REFLECTION

The Importance of Cross-Lingual Translation in Preventing a Regional Ebola Resurgence

INTRODUCTION

Although the 2014–16 Ebola outbreak in West Africa is over, communication and coordination between governments and nongovernmental organizations (NGOs) is vital for preventing subsequent outbreaks in a region where communities cross national borders. The Ebola outbreak began in Guinea in the early months of 2014, subsequently spreading into Liberia and Sierra Leone and eventually to other countries in the region. The Ebola epidemic in Guinea was first declared to be at an end in December 2015 and had caused 2,544 recorded deaths and left 1,270 registered survivors (U.S. Centers for Disease Control and Prevention). In 2016, Congress authorized USAID to fund the Ebola Transmission Prevention & Survivor Services (ETP&SS) program in Guinea, Liberia, and Sierra Leone. As a USAID program within the Advancing Partners & Communities (APC) project, led by the US NGO JSI Research & Training Institute, Inc. (JSI), English was the primary language for program communications, which presented a challenge to working across countries with different languages. APC’s Guinea office and JSI’s home office overcame these challenges and shared their research results, best practices, and lessons to improve prevention and treatment efforts among representatives of the three countries. This brief shows how APC facilitated bilingual communication between the Anglophone and Francophone teams during the ETP&SS program.

KEY INTERVENTIONS

Between December 2016 and March 2018, APC in collaboration with other institutions organized four sub-regional meetings for country-level officials, international organizations, and survivor association leaders from the three countries to reflect on post-Ebola challenges and prevention. Following these early meetings, participants returned to their respective offices and reported what they learned, which resulted in the revision of project strategies and national policies based on the cross-country exchanges.

In advance of the sub-regional meetings, APC staff in Guinea and the U.S. translated meeting materials (i.e., agenda, invitations, presentations, and travel guidance). While this required significant time and energy, it was crucial for ensuring that all participants could fully comprehend the proceedings. APC also arranged simultaneous translation services during plenary sessions, and bilingual staff support during group work so that participants could communicate directly. In addition to cost, simultaneous translation comes with several challenges, including conveying accurate information on technical topics. The ETP&SS program provided workshop materials to the translators in advance so they could prepare to communicate specialized medical content. This step was essential for accurate translation because it is difficult to find translators who are well-versed in technical specialties such as public health and clinical medicine. When possible, it is always best to use translators who have subject-matter expertise.

Another result of poor simultaneous translation is that attendees who do not speak the primary language may be discouraged from participating. Thus the perspectives of minority language speakers may go unspoken. If they do contribute, their comments may be interjected at a time when the conversation has moved on and the comment is no longer relevant. It is critical that facilitators solicit input from minority-language speakers at meetings and leave sufficient pauses for questions and comments from all participants.

Aside from the international meetings, day-to-day work implementing the ETP&SS program involved information exchange and collaboration. Initially, the program hired a service to translate documents, but found the translation quality poor and requiring significant internal staff time to repair. Although all three ETP&SS offices participated in these efforts, the Guinea office spent significantly more staff time and resources because, as the sole Francophone partner, it was responsible for translating internal and external project documents into English, and for translating documents from the other countries into French for its own staff and counterparts at the Ministry of Health (see highlighted box). Phone calls and status updates with project headquarters were often conducted in English, and Guinea staff had to translate these to French, too. The Guinea team’s translation efforts were ultimately a major contributor to the success of the regional meetings and all communication activities between the Guinea ETP&SS program and those of Sierra Leone and Liberia.

CONCLUSIONS AND LESSONS LEARNED

Continuous communication and information-sharing during the post-Ebola period has been very important for the prevention of subsequent Ebola virus outbreaks in Guinea, Liberia, and Sierra Leone, where migration and the infectious diseases that follow are not contained by national borders. However, language differences created a major barrier to communications between governments and implementers of post-Ebola activities in the sub-region. As Liberia and Sierra Leone are Anglophone, the Guinea team counted on bilingual staff and translation services to understand and communicate program activities and results across its borders. Although the ETP&SS program hired simultaneous translation during international meetings, APC Guinea staff translated almost daily to ensure that documents produced in English could be read in French for Ministry of Health officials and program partners, and that French documents were translated into English for APC’s home office and its English-speaking partners. Important research findings were also communicated in both languages to key in-country partners. The Guinean Ministry of Health used these findings to redesign and sustain its surveillance program, and leadership of all three national survivor networks greatly valued critical research findings in both languages that they could share with their fellow survivors in their respective countries.

Without the ETP&SS program’s continuous efforts to overcome the French-English language barrier, the program in Guinea would not have met its objectives, particularly the sharing of lessons and research results among the three countries most-affected by Ebola. In recognition of the vast body of literature and research published in English, and because of the many conferences conducted with Anglophone representatives, APC Guinea’s partner at the Ministry of Health decided that all staff should take English classes. In the meantime, however, translation efforts will continue to be crucial for cross-lingual communication. Future implementing partners of multi-lingual programs should consider the diverse types of project documents and deliverables and allot adequate staff (or outside expert) time and funding for translation.