

EDITORIAL

Hybrid Security Governance Responses to Crises: The Case of the Ebola Response in Sierra Leone

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This paper examines how hybrid security structures, enabled by international support, responded to the Ebola outbreak in Sierra Leone. The main objective of this article is to critically discuss the manifestation of hybrid security governance in practice, to consider the constraints and analyze the sustainability of internationally supported security governance interventions in post-conflict Sierra Leone. Specifically, the diverse networks and processes of the formal and informal security, policing and justice institutions are analyzed to generate an understanding of how their interwoven nature affects operational responses to national crises. Using secondary resources, the argument presented here finds that despite international intervention efforts, the hybrid security structures response to the Ebola outbreak show-cased the challenges of operationalizing hybridity due in part to international post-conflict reconstruction efforts prioritizing formal structures with too little support given to informal structures in the years before the Ebola crisis.

Introduction

In May 2014, the first case of Ebola was reported in Sierra Leone. By 2016, nearly 4000 people had died as the epidemic raged through the country. The government, international community and all sectors of society were mobilized to respond to the most intense national crisis experienced by the small West African state since the end of the civil war. This presented a test of the post-conflict reform efforts to improve governance and state responsiveness – both for the health and security structures.

During the 2014–2015 Ebola crisis in Sierra Leone, both formal and informal actors played a crucial role in confronting the epidemic (Halein and Godwin 2015). Formal security forces, including the Sierra Leone Police (SLP), Republic of Sierra Leone Armed Forces (RSLAF), as well as hybrid structures like the provincial, district and chiefdom security committees and crisis response structures such as the District Ebola Response Committees (DERCs) and Community Care Centres (CCCs), collaborated to tackle the disease. This meant that the country mobilized for a national crisis response not only through the state structures, but also by prioritizing the inclusion of traditional authorities, community groups,

health volunteers, secret societies, religious leaders and traditional healers.

The need for such a collaborative posture was based on a number of considerations: firstly, the public sector, at the outbreak of the crisis, had significant capacity problems and was unable to meet the challenges of health and security service delivery in an emergency context; secondly, and related to the above point, coming out of a brutal civil war and with governance gaps, public distrust of the government was high; thirdly, the nature of the Ebola crisis meant that the epidemic impacted the socio-cultural practices of the country (secret society initiation rites, burial and funeral ceremonies) and required their involvement (Baker 2006, Castillejo 2009, and Denny 2014). Public health service delivery systems in the country were, for example, underdeveloped and terribly incapacitated. At the time of the Ebola outbreak in 2014, Sierra Leone had less than 150 physicians with only 1,100 nurses and midwives (Duinen et al 2017).

It was also realized that a hybridized response to Ebola in the country was required especially for community engagement strategies and processes. Many socio-cultural practices including the shaking of hands, caring for the sick, initiation rites and burial ceremonies were identified as causes of the high Ebola transmission rates. A successful change in customary behaviours at the time required the involvement of community actors such as chiefs, community elders, religious leaders, traditional healers and secret society members (Denny 2014). As such the imperative for hybrid responses to the Ebola challenge created an opportunity for formal and informal actors to work in unison to address a national problem. However, their ability to do so was affected not only by their unequal power relations but also by the unequal levels of international support the formal and informal sectors had received during the post-conflict statebuilding period.

Approach and Methodology

This article analyzes the Ebola response in Sierra Leone focusing on how hybrid structures were able to respond to the crisis and on how international intervention efforts impacted the ability of formal and informal actors to respond. The key research question is to consider how intervention-affected structures – across the formal and informal security sectors – have coped with the Ebola emergency in Sierra Leone. In order to answer this question, it is imperative to develop an understanding of the roles of informal structures in security governance and response in Sierra Leone and how formal and informal structures work in cooperation or conflict with each other to respond to governance challenges. This understanding enables not only an analysis of the response capability of these structures but also enables the development of recommendations for how accountable, effective and transparent systems of hybrid governance can be developed.

