SPECIAL COLLECTION
Producing Ebola: Creating Knowledge In and About an Epidemic

SOCIAL THOUGHT & COMMENTARY

Epistemologies of Ebola: Reflections on the Experience of the Ebola Response Anthropology Platform

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ABSTRACT
By September 2014, it was clear that conventional approaches to containing the spread of Ebola in West Africa were failing. Public health teams were often met with fear, and efforts to treat patients and curtail population movement frequently backfired. Both governments and international agencies recognized that anthropological expertise was essential if locally acceptable, community-based interventions were to be designed and to successfully interrupt transmission. The Ebola Response Anthropology Platform was established against this background. Drawing together local and internationally based anthropologists, the Platform provided a coordinated and rapid response to the outbreak in real time. This article explores how the Platform developed and interacted with other epistemic communities to produce knowledge and policy over the course of the outbreak. Reflecting on the experiences of working with the UK Department for International Development, the World Health Organization and other agencies, we ask: what do these experiences reveal about the politics of (expert)

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knowledge and its influence on the design and implementation of policy? Did differing conceptions of the place of anthropology in humanitarian crises by policymakers and practitioners shape the contributions made by the Ebola Response Anthropology Platform? What are the implications of these experiences for future anthropological engagement with, and research on, humanitarian responses to health crises? [Keywords: Anthropology, Ebola, medical humanitarianism, epistemic communities, Sierra Leone]

Introduction

The 2014–16 outbreak of Ebola Virus Disease (EVD) in West Africa was unprecedented in scale and duration. Two further precedents set by this crisis were the prominence afforded to anthropology by major actors involved in coordinating and delivering the outbreak response, and the extensive self-mobilization of anthropologists in the face of an unfolding human disaster. In addition to invaluable and remarkable fieldwork conducted by individual anthropologists at the "frontline" of the response (e.g. Anoko 2014; Marí Sáez, Kelly, and Brown 2014; Faye 2014), several groups of anthropologists coalesced in September and October 2014 to support and encourage fieldwork alongside the international response, promote discussion and learning within anthropology as a discipline, and advocate for—and work with—response organizations to foster a more socially and locally responsive outbreak response.

This article reflects on the experiences of one of these anthropological endeavors: the Ebola Response Anthropology Platform[1] (the "Platform"). As "insiders," we reflect on the events, processes and factors that influenced the Platform's creation, and some of the challenges we faced. In particular, we focus on the Platform's close positioning to UK government departments involved with the Ebola response—a position that was novel for us as anthropologists. Our analysis draws on personal reflections along with informal discussions held with other core Platform members, complemented by open-ended, unstructured interviews and discussions with some of the policy makers with whom we worked closely. The concept of epistemic communities—defined as "networks of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge" (Haas 1992)—is used as a lens to examine how, and with what effect, the Platform and its core

members engaged with international outbreak response organizations. In so doing, we provide a case study of inter-epistemic interactions during a humanitarian crisis. This case study illuminates how expert knowledge in general—and anthropological knowledge in particular—shapes, and is shaped by international humanitarian responses to health crises. We also discuss possibilities and challenges for future anthropological engagement in medical humanitarian crises.

Epistemic Communities

The notion of an "epistemic community" emerged in the course of work undertaken by scholars such as Kuhn (1970), Foucault (1973) and Holzner (1972) while exploring the social construction of scientific knowledge. However, Peter Haas is usually credited for being the first person to use the term to convey an analytical approach, when he published a special issue in the journal, *International Relations* (Haas 1992). This analytical approach has been adopted by other academic disciplines and utilized to analyze infectious disease outbreaks such as cholera and HIV/AIDS (Youde 2007:56), bovine spongiform encephalopathy (Böschen et al. 2003) and severe acute respiratory syndrome (Yoon 2015).

