

RESEARCH ARTICLE

Containing Ebola: A Test for Post-Conflict Security Sector Reform in Sierra Leone

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As the Ebola crisis is brought under control in West Africa, global attention is shifting to assisting the affected countries in their longer-term recovery from the outbreak. Sierra Leone – the worst affected country in terms of the number infected (CDC 2014b)¹ – has seen a substantial drop in new cases over the past few months, from a peak of 748 in a week in mid-November 2014 (CDC 2014d) to a new caseload in the single digits in late April 2015 (MoHS 2014). Where once there were simply not enough beds to accommodate the number of patients presenting themselves for treatment (Sieff 2014), by mid-April only 14 per cent of beds were in use (Awoko 2015a). And despite a recent increase in weekly cases to double digits, the focus remains on driving this number down to zero (IOM 2015).

As the Sierra Leone government – and its international supporters – look ahead to addressing the socio-economic implications of the outbreak (Sierra Leone Times 2015; UNDP 2015),² it is equally important that they look back to determine the lessons to be learned. These must cover every aspect of the response (MSF 2015; IDS 2015) from the more obvious health dimensions involved in treating patients, to establishing controls to contain the spread of the disease, a central part of which, in Sierra Leone, has been enforcement by security forces.

This article will focus on the latter element of the crisis, which has provided the greatest test of the Sierra Leonean security sector since the end of the country's civil war in 2002. It will also consider the performance of Sierra Leone's security forces – specifically the Republic of Sierra Leone Armed Forces (RSLAF) and Sierra Leone Police (SLP) – as an indicator of the effectiveness of the UK-led sector reform efforts underway since before the end of the war. Notwithstanding the importance of initiatives taken on the part of Sierra Leone itself, such reflection is of vital importance to guiding future security sector reform (SSR) in the country, and to ensuring that the crisis does not reverse the investment made by Sierra Leone – and the UK – over the last fifteen years, but instead enhances it.

Such lessons could also inform general thinking around SSR; indeed, Sierra Leone has long been a test case in the UK's – and others' – approaches in this area (Jackson and Albrecht 2011: 27–50). The challenge will lie in finding the time and resources to fully analyse the experience, and to embed good practice within security structures going forward.

In examining these questions, the article draws on first-hand interviews, conducted at the height of the epidemic, with British advisers within the UK-led International Security Advisory Team (ISAT), who since April 2013 have been enacting a more strategic approach to SSR and assisting the

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ongoing development of the RSLAF and SLP. ISAT has built on the work of its predecessor, the UK-led International Military Advisory and Training Team (IMATT), established post-civil war to provide training to all levels of the armed forces and civilian defence structure. This was complemented by DfID-led programmes providing dedicated support to the SLP (until the focus shifted in the mid-2000s towards the justice sector, albeit with some police support remaining) (Albrecht and Jackson 2014).

There has, of course, been a wide range of actors involved in SSR in Sierra Leone over the past fifteen years, as well as in response to the Ebola outbreak, including existing Sierra Leone government departments and newly created mechanisms. With regard to the Ebola crisis, these have included the National and District Ebola Response Centres (NERC and DERCs); international bodies such as the World Health Organization (WHO), United Nations Development Programme (UNDP) and the UN Mission for Emergency Ebola Response (UNMEER); volunteers and agencies deployed under bilateral assistance agreements; and NGOs such as Médecins Sans Frontières (MSF).³

Within this broader context, however, the views of ISAT advisers provide a particularly valuable insight into the lessons for SSR. Although one perspective amongst many, and conditioned by their involvement in the very reform they are critiquing, their close familiarity with the reforms conducted prior to, and the engagement of Sierra Leone's security forces during, the outbreak puts them in a unique position. Their prior involvement in SSR also ensures that any lessons gleaned can be situated within a longer-term understanding of the constraints facing the Sierra Leone security sector, and realistic prospects for its development.

This article thus explores what is necessarily a UK perspective on the course and outcomes of the epidemic, while acknowledging the intertwined involvement of myriad domestic and international agencies. Given the stated purpose to seek lessons for

SSR in Sierra Leone – as well as, potentially, elsewhere – this article hones in on the security sector element of the broader response to Ebola in the country.