Hybridity is sometimes interchangeably used to refer to hybrid political orders, real governance, twilight institutions and negotiated statehood (Boege et al 2009; Lund 2006; Hagmann and Peclard 2010). Hybrid security governance refers to the multiplicity of sites of political authority and governance where security is implemented and negotiated (Bagayoko et al 2016). In this paper, it is used to refer to the interwoven relationships and interactions between formal and informal institutions and the processes that deliver security, justice and governance services. This perspective articulates the lack of clear-cut boundaries between the realm of the exogenous 'modern' and the indigenous 'customary' in the discharge of functions. It emphasizes the point that diverse and competing authority structures, set of rules, and logics of order co-exist, overlap, interact and intertwine, combining elements of modern and customary traditions of security and governance. In such a context, the state, in practice has no absolute monopoly

over even the legitimate exercise of security, policing and justice functions. It has to share authority, legitimacy and capacity with other informal bodies.

Secondary sources were employed to gather data and information for this paper involving extensive desk review of relevant books, articles and reports.

The nature of hybrid governance in Sierra Leone

Sierra Leone depends on both formal and informal institutions for the delivery of security, policing and justice. The formal security and justice bodies – the armed forces, police, prisons and the judiciary – do not have a monopoly over the exercise of these functions. The state shares or jointly discharges them with many informal social, cultural and traditional actors such as chiefs, elders, religious groups, community youth groups, secret societies and hunters' associations. These informal actors sometimes work closely and collaboratively with formal bodies in Sierra Leone. For example, in the Chiefdom Security Committees (CHISECs) and Local Police Partnership Boards (LPPBs), chiefs, community elders, various youth and women's representatives sit together with formal security bodies to reach decisions on justice and security matters. In remote rural areas where there is limited reach of formal structures, the informal structures of chiefs and elders are the dominant and often sole providers of services (Deny 2014: 97). In these contexts, informal actors can operate on their own without any close collaboration with formal actors. Citizens can decide to utilize the formal or informal structures depending on the nature of the service required and on the accessibility and affordability of the structures.

Despite the interwoven relationship between formal and informal structures in delivering services, each was designed to discharge specific and peculiar functions. Informal justice, for instance, is largely unwritten and dispensed in accordance

with the beliefs, customs and traditions of the various communities. Dispute resolution through informal justice mechanisms prioritizes social healing, reconciliation and community cohesion and places a premium on restorative, rather than punitive and retributive, justice. The formal justice system, on the other hand, is based on western legal traditions and is largely written and codified with the overall goal of retributive and punitive justice. The customary justice system is however having a limited jurisdiction and an inferior status when compared to the formal justice system (Robins 2009).

Historical perspectives

Sierra Leone has a long history of hybridity in governance and it is instructive to briefly highlight how the interfaces between the formal and informal sectors have been shaped by this experience. During the pre-colonial era, local kings wielded numerous powers and commanded great respect from subjects. The King was regarded as a father figure. The Temnes, the largest ethnic group in Sierra Leone, referred to him as their father; while the Limbas, the third largest ethnic group found mainly in northern and northwestern Sierra Leone, regarded him as the owner of the chiefdom (Abraham 2013: 157).

Attempts to embrace customary law and chiefs within the fold of the formal legal system has deep roots in the country's colonial history (Abraham 2013: 162, Richards et al 2004: 2). With the declaration of the protectorate in 1896, the British utilized traditional authorities and practices in running the hinterland. These informal authorities were officially recognized and their roles clearly defined; Ordinance 20 of the Protectorate Act of 1896 and the Chiefdom Council Act of 1937 provide clear legal recognition of the chieftaincy. The Chiefdom Council Act of 1937 made provisions for the roles of the Chiefdom Councils to maintain order and good governance and issue laws regarding the prohibition of gambling, the

carrying of arms, and breaches of the peace, among others.