Haas (1992) suggests that the analytical aims of an epistemic community approach are particularly relevant to policy production where "decision makers are unfamiliar with the technical aspects of a specific problem" and "under conditions of uncertainty", both of which certainly applied to the unfolding Ebola crisis. Epistemic communities have been conceptualized as consisting of actors who "share common ideas for policy and seek privileged access to decision-making fora on the basis of their expertise and scholarly knowledge" (Stone 2002). While core members of the Platform did not necessarily agree about which *interventions* would be most appropriate, we shared a framing of epidemic dynamics as being grounded in local social realities, and a common view of preferred *approaches* to outbreak control policy—in particular the centrality of local knowledge in guiding the response, and the importance of direct and immediate engagement with local actors and their perspectives in delivering the response.

Given anthropology's apparent moment in the limelight, it is helpful to reflect on the way in which our anthropological understandings were received by those working with a predominantly biomedical perspective.

Following Cross (2013), we start by discussing some of the internal discussions, focusing in particular on the conflicting pressure to generalize from the particular, while simultaneously holding on to the idea that global policy should, in general, be responsive to local social, political, and economic contexts. Two particular debates with policymakers over Ebola response strategies, concerning burial practices and home care, are discussed as contrasting examples that illustrate particularly salient aspects of our engagement with the policy process.

Emergence of the Platform

The idea to create a formalized platform to bring together anthropological expertise was first raised by Ann Kelly, Melissa Leach and Melissa Parker—all of whom became members of the Platform's steering committee—in early September 2014, the evening after an emergency panel discussion on Ebola was held at an Africa Studies Association conference at Sussex University, UK.[2] The panel, convened by James Fairhead, was a last minute addition to the conference. It is important to emphasize both how treacherous and unchartered the unfolding events in West Africa were at that point: cases were doubling exponentially every month (Meltzer et al. 2014); 400 Ebola contacts were under surveillance in Port Harcourt, Nigeria; the WHO (2014) had just publically acknowledged the extent to which conventional response approaches were failing. A week later a health team was shockingly killed in Womme, Guinea (BBC News 2014), demonstrating the critical importance of developing trusting relationships at a local level if Ebola was to be speedily contained. Amidst this deeply unsettling context, Fairhead succinctly set out the justification for direct anthropological involvement in the crisis in his introduction to the panel discussion:

> "This is a crisis for everybody… Ebola doesn't just attack the body, it attacks the social body. A disease that is able to get to our sociability and transmit through it is a frightening disease indeed." (Fairhead 2014)

It was clear from the interest in the panel—as well as from other discussions going on at the same time—that many anthropologists around the world felt the same way. That evening, a small group of panel speakers and audience members discussed how to take the idea forward. Those

present felt there were several reasons to support a more formalized anthropological engagement with the Ebola crisis.

First, there was a moral imperative to act. This was shared by numerous anthropologists who had worked on health issues in the Mano River region or on related issues in other parts of sub-Saharan Africa. There was, too, a desire to assist research partners and friends in the affected region, as well as a wish to counter unhelpful narratives about "West African cultural practices" in the global media and core global policy documents and discourses. Thus, a number of anthropologists in academic posts expressed a willingness to drop everything and to utilize their expertise, insights, and relationships on the ground in the hope that it would strengthen the humanitarian responses being planned and implemented.

Second, it was becoming clear that at least some policymakers recognized the potential contribution anthropologists could make to the unfolding crisis. Historically, there have not been many occasions when anthropologists and policymakers have worked together proactively to *produce* policy, rather than provide—or be subject to—post-hoc critiques of policy. Interestingly, one exception is from previous Ebola outbreaks when anthropologists had worked with outbreak response teams to improve the local acceptability of Ebola interventions (e.g. Hewlett et al. 2005; Hewlett and Hewlett 2007; Epelboin, Odugleh-Kolev, and Formenty 2014). Although some anthropologists were deployed to the field in West Africa (e.g. Anoko 2014; Marí Sáez, Kelly, and Brown 2014; Faye 2014), there was a growing call for additional anthropological input by a large number of NGOs and governments (in Africa as well as Europe, the US and Canada) to assist with response planning. Relationships were quickly established between anthropologists and policymakers, typically building on shared geographical and institutional working relationships. This had practical consequences: the few anthropologists in the UK who had good professional relationships with policymakers were inundated with requests for support—for advice, participation in meetings and working groups, and for contributions to policy documents—at an intensity that they had no hope of coping with alone. One Platform member, for example, regularly received more than a 100 Ebola-related e-mails in a day as well as numerous requests to participate in Skype calls, phone calls, and meetings, making it physically impossible to respond to all requests in a timely manner.

