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Emergency capabilities

Deploying WHO's communication in West Africa during the 2013-16 Ebola outbreak

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Summary:

The 2014 Ebola Virus Disease outbreak in West Africa has proven a very demanding emergency setting for organizations involved in the international response, given the lack of locally available resources to assess the situation, to develop relevant response strategies and to carry on effective actions in the field. And yet, one could have hoped that the exponential development of preparedness theory and its implementation in public health and emergency organizations in recent years would have found involved institutions ready and up to the task. However, existing capacities actually largely failed to deliver effective actions to deal with such unanticipated catastrophic events.

In this context, the chapter looks at the operational deployment of communication experts through the World Health Organization's Emergency Communication Network (ECN). It posits that, through its particular structure, the network was able to offer valuable support to its deployees during the first few months of the crisis, thus increasing their ability to act in the field – their agency. However, this capacity appears more as an unintended consequence of the organizations' structure than as the result of explicit organizing activities. In particular, we argue that this property is the outcome of an underformalized aspect of the ECN, which is its loose and flexible structure, as a *social network*. In this capacity, it provided specific forms of trust and fostered different "species" of social capital, which proved relevant to sustain action in an emergency setting.

Introduction

The 2014 Ebola Virus Disease (EVD) crisis in West Africa has created a very complex work environment for all the actors involved in the response. Fast contagion, propagation to urban, metropolitan contexts, lack of knowledge in all dimensions of the response, state of public health systems in affected countries, scale of the response and variety of involved jurisdictions and agencies (to cite a few factors) contributed to frame a very demanding action setting for professionals deployed in the field. Deployees were compelled to act under circumstances of scarce knowledge, high uncertainty, and in fast-evolving organizational structures. These elements are identified and expected in emergency settings and tackled in contingency plans and public health preparedness systems (Lakoff, 2007; Zylbermann, 2013). Nevertheless, they were pushed to a completely new level due to the high fatality rate of the EVD, incomplete clinical and epidemiological information on the disease in this unprecedented setting (West Africa), the regional, transborder scale of the epidemic, and the scarcity of locally available resources to mitigate the impact of the disease.

In this context, experts deployed in West Africa by various organizations faced many obstacles, which kept on derailing the international response, at least until spring 2015. As established procedures and action protocols proved ineffective, they had to develop coping strategies to regain agency, in this complex setting. This chapter focusses on this issue, by analyzing first line responders' activities in the field, in view of identifying:

- The multi-dimensional challenges that they faced in their work,
- The resources and capacities that they leveraged to develop their actions, in this difficult setting.

The discussion is based on empirical data collected during a joint research project between the Department of Sociology at the University of Geneva, and the Department of Communications (DOC) at the World Health Organization (WHO). The project, which took place between March and June 2015, aimed at gathering and organizing information produced by communication experts deployed in West Africa through WHO's Emergency Communication Network (ECN), a roster of professionals coming from various organizations, trained in emergency communication by WHO, and ready to be deployed in Public Health Emergency settings.

In this context, we choose to focus on the ability of the ECN to sustain the agency of its members, thus enabling them to carry on their tasks in this challenging crisis environment. We posit that this "support function" had much to do with the morphological character of the ECN, as a loose, "networked" organization. We show that its properties, as an organizational structure, increased individual experts' agency and ability to work in the field, by providing different types of resources and capacities. To do so, we start by proposing a theory of "situated action" and capability building, by reworking Amartya Sen's concept of *capability*. We stress the fact that, as an organization, the ECN creates collective capabilities, which proved useful in dealing with the many organizational glitches dysfunctions on the ground. These capabilities, we argue, include specific forms of trust, and the constitution of a "network of networks" which allowed ECN deployees to reach for heterogeneous resources and capacities, according to their needs¹.

Situated action and capability building in a crisis setting

Contexts of action

The EVD epidemics deeply disrupted response systems and institutions - at local, regional and global levels – and affected societies in West Africa. WHO communicators sent to the field found themselves struggling to make sense of unfolding events and circumstances, and to define appropriate courses of action, despite their training as emergency responders (Bastide, 2018). To shed light on this process of "sensemaking" (Weick, 1995) and of organizing – making sense of the situation and designing efficient actions -, it is necessary to assemble a working theory of action that pays attention:

1. to the specificities of the crisis setting, in particular to its high degree of volatility, contingency, and indeterminacy;
2. to the origin and to the processes of mobilization of the resources, skills and capacities needed to act in this uncertain environment.

