ This will take will, vision, and systematic engagement of our full capabilities and expertise.

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Lasalvia A, Zoppei S, Van Bortel T, et al, and the ASPEN/INDIGO Study Group. Global pattern of experienced and anticipated discrimination reported by people with major depressive disorder: a cross-sectional survey. *Lancet* 2013; **381**: 55–62—In the ASPEN/INDIGO Study Group, "James Bowe" should have been "Bawo James". This correction has been made to the online version as of Jan 23, 2015.

For the Ebola Response Anthropology Platform see <http://www.heart-resources.org/ebola-response-anthropology-platform/>

For the Ebola discussion board see <https://groups.google.com/forum/#!forum/ebola-anthropology-initiative>

For Listerv see <https://lists.capalon.com/lists/listinfo/ebola-anthropology-initiative>