Third, there was interest from at least one funder to support social science work related to Ebola. Melissa Leach, with previous experience of

medical humanities grant advisory work, was asked to sit on a Wellcome Trust-UK Department for International Development (DFID) funding panel that was originally created to support pharmaceutical contributions to the Ebola response. She noted that her position in the funding panel, historically one that felt somewhat tokenistic, appeared to shift:

> "I found that what I was saying about the social response…was taken very, very seriously…[Other panel members] were saying "we badly need anthropology to tell us what to do." (Leach 2015)[3]

Finally, there was a gradual recognition that this might potentially lead to a broader transformation in anthropology's place within the global health and medical humanitarian architecture. While furthering the discipline of anthropology was far from a primary motivation, we nevertheless felt a sense of duty to "step up to the mark" and demonstrate the value of "taking anthropology seriously."

A decision was made to request funding from a joint call by Wellcome and DFID, coordinated by Save the Children UK, to create an anthropology "Platform." The choice of the word "platform" was deliberate. It revealed our intention for the proposed entity to sit across both policy and anthropological worlds, and to provide a space for different kinds of anthropologists to seriously engage with response organizations.

The UK-based Platform arose in the context of several other emerging anthropological entities in Europe and the USA, notably the Ebola Anthropology Initiative (EAI)[4], le Réseau Ouest-Africain de Sciences Humaines et Sociales sur Ebola,[5] and a network initiated by medical anthropologists in Amsterdam and Antwerp (who organized a meeting in Holland in October 2014). There was a strong sense of collaboration and a desire to avoid duplication. In this spirit, the roles and functions of each group developed alongside each other through frequent phone and skype conversations and occasional face-to-face meetings. It was agreed, for example, that the EAI would maintain a listserv and discussion groups for communication between anthropologists and interested policy partners, while the Platform's website would act as a repository for relevant written briefings and articles.

Negotiations with our eventual funders further orientated the Platform towards providing support and advice primarily, though not exclusively, to UK-based organizations involved in the Ebola response—particularly UK

Government departments, including DFID, the Ministry of Defence (MOD) and the Government Office for Science. The UK institutions that were involved in funding discussions (i.e. Wellcome and DFID) made it clear that they would particularly value rapid face-to-face advice and involvement in policy decisions in London. The fact that only 3% of our original funding was earmarked for fieldwork clearly demonstrates the extent to which the Platform was established to work remotely from the events that we were advising about. This figure seems astonishing now given how rapidly the social, economic, and political context was evolving at the time. Indeed, within a month of the official 'launch' of the Platform, we started lengthy negotiation for a 50% increase in funding to enable us to undertake fieldwork in Sierra Leone—the choice of country being defined as much by the interests and activities of UK policymakers at that time, as by our own academic and linguistic expertise. Nevertheless, we recognized the importance of staying geographically close to our key policy partners. Proximity enabled meetings to be held with ease, and with them, opportunities for detailed discussion and the development of strong and trusting working relationships.

Momentum gathered quickly and it often felt as if we were pushing at an "open door" when it came to discussing issues pertinent to the design and implementation of programs seeking to halt EVD transmission. Indeed, the entire steering committee of the Platform were co-opted on to the first Anthropology and Social Science Sub-Group for the UK Government's Scientific Advisory Group for Emergencies, thereby establishing a formal relationship between the Platform and the UK Government. In addition, we developed close working relationships with two anthropologists working in the UK Ministry of Defence as "socio-cultural analysts", partly through personal connections but facilitated by this more formalized role.