There were efforts by the colonial government to document existing traditional norms, practices and values that were conducive to dealing with the threats to the commercial order in the interior of Sierra Leone. The principles generated in the process were later regarded as principles of customary law. Consequently, customary or traditional law was recognized and existed as a parallel legal system administered by local leaders (Robinson 2008). As such, the idea of hybridity in governing Sierra Leone was regarded as a convenient strategy to ensure cost-effective governance and enable the self-financing ambitions that underpinned the British approach to governing the colony. Indeed, it would have been very expensive to bring administrators from Britain to run the affairs of the protectorate inhabitants. Additionally, realizing that the local rulers were more *au fait* with local traditions and customs, the British thought it convenient to have local knowledge and experience (Frankema 2010).

However, the hybridity of the colonial system relied on the politicization of the customary system so that the colonialist could have some form of control over the protectorate administration. The British colonialists tried to politically subordinate the chiefs' authority to colonial dictates and interests. They granted positions of power to chiefs who were able to keep peace and commerce in the provinces. They favoured chiefs considered loyal, even in the face of their many excesses, and victimized those regarded as disloyal and recalcitrant (Abraham 2013: 162). This undue interference had its own adverse consequences for the smooth relations between the chiefs and the colonialists as well as for the relations between the chiefs and their people.

The practice of politically manipulating the chiefs resurfaced in the post-independence era in both the All Peoples Congress (APC: 1968–1992 and 2007–April 2018) and Sierra Leone Peoples Party (SLPP: 1961–1967 and 1996–2007) led-governments (Gbla

2016). Chiefs were employed by both parties to gain political support in their chiefdoms and also used the chiefs as gatekeepers to deny access to their communities by opponents. In the run-up to the 2007 and 2012 elections in the country, there were reports of both parties trying to block the entry of candidates in each others' party strongholds (Gbla 2016). Paramount Chiefs are considered crucial agents for the mobilization of party support.

This role of chiefs as linkages between communities and formal political processes (such as with political parties and elections) is also evidenced in the role that chiefs play as community representatives within the formal system. Currently, Paramount Chiefs have 14 parliamentary representatives, one from each of the 14 districts. They are elected through an electoral college (Public Elections Act 2012). Today, the majority of chiefs are educated and play crucial roles in the transformation of their chiefdoms.

As this discussion evidences, chieftaincy in Sierra Leone is not static and wholly traditional in outlook; it has over the years undergone substantial transformation and adaptations. Traditional and customary leadership structures have survived by adaptation to the different eras of governance in Sierra Leone and have shaped and been shaped by their interactions. As such informal actors have a history of collaboration with the formal security structures. The Ebola response was just another manifestation of such a hybridized intervention.

The historical relationship between the formal and informal sectors has focused on managing relationships between the central government (colonial or post-colonial through the political parties) and the administration of communities. The Ebola response, however, created the need for a focused response to forge governance relationships across more sectors and actors.

The hybridized response to the health crisis was greatly influenced by the collaborative roles played by national and international actors. One such international influence was

the British-led security sector reform programme, SILSEP, that commenced in 1999 (Albrecht and Jackson 2010). The programme was designed to restructure and equip the security institutions to constitutionally and adequately perform their roles in modern state building (Albrecht and Jackson 2010). Its specific objectives were the establishment of effective and appropriate civil control structures and efficient security command and management structures (Gbla 2015). The programme, through UK funding managed by DFID, provided support to the RSLAF, SLP, Ministry of Defence (MOD) and Office of National Security (ONS) (SILSEP Output to Purpose Review 2005).

Through the SSR programme, members of the RSLAF and SLP received a series of trainings in the areas of international humanitarian law, civil-military relations, the rights of children and on regional and international security (SILSEP Output to Purpose Review 2005). The MOD was also converted from a small administrative office headed by a Chief of Defence Staff to that of an organization in which civilians and military personnel performed equal roles (Thomson 2007).

