Workshop Report

‘Ebola as a Global Governance Issue: Digging Deeper into Sierra Leone’s Health Sovereignty Crisis’

1 December 2014
Käte Hamburger Kolleg / Centre for Global Cooperation Research
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On 1 December 2014, the Käte Hamburger Kolleg / Centre for Global Cooperation Research (KHK/GCR21) organised and hosted an in-house Workshop entitled ‘Ebola as a Global Governance Issue: Digging Deeper into Sierra Leone’s Health Sovereignty Crisis’. The Workshop was initiated by GCR Fellows Susan Erikson and Mneesha Gellman and by Guest Researcher Joshua Dankoff.

‘Thinking with the case of Sierra Leone’ was a central aim of this participatory workshop. In order to enable the participants to understand the situation on the ground, an introductory exclusive slide-show of images and short clips about capacities and shortcomings about the situation on the ground was shown to the 20 participants. Thought-provoking presentations by experts gave insights and exceptional perspectives to existing debates and media coverage about Ebola, followed by wider applications of ideas about health governance. Questions like ‘What does good governance look like when the end goal is improved health of a particular population?’, ‘How might local, national, regional and/or global governance mechanisms ‘assemble’ when health is the end goal?’ and ‘Who should have health governance sovereignty?’ invited the participants to think collaboratively and discuss lively on this global health issue.

1. Thinking about Sierra Leone: Governance Problem-Solving Starts at the Local Level

Tobias Debiel (KHK/GCR21) began the workshop with a short introduction on the issue of Health Governance with a spotlight on Sierra Leone. The first session was moderated by Markus Böckenförde (KHK/GCR21).

Patricia Rinck (KHK/GCR21) commenced the first workshop session by giving basic information about demographics of Sierra Leone. By illustrating significant numbers, colonial legacies, past conflicts and the post conflict situation in the country, she prepared the participants for the following more specified deliberations.

Defining the governance situation in Sierra Leone as “Pessimism-Optimism-Pessimism Sandwich”, Mneesha Gellman (Postdoc Fellow at KHK/GCR21) gave an introduction to the contemporary governance structures in the country. In spite of
the difficult trajectory as a rentier state and the post-conflict situation, she identified some good potential for local governance but came back to a pessimistic note with regard to governance in practice. The Ebola crisis is expected to slow down the anyway fragile democratization process in the country. The poorly organized government carried out poorly organized projects, which is why the Ministry of Defense is now in charge by assisting International Aid Organizations in Ebola response.

Susan Erikson (Senior Fellow at KHK/GCR21), presented insights from two field trips to Sierra Leone from 2013 and 2014. Ethnographic data show that local capacity for primary (if not crisis) health governance was improving before the outbreak, but that the outbreak demonstrates how confounding the current Sierra Leonean health structure is. ‘Too many cooks in the kitchen’ is an apt metaphor for the dispersal of responsibility; the government is ‘in charge’ usually in name only, and those same government officials are usually beholden to donor agencies that do not have uniform priorities or agendas. There is widespread confusion about ‘who gets to decide’, which is dramatically highlighted during crises times. This is a structural problem that will be redressed by a reconceptualization of health ‘ownership’ and sovereignty. Ms. Erikson triggered a lively debate about health sovereignty as an end goal of international relations.

Talking about unintended consequences of well-intentioned governance in Sierra Leone, Joshua Dankoff (Child Protection Specialist in Sierra Leone, UNICEF, KHK/GCR21 Guest Researcher) looked at the impact of Ebola response to the most vulnerable members of society – children. In Sierra Leone, 48% of households have either foster children (mostly for economic reasons) or an orphaned child living there. Fear of displacement because of assumed contamination constitutes a prevailing fear of these children. Children affected by Ebola are largely not being reached by the government or NGOs. Ebola’s negative impact on the economy of the country and the questioned sovereignty in relationships between Government, the UN and NGOs is deteriorating the already low trust in the government.

2. Thinking with Sierra Leone: Roundtable Exploring Issues of Health Governance and Sovereignty

Susan Erikson started the second part by explaining the participatory design of the workshop session and outlining “Health Governance Sovereignty” as the leading theme.

Initially, Rainer Bauman (KHK/GCR21) shared his thoughts about working on tensions of comparison and incommensurability in Health Governance. Introducing Global Health as a cooperation problem, a platform of competing NGOs which is private and public sector driven, he challenged the round table by asking what it would have taken for Sierra Leone to prevent an Ebola outbreak?

Building on this fertile ground of discussion, Isaline Bergmaschi (Fellow at KHK/GCR21) reported about Ebola response experiences from Mali, where a religious natural healer was responsible for the spread of the disease across borders. Religiosity and the fact that diseases do not care about national borders reactivated discussions about security in Mali where border closings were
considered as a security measure. There is consensus that it is no coincidence that the weakest states are hit by Ebola. But how can we use critical assessment for solving the problem?

Moderated by Susan Erikson, a vibrant discussion about Health Sovereignty, dependencies and the role of non-state actors unleashed. Recalling diseases from the past like chicken flu, SARS in China and earlier Ebola cases in Africa, the participants thought about lessons learned and new strategies for the future. Tobias Debieł concluded that there are many facets contributing to a working international health disaster response, but interaction of international, national and local actors as well as the creation of mutual trust was indicated as the central necessities for successful response in global health.