GLOPID-R

Global Research Collaboration for Infectious Disease Preparedness

SUMMARY REPORT

GloPID-R SBS research priorities for Ebola Bundibugyo Roundtable

22 June 2026

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1 Meeting objectives

1. To share updates on collaborative and coordination work across social and behavioural research questions, groups and platforms.
2. To review how these priorities map to the Africa CDC- WHO Continental IMST response pillars.
3. To further prioritise of social and behavioural research questions relating to the Bundibugyo outbreak map to timelines from immediate response to long term.

2 Opening remarks

Participants were welcomed by the SBS Roundtable Chairs Nina Gobat (WHO) and Oluwatoyosi Olawande (Africa CDC). Traditionally, SBS has not been regularly included in research agendas for disease outbreaks, however, there is a growing recognition of the role in outbreak response of anthropologists, sociologists, economists, historians among others. The current BDBV outbreak is a complex response, with many unknowns. The main objective of these roundtables is to map research priorities and use those to set the research agenda in addressing the needs on the ground in the immediate, medium and long term. This is the second meeting, building on the findings from the meeting on 26th of May, and the results of the survey administered in between.

Margeaux Chavardès greeted the participants on behalf of the Filoviruses CORC and emphasised the value of these exchanges. Any proposals for the CORC roadmap should be submitted via email by the 30th of June, and all submissions will be considered as part of the public consultation.

3 Roundtable discussion on ongoing SBS research activities

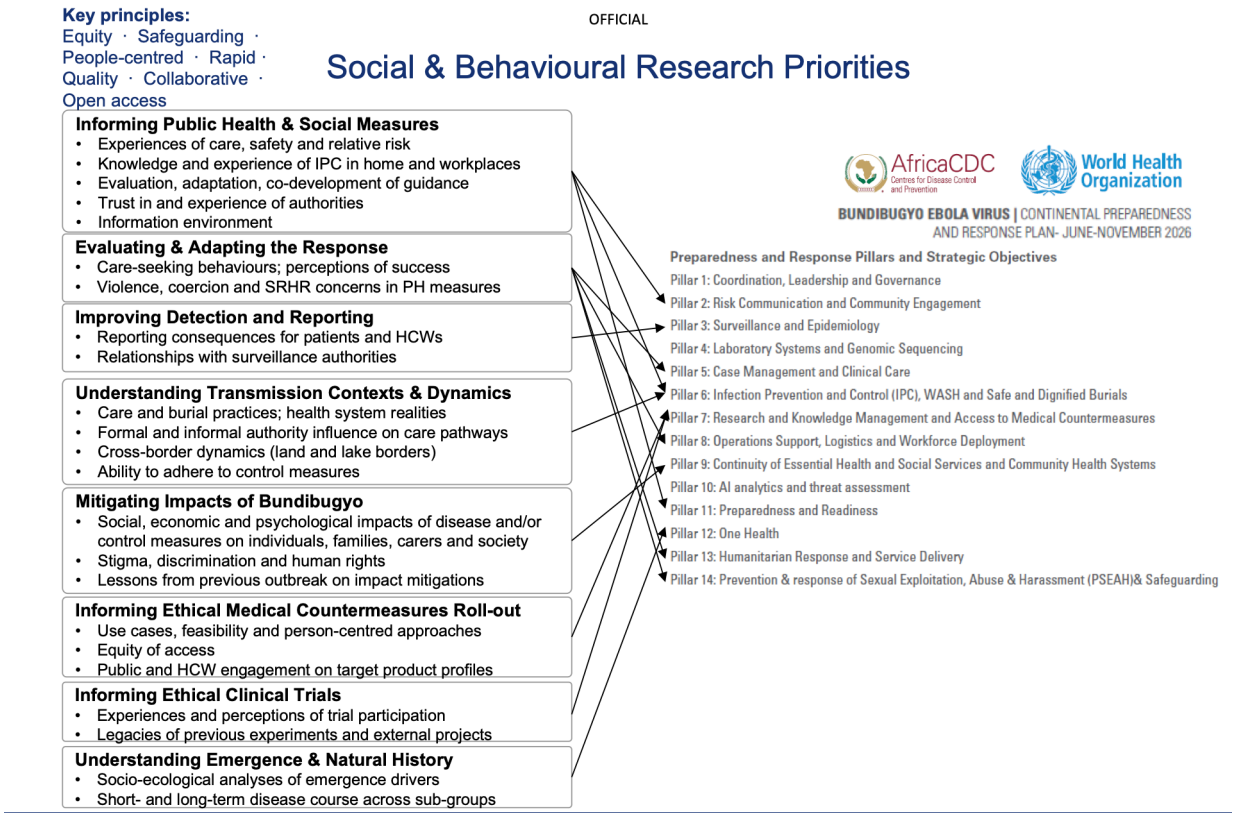
Due to time restrictions, this item was not discussed during the meeting. Participants were invited to provide their comments and feedback in writing either in the chat or via email following the meeting.