The Epidemic Unfolds

The Ebola crisis in West Africa, the first cases of which were confirmed in Guinea in late March 2014, has been described by WHO Director-General Margaret Chan as 'the most severe acute public-health emergency in modern times' (WHO 2014c). Although Liberia suffered the highest number of deaths within a total of more than 11,000 reported, Sierra Leone has been most affected in terms of caseload (CDC 2014b). Across West Africa, a number of factors contributed to the disease's devastating impact. Unlike earlier, much smaller-scale outbreaks in Central Africa (CDC 2014c),⁴ the virus was not recognised quickly. Nor was sufficiently prompt action taken to isolate cases of infection, which, in Sierra Leone, quickly spread from rural areas to the capital of Freetown in July (Gbandia 2014). Only in late July was Ebola declared a national health emergency by the Sierra Leone government, before being categorised as a Public Health Emergency of International Concern by the WHO in early August (Thomas 2014; WHO 2014b).

This provided greater impetus to enhance what the MSF called a 'patchy and slow' international response (MSF 2014). A step-change in the UK's support to Sierra Leone, scaling up to crisis management, saw the provision of direct assistance equivalent to £230 million in aid (PAC 2015);⁵ the dispatch of the hospital ship RFA *Argus* (BBC News 2014c); and the deployment of civilian and military teams under the Joint Inter-Agency Taskforce (JIATF) to build treatment centres and train medics with the support of National Health Service volunteers (Boseley 2014).

The outbreak has progressively been brought under control – with the UK working in tandem with the Government of Sierra Leone and a range of other external actors – but not before the epidemic had claimed

over 3,500 lives. This has represented a huge cost in a small country with an attendant socio-economic impact (World Bank 2015) that threatens its recently completed transition from post-conflict to low-income status (GoSL 2013).

Key to this devastating effect are a number of features of the Sierra Leonean state. Not least amongst these are weak governance and a weak state presence in the provinces – legacies of the country's colonial past (Harris 2013)⁶ and the civil war that persisted from 1991 to 2002.⁷

Despite the country's post-war progress towards its ultimate goal of middle-income status (GoSL 2013), public services before the outbreak were underdeveloped: in 2010, Sierra Leone had 0.02 doctors per 1,000 people (CIA 2015), a situation exacerbated by the decimation of health workers during the crisis (WHO 2014a).

Meanwhile, the outbreak revealed an ongoing and clear lack of trust in government, with many citizens viewing Ebola as a conspiracy to attract international donor funding or to raise money through organ harvesting (The Guardian 2014; Thurtle 2014). This impeded both treatment and efforts at communication, the latter aimed specifically at addressing particular ceremonial practices around sickness and burial. Given the suggestion at the height of the crisis that half of all infections were the result of contact with victims' dead bodies (Public Health Watch 2014), the government's inability to effect behavioural change in this regard was a crucial factor behind the disease's rapid spread (Maxmen 2015).

Not Just a Health Crisis?

Similarly important in the government's failure to contain the outbreak was the delay in acknowledging the risk to national security. This was in spite of the growing global recognition of the myriad challenges posed by major outbreaks of infectious disease to security at the human (i.e. individual), national and international levels (Yuk-ping

and Thomas 2010). At the national level, infectious diseases threaten multiple aspects of a state's functioning viability, whether by weakening popular confidence in a government's ability to protect its citizens, undermining social order or disrupting economic activity. More broadly, in a globalised era, such challenges have been reconceptualised in terms of the wider transnational threat they potentially pose. In West Africa, this threat is derived primarily from the propensity of infectious disease to catalyse instability upon crossing the region's porous borders (Brower and Chalk 2003).

The Sierra Leone government's early approach to the outbreak betrayed an apparent unwillingness to recognise these potential security implications. This was evident in its delayed invocation of the national security architecture, one of the few centralised networks through which the government could co-ordinate an immediate nationwide response and an example of the pre-designed structures so crucial to responding to such outbreaks. This – and the related decision to empower the Ministry of Health, rather than the Office of National Security (ONS),⁸ in co-ordinating the response – would have important implications for the epidemic's subsequent handling. As noted by Roger Fawcus, ISAT's British adviser to the Sierra Leonean Ministry of Defence, the Ministry of Health 'didn't have the [necessary] co-ordination structures and experience'⁹ nor 'a mechanism by which it could reach out to and engage local communities'.¹⁰ This restricted its ability to engage with a mistrustful public over the need to limit traditional, close-contact burial rituals.