The fact that there are likely to be tensions associated with moving from the status of an "outsider", (which anthropologists inevitably are when it comes to working with government departments), to an "insider" hardly needs spelling out. However, these tensions did not play out in the usual way. Rather than being an uncomfortable partnership, relationships between individuals from these seemingly disparate organizations were refreshingly amicable, collaborative, and productive. They were held together by a sense of shared purpose. Nevertheless, our engagement with the dominant policy world was not unproblematic. It was not always the case that receptiveness to advice translated into a change in policy design

or implementation. While we may have been pushing at an open door in some respects, this openness was far from uniform. The following two sub-sections illustrate this point, with reference to the contrasting cases of policy discussions around burial practices and home care.

Discussions about Burial Practices with Policymakers

Burial practices in affected countries in West Africa received a large amount of national and global attention. Burials were typically framed by response personnel as "super-spreader" events, with concerns over the role of "secret societies" and so-called "traditional" practitioners. There was a strong focus on the "culture" of burials, including, for example, the practice of "kissing" corpses. However, strategy discussions were unclear about what aspects of "burial" were especially risky. The national response in Sierra Leone was frequently punitive: fines and laws were quickly put in place to prohibit "traditional" burials. Yet results from the field indicated that there were long waits for "safe and dignified" burial teams—the only officially sanctioned alternative—and rotting corpses were often the norm in the early months of the outbreak in Sierra Leone.

In discussions with DFID and the World Health Organization (WHO), Platform members raised the socio-political-economic significance of funerals and why some (e.g. high status) funerals would be more problematic than others (both in terms of people exposed, as well as the pressure to carry out funeral obligations). We emphasized that, in the majority of cases, practices involved in preparing a body for a funeral involved greater risk of Ebola virus transmission than attending a funeral. Additionally, we pointed out that there were many recent precedents for adapting these practices, most notably where a body is not recoverable or during the civil war when large ceremonies were not possible. In other words, the acceptability of changes in, or exceptions to, burial protocols often relates more to how adaptation comes about, and who sanctions it, rather than what the new practice actually is. Thus, people are more likely to change their practices if they are afforded the time and space to discuss the details. Moreover, it would be hazardous to assume that the end result of such negotiations in one locality can necessarily be transplanted directly to another.

The social significance of funerals was accepted readily by response teams. For example, several Platform members contributed to the writing of the WHO's guidelines for "safe and dignified" burials (WHO 2014).

While these guidelines attempted to accommodate variations in practice, it is also the case that this variation ended up being limited to "Muslim" and "Christian" practices only. There was little scope in the guidelines to elicit or incorporate details that make burials "safe and dignified" for the particular families of the deceased. Our suggestion for a radical decentralization of the formal burial response—namely, to train locals to carry out burials, so that centrally recruited "strangers" or people from inappropriate ages or gender did not bury people—did not happen until much later, and even then, only partially. Nevertheless, where our advice was set aside, the reasons given were generally framed in terms of feasibility rather than inappropriateness.

Discussing Home Care with Policymakers

In September and October 2014, it was clear that large numbers of people suffering from EVD in Sierra Leone were being cared for at home by relatives or friends, without external support. While we certainly agreed with the UK Government that the high risk of EVD transmission associated with untrained, ill-equipped care providers was highly problematic for the families involved, we disagreed on what constituted the most practically and ethically appropriate solution.

The UK government strategy favored improving geographical access to small scale Community Care Centers (CCCs), with the view of complementing the work of Ebola Treatment Centers (ETCs) (Whitty et al 2014). While the care available in CCCs was more basic, close referral links were planned with larger, more sophisticated ETCs. They did not, however, approve the idea of home care. There were two major objections: first, homecare would necessarily entail providing inferior personal protection compared to isolation in a formal facility, not least because appropriate resources could not be made available to provide the intensive training, medicines, equipment, and disposal services that affected households would need to reduce transmission. Second, supporting such care might dissuade people from seeking formal care. Morally, providing home care that was almost certainly going to be below the standards available in formal treatment centers was variously seen by different organizations as "acceptable only as a desperate humanitarian measure" (ibid); an admission of defeat (Nossiter 2014); and/or ethically unacceptable. With respect to the latter position, some considered the provision of substandard care

as always unethical. Others, however, were concerned with the inequitable 'two-tier' system that this would produce, as they recognized that higher quality but more inaccessible ETCs would continue alongside homecare provisions. In the context of rumors about the role of international organizations in intentionally initiating or spreading Ebola, the latter had political as well as moral implications.