In view of bringing these dimensions under a unified explanatory framework, the chapter develops an analytics of the response in terms of "situated action" (Garfinkel,

1967; Suchman, 1987; Quéré, 1997). Put in plain terms, this approach posits that actions unfold in specific contexts, which contributes to their framing (they are *indexical*). More specifically, it considers that actions and their settings are dynamically connected by feedback loops, meaning that:

1. Settings participate in framing actions, considering that they offer specific resources and impose particular constraints upon them. This idea is captured in the notion of “affordances” (Gibson, 1977), which posits that particular contexts facilitate specific practices and make others difficult, or even impossible.
2. The material and symbolic outcomes of past actions re-structure resources and possibilities available to ongoing practices, thus re-framing action settings.

Given this understanding, it will be necessary to characterize the EVD as a specific context of action. However, a cautionary methodological note is necessary before we start picturing the setting.

Indeed, if social action (Weber, 1978) is always situated – considering that it should be envisioned as the combined outcome of individual and collective agency and of a given context -, it remains that it can be captured and considered at different scales: individual actions can have different reaches (Dodier, 1993; Bastide, 2015, 39-43). For instance, there are long-term, planned and organized actions, aiming at a more or less distant time horizon. In the case of the EVD epidemic in West Africa, such horizon could be the end of transmission, a critical goal of the response (see: World Health Organization, 2015). This aim involved the conception of long-term strategic goals and courses of action, which themselves involved and served as contexts for shorter scale objectives and actions (Grossetti, 2007). Indeed, ending the epidemic supposed to develop a broad range of shorter-term targets – building Ebola treatment centers, designing sensitizing campaigns, developing relevant situational assessments, etc. - in a variety of domains – epidemiology, laboratory analysis, clinical care, logistics, etc. Conversely, broader time frames were also at play. For instance, a relevant temporality concerned the organizational cycle of international epidemic response systems (Zylbermann, 2013). It involved the institutional overhauling of existing response capacities. In this particular dimension, stakes were high for WHO, as its credibility as the main player in public health crisis response was debated and sometimes questioned by member States, by other international and non-governmental organizations, and by the media. As such, the *organizational crisis* extended well into the post Ebola period – and is still ongoing (On the post-Ebola reform at WHO, see for instance: Fleck, 2017; Moon et al., 2017).

We capture the Ebola outbreak, as a specific action settings, by leveraging on a rich data set including 17 semi-structured interviews with ECN deployees and two ECN managers, 29 non-published End of Mission Reports, 30 deployees’ Terms of References (Tors) forms and various documents referring to deployments. By triangulating these different types of data and drawing complementary insights from interviews with other professionals at WHO (14 formal, semi-structured interviews and numerous informal interactions) and the CDCs (15 semi-structured interviews), we were able to build a consistent picture of the general circumstances in the field. Thus we re-constructed a generic (ideal typical if you wish) characterization of the EVD crisis setting in West Africa. Bearing in mind the nature of our data set, which refers to deployments taking place between March 2014 and February 2015, given also the

position of our respondents as first-line emergency responders, we focus the characterization of the context to Liberia, Sierra Leone and Guinea, during this period.

Situated action and capabilities

As mentioned, looking at situated action not only involves characterizing relevant settings, but also identifying the resources and capacities implemented *in situation*. To frame this analysis, we use Amartya Sen's notion of "capabilities" (Sen, 2010)ⁱⁱ. In terms of an analysis of "social action" (Weber, 1978), Sen's approach allows understanding that actual actions are the outcome of:

1. a person's individual resources and abilities (material resources, skills, capacities, know-hows, etc.), obtained by inheritance (i.e. economic capital) or acquired through education, training and experience (Fernagu-Oudet and Batal, 2016) – what he calls *functionings*ⁱⁱⁱ;
2. a given social situation, which determines the range of actually achievable/implementable functionings, due to situational constraints and resources (affordances).