Here we enjoy the benefit of hindsight: few could have predicted the severity of the outbreak based on the much lower death tolls seen previously (CDC 2014c). The delay nonetheless reflects a lack of government experience in handling such contingencies: whereas security forces elsewhere are regularly used at times of national crisis¹¹ due to their unique ability to meet the demands

posed by extraordinary events, Sierra Leone lacked the processes to co-ordinate immediately such a response.

But while one could, to an extent, also understand an unwillingness to resort in the first instance to a security-centric solution with the civil war still relatively fresh in the nation's memory (Denney 2015),¹² the skewed nature of this early focus went beyond Sierra Leone to the international reaction, which was similarly restricted to a health and humanitarian response. As noted by then-head of ISAT Brian Jones, some international partners explained their resistance to military assistance with reference to 'humanitarian neutrality'.¹³

Nevertheless, as the virus continued to spread through the late summer – and with district-wide quarantines leading to public disorder – it became ever clearer that conditions could deteriorate, potentially constituting a security crisis. It was only with the declaration in late July of a public health emergency (BBC News 2014b), however, that the armed forces formally entered the equation. This gave the military powers under the Military Aid to the Civilian Administration (MACA) framework to respond, initially by assisting at checkpoints and supporting the police in maintaining order.¹⁴

In tackling a security crisis on a scale larger than anything witnessed since the civil war, both the police and military would need to rely on all of the training and experience acquired since 2002. The extent to which this equipped them to deal with the situation is the subject of analysis in the next section.

A Tale of Two Forces

In assessing the performance of the RSLAF and the SLP during the Ebola crisis so far, much can be gleaned from recent public praise for their responses (State House no date; Sulaiman Bah 2015; Sierra Update 2014; Awoko 2015b). This is well summarised in Jones's observation that the forces 'have both demonstrated, beyond expectations, an ability to uphold the Rule of Law in

a way which is sympathetic to the suffering and grief of the population.'¹⁵

The RSLAF's deployment in support of the police is particularly noteworthy, marking the first time it has been used in response to a national crisis since the end of the civil war, in which the highly politicised army was a central protagonist. As Jones notes, it has 'been stepping up to the mark in all areas'¹⁶ since the reactivation in late September of the country-wide security architecture established by the UK during its decade-long reform of the Sierra Leonean defence sector. Last used in support of the SLP during the 2012 elections, this architecture – and the army's role within it – has been well tested, facilitating its adaptation to the particular demands of the current situation. As Fawcus explains, the RSLAF's effectiveness shows not only that it understands 'what ... [the British] put in place', but also that 'everything was in place to deal with a security situation such as this'.¹⁷

Indeed, the army's district-level command structures, along with other structures including, notably, the DERCs, have enhanced government capacity to monitor the situation in the regions. Furthermore, the RSLAF has provided significant support to the police in staffing checkpoints to curb the movement of the populace, and providing static guards for houses and even entire districts, such as Port Loko, under quarantine. Soldiers have also successfully dealt with the agitation engendered by the consequences of this policy, including the need for provisions in affected residential areas as part of a broader effort by the Government of Sierra Leone and World Food Programme. These programmes, among others, have been particularly challenging since most houses are without running water and other facilities (WFP 2015).

Remarkably, the soldiers are unarmed; thus, as Jones comments, 'the source of their authority with the public is their discipline and their structure'.¹⁸

Meanwhile, RSLAF engineers have been working alongside their UK counterparts to build treatment centres, such as that which opened in Kerry Town (BBC News 2014a); and army medics have been providing care for Ebola sufferers (Awoko no date).

Yet, perhaps most notable has been the RSLAF's role in the management of dead bodies. Like their SLP counterparts, army personnel have been used to protect burial teams from attack. However, since mid-October, the RSLAF has also managed the *deployment* of these teams in Freetown, eliminating a three-day delay in the collection of bodies – a major source of infection and community unrest – within the space of a week (FitzGibbon 2014).¹⁹ Obviously, this achievement cannot be explained by extensive previous experience in this task. Instead, as ISAT's police adviser John Raine observes, the RSLAF 'understand[s] how you exert leadership, ... how you command people and how you hold them accountable'.²⁰ This is the mark of a mature and capable force, working within the boundaries of a national policy of police primacy.