4 Presentation of survey findings

Dijana Spasenoska presented an overview of the survey findings. The survey included a set of 45 research questions posed by participants among the 71 who attended the first roundtable, which had included over 25 different research organisations. The survey was shared with all participants from that meeting and more broadly. In total, 19 people responded, from the United Kingdom (n=6), Switzerland (n=3), Ethiopia (n=2), Germany (n=2), Senegal (n=1), Nigeria (n=1), France (n=2), Madagascar (n=1) and NR (n=1). She noted that the geographic diversity of respondents did not match those posing the questions initially, however the survey findings were intended to determine the urgency of the questions, and not to deprioritise questions. In all, 28 questions were categorised as immediate urgency, 14 were medium term, 3 long term, and none as not priority. Seven additional questions were proposed. The full list of questions was presented on a whiteboard.

5 Presentation of mapping priorities to the Africa CDC- WHO Continental IMST response pillars

The Africa CDC-WHO Continental IMST response plan has 14 pillars, and was developed after the first roundtable. In order to consolidate the proposed categories, the 8 categories identified during the first roundtable, were mapped against the 14 pillars (see mapping below).



6 Discussion on survey findings, mapping and identification of further long-term priorities

- Important to consider how gender intersects with the other pillars. For example, consider infection and caregiver tasks in secondary contexts, in households, during burials and the role of traditional healers. There is a need for sex disaggregated data especially on case fatality.
- Given the differences observed during this outbreak, what knowledge from previous outbreaks can be carried forward. How can differences in clinical presentation shape SBS questions?
- For clinical trials with Obeldesevir would individual randomization be socially and operationally acceptable, or should it be ring randomization? How to communicate to communities about receiving placebo vs. treatment? In the long term, how to engage with communities in the trial design?
- In terms of clinical trial design, there are also implications for experimental vaccine prioritization as a ring approach would need a single dose regimen?
- Does informing ethical clinical trials include experiences of participants and front-line trial staff?
- Important to consider who is not on the call and how do we ensure to hear from those working in the field as well? Also, important to consider the gender impact of infection or suspicion of infection, and what evidence exists of intimate partner violence.
- Is there a mechanism for careful documentation of what is raised as a medium- and long-term priority through all channels?

7 Prioritisation of research questions

The aim of this session was to prioritise the questions that have been identified as medium term priority in the survey. Participants were asked to upvote medium term priorities on a whiteboard. Full list is available in Annex 1, and below is a summary of the top five priorities, although it should be noted that many of the participants found it challenging to use the voting functionality on the whiteboard, and the voting might have reflected those challenges:

- What are the socio-economic impacts of the outbreak (for individuals, families of those who have Ebola, wider social and economic systems including across borders)? [7 votes]
- What are peoples' perceptions of different diagnostic tests and their accuracy, in context? [6 votes]
- How is Ebola prioritised in the context of multi-crisis (e.g. violence, food insecurity, displacement)? [5 votes]
- What can be learned from the roll-out of previous vaccines (including for Ebola and with different platforms and schedules)? [5 votes]
- How have other health services been disrupted, maintained and perceived (e.g. RI, SRH, MNCH) in the context of (free) Ebola care? [3 votes]

8 Closing and next steps

Participants were invited to continue to add comments to the whiteboard for 48 hours post-meeting or share with the organisers via email. The team is to submit outputs to the CORC in response to consultation on the Roadmap by 30 June 2026.