Sen thus recognizes that social actors are to be understood as the partial outcomes of their social trajectories. But his approach focuses on the *contextual actualization* of functionings rather than on their acquisition, thus departing from more deterministic approaches to individual trajectories in terms of socialization and dispositions (Bourdieu, 1990; Lahire, 2006). However, we also follow Bénédicte Zimmermann (2006) when she suggests that Sen's situational approach remains somehow underspecified. Hence our re-conceptualization of action settings.

The proposed approach thus posits that a specific skill, in order to be implementable, needs to meet a fitting environment, or it remains latent. This fact is easy to grasp in the case of highly equipped skills, where the availability of appropriate tools is the *sine qua non* condition of a successful activation. For the sake of clarity, it is easy for instance to appreciate that the professional skill set of a computer scientist will be much less useful without an available computer.

Therefore, capabilities should be understood, in this framework, as the set of functionings one is effectively able to reach or implement, under current circumstances. There is thus a need to distinguish between functionings, - sets of resources, skills and capacities -, and *capabilities*, defined as the capacity to actually implement these functionings, in a particular situation (Fernagu-Oudet and Batal, 2016). This delineation makes it possible to understand why reputedly well-established skills and response systems failed to be activated in the West African EVD setting. It is of utmost importance in the case of crisis management planning since high-stress environments can easily inhibit individual and, possibly, collective ability to act – being paralyzed by fear, or overwhelmed by the extent of uncertainty, for instance. This formalization allows understanding that a high skill professional's capacities can be deeply impaired in such context. A high-ranking professional at the United States Centers For Disease Control and Prevention (US CDCs), who had been deployed in Sierra Leone, thus explained that he had to "pull out" some people from the field given their emotional distress, due to the "specter of death"^{iv}.

Following Ibrahim (2006), it is necessary to extend the capability approach by considering that capacities are not only individual attributes: building-up work

collectives, such as the ECN, is a way to articulate individual resources and capacities to foster *collective capabilities*. Not only through improving coordination mechanisms by means of *sensemaking* practices in an organizational context (Weick and Roberts, 1993; Weick, 1995), but also through more mundane specificities of the ECN, as a *social network*. Collective capabilities work at two levels. On the one hand, the ECN, as a whole, can undertake tasks that no individual actor could possibly tackle. On the other hand, the ECN gathers, pools and *produces* (through training) individual resources and capacities, which support and increase the capabilities of its individual members. The organization thus works both by opening up new fields and possibilities of action, as a collective, and by increasing and improving its members' individual capacity to act by creating, pooling and re-distributing skills and resources, as we will see.

The ECN training

To understand the *context* of ECN deployees' interventions in West Africa, it is necessary to offer a glimpse at the ECN training, as it participated fully to the structuration of affordances in the field, by providing different types of tools aimed at facilitating action in highly uncertain environments.

Before entering the ECN, experts have to complete successfully an "Emergency Communications pre-deployment training" (World Health Organization, 2016), which the research team had the opportunity to observe^v. This "is a multi-disciplinary, multi-hazard communications training for WHO and external experts". A successful completion of the course leads to the admission to the "Emergency Communications Network" roster, and experts can then be deployed in health emergencies, according to their areas of expertise. The training brings together WHO Communication Officers and experts in communication from other international organizations and international NGOs with the objective of having a group of a variety of practically oriented communication specialists that can be deployed rapidly.

During the training, participants go through a week of classroom learning. This first phase is followed by a three-day simulation exercise – the SIMEX, a "serious game" simulating a humanitarian emergency or a disease outbreak. During the exercise, the participants are tested for their ability to work under stress and in a changing environment. Starting with the ECN 2015 training, the participants are accompanied by mentors during the whole session. Those are previous ECN participants, which have already been deployed as ECN members. Each mentor is responsible for a group of ten participants. At the end of the training, one to two days are used for a personal and confidential debriefing of each participant with the "faculty" (World Health Organization, 2016). The faculty comprises the Director of the Department of Communications, the head of the Capacity Building Unit in the department, the mentor and several other WHO experts as well as experts from external agencies (World Health Organization, 2015d). The objective of the debriefing is to find the best fitting role for the candidate in an emergency, given her/his performance in the SIMEX, and the situation she or he can be deployed in. By April 2015 the ECN consisted of a pool of 104 communication experts.

Characterizing the EVD setting

When characterizing the working context of interviewed ECN deployees in West Africa, one has to keep in mind that our dataset encompasses the most “turbulent” period of the epidemic, when the very ability of the international response to curb transmission was still at stake^{vi}. It thus corresponds to a period when the response was disorganized, with few working capacities in place.