It has been a slightly different story with the SLP. Raine is quick to praise its work at the operational level, noting that the police have responded positively to the government's message that law and order must be upheld, doing a 'credible job' in manning quarantines and checkpoints, and providing protection to burial teams.²¹

Indeed, the professional and timely police response to outbreaks of public disorder (Fofana 2014; NBC News 2014; Olu-Mammah 2014; Enca 2014) – of which there were around five every week during September and October 2014 (largely correlating with unrest due to body disposal delays) – has not gone unnoticed by the Sierra Leonean people.²² The SLP was praised in particular for its 'supportive, cooperative assistance to the community' during the first three-day lockdown in mid-September,²³ a then-unprecedented step taken by the government with the aim of educating the public, which had the potential

to provoke widespread revolt but which ultimately passed peacefully.

Such popular praise is rare for the force, whose reputation has long suffered from the perception that it is the entity most prone to corruption in Sierra Leone (Transparency International 2013; Freedom House 2015).²⁴ However, this largely positive, sensitive performance on the part of the SLP has been somewhat marred by reports of bribes taken at checkpoints (Denney 2015), as well as by an incident in Kono District in mid-October, which saw two civilians shot as members of the SLP's armed wing, the Operational Support Division (OSD), sought to suppress riots there.²⁵ More recently, in March 2015, the SLP reportedly fired tear gas on a crowd in Freetown fighting over food supplies during the second nationwide lockdown (Olu-Mammah and Fofana 2015).

Despite such incidents, the SLP's efforts have exceeded expectation. Yet this strong showing at the operational level has not been matched at the strategic level. This is partly due to the executive's failure, for several weeks, to routinely engage the force's senior personnel, thus excluding them from discussions of strategy. Indeed, the SLP's strategic role was formalised only in late October, at which point senior staff began to participate in the NERC and DERCs, which were then being established as a replacement to the Ebola Response Committee.²⁶

However, it is also due to a lack of robust structures and processes within the SLP command through which it could 'grip' the operation. In the UK, for example, such a crisis would see a 'Gold' command team appointed to work with the executive in developing a strategy. Responsibility for delivering this strategy on the ground would then be delegated to 'Silver' or 'Bronze' teams, which would be formally held accountable for implementation in thematic or geographic areas.

The failure by the SLP command to separate strategic questions from operational matters meant that a considerable burden was placed on the Inspector General of

Police (IGP), Francis Alieu Munu. Munu has had to combine attending national strategy meetings with receiving and making calls to deploy staff, issue equipment, reallocate vehicles and secure funding.

It has also meant that the police response has lacked the preparedness and rigour that might have prevailed had the IGP been supported by a wider team assigned key accountabilities. The effects of this became clear when the first house was placed under quarantine in Freetown, when it quickly emerged that the officers on the ground had not been fully briefed on what to do in even the most predictable of scenarios.²⁷ This inexperience in terms of command and control has undermined the SLP's wider response in support of the government, and it has highlighted crucial gaps in its development (Albrecht and Jackson 2014: 16, 38–44).

A Test of Sierra Leonean SSR

The Ebola outbreak has provided the first significant test case for the efforts to rebuild the Sierra Leonean state, undertaken by Sierra Leone in partnership with the UK since 1997 (Godwin and Haenlein 2013; Albrecht and Jackson 2014). As such, the differing capacities of the SLP and the RSLAF to respond to this national security crisis can be viewed in part as a reflection of the effectiveness of UK assistance in this period, bearing out its strengths and weaknesses. In particular, these differences suggest an imbalance in the UK-led approach, with the RSLAF benefiting from more consistent support than the SLP.

Recognising the link between a country's development and the security of its territory and citizens, the UK's state-building efforts in the early 2000s broke new ground by bringing the three foreign-policy instruments of defence, diplomacy and development to bear on security sector reform (Albrecht and Jackson 2014: 2). Yet, despite the stability provided by the 2002 Memorandum of Understanding (which committed the UK to at least a decade of

support to Sierra Leone), support for security sector institutions has been inconsistent, hostage to changes within the UK's own strategic focus – with obvious implications for funding – and to evolving conceptions of 'development', catalysed by the '9/11 wars' in Afghanistan and Iraq.