9 Agenda

TIME	AGENDA ITEM		SPEAKER
12:00-12:05	1.	Opening remarks	Nina Gobat & Oluwatoyosi Olawande (Chairs)
12:05-12:15	2.	Roundtable discussion on ongoing SBS research activities	All Moderated by Chairs
12:15-12:20	3.	Presentation of survey findings	Dijana Spasenoska
12:20-12:25	4.	Presentation of mapping priorities to the Africa CDC- WHO Continental IMST response pillars	Oluwatoyosi Olawande
12:25-12:40	5.	Discussion on survey findings, mapping and identification of further long term priorities	All Moderated by Nina Gobat
12:40-12:55	6.	Prioritisation of research questions	All Moderated by Alice Norton & Clare Chandler
12:55-13:00	7.	Closing and next steps	Chairs

Annex I: List of participants attending

Name	Organisation
Annie Wilkinson	Institute of Development Studies
Ann Kelly	University of Oxford
Bethan Hamilton	Wellcome Trust
Cathy Roth	UK FCDO
Christoph Vogel	United Nations
Clare Chandler	FCDO
Cristina Cassetti	WHO
Edouard Fouqueray	Msf belgium
Nina Gobat	WHO
Hayley MacGregor	Institute of Development Studies
Helen Smith	Anthrologica Ltd
Holly Sadler	GloPID-R
Ira Longini	University of Florida
Joao Rangel de Almeida	Rangex
Jacktone Momanyi	CFA
Sharon Jeptoo	Food for the Hungry
Kai Hopkins	Elrha
Kennedy Muhindo Wema	BNITM
Kalidou Djibril Sow	Africa CDC
Luisa Enria	Lshtm
Margaux Chavardès	ANRS MIE
Nadine Beckmann	UK-PHRST/LSHTM
Nambusi Kyegombe	MRC/UVRI & LSHTM Uganda Research Unit
Julienne Ngoundoung Anoko	WHO
Eva Niederberger	World Health Organization
Oluwatoyosi Olawande	Africa CDC
Oladunni Opeyemi	Adeleke University
Pippa Ranger	Foreign Commonwealth and Development Office, FCDO, UK government
Phuong Pham	Harvard Humanitarian Intiative
Sassy Molyneux	university of oxford
Sophie Everest	UKHSA
Niluka Wijekoon Kannangarage	World Health Organization WHO HQ
Zewdie Birhanu	Jimma Univeristy