The SSR programme also saw the enactment of the National Security and Intelligence Act of 2002. The Act precipitated the establishment of the ONS as the national security body with decentralized structures like the Chiefdom Security Committees (CHISECs), District Security Committees (DISECs) and Provincial Security Committees (PROSECs) (National Security and Intelligence Act 2002). These structures create avenues for the interdependent interaction of formal and informal actors in the delivery of security, policing and justice functions. Representatives of chiefs, local government bodies and civil society groups now sit together with members of the state security forces: SLP, armed forces and other formal actors to address security and justice concerns of communities (Albrecht and Jacksons 2009). Informal actors were given the chance to contribute to early warning and to alternative dispute resolution. The introduction and implementation of these

decentralized security structures reinforces the conception of security as an important community concern that should not just be left in the hands of officials and people in the capital city and urban areas (Vincent 2013).

The British-led security and governance international intervention was criticized for prioritizing formal actors with little focus on informal bodies (Denny 2014; Gbla 2006). This formal tilted preference was predicated at the time on the need to capacitate state bodies that were in the first place identified as major contributors to the state's fragility and therefore need to be capacitated in efforts aimed at delivering security and development (Denny 2014). This situation presents a disconnect with the reality on the ground in many post-conflict countries like Sierra Leone where security and governance functions are provided by a disparate number of informal actors (Denny 2014).

The Ebola Outbreak in Sierra Leone

Sierra Leone, with a population of about 7 million people, had its first reported case of Ebola on 25th May 2014 in Kailahun District of Eastern Sierra Leone. The first Ebola case in the capital city, Freetown, was reported on 11th July 2014. Compared to Guinea and Liberia, Sierra Leone was the worst affected by the epidemic with a total of 14,124 confirmed and suspected cases and 3,956 deaths (Ross et al 2017; WHO 2016b). The momentous widespread infection rate and devastating impact of the Ebola epidemic in the country were due to a number of interrelated factors. Among these were: a slow response due to the initial denial of the existence of the disease by majority of the citizens, especially amongst rural residents; reluctance to discontinue certain cultural practices such as relating to care for the sick and burial preparations; and the initial lack of proactive actions to isolate cases of infection and to recognize the epidemic as a security risk (Halein and Godwin 2015). The government of Sierra Leone only declared the epidemic a national health emergency in late July 2014.

The Sierra Leonean government and its diverse international partners, including the United Kingdom, the United States and the UN, initially adopted a lukewarm approach to the Ebola response. To begin with, both the national and international actors were culpable in the late recognition of the scale of the emergency. Despite earlier calls by Medecins Sansfrontieres (MSF) in March 2014 that the outbreak was unprecedented, the World Health Organization (WHO) only declared the disease an emergency on 8th August 2014 after some 1700 people had been affected in the three Mano River Union states (Sierra Leone, Guinea and Liberia) (Enria 2017). Although the declaration of the disease as an emergency was achieved, the UN decided to limit it to a health emergency. However, as the crisis continued to spread throughout the region, the UN Security Council in September 2014 declared Ebola a threat to international peace and security (UN 2014). This moment saw the securitization of the Ebola response (Enria 2017).

National and international response efforts

The evolving conception of Ebola, by both the Sierra Leonean government and international partners, from a health emergency to that of a security threat, influenced the type and nature of the response structures established.

Initial response: The Emergency Operational Centre Following the spread of the disease into Freetown, the Emergency Operations Centre (EOC) was established on 11th July 2014. The EOC was designed to serve as the response coordination, command and control centre. It was located in the Ministry of Health and Sanitation (MOHS) and was jointly chaired by the MOHS and WHO. The EOC membership included representatives of other relevant government bodies, other UN agencies, the International Committee of the Red Cross (ICRC) and the United States Centre for Disease Control (CDC). District medical officers and chieftaincy structures through their nominated community members were also incorporated in the work of the EOC (Ross et al 2017).

The EOC established nine pillars for the Ebola response: case management, communications, logistics, safe burial, surveillance, food security, social mobilization and child protection (National Communications Strategy for Ebola Response 2014). Each of these pillars was co-chaired either by a UN agency or the ICRC. These coordination structures were replicated at the district level through district task forces led by MOHS that met daily (Ross et al 2017).