For example, between 1997 and 2005 – the 'heyday' of police reform in Sierra Leone (Albrecht and Jackson 2014: 39) – two DfID-funded, Commonwealth-run programmes (Jackson and Albrecht 2011: 51–132) provided dedicated support to the SLP (and the OSD), helping it, *inter alia*, to establish training facilities and procure equipment. However, DfID's reorientation in the mid-2000s towards a broader focus on justice – an area also in need of significant support in Sierra Leone – and a 'demand'-driven approach to sector reform saw a reduction in direct assistance to the SLP. This was eventually addressed in part in April 2013 with the arrival of two police advisers under ISAT. Importantly, none of the programming since 1997 has given due attention to developing the links between the police and the Ministry of Internal Affairs, meaning that political oversight of the SLP has remained limited. This is a weakness that has come to light, again, in the current crisis, not least in the SLP's hampered response at the strategic level.

By contrast, support to the RSLAF under IMATT, established in the wake of the UK's military intervention in the civil war in 2000, has been consistent and comprehensive, targeting all levels of the armed forces. The capacity of the Ministry of Defence has also been rebuilt, with UK advisers working closely with its staff (both civilian and military) to support a culture of civilian oversight. When IMATT came to an end in 2013, it was clear that this intensive, inclusive approach – staffed by more than 150 personnel at its peak – had largely succeeded in helping to create a professional and capable army, subject to civilian control. This army has since found pride in contributing

to peace support operations in Sudan and Somalia – a significant achievement given that as recently as 2002 there were 17,500 peacekeepers in Sierra Leone itself, then the largest-ever UN deployment.²⁸ As noted by former Commander of IMATT Colonel Jamie Martin, ‘they’ve turned that around in ten years and are now *exporting* UN peacekeepers’ (Godwin and Haenlein 2013) – a development that the former RSLAF Chief of the Defence Staff, Brigadier Alfred-Nelson Williams, described as ‘payback ... to the international community’ (The Economist 2010). The RSLAF was now returning the favour.

This imbalance in the UK’s approach to security sector reform, encapsulated in the differing levels of support provided to the armed forces and police, has been manifested, in part, in Sierra Leone’s response to the Ebola crisis. In this context, this has been evident in the mixed performance of the government at the strategic level, and in the discrepancy at the institutional level between the RSLAF’s and SLP’s capacity. This is the first amongst a series of lessons that can be derived from the country’s experience in dealing with the Ebola crisis. These are drawn out in the next section with a view to informing the planning of future security sector reform efforts in Sierra Leone and beyond.

Lessons for Future SSR

Lesson 1: A balanced approach to SSR is essential

The differing experiences at the strategic and operational levels of the RSLAF and the SLP speak to the first lesson to be learned from the response to the Ebola crisis: the need for a balanced approach to post-conflict reconstruction, not least because – in Jones’s words – ‘security is only as strong as its weakest link’.²⁹

As Raine notes, the focus of the UK’s investment since 2002 has become all too clear over the course of the response to the epidemic. Incidents such as that in Kono in

October 2014 highlighted specific deficiencies, such as the need to train OSD officers in the full spectrum of force available to them, an issue evident long before the outbreak (Albrecht and Jackson 2014:132–35). Meanwhile, the reorientation of an explicit focus on operational police processes in favour of a more holistic approach to justice sector reform since the mid-2000s (Albrecht and Jackson 2014: 44) left the SLP lacking, in comparative terms, in operational maturity. Thus, while the SLP is ‘playing a very important role in assisting’ in the response, it has not ‘stepped up’ in the way that the RSLAF has, because it cannot yet exert the requisite level of leadership.³⁰

Although the ONS has benefited from extensive DfID support since the end of the civil war, civil-protection functions have ‘not reached a sophisticated level of maturity and results’.³¹ Indeed, ISAT had only just begun to consider, with partners, support to the Disaster Management Directorate within the ONS when the Ebola crisis took hold.³² Had such measures been in place – and tested – earlier, the ONS might have forged a stronger role for itself, potentially guiding the executive towards a security-based response from the start.