Response structure and institutional complexity

In this context, a first challenge related to the institutional complexity of the response context, with local, national and international actors involved. For instance, in Liberia communication was made difficult by the fact that public health issues were dealt with by the Ministry of Health, whereas media resources were concentrated under the Ministry of Information, thus creating a disruption in information flows and coordination. Institutional complexity was also the product of the structures of international agencies. Many deployees found it difficult to understand the organizational working of WHO - especially non-WHO deployees. The even greater complexity of the UN system and the additional intricacy caused by the creation of the UN Mission for Ebola Emergency Response (UNMEER) added to the confusion. This resulted in a general difficulty to identify management patterns. The response structure itself was cumbersome, due in part to the sheer number of involved actors^{vii}, causing confusion in communication practices.

Another obstacle related to the shifting nature of the response, as the distribution of roles and attributions were fuzzy and continuously renegotiated and adjusted over time, creating uncertainties in terms of action. The demise of existing response systems led to substantial organizational instability, both in terms of the general response structure and within individual organizations, as existing response mechanisms were questioned, sometimes hotly contested, and transformed. This indeterminacy led to the unregulated development of power plays between individual actors, services and organizations involved in the response - a common reality in humanitarian settings (Hilhorst and Jansen, 2010)-, which were resented as counter-productive, as they ran counter to the need of increased coordination and cooperation. For instance, tensions emerged within WHO between different services within the response structure, and between headquarters and Regional Office for Africa (AFRO), a phenomenon somehow typical of crisis situations at large (Klein 2007).

This resulted in the absence of a clear emergency response structure, both at the level of the global response and internally, within WHO. At a global level, the creation of the Sub-Regional Ebola Operations and Coordination Centre (SEOCC – July-September 2014) and its quick demise and substitution by the UNMEER (September 2014-July 2015) is a good illustration. At WHO, the dual location of Community Engagement competences within two branches of the Technical strategy support & standards function of WHO’s Ebola Response team structure, as well as the reorganization of deployment procedures during the crisis, are but a few examples. More broadly, the Ebola Response Team Structure at WHO’s Headquarters in Geneva, which coordinated the organization’s response and was tasked with dispatching responders in West Africa evolved constantly (See Dupras, this volume). In this shifting environment, deployees had a hard time figuring out roles and functions, lines of reporting and authority. It was felt also that successive reorganizations of the response,

at all levels, were designed with political agendas in mind rather than according to sound organizational principles aiming at efficiency in the field.

Deployees also stressed the high politicization of Ebola as a public issue, and the difficulties it posed in terms of communication. Political use of Ebola during parliamentary elections in Liberia (The New York Times, December 4 2014), Guinea (Aljazeera, October 10 2015), as in the US during 2014 mid-term elections (FiveThirtyEight, October 10 2014; personal interviews at the US CDCs), thus complicated the task of communication officers, by fueling all kinds of controversies – blurring public health messages - and interfered in political decision processes, such as border controls or quarantine. Media were understood as playing an ambiguous role in this respect, by fueling unnecessary controversies and being often too alarmist, thus disrupting the response.

Information management and contextual knowledge

There were also issues with information management and available knowledge to make sense of the situation, on the ground. One of the most important pillars of science-based institutions such as WHO is a strong commitment to evidence-based actions, informed by state-of-the art situational assessments to reduce uncertainty and to define clear lines of conduct. However, the early EVD response was plagued by the paucity of reliable information in all dimensions of the crisis (from virology to epidemiology, from cultural patterns to institutional and organizational contexts, and so on) (Garrett, 2014). According to respondents, such basic information as the list of Ebola Treatment Centers (ETCs) in a country was sometimes impossible to obtain. Therefore, seeking the right information actually became one of the main tasks of many deployees. Importantly, organized information channels also lacked. In many cases, information was not systematically collected on the ground, and no system was in place to consolidate and dispatch the data coming up from affected localities. Thus, many deployees spent a substantial amount of time trying to identify information bottlenecks and to bridge individuals and institutions in order to create consistent information channels. They ended up engaging in an organizational work. This unanticipated part of the job, which concerned the necessity to assemble a work environment supportive of communication activities – to work towards creating more favorable *affordances* – under highly contingent circumstances and in an understructured organizational context, often ended-up being a bigger part of deployees' activities than communication *per se*.