Giving the leadership of coordinating the Ebola response to the MOHS triggered diverse arguments (Enria 2017). One such argument is that the Office of National Security (ONS), the national security coordinating body, was most appropriate for such a role. Proponents of this proposal argued that the ONS had, at the time of the Ebola outbreak, a disaster risk management unit and also decentralized structures that linked with the traditional chiefs (Ross et al 2017). Some of these decentralized structures included the CHISECs, DISECs and PROSECs. Such considerations led to the involvement of a small ONS liaison team in the Ebola response coordinating structures that were later developed (i.e. the DERC and NERC) (Enria 2017).

The EOC, under the leadership of the MOHS, was initially perceived as ineffective in coordinating the Ebola response, particularly in coping with the magnitude and devastating impact of the epidemic (Ross et al 2017). It was plagued by a number of problems including poor leadership; a lack of strategic planning and coordination; inaccurate caseload reporting; and institutional competition for authority and resources. As the scale of the crisis began to manifest, the President declared a state of emergency on 30th July 2014 and established a Special Task Force on Ebola under his chairmanship to aid the work of the EOC (Government of Sierra Leone Press Release, 17 October 2014). The membership of the Task Force included representatives of various government departments, international partners, political parties, legislators and civil society groups.

The President, in consultations with development partners, also reviewed the structure of the EOC in September 2014. He

replaced the MOHS Minister and entrusted the joint chairmanship of the EOC to WHO and to the Chief Medical Officer (CMO) (Ross et al 2017). A new Operations Coordinator, to assume the overall management role of the EOC, was appointed. The CMO was put in charge of the technical response aspects and 14 politically appointed district coordinators were put in place to work alongside the district medical officers to manage the response assets. Despite these restructuring measures, the EOC continued to lack the capacity to manage the response (Enria 2017).

Phase two: the National Ebola Response Centre
This background eventually precipitated the replacement of the EOC with the National Ebola Response Centre (NERC). The NERC was established in October 2014 following national and international consultations. This was pitched as a forum, with a robust command and control structure, to effectively eradicate Ebola (GOSL Press Release 2014). The NERC's governing authority was overseen by the President as Chairman with former Minister of Defence, Rtd Lt Gen Alfred Palo Conteh, as Chief Executive Officer (CEO) (GOSL Press Release 2014).

The NERC had staff from national and international, civilian and military personnel. British civilian and military personnel were embedded in the NERC command and control architecture. The NERC also included members of the United Nations Mission for Ebola Emergency Response (UNMEER), RSLAF and various advisers. Funding was received from diverse sources, including from DFID, the CDC and UNMEER.

The NERC operated as a command and control centre developing the national response strategy, overseeing the national response work, including of the various pillars established by the EOC and regularly briefing the president on progress (Dubois et al 2015). The situation room included representatives of MOHS, RSLAF, WHO, CDC, the British staff and advisers from the Tony Blair African Governance Initiative (AGI), SLP, ONS, OCHA and UNMEER. They collected and analyzed real time data and informed decision makers.

NERCs planning directorate also played a crucial role in developing strategy, involving partners, DERCs and communities in implementation work, in coordinating district plans and cross-border collaboration activities and in devising frameworks for event management and community ownership (Ross et al 2017). The NERC technical pillar heads were also crucial in setting policies and coordinating pillar activities at the district level. The DERCs were established to decentralize the response but overall coordination and information management was under the NERC.

With the NERC control and command centre, Sierra Leone confronted the Ebola epidemic with the the sense of a military operation (AGI 2015). Diverse response activities included the implementation of the national stay-at-home and other movement restrictions designed to identify previously unidentified cases, to sensitize citizens and contain the spread of the disease (Dubois et al 2015). Although this approach was helpful in stemming infection rates and raising awareness, it was opposed by some NGO and donor representatives on grounds of limiting access to essential supplies and inciting of civil disorder (Ross et al 2017).