In contrast, arguments advanced by Platform members centered on the reality that people would in all likelihood continue to care for people with EVD at home, particularly given the poor response systems at the time. The salient comparison, therefore, was not between home care and the care provided at ETCs or CCCs, but between supported and unsupported home care. Moreover, there were examples from previous outbreaks of communities effectively reducing transmission risk through self-initiated home care practices (Hewlett and Hewlett 2007). This made it plausible that transmission could be reduced in the current outbreak. Given that we had information, albeit limited, that material support could plausibly protect other household members, it seemed unethical not to attempt such an approach.

Interestingly, as time progressed, home care "while waiting" to access formal facilities was recognized at a national level (Sierra Leone EOC 2014). Although home care kits were never distributed at scale in Sierra Leone, some individual organizations (e.g. the International Organization for Migration, Medair, Lifeline funded by USAID) did later start distributing "interim care" kits to improve carer protection while waiting for an ambulance to arrive.

Negotiating Frames and Processes of Legitimacy

The above examples provide a useful lens for analyzing the nature of our "expert" negotiations and how anthropology is perceived by policymakers and experts specializing in humanitarian crises. Here, we focus in particular on how the nature of expertise, the relationships between policymakers and "experts", and the attributes of "experts" themselves, constitute legitimacy.

The expertise of social and medical anthropologists is typically grounded in long term ethnographic fieldwork in a particular geographical region, with a focus on a specific group of people and/or institution(s). Close attention is paid to local understandings and framings, and the need to

retain, and respond to, a diversity of voices. Policymakers, by contrast, often have more hierarchical notions of expertise. The credence afforded to advice by "experts" depends on the proximity of those experts to policymakers (Haas 1992, Gibson 2003), its salience within the policymakers own worldview and framing of the situation (Benford and Snow 2000, Lidskog and Sundqvist 2015), and whether consensus is perceived to have been reached (Cross 2013, Haas 1992). The implications of these tensions are explored below.

The extent to which advice can make a significant contribution to policy is greatly facilitated by close proximity and interaction between "expert" advisors and policymakers. For anthropologists, whose legitimacy stems from proximity to the "field", this presents a challenge: providing expertise while being remote from the rapid social changes taking place in the field threatened the basis of our "expert" opinion. This contrasted with what at times amounted to a static view of local social contexts by many policymakers, exemplified by requests for 'cultural guides' or the focus on 'traditional' practices as if they were immovable. Although not a universal view among policy makers, or perhaps simply reflective of the pressure for action amidst uncertainty, it seemed that many policymakers imagined that expertise in the "social" was something that anthropologists just "had"—and could package with instructions—from previous experiences, rather than recognizing that knowledge of rapidly changing social practices requires continual re-engagement. While there were good reasons to feel that ideas that had emerged from previous ethnographic research could usefully contribute to policy discussions, many of us felt ambivalent about speaking with confidence about local responses to the unfolding crisis until concurrent fieldwork could be organized.

There were, however, advantages in being geographically close to Whitehall: we could hold face-to-face meetings with relative ease. This contrasts with the silence that tended to follow our dissemination of written policy briefs, broken only by polite, but possibly rote, assurances that such documents had been well-received. Without being party to subsequent policy negotiations, it was less clear, at the time, how this advice was really received and what impact it had on either the design or implementation of policies. Subsequent discussions and interviews with policymakers and practitioners in the field, alongside other published articles and reports (e.g. Walport 2015, House of Commons International Development Committee 2016, House of Commons Science and Technology Committee

2016), have indicated that these written briefs did in fact influence policy and practice. Indeed, the durability and ease of dissemination of (electronic) written materials substantially extended our audience without us realizing at the time.