This difficulty with data collection and management, combined with a lack of situational awareness of local social and cultural environments in the field, resulted in difficulties to design locally relevant communication strategies and messages. This situation reflected an organizational weakness in data and knowledge management rather than an information void, since research on the social dimensions of Ebola was in fact readily available, with a substantial share of this corpus having been commissioned by WHO itself (Bourrier, this volume).

Roles and attributions

At the level of individual ECN deployees, an enduring difficulty had to do with the discrepancy between sketchy terms of reference and pre-departure briefings, and actual circumstances met in the field. Many deployees found the situation on the ground chaotic, with little functioning structures in place. In this context, many had:

1. to clarify the actual situation on the ground, including relevant partners, partners' attribution and existing organizational structures;
2. to identify and/or define their own position and attributions within this structure and, as a result, to delineate tasks and tasks contents.

Moreover, too vague expectations about the role of communicator across institutions was also a shared concern. The combination between loose function attributions, inter-agency competition and a lack of understanding of communication in national governments or in specific agencies resulted in many deployees having to define and carve their own position within the international response structure. This was also caused by a constantly evolving definition of tasks and attributions. For instance, social mobilization tasks diversified and developed into so called "community engagement" practices (Bastide, 2018). Corresponding tasks, formally located within UNICEF, were progressively taken over by the ECN. A last consequence of this "blurred" environment was that respondents were often required to perform tasks exceeding their formal professional competency sets. For instance, "social mobilizers" were often asked to do interviews with the press, a job some of them did not feel skilled to perform.

The ECN as a social network

Given these circumstances, we now look at how the ECN helped deployees to develop their individual and collective agency, in the crisis setting. Our hypothesis is that the ECN's main quality, as a "capacitating organization" (Fernagu-Oudet and Batal, 2016) in the EVD context, was due to its formal structural features as a social network, rather than to the *content* of its training. The ECN training creates strong social ties, which facilitate the development of different forms of trust, a critical "moral good" in highly uncertain environments. As we will see, the quality of these social bonds worked toward expanding the resources and skills available to individual deployees *through the network*.

Forms of trust

Observations conducted during the ECN SIMEX 2015 and interviews with ECN members show that the training creates lasting social bonds among the participants. This is particularly true for those being part of the same team during the drill, since they spend three very intense, emotionally charged days together, collaborating tightly around the same tasks. In the process, they get familiar with their respective working styles. Off-duty time, during meals or in shared bedrooms, provides further opportunities for personal interactions beyond these small groups. This intimacy and a common exposure to extraordinary circumstances seem to create a strong *esprit de corps* among participants, a significant identification to the ECN and a lasting commitment to the collective entity.

Many deployees thus stressed the particular relations that they have with their colleagues from the ECN. ECN deployees mentioned that the training created a feeling of closeness and belonging among the participants:

“The community value is there”. They “have that connection because [coming] from ECN, you have that sense of belonging. You can count on one another. You immediately hand in support and seek support”.

These ties are defined in terms of friendship or even a family-like relationship. Thus, being part of the ECN is described as *“being part of a network or family”*. Closeness among the participants is also mirrored and reinforced by their connection through dedicated Facebook groups, for every batch of alumni. Through these groups they can stay in contact and link up with each other at any time, including during deployments.

In addition to the density of social relations within the network, social bonds among ECN participants seem to be characterized by a high degree of trust. If trust is an ambiguous notion (Marzano, 2010), it remains that it is certainly a critical functioning in situations of high uncertainty as it allows the quick development of cooperation and facilitates collective action. As phrased by one interviewee: *“finding good people quickly, that you trust on. It's absolutely crucial to do your job.”*

Thus:

“It's nicer [to work with ECN members]. It's nicer yeah. It's faster too. You can just hit the ground running already. You know what they know, you know their level of skills because you've seen them working together, you've worked with them together as well. And that trust we were talking about is already there.”

Complicity trust

As an organizational feature, the kind of trust relations developed in the ECN have different components and can take different forms.