International Support to National Actors in the Ebola Response

The Ebola outbreak provides an appropriate context to assess the impact of international interventions on the response nature and quality of governance structures. Reflecting on the impact of the intervention on the response of the security forces, it is crucial to mention the British supported SSR programme that commenced in 1999. The programme trained and oriented members of the security sector, including the RSLAF and SLP to effectively deliver services to the state and people of Sierra Leone (Gbla 2006). Accordingly, the RSLAF was trained and oriented to work with other security forces, including the SLP, through programmes like the Military Aid to Civil Power (MACP) and Military Aid to Civil Authority (MACA). The efficacy of such coordinated operations was

tested during the August 2007 elections and the Ebola epidemic in March 2014.

The RSLAF personnel were deployed in July 2014 to assist communities and health workers facing the Ebola epidemic. In close collaboration with the SLP and other community stakeholders, the RSLAF provided personnel to man check points, guard houses, quarantine districts, protect burial teams, quell protests and construct treatment centres (Haenlin and Godwin 2015). For most of these tasks, the RSLAF received high commendations especially in discharging its role in ensuring the effective functioning of NERC and in taking command of burials in the DERCs (Haenlin and Godwin 2015). RSLAF treatment centres played a major role in improving survival rates, especially when their doctors developed intensive fluid replacement strategies that were later adopted by foreign-run centres where patient survival rates had been low (Heenlin and Godwin 2015). This was, indeed, impressive in redeeming the military from the past negative image of lawlessness, indiscipline, gross human rights violations and civilian distrust (Haenlin and Godwin 2015).

The SLP, like the RSLAF, was also positively assessed for their collaboration within with other stakeholders, including community actors, in responding to the Ebola epidemic (Haenlin and Godwin 2015). They were praised for their professional and timely response to disorders triggered by the agitations of quarantined residents in September and October 2014 (Haenlin and Godwin 2015). The training and support in handling protests, including the provision of equipment, provided during the post-war SSR programmes, were pivotal to prepare the SLP for the role they played in the Ebola response (Denny 2015). These positive perspectives of the SLP are, however, accompanied by some worrisome accusations of bribes taken at check points and by incidents such as the shooting of unarmed civilians in Kono by the Operational Support Department (OSD), armed wing personnel (Denny 2015).

The UK also played a remarkable role in enhancing the Ebola response capacity through the deployment of 750 military

personnel and other military assets (such as equipment including some 700 hospital beds). Working collaboratively with other international actors, the UK also contributed significantly to enhancing the work of the NERC to collect and analyse data to inform decision makers as well as in developing strategies and coordinating the work of pillar heads in the DERCs. All of these urgently required capacitation efforts at that time helped to bolster the institutional strengths of national Ebola response actors (Ross et al 2017).

UNMEER, the first UN health emergency mission established on 19th September 2014 is another intervener with some positive inputs for national actors responding to the Ebola epidemic. Although the mission was initially perceived as not showing strong leadership in the Ebola response efforts, it later became an important player in 2015 with a new proactive leadership (Ross et al 2017). The mission became noticeable in its strides in not only mobilizing the support of UN agencies, but also as a visible focal point for the donors. The participation of the mission representative in the weekly NERC presidential briefings was also instructive. By accessing funds through the UN Ebola Response Multi-Partner Trust Fund, UNMEER helped pay the salaries of 32 core staff of the NERC. It also provided support to address critical Ebola caseload surges with over US\$550,000 from the fund (Ross et al 2017). UNMEER also tracked the deployment of UN resources, including ambulances, through its specialised logistics teams deployed to the districts.

Collaborative support between international and national actors also enabled a dramatic surge in the provision of health care services. Sierra Leone benefited from these interventions to have about 1046 beds in 19 Ebola Treatment Units and 26 CCCs and 49 isolation units with 998 operational beds (WHO 2014–2015). Healthcare personnel were also trained in Ebola patient care and outbreak response whilst volunteers were trained in safe burial, sanitation and contact tracing. By October 2015, the UN Population Fund (UNFPA) had helped trained 2,100

health workers as contact tracers and health supervisors (UNFPA 2014).