Face-to-face discussions with policymakers held the additional advantage of allowing a more dynamic discussion of the multifaceted issues at hand than the inherently more unidirectional nature of "briefings", whether verbal or written. A corollary of the ontological view that social phenomena are locally constructed and rationalized is that "expertise" cannot rest with a single group and there is rarely a single "right" policy. Although one policymaker explicitly welcomed the way that face-to-face discussions allowed a more nuanced engagement with multiple local perspectives, their perspective is at odds with arguments that the influence of epistemic communities is dependent on their ability to present a unified consensus on what should be done (Shiffman and Smith 2007, Haas 1992). At the height of the Ebola epidemic, our advice was, inevitably, one voice among many. Under these conditions, and at a time of great uncertainty, it is easy to see how a rich but ambiguous briefing might not hold the attention of response personnel, or seem of limited operational use.

It is here, perhaps, that one explanation lies for the contrasting reception and results of our advice in the above two case examples of burial practices and home care. With the former, no other expert body or discipline laid any claim of legitimacy to understanding or engaging with social practices around burials in the affected countries. The WHO and others certainly claimed authority to determine what did and did not constitute a "medical" or "safe" burial, namely one free from risk of viral transmission, but turned to anthropology to shed light on what constituted a "dignified" burial (as such burials came to be labeled within the formal response).

In the case of home care, overlapping domains of expertise led to advice being contested from the outset. Public health professionals, the established bearers of expert opinion in times of infectious disease outbreaks, contested and in the event largely silenced anthropological perspectives on both technical and moral grounds. This suggests that at sites of overlapping and contested inter-epistemic domains, the above processes of expert legitimacy become important in shaping the relative voices of different epistemic communities in policy production. Where there is no epistemic contestation, these processes play a lesser role.

Upholding the diversity of perspectives in policy negotiations can, however, be beneficial. Being part of an on-going dialogue enabled both anthropologists and policymakers trained in public health to explore a range of alternative perspectives. These included both local and anthropological perspectives of "what is actually going on" as well as contingencies of humanitarian action and their implications for strategy, a benefit explicitly remarked on by a senior UK government advisor after taking part in a number of such conversations. Being part of the discussion, rather than the recipient of a synthesis of these diverse perspectives, provided a richer understanding of both worlds.

Open dialogue with policymakers helped us to understand the contingencies facing their actions, the social values they held and how they understood the broader international contexts shaping the humanitarian response to Ebola. In effect, our anthropological radar became attuned to the realities of a new community. "Being there" and having a chance to understand the everyday realities of policymaking helped us orient advice and recommendations towards what was operationally feasible and institutionally ("culturally") acceptable. Of course, policy processes extend well beyond actors working in institutional headquarters. Developing a richer picture of humanitarian contingencies also requires engaging with policy and practitioner personnel at meso- and "street'-levels that we were less well positioned to do.

In short, we were required to get to know a new "people" and a new place—the temporary world of Ebola and humanitarian assistance—at speed. Although (re)orientating ourselves towards the lived realities of policymakers may have improved our "impact" in that arena, it also meant that we had to straddle multiple worlds concurrently, at times to the detriment of each of them. For example, our website was originally structured around categories that reflected the various response domains. "Caring for the sick" was distinct from "management of the dead" and this, in turn, was different from "community engagement". Increasingly, we felt these classifications misrepresented the complex realities on the ground and thus compromised our advice. Nevertheless, such categorizations had significant meaning in the policy world and, even with such a policy-orientation, we were still asked to increase the "policy-relevance" of our advice and recommendations.