This hints at a broader and continuing weakness: the failure to help nurture a cadre of assured political leaders well-versed in crisis management, within a system that holds them to account – although this is perhaps an unrealistic expectation of any externally led reform process. Indeed, the hesitation of the executive that led to the delayed recognition of the epidemic as a national security threat, rather than purely as a ‘health emergency’, had significant ramifications. Indeed, as Jones points out, while the security sector has the broad capability – and with ISAT’s help, the data and mapping – to co-ordinate the crisis response, what is missing is ‘a political system generating strategic direction to the security sector, demanding their analysis and product and driving agility, supported by the resource means to deliver’.³³

This, however, raises fundamental questions about what can – and should – realistically be attempted in terms of efforts to transform whole systems, rather than taking the prevailing political system as the point of departure. Overall, nonetheless, it is clear from the divergent experience of specific security sector and other governmental institutions that a predominantly ‘single-service approach to post-conflict reconstruction, or support to security systems, creates inequality within the security sector which can diminish the value of intervention over time’.³⁴

Lesson 2: National crisis plans should be tested in advance

A second lesson relates to the need for advance planning and testing. As argued by Jones, ‘Response systems cannot be built on the hoof; they must be designed, planned and maintained in advance of an outbreak’.³⁵ This key principle, reinforced by the current crisis, should inform the prioritisation of support to the planning and testing of systems in future international engagement.

At the same time, however, crisis response systems cannot anticipate the precise nature of any new national emergency. Response mechanisms thus need to incorporate flexibility, with lessons from each crisis adding to the existing body of knowledge in preparation for the next.

In Jones’s words, ‘We learn something from each crisis, and from the world’s largest ever Ebola outbreak, we take away lessons that challenge our basic assumptions’.³⁶ These have included the experience that ‘quarantine can be more damaging if it is partially enforced’,³⁷ giving a false sense of security, increasing the risk of public disorder and also exposing those responsible for maintaining quarantine to the virus if procedures and support are not in place. Instead, given the porosity of borders in this region – as illustrated by the virus’s rapid spread – planning assumptions must be based on the completely free

movement of people, without the presumption that this can be contained.

Finally, and relatedly, on a larger scale the crisis has shown that ‘closing air links and borders hampers response, feeds the outbreak and risks heavier consequences’ – most notably, those relating to greater difficulties distributing aid and supplies (Werner 2014; Vogt 2014). This is a particularly important lesson given the usual justification of such measures on the opposite basis – and one which should be considered in relation to future emergencies (PAC 2015).

Lesson 3: Long-lasting doubts, post-conflict, about authority complicate crisis management

A third lesson relates to the assumption that the general population will be receptive to the messaging of central governments. To the contrary, the experience in Sierra Leone has shown that responses in post-conflict settings can be deeply complicated where trust in government has been substantially eroded, and has yet to be fully restored (Mallett and Harvey 2015). As noted by Jones, ‘conflict, and the rebuilding that follows, leaves enduring, nagging doubts in the minds of the population – doubts about authority. Where corruption exists, where human rights infringements exist, where basic services are deficient, public trust in the state can also be found diminished’.³⁸

In turn, where trust in state institutions is missing, faith in doctors, police, and government announcements and communications will also likely be weak. This has been shown in Sierra Leone in the attacks on health workers and body removal teams (Al Jazeera 2014).³⁹

Lesson 4: Public engagement is key to crisis management

This links to a fourth and final lesson, namely that much greater emphasis needs to be placed on public engagement in relation to emergencies of this nature.

Indeed, in the case of Ebola, education and awareness-raising are vital to the suspension of the traditional ceremonies, funerals and rites that have been shown to play a key role in facilitating the spread of the epidemic (Richards 2014). Where such outreach fails, this can result in a population being unwilling to abandon familiar practices on the basis of information from a state they still may not fully trust. In turn, the continuation of these practices – often conducted in a more covert and less traceable manner than before – can form ‘a petri-dish environment’ for the virus’ spread.⁴⁰

In such a context, measures must be taken to overcome potential blocks to communication. Domestic ownership and control are vital to effective communication. Where trust in a central government is weak, this outreach can take many forms, which must be harnessed in any way possible.

For example, in Sierra Leone, informal systems of influence and governance remain readily accessed and highly relevant, particularly in rural areas (Denney 2014). These are potentially powerful tools; as Jones observes, in such a context, ‘using chieftdom, tribal and gender-based systems *in addition to* the formal state structures is not only desirable, but completely necessary’ (Kamar 2015).⁴¹

There is also an important role in this for civil-society organisations embedded in and enjoying the trust of communities in both rural and urban settings. Support for the outreach and educational activities conducted by many such community-based groups should be another vital component in attempts to overcome obstacles to public engagement (Twort 2014).