An area of concern regarding international interventions in the Ebola response is the inadequate attention given to community engagement through enhanced community response structures and actors (Enria 2017). There were many informal community response bodies including traditional authorities of chiefs and community leaders (religious leaders, secret society representatives, youth and women's groups). Representatives of most of these structures participated in devolved security bodies like the CHISECs, DISECs, PROSECs, and DERCS to confront the Ebola crisis in behavioural change campaigns and the enforcement of localized laws and regulations. However, the top-down communication strategy adopted by the national and international interveners sidelined these communities, whose engagement was crucial to enable people to protect themselves and others from infection, reduce fear and overcome resistance to health authorities (Dubois et al 2015). The response to the epidemic did not prioritize engagement with affected communities as an important resource, but rather treated communities as a problem, a security risk steeped in resistant cultural practices (Enria 2017).

Analysing the Response Capacities of the Hybrid Governance Structures

The above sections have outlined how Sierra Leone and its international partners responded to the Ebola epidemic of 2014 and 2015. One of the key findings is that whilst hybrid security governance in Sierra Leone has over the years been dictated by diverse historical contexts, its manifestations and relevance are visible in the country's present-day context, though while still experiencing challenges. This was clearly demonstrated during the outbreak of the Ebola epidemic in 2014 when the formal security and governance actors collaborated with diverse informal actors like the traditional rulers, secret society members, youth groups and women to contain the epidemic.

Further, the early national and international response efforts were lukewarm and failed to recognize the epidemic as an emergency with security risks, leading to serious delays in harnessing effective strategies and processes to address the scale of the crisis. However, it is also clear that the external intervention reform measures introduced and implemented in collaboration with the government in the post-war period, led to increased ability and capacity to respond as the crisis developed and a suitable institutional infrastructure was created.

For the security forces, the Ebola outbreak presented a significant challenge. The RSLAF and SLP were called on to fulfil a range of traditional and non-traditional public safety functions. The security structures also showed a considerable capacity to adapt to the changed context. During the Ebola epidemic in 2014 and 2015, the RSLAF and SLP worked closely with community and traditional authorities in providing personnel for check points, guarding houses and quarantine districts, protecting burial teams and in constructing treatment centres (Haelin and Godwin 2015). In discharging most of these functions, the forces relied on their training and discipline and were highly commended for professionalism. This was, indeed, a deviation from previous popular perceptions of these forces as corrupt, unprofessional, and human rights abusers, with a large degree of civilian distrust (Denny 2015). This is not, however, suggesting that there were not worrisome accusations of these forces, including of receiving bribes at check points and shooting of unarmed civilians.

Conclusion

The Ebola epidemic provides a unique case study through which to analyse how hybrid governance structures in Sierra Leone responded to a national crisis. While pathways for interaction between the formal and informal sectors have a long history in Sierra Leone, the Ebola crisis forced new patterns and modes of interaction driven by the adaptation needs of crisis response. As the crisis evolved from a health to security crisis, so

too were the institutions charged with physical security and community safety engaged in the response. Existing security coordination architectures at community and district level were pulled in to the response as key access points for behavior change and to control the spread of the disease. At national level, the shift from a MOHS-led response to an executive/security-led response, signaled a focused effort to coordinate and command an effective intervention. This further enabled a clearer tasking and role for the security forces – especially for the deployment of military and policing assets.

International actors have played an important role throughout Sierra Leone's history and their prominence in both the post-war and Ebola response periods affected the capacity and effectiveness of the national actors. As such, this case study highlights that international interventions have the opportunity to focus on the linkages between the formal and informal sectors in SSR as part of a holistic security intervention and to build foundations for complex interactions when faced by future crises. Hybrid governance, while a historical and modern reality for many countries in Africa, presents unique opportunities for crisis response, as in the Ebola case, and the strengths thereof can be further harnessed for sustainability and coordinated efficacy.

It is also clear from the paper that international reform measures, including SSR measures prioritized formal structures at the expense of paying adequate attention to reforming and capacitating informal structures. This tilted international intervention measures favouring informal actors in a way that adversely affected the efficiency of the informal actors' response to the Ebola epidemic as they did not benefit from the training and orientations with regard to responding to emergency situations.

Competing Interests

The authors have no competing interests to declare.

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