Once policymakers realized the severity of the EVD outbreak, anthropologists were increasingly granted space and authority in much of the

policy world to engage with the epidemic's social dimensions. However, anthropologists were largely incorporated within existing response structures, reflecting the difficulty—notwithstanding considerable goodwill—of bringing about a paradigm shift in outbreak response approaches. It appears that the instrumentalized, "community engagement" and "culture broker" roles of anthropologists resonated most effectively with policymakers; indeed, allowing ourselves to be portrayed as such proved a strategically useful way of being heard. Seeing anthropologists included in Médecins Sans Frontières' operational flow diagram (Sprecher 2014) was an exciting surprise at the prominence being afforded to anthropologists. Yet it also demonstrated the extent to which our role and capabilities were being defined by the pre-existing architecture and relationships of the humanitarian world we were entering. Anthropology as a discipline was seemingly transformed on entering the policy world into an outbreak response component, redefined further by repeatedly "looping" (Hacking 2002, Kirmayer 2012) back into response discourse and practices. This process consolidated rather than challenged what anthropology-as-discipline constituted in the eyes of response personnel.

It is to be expected that our advice and recommendations were not adopted whole-heartedly and unquestioningly by policy partners. 'Expert' negotiations took place in a particular political context which shaped what was 'heard' and 'not heard'. While independent advisors, including ourselves, are relatively immune from any resultant political backlash, this is an important consideration for implementing institutions. For example DFID, a UK Government body, is concerned with providing value for UK tax payers' money on the one hand, while guarding against accusations of partiality or parochialism, regardless of their veracity, on the other. Neither concern is inappropriate, but what this does point to is that an inherently political institution has a vested interest in presenting itself and its actions as apolitical. The mechanisms through which policy, and the expert advice it is predicated on, is depoliticised has profound implications for knowledge production in humanitarian crises. In this respect, it is no different from other fields in international development and global health (Parker and Allen 2014, Ferguson 1990).

Certainly, we had a negligible effect on the overall strategy of the early response: to focus all but exclusively on reducing the epidemic's reproduction number (R_0)—the average number of new cases that each person with the disease subsequently infects (Whitty et al. 2014). In the context

of an epidemic that appeared to be spiraling out of control, we did not disagree with prioritizing actions that would reduce transmission over other concerns. Defining strategy in epidemiological terms, however, also defines the space in which policy is negotiated. For example, during discussions of home care with policymakers above, we struggled to argue convincingly for the value of considering social, economic, and moral understandings of human practice alongside virological and epidemiological understandings of routes of transmission, even when expressed in terms of "bona fide" impacts on disease transmission. Alongside differences in perceived expert legitimacy as discussed above, the contrasting political context of the two issues also played a role. For home care, a tension arose from concerns about appearing to endorse substandard care for large parts of the population juxtaposed with a moral imperative to provide biomedical care. An epidemiological framing afforded policy discussions an ostensibly apolitical space that resolved these tensions in ways that an anthropological framing could not.

The networked nature of the Platform did, however, facilitate some challenges to the dominant framing of policy discussions. The broad-based nature of the platform allowed us to become a legitimizing authority for sociocultural analysts and other anthropologically minded personnel in several UK government departments. This helped, for example, persuade at least one response organization that the potential negative social consequences of running clinical trials under crisis conditions warranted a much more cautious approach than had previously been planned. Such "boomerang throws" (Schneiker 2015)—seeking support from a wider cross-institutional network with a shared world view—helped gain leverage through mutually reinforced legitimacy and sharing experience of effective ways of engaging with different policy actors.

While a few areas (such as the debates about home care) did not succumb to anthropological recommendations, more commonly our policy partners framed their rationale for setting aside our suggestions in terms of a lack of operational feasibility rather than invalidity. Feasibility, in this context, depended on whether or not our proposals fitted the contingencies of outbreak response institutions and personnel, as well as the extent to which they resonated with the worldviews of personnel at each level of the policy hierarchy. Operational feasibility seemed to be something that was particularly impervious to questioning. When arguing for decentralized, flexible, locally specific modes of intervention, we found it hard to move on

from the response that it was a nice idea but "it's just not possible" given time and resource constraints. Such responses foreground the tendency for humanitarians to present their work as apolitical interventions that focus on the preservation of "bare life." This 'feasibility' framing can thus be seen as one way in which policy decisions become depoliticized and, in effect, discourage scrutiny about the moral and ethical choices inherent in humanitarian practice.