Conclusion

Undoubtedly, the primary focus (until very recently) in Sierra Leone has been on containing what came to be seen as a very real threat to the nation (State House 2014; BBC News 2015). However, as the number of cases subsides and the government increasingly pursues long-term recovery, it

is crucial that lessons from the experience are drawn out in full, to aid the further development of Sierra Leone’s security sector and guide the efforts of external actors, most notably the UK through ISAT and DfID, in seeking to assist with this. This, in turn, will be vital in informing future efforts undertaken by the UK and the wider international community in other countries whose security sectors are in need of support – with SSR likely to continue as a core component of the UK’s approach to development and overseas capacity-building (HM Government 2011).

As Sierra Leone battles to deal with the remaining emerging cases – working towards the goal of Ebola-free status – and addresses some of the major issues required to begin its longer-term socio-economic recovery, there is recognition within ISAT of the importance, on the security side, of making sure that the past decade of investment is not lost, but is instead strengthened and built upon as a result of this crisis. If this can be ensured, there is the potential for some positives to emerge amongst the tragic outcomes of what has been the world’s largest outbreak of Ebola to date.

As noted by Raine, for the SLP in particular, the epidemic has offered ‘some incredibly valuable learning in a challenging operational environment’. This hands-on experience, working alongside British experts, is likely to have far greater impact than an ‘abstract’ course in command and control, and to be of longer-term benefit to the country, outliving the devastation of the current crisis.⁴² For the RSLAF, it has also provided crucial operational experience, reinforcing procedures and structures put in place prior to the reduction of wide-ranging UK military support.

However, Ebola has shown that the country’s national security architecture lacks maturity in two ways. First, at the governance level, with the executive initially treating the crisis exclusively as a public health emergency – thereby putting co-ordination

in the hands of health professionals – rather than a national security threat, which would have triggered the multi-agency response and co-ordination mechanisms at the government's disposal. Second, at the lower, institutional level, the outbreak revealed the SLP's relative lack of experience and the absence of tested processes on which it could draw to organise its response – preventing it from playing a fuller, more strategic role.

In this, the RSLAF led the way, demonstrating its leadership capabilities and a solid grasp of operational command and control – so crucial to organising itself and others in the face of the epidemic. The Sierra Leone government had the staff and structures in place in theory, but did not bring them together and take appropriate action rapidly enough to get ahead of the spread of the disease. This reflects in part a lack of balance in reform efforts over the past fifteen years. And this was exacerbated further by the absence of the kind of effective public engagement required to alter risky behaviours, with broad public resistance to government outreach and an unwillingness to abandon familiar practices around death and burial, which had a highly negative impact on efforts to bring the epidemic under control.

The challenge, however, will be in finding the time and resources to fully analyse each of these aspects and the particular shortcomings within each part of each institution, to determine exactly where and at what stage problems arose, and to assess how they might best be addressed. At the same time, effort must be made to identify good practice and to embed this within security sector capabilities and structures. In order to do so, the Sierra Leonean security sector and its primarily British supporters need to begin work while the impetus and momentum are still there and while the experience – and the learning it has enabled – is still fresh. In this way, the positive legacy of the world's worst ever outbreak of Ebola could be a tested, off-the-shelf model for a co-ordinated government

response that can be rapidly deployed not only by the Government of Sierra Leone and its security forces, but perhaps also by others in the region in future cases of crisis.

Notes

¹ As of 15 April 2015, Sierra Leone had seen 12,244 suspected, probable and confirmed cases, in comparison to 10,042 in Liberia and 3,569 in Guinea.

² Recovery plans include an US\$8 billion regional 'Marshall Plan' jointly proposed by the three West African states.

³ For further information on these bodies' contributions to countering Ebola in West Africa see: <http://health.gov.sl/>; <http://www.nerc.sl/>; <http://apps.who.int/ebola/>; <http://www.undp.org/content/undp/en/home/ourwork/our-projects-and-initiatives/ebola-response-in-west-africa.html>; <https://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer>; <http://www.msf.org/diseases/ebola>.

⁴ The virus was first identified in 1976 in two simultaneous outbreaks in Sudan and the Democratic Republic of the Congo.

⁵ The speed with which this funding was released was later criticised by the UK House of Commons Public Accounts Committee (PAC).

⁶ This relates to the history of British governance of Freetown and its surrounding area as a colony and the rest of Sierra Leone as a protectorate, with separate political systems.

⁷ A number of these factors may also apply to neighbouring Liberia, which also experienced civil war in 1989–96 and 1999–2003; however, an investigation of this aspect and a comparison of the factors influencing the three West African countries' experiences of Ebola is beyond the scope of this article.

