

LIBERIA, EBOLA AND THE PITFALLS OF STATE-BUILDING: REIMAGINING PUBLIC AUTHORITY ‘INSIDE’ AND ‘OUTSIDE’ THE POST-WAR STATE

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ABSTRACT

Using the Ebola outbreak of 2014/2015 in Liberia as a case study, I demonstrate in this article that by converting ‘private activities and resources’ for public health service delivery, Liberian domestic and diasporic non-government actors effectively broadcasted public authority at meso- and micro-levels previously assumed to be the exclusive domain of government and international institutions. Moving beyond the structural violence and state-building frameworks, I argue that while Liberia’s pursuit of a vertical state-building agenda at the behest of international donors unraveled during Ebola, the public health measures employed by non-government Liberian actors were constituted by horizontal nation-building objectives thereby refashioning how we think about public authority in post-war states and beyond. My major contribution is a systematic documentation of how and why Liberians ‘inside’ and ‘outside’ the geographic territory of the post-war state used their individual and collective agency to eradicate Ebola, and why their interventions are important for a larger discussion about the trajectory of post-Ebola recovery. Though it is difficult to prove a causal relationship between the interventions of non-government Liberian actors and the gradual decline in Ebola incidence rates, I underscore important correlations between their public health measures and Ebola eradication.

IN MID-JULY 2014, EBOLA SEEMED like a looming threat to Liberia in the way that armed conflict had 15 years earlier. By early August, the Liberian government had declared a ‘state of emergency’¹ and days later the World Health Organization (WHO) designated the Ebola outbreak in West Africa a public health emergency of international

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¹ Executive Mansion, Republic of Liberia, ‘President Sirleaf declares 90-day state of emergency, as government steps up the fight against the spread of the Ebola virus disease’, 6 August 2014, Executive Mansion press release, <http://www.emansion.gov.lr/2press.php?news_id=3053&related=7&pg=sp#sthash.qih3m4WL.dpuf> (6 August 2014).

concern (PHEIC),² nearly five months after the first cases were reported to the agency. This was followed by a United Nations (UN) pronouncement in September that Ebola remained a ‘threat to international peace and security’.³ As of 27 March 2016, Guinea, Liberia and Sierra Leone had the most intense and widespread transmissions out of a total 28,646 confirmed, probable and suspected cases and 11,323 deaths across ten countries.⁴ Despite surpassing Guinea and Sierra Leone early on, Liberia’s infection rates began to decline in November 2014 and the country was declared ‘Ebola-free’ for the first time on 9 May 2015,⁵ followed by three flare-ups and the WHO’s pronouncement almost a year later of Liberia’s ‘Ebola-free status’ on 9 June 2016.⁶ Regardless of Liberia’s pre-Ebola status as a donor darling and bastion of ‘post-conflict’ success, the outbreak exposed post-war state-building—the strengthening of institutions of government—as inherently flawed by altering how we think about government- and non-government forms of public authority.⁷ A careful evaluation of Liberia’s post-war recovery process shows that government-derived public authority had already begun to wane in the midst of norms,

² World Health Organization, ‘Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa’, 8 August 2014, WHO statement, <<http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>> (10 August 2014).

³ United Nations Security Council, ‘With spread of Ebola outpacing response, Security Council adopts Resolution 2177 (2014) urging immediate action, end to isolation of affected states’, 18 September 2014, Security Council meetings coverage, <<http://www.un.org/press/en/2014/sc11566.doc.htm>> (18 September 2014).

⁴ World Health Organization, ‘Ebola situation report—30 March 2016’, 27 March 2016, WHO Siterep, <<http://apps.who.int/ebola/current-situation/ebola-situation-report-30-march-2016>> (6 August 2016).

⁵ World Health Organization, ‘The Ebola outbreak in Liberia is over’, 9 May 2015, WHO press statement, <<http://www.who.int/mediacentre/news/statements/2015/liberia-ends-ebola/en/>> (9 May 2015).

⁶ World Health Organization, ‘WHO declares the end of the most recent Ebola virus disease outbreak in Liberia’, 9 June 2016, WHO press statement, <<http://reliefweb.int/report/liberia/who-declares-end-most-recent-ebola-virus-disease-outbreak-liberia>> (5 August 2016).

⁷ Christian Lund, ‘Twilight institutions: an introduction’, *Development and Change* 37, 4 (2006), pp. 673–684, pp. 675–676. Lund describes public authority as structural power that is validated and recognized. Accordingly, public authority is derived from ‘institutions or groups of actors’ involved in the ‘shaping of governance, and in defining and enforcing collectively-binding decisions and rules’. Although Lund understands public authority primarily in collective terms, I argue throughout this article that public authority can be displayed at the individual level as well.

rules and regulations fuelling systemic inequality and injustice, essentially what Galtung refers to as ‘structural violence’.⁸ This conceptual framing has been adopted by a number of scholars who analyze health epidemics through a political economy lens.