Annex II: List of priority questions

Informing Public Health & Social Measures	Evaluating & Adapting the Response	Improving Detection and Reporting	Understanding Transmission Contexts & Dynamics	Mitigating Impacts of Bundibugyo & the public health response	Informing ethical Medical Counter-measures Roll-out	Informing Ethical Clinical Trials	Understanding Emergence & Natural history
1.What are local priorities (e.g. maintaining livelihoods, care, food security, spiritual needs) and how can these inform disease containment approaches (eg. safe burial practices, quarantine measures)? **2.**What feasible and effective measures can be taken to infection prevention and control in different local settings, such as personal protection, alternatives to physical contact, approaches to routine gathering (such as markets, religious events, traditional festivals)? **3.**What drives sharing, or reluctance to share, information about contacts for tracing? Which institutions and authorities are trusted, and distrusted? **4.**How will PHSMs need to be tailored to the differences in contact patterns in different types of settlements (e.g. villages, refugee camps, IDP camps, urban areas)? **5.**What roles are, and could, different formal and informal health providers play in response (e.g. medicine sellers, traditional healers)?	**1.**How is the response and its expectations from people being experienced by – and in between – different groups (incl. marginalized and vulnerable groups, displaced and host communities) and what changes have/could improve outcomes? **2.**What factors are impacting the reach of accurate information on Ebola and the response to different groups (incl. considerations for local languages, interventions to address misinformation and improve digital information resilience)? **3.**What factors are impacting care seeking (incl. cross-border movement, displaced individuals, armed conflict affected communities, perceptions and availability of care)? **4.**What are the drivers and potential mitigations of any exploitation and sexual abuse in the response? **5.**Why people are angry? **6.**How is the response affecting local economies? **7.**How are different groups of responders viewed by communities and why? **8.**What are the longer term unintended consequences of an 'ebola economy', and how can this be mitigated so health care systems return to normal practice? **9.**What has enabled and what has hindered coordination of interdisciplinary and intersectoral responses (given the intersecting nature of crises in the region)?	**1.**What drives willingness, perceptions, and decisions to support contact tracing? **2.**What might the roles of different groups (including survivors) be for supporting testing of contacts, contact tracing, identification of potential cases, testing and care seeking? Why do people not seek testing and treatment when they have symptoms that could be Ebola or another health issue that needs medical help? **3.**How were initial cases understood and managed, and what informed this? **4.**How have previous outbreak experiences informed community surveillance efforts?	**1.**What are health workers' concerns regarding their own risks, their mental health and what are their knowledge and material needs? **2.**What are local approaches to isolation and quarantine and reasons why it may be difficult? **3.**What has led to the delay to recognition of the Bundibugyo outbreak? **4.**How do people recognise, describe and act on early symptoms and 'danger' signs and what informs these responses? **5.**How do people seek to protect themselves, how does this vary (eg by gender, socioeconomic status and information sources)? **6.**What are the patterns of determinants and modes of transmission between different groups (incl age, sex/gender, occupation, geography, pregnancy status etc)? **7.**What are people's contact patterns including social networks, and how diverse are these across affected populations? **8.**How is Ebola prioritised in the context of multi-crisis (e.g. violence, food insecurity, displacement)? **9.**How are specific social and political dynamics (eg of cross-border communities, displaced and host groups) impacting and being impacted by Ebola spread?	**1.**What mechanisms are needed to ensure community feedback uptake in real time in response? **2.**What are the various perceptions of response measures (e.g. protective, coercive, unfair, discriminatory)? **3.**Given the differences observed during this outbreak, what knowledge from previous outbreaks can be carried forward? **4.**How have other health services been disrupted, maintained and perceived (e.g. RI, SRH, MNCH) in the context of (free) Ebola care? **5.**What are the socio-economic impacts of the outbreak (for individuals, families of those who have Ebola, wider social and economic systems including across borders)? **6.**What are the effects of the outbreak on stigma, dignity, discrimination and human rights and what has improved this (including role of survivors in the response)? **7.**What are pathways to recovery for local people and local economies and how can the response support this?	**1.**How can community engagement be effective for new vaccine and treatment roll-out, including with local authorities? In what ways can different local groups (e.g. militia groups, religious groups) be engaged in roll out of medical countermeasures, and what are the consequences? **2.**How well do medical countermeasures reach different groups? **3.**What are the drivers of acceptance, social dynamics and perception of new vaccines or treatments? **4.**What can be learned from the roll-out of previous vaccines (including for Ebola and with different platforms and schedules)? **5.**What are peoples' perceptions of different diagnostic tests and their accuracy, in context?	**1.**What will shape clinical research acceptance and perception of trials of new vaccines and/or therapeutics? **2.**How can the development of scientific protocols take into account local realities and participant experiences including front line staff? **3.**How can equity and fairness be ensured in vaccine trial participation? **4.**Inclusion/exclusion of pregnant and breastfeeding women in clinical trials and community perspectives on this? **5.**What are the views of local populations about different aspects of trial design, including around randomisation level and placebos? **6.**How can affected populations input into decisions around product design, eg optimal dosing regimens, target vaccine populations? **7.**What experiences and perceptions do individuals, families, leaders and groups have of trial participation? **8.**How is it best to engage with communities in clinical trial design?	**1.**What is the diversity of early Ebola signs and progression for individuals and carers? **2.**What is the short and long-term disease course across different sub-groups? **3.**How can social research support observations of differences in clinical presentation? **4.**In what ways does the natural history of the disease intersect with individuals' livelihoods and access to food? **5.**How did the emergence of Bundibugyo in this case relate to social, political and ecological drivers (eg. extractive economies and changes in the environment)? **6.**What memories, experiences and narratives of previous outbreaks of unidentified diseases impact how the emergence and natural history of this Bundibugyo outbreak has unfolded?

Legend: Immediate need, medium term priority, long-term priority