⁸ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014.

- ⁹ Roger Fawcus, UK adviser (ISAT) to the Sierra Leonean Ministry of Defence, interview with the authors via Skype, September 2014.
- ¹⁰ *Ibid.*
- ¹¹ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014. In the UK, for instance, contribution to 'homeland resilience' is listed as one of the British Army's primary roles under its plans for reforms by 2020, building on a long-standing role within national crisis response, as during the flooding of the Somerset levels in 2014 (British Army 2013; Sky News 2014).
- ¹² Some have questioned the implications of a militarisation of the response to Ebola in Sierra Leone, the army's prolonged involvement in internal security matters given its damaging role in this regard during the civil war, and the potential for corruption founded in accusations of security forces taking bribes to allow citizens to break quarantine. The authors would like to thank an anonymous reviewer for this point.
- ¹³ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014.
- ¹⁴ *Ibid.*
- ¹⁵ *Ibid.*
- ¹⁶ Brian Jones, Head of ISAT, email correspondence with the authors, October 2014.
- ¹⁷ Roger Fawcus, UK adviser (ISAT) to the Sierra Leonean Ministry of Defence, interview with the authors via Skype, September 2014.
- ¹⁸ Brian Jones, Head of ISAT, email correspondence with the authors, October 2014.
- ¹⁹ John Raine, UK adviser (ISAT) to the Sierra Leone Police, interview with the authors via Skype, October 2014.
- ²⁰ *Ibid.*
- ²¹ *Ibid.*
- ²² *Ibid.*
- ²³ Brian Jones, Head of ISAT, email correspondence with the authors, October 2014.
- ²⁴ It should be noted that public perceptions of the two forces inevitably differ in line with the nature of their tasks and levels of interface with the population. Furthermore, reforming an institution in day-to-day contact with the public is undoubtedly the more difficult task of the two.
- ²⁵ This links to a more general and long-standing perception that the OSD requires further reform. Guy Collings, UK senior police adviser (ISAT), interview with the authors, Freetown, June 2013.
- ²⁶ John Raine, UK adviser (ISAT) to the Sierra Leone Police, interview with the authors via Skype, October 2014. The Ebola Response Committee was located at the WHO's headquarters in Sierra Leone and was initially run by the Ministry of Health before control was handed to the president's first Ebola 'tsar', former Minister of Gender and Social Welfare Stephen Gaojia. The latter was replaced by the current defence minister, Alfred Paolo Conteh, in early October, following the activation of the national security architecture in the previous month. For an interesting counter-view of the development of the government response structures in neighbouring Liberia, see <http://www.cdc.gov/mmwr/pdf/wk/mm63e1014a2.pdf>.
- ²⁷ John Raine, UK adviser (ISAT) to the Sierra Leone Police, email correspondence with the authors, October 2014.
- ²⁸ Jamie Martin, last Commander IMATT (2011–13), interview with the authors, London, 4 July 2013.
- ²⁹ Brian Jones, Head of ISAT, email correspondence with the authors, October 2014.
- ³⁰ John Raine, UK adviser (ISAT) to the Sierra Leone Police, interview with the authors via Skype, October 2014.

³¹ Brian Jones, Head of ISAT, email correspondence with the authors, October 2014.

³² *Ibid.*

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³⁴ *Ibid.*

³⁵ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014. See also the lecture given by the president of the World Bank Group, Jim Yong Kim, on the lessons from Ebola for managing future pandemics, 27 January 2015 (Kim 2015).

³⁶ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014.

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ ISAT has also compiled weekly reports detailing such incidents as part of an assessment of the wider security situation. See ISAT's reports for weeks ending 27 September 2014, and 4, 12, 26 October 2014.

⁴⁰ Brian Jones, Head of ISAT, email correspondence with the authors, September 2014.

⁴¹ *Ibid.*

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How to cite this article: Haenlein, C and Godwin, A 2015 Containing Ebola: A Test for Post-Conflict Security Sector Reform in Sierra Leone. *Stability: International Journal of Security & Development*, 4(1): 38, pp. 1–15, DOI: <http://dx.doi.org/10.5334/sta.gb>

Published: 09 July 2015

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 *Stability: International Journal of Security & Development* is a peer-reviewed open access journal published by Ubiquity Press.

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