A first form of trust is tied to intimate interpersonal knowledge developed during the training, as part of the network, and reinforced during shared deployments. It often involves strong intersubjective ties, including affective bonds. To this extent, this type of trust appears to be unevenly distributed within the ECN, as it supposes shared personal experiences. Bonds of trust based on positive affects (friendship) and intimate interpersonal knowledge are likely to be stronger between people of a given group formed for the purpose of the SIMEX, among members of the same promotion, or between people who are in regular contact (be it because they work in the same organization, because they are deployed on the same operations, or through sustained relations through communication technologies):

- Interviewer: *“So it's one of the value of the ECN? Making links, strong links between people?”*
- Interviewee: *“Yes, definitely. And especially if you have shared the same training with them. So... If you have been in the same training with them, you feel that you are one. You feel closer to them. Before ECN I used to work with so many people in here. And we... We did not... We were just colleagues. But now, after ECN... Especially because we were trained together, we feel that we are from the same batch and we are like friends now.”*

We call this type of trust **complicity trust** to stress the anchoring of this type of social bond in shared, face-to-face situations, involving substantial intersubjective and affective engagements. These bonds are thus strictly limited in demographic terms. However, regarding this latter point, it is important to stress that the recent introduction of mentoring during the ECN training is a way of widening “trust chains” (Roulleau-Berger, 2011) among members, by promoting inter-promotion bonds.

“[The ECN] continues to expand, which is really nice. So being here as a mentor is wonderful because I get to meet this new batch of people. [...] So the first year I was a participant, the second year I was a role player just in the simulation exercise, I wasn't there for this part. And then you meet people there and then two months later you're working with them in the field in an emergency. It's pretty... It's pretty amazing.”

The relationship with mentors, who have been through the same training before and are experienced concerning deployments, may help develop and broaden similar forms of trust. Such trust relations are integral to this function, since mentors will be involved in supervising the trainees and giving advice and backup, including after the training, during deployment.

Recognition trust

More broadly, many respondents recognize that the sole fact of being part of the ECN creates a sense of immediate connivance between individuals. Another type of trust is thus based on the sheer knowledge of a shared background as ECN graduates, and of a shared body of technical skills related to emergency response. It can thus extend beyond direct relations, if involved individuals have been through the training. ECN members share a basic level of skills, a common language and common tools in terms of risk communication.

“Although some of them have more experience, you have a common background [...] and you have the same information on how to phase those situations how to phase difficult situations”.

Being “*part of the same community*”, having “*the same goal together*” and knowing it as an implicit of the relationship was thus pointed out as an important element. These shared ways of framing situations, a shared language and shared toolboxes are instrumental in facilitating work relations, as they provide a common ground, thus reducing greatly the need to negotiate a common framework of work and action. As far as time is concerned, as is the case of course in an emergency, this is a valuable asset.

Beyond its formal role as an emergency deployment organization, the ECN thus has a more “latent” efficacy in terms of crisis management. On the one hand, it is similar to the Global Alert and Response Network (GOARN), a well-known “networked” organizations operating in the domain of public health emergencies (Ansell, Sondorp and Stevens, 2012), as it allows the quick identification, mobilization and deployment of trained responders from various organizations. However, it also provides additional capacities in terms of interpersonal and collective coordination. The ECN aligns goals and values among communication professionals with various backgrounds, focuses and streamlines practical norms and methodologies, and provides cognitive routines in the unstable environment of an emergency.

Therefore, by certifying the existence of a common base of knowledge, values and norms, the ECN acts as a “trust device” (Karpik, 2010) and ascribes a set of known attributes to all of its members. As a result, it formats and stabilizes mutual expectations. This “labelling” greatly facilitates working relations in the field since individuals know what can be expected from each other, even in the absence of existing personal relationships and/or when formal role attributions lack, making the ECN a particularly “loosely coupled” organization (Weick, 1995). We call this second type of trust **recognition trust**. The importance of this latter form is made obvious when it lacks:

“If there is no such team [ECN team], if the team relationship is not working properly, then you have to build your own network, and to build trust takes a lot of time. And by the time you have built strong ties, then you have to go back.”

While complicity trust is based on “thick” relationships and substantial interpersonal and intersubjective knowledge, recognition trust is thinner and pertains to the labelling power of the ECN. Bonds related to the first type of trust are multi-dimensional and involve people emotionally, while bonds related to the second type are more focused, professional in kind. Complicity bonds are related to a certain degree of intimacy between individuals, while recognition bonds relate to a formalized body of practices, knowledge, norms and values. The former are more restrictive in scope, as they encompass fewer individuals, but commend deeper interpersonal commitment, while the latter extend further, as they are less demanding to create. Complicity trust is more local and idiosyncratic, while recognition trust is more mobile and more easily transferred, connective.