Conclusion

The Ebola Response Anthropology Platform was the first funded attempt to draw upon anthropological expertise with a view to assisting—in real time—with humanitarian responses to Ebola. There were, undoubtedly, other voices outside of academic anthropology who played significant roles in shifting the Ebola response to one that was more locally and socially sensitive. Nevertheless, on the basis of discussions with policy partners we worked closely with, it is clear that anthropologists played a useful role—whether through the Platform, other anthropological initiatives or acting independently.

This article has reflected on some of the tensions that we encountered between positioning ourselves as credible advisors to policymakers and retaining our own legitimacy as "experts" of the local. It foregrounds how different processes of legitimacy and related de-politicization are performed in different humanitarian contexts.

While the uncertainty of catastrophes may open up policy spaces to new actors such as anthropologists, it is clear that in the case of the West African Ebola outbreak, this did not result in a significant shift away from the more normative frames with which policymakers engaged with newly construed "experts" or deliberated on their advice. Many policymakers continue to see the credibility of experts as related to how unified an account of the salient problem or solution can be presented, the extent to which they share geographical or epistemological positions, and the credence afforded to other expert views. Although these tensions in the policy process can be seen as productive, Good et al. (2014) have encouraged scholars of medical humanitarianism to engage with the contingencies of humanitarian practice. By reorienting our anthropological gaze towards the social, political, and moral realities facing policymakers, we were able to give advice that began to recognize those realities and, in the process,

strengthen our relationships with policymakers so that at least some of the advice was acted on. Importantly, we do not consider anthropology to offer advice that is inherently superior to other disciplinary experts. Engaging with these other disciplines in contested policy spaces usefully revealed some of our own disciplinary and methodological blind spots too.

Nevertheless, the persistence of certain normative framings—particularly "culturalist" interpretations of social practices—confirms how essential it is for anthropologists in academic positions who engage with mainstream outbreak institutions to retain an independent and critical voice. Creating a space for the exchange of information with a diverse group of anthropologists who were free to engage with different and distinct parts of the response at multiple levels allowed an appreciation of the contingencies of policy action that individuals at each level would not otherwise have been aware of, while retaining the ability to step back from the day-to-day functioning of the response. In effect, this happened in the way that the collaboration between the various anthropological entities evolved during this outbreak.

The question which follows is: might the Platform be a useful model for others to replicate when contributing to medical humanitarian work in the future? We argue that groups of anthropologists in donor nation states can usefully contribute to policy responses to humanitarian emergencies that affect the social domain, if they are part of a diverse network of anthropologists (and other social scientists), practitioners and institutions working at different sites and levels across the crisis. Anthropologists with long term ethnographic engagement in the region bring an invaluable broader perspective to policy discussions. Where local anthropological expertise is not readily incorporated into policy structures, international anthropologists can play a useful role in convening and connecting diverse local anthropological actors in order to bring a richness of understanding of local social phenomena to policy negotiations within, and between, national and international agencies defining the response. While there are unavoidable tensions and power dynamics between these convening and conduit roles, we hope that this may lead to a more helpful negotiated legitimacy within policy circles where anthropological expertise is valued because of, rather than in spite of, the diversity of perspectives it offers. ■

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Endnotes:

[1]Although the Platform was a distinct entity, the elements of which are described here, the boundaries between it and some other anthropological initiatives are fuzzy. The mix of material on the website reflects this as does some of the advice the Platform was able to give. Accessed from www.ebola-anthropology.net on October 14, 2016.

[2]Accessed from https://storify.com/SussexGlobal/ebola-the-challenges on October 14, 2016.

[3]Leach, Melissa. Personal Communication 20/7/2015.

[4]Accessed from https://lists.capalon.com/lists/listinfo/ebola-anthropology-initiative on October 14, 2016.

[5]Accessed from http://shsebola.hypotheses.org/ on October 14, 2016.

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