<u>Complicity trust and Recognition trust</u>		
	Complicity trust	Recognition trust
Type of bonds	Personal	Impersonal
Interpersonal commitment	Strong	Weaker
Scope	Focused	Extensive

Pooling social capital

As a property of social relations, these forms of trust hint towards another characteristics of the ECN: as a social network, it greatly enhanced the ability of its members to reach out for different kinds of scarce goods and resources – functionings -, in a highly strained environment. This ability to broaden individual and collective capabilities through social ties fits with the concept of “social capital”, as it allows understanding how these relations affect positively or negatively the ability to implement or develop one’s other bodies of resources and capacities (Bourdieu, 1980), under given circumstances.

To understand this aspect, it is useful to draw on Daniel Aldrich's (2017) definition of social capital. For him, social capital can be delineated according to three different forms - different types of links -, namely *bonding*, *bridging*, and *linking*. The first form of social capital is constituted by links between people whose association is based on a tendency to link up with persons with similar social properties (according to a logic of *homophily*). Conversely, *Bridging* allows connecting people with heterogeneous social characteristics. Eventually, *linking* allows reaching for "power brokers, authority figures, and decision makers". Importantly, each of these channels provides different types of resources. Our hypothesis is that the ECN combines these three dimensions.

Bonding

Complicity trust can be associated most closely with *bonding social capital*, as it combines objective commonality (being an ECN member) and subjective ties (including affects). However, whereas Aldrich applies this type to characterize social relations between "family, kin and close friends", we extend it to characterize the social bonds created between given ECN members. To do so, we posit that there is a more fundamental underlying principle than homophily underpinning *bonding*, as a relational type: it is based on a *subjective sense of belonging* (Brubaker and Cooper, 2000), commanding specific forms of reciprocal obligations and loyalty. This sense of belonging and commonality is salient between ECN members and underpins specific forms of solidarity:

"[...] the ECN operates like I know he [generic ECN colleague] knows what I'm going through, and he was like: "Okay, whatever you need, you call me": And then I also, you know, I was calling him because I knew he was away when the thing [...] happened. So, you know, we're kind of supporting each other. And then I did have [several] members of my ECN team that weren't in the area, that weren't in the Ebola response kind of helping me from outside, like sending me materials, you know, checking "how are you doing?"

Bonding social capital thus shapes the ECN as a close-knit collective with multiple connections between its members. ECN management has leveraged on this property by creating the figure of the *mentor*, a way of improving the *clustering coefficient*^{viii} of the network by fostering inter-promotion relations. In contrast with Aldrich's approach, we thus accept that this sense of belonging can develop *across* social differences (as such, it does not concern only relations ruled by homophily). The ECN training is conducive to the development of such bonds, as it gathers professionals with diverse backgrounds and helps developing strong social bonds between them as they are put into intense, shared social experiences. The ECN *generates* bonding social capital by creating and broadening commonality between its members.

These bonds – feeling of belonging and communality – were also produced and/or deepened by the shared experience of field deployment during the EVD outbreak. This high-risk, emotionally draining environment fostered mutual recognition and strong mutual commitment between ECN responders. These relations facilitated the expression of and collective dealing with difficult and potentially impairing affects, such as fear. These social dynamics sustained the development of caring practices within the network, which helped deployees deal with the specificities of the EVD crisis – as a perceived high-risk environment.

Bridging and linking

The ECN also contributes to develop and pool a great volume of the *bridging* and *linking* types of social capital. The network draws members from various organizations with different professional backgrounds and with diverse roles and positions within organizational hierarchies. In the 2015 training, participants originated from all WHO regional bureaus, from WHO HQ, the International Federation of Red Cross (IFRC), the US CDCs, and Qatar's Ministry of Health. It also included independent communication specialists, sometimes with a journalism background, some with substantial experience working for international NGOs such as Médecins Sans Frontières (MSF)^x. The high turnover of workers in international organizations and NGOs, with individual careers typically bringing professionals to work for different organization, only reinforces this variety. As a result, individuals in these professional worlds are often well connected. This variety creates efficient "bridges" to reach out across various organizations and to mobilize power brokers. Importantly, it allows doing so by using direct interpersonal relations rather than through institutionalized communication channels and processes:

"Heads of office continue to get communications training, [...] they work closely with communications officers even outside of emergencies so they get to know us. Not just understand the role, but actually know us individually and trust us individually. Because it's... Actually if you think about, if I put myself in the shoes of the man I was working with in [country], he's never met me before. I'm some [foreign] girl from headquarters who's not even WHO staff, I'm a consultant. How does he know if I'm trustworthy, if I'm sending secret messages to my friend at the New York Times? He doesn't trust me because he doesn't know me. Even though you can be very... You can be as good as you can be in his presence, he doesn't have that long term relationship with you. So that's why it's good to be able to build it up, to have these trainings, so that let's say you arrive in the country office, you trained with one of the country office people and they can tell their boss: "Yes she's good" or "he's good." So these networks are very important."

Mixing people from different backgrounds thus offers the possibility to tap into their respective networks. In this respect, the ECN functions much like a "network of networks", more than most other agencies where interactions are essentially contained within the organization. As a result, complicity trust and recognition trust developed within the ECN can extend considerably through these secondary relational systems, by building "trust chains" (Rouilleau-Berger, 2011, p. 155) across ECN members' personal social networks.

Conclusion:

During the 2013-2016 EVD outbreak in West Africa, the ECN thus displayed specific qualities, as an organization. Importantly, it combined efficiently different types of social capital, helping to cut across institutions and reaching out for help and assistance in a radically resources-deprived environment. In particular, it helped circulate information. In a context of high uncertainty, with little channels of communication in place among involved actors in the response system, information proved a highly critical good for

deployees, especially at the onset of the response, when organization was still very much lacking:

“That was a great thing with the ECN, because through that you had other persons that you could rely on and ask for advice. So, in the beginning I was totally relying on that”.

Information was vital for actors to be able to qualify (or assess) situations, and to take informed decisions on appropriate courses of action. Whatever capacities one possesses, lack of information has a debilitating effect on the possibility to implement them.

To keep with our analytical vocabulary, the ECN, as a professional network, thus increased responders’ capabilities in the West African setting. The network itself emerged as a “capacitating organization”, thus becoming a significant element of the emergency setting, a defining dimension of the context for its deployees. It contributed to shape flexible affordances – such as trust, information channels, but also, for instance, forms of mutual caring -, thus partly offsetting resource deprivation in the field. Its combination of flexible and strong social bonds and low level of proceduralization (or high level of personal autonomy) proved efficient at gathering, articulating and implementing specific resources and capacities, given unfolding events and circumstances.

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ⁱ The interviews are covered by a clause of strict confidentiality. As a consequence, we are not allowed to provide any personal identifier when quoting interviewees, including deployments locations.

ⁱⁱ This is undoubtedly a restrictive use of the author's approach, as it detaches his core conceptualization from its broader theoretical context, as a constitutive element of a theory of justice. The theoretical discussion proposes an adaptation of Sen's propositions in the context of a theory of action.

ⁱⁱⁱ Functionings are states of "being and doing". Being in good health is an instance, or being able to achieve a certain type of specialized action.

^{iv} Interview at the US CDCs headquarters, Atlanta, August 13 2015.

^v Two interns in the research team were embedded in the 2015 ECN training, as participant observers, namely Beatrice Nass, and Kayla Jenni. The analysis of the training relies heavily on their accounts.

^{vi} Personal interview, US CDCs.

^{vii} UNMEER, WHO, Médecins Sans Frontière (MSF), the United Nations Development Program (UNDP), the United Nations International Children's Emergency Fund (UNICEF), the World Food Program (WFP), the United States Centers for Disease Control and Prevention (US CDCs), the International and national Red Crosses, the International Organization for Migrations (IOM), to mention a few.

^{viii} In graph theory, the clustering coefficient indicates a high density of ties within a social group. A high clustering coefficient means that each individual within a group is directly connected to most of its other members.

^{ix} Statuses differed during deployment according to individual professional situations: some communication specialists were deployed as consultants, some as WHO personnel. WHO was responsible for Medical evacuation under deployment contracts.