In his ground-breaking book *Infections and Inequalities*, Paul Farmer asserts that social forces determine the spread of infectious diseases, and they are rarely exclusively biologically determined.⁹ Although Farmer’s case studies are Haiti and Peru and confined to bio-social analysis of HIV/AIDS prevalence amongst the poor in these locales, his central argument that there is a positive correlation between structural violence and disease distribution is particularly instructive for the case study on Liberia and Ebola. Evoking structural violence as a conceptual framework coined by Galtung and further developed by Farmer, Wilkinson and Leach argue that entrenched inequalities sanctioned by government authorities and a neo-liberal, global economic system facilitated the rapid spread of Ebola in Liberia, Guinea and Sierra Leone.¹⁰ However compelling the case for structural violence may be, it accounts for neither the human agency of non-government actors during Ebola nor the strategies they employed to respond to the outbreak despite the existence of centralized institutions of governance. Similarly, structural violence obscures the fact that non-government actors represent varying nodes of public authority that simultaneously complement and compete with government authority. In this article, I transcend structural violence and state-building thus invoking Ekeh to demonstrate that

⁸ Johan Galtung, *Peace by peaceful means: peace and conflict, development and civilisation* (Sage, London, 1996), pp. 31-34; p. 221.

⁹ Paul Farmer, *Infections and inequalities: the modern plagues* (University of California Press, Berkeley and Los Angeles, California, 1999), p. 37.

¹⁰ Annie Wilkinson and Melissa Leach, ‘Briefing: Ebola—myths, realities and structural violence’, *African Affairs* 114, 454 (2014), pp. 136-148.

by converting ‘private activities and resources into resources for the public realm’¹¹—public health service delivery, in this instance—Liberian domestic and diasporic non-government actors simultaneously challenged and supported government interventions thereby reshaping how we think about public authority in post-war states. In this vein, I expand Lund’s understanding of the state as ‘an ensemble of institutions exercising public authority’¹² at various levels and borrow Luckham’s assertion that post-war recovery is more likely to succeed if it factors in multiple layers of authority,¹³ including government institutions, domestic and diasporic actors who engage in cross-border activities that ‘link together their country of origin and their country of settlement’.¹⁴ My major contribution is a systematic documentation of how and why Liberian non-government actors ‘inside’ and ‘outside’ the geographic territory of the post-war state used their individual and collective agency to eradicate Ebola thereby becoming the legitimate nodes of public authority during the outbreak and beyond. I also examine why their interventions are important for a larger discussion about the trajectory of post-Ebola recovery.

According to a WHO-funded quick-impact study¹⁵ conducted in 2014, community-led initiatives were instrumental in tackling Ebola. Multiple factors—including safe burials, the construction of Ebola treatment centres and the dissemination of treatment kits—can

¹¹ Peter P. Ekeh, ‘Colonialism and the two publics in Africa: a theoretical statement’, *Comparative Studies in Society and History* 17, 1 (1975), pp. 91-112, p. 91.

¹² Christian Lund, ‘Twilight institutions: public authority and local politics in Africa’, *Development and Change* 37, 4 (2006), pp. 685-705, p. 689.

¹³ Robin Luckham, ‘The international community and state reconstruction in war-torn societies’ in Robert Picciotto and Rachel Weaving (eds), *Security and development: Investing in peace and prosperity* (Routledge, Oxford, 2006), p. 292.

¹⁴ Nina Glick Schiller, Linda Basch and Cristina Blanc-Szanton, ‘Transnationalism: a new analytic framework for understanding migration,’ *Annals of the New York Academy of Sciences* 645 (1992), pp. 1-24.

¹⁵ SA Abramowitz, KE McLean, SL McKune, KL Bardosh, M Fallah, J Monger, et al, ‘Community-centred responses to Ebola in urban Liberia: the view from below’ *PLoS Negl Trop Dis* 9, 4 (2015), pp. 1-18.

account for decreases in incidence rates, nevertheless, ‘local mitigation strategies undertaken by communities themselves often remain unaccounted for in causal explanations’, including prevention methods such as training and awareness, hygiene promotion, infrastructure development, surveillance and restricting mobility—coupled with response and treatment efforts—referrals, quarantine management, care provision, burial and disposal of bodies.¹⁶ Although said analysis is largely based on ‘hypothetical questions and conditional inquiries [posed to community leaders]’ in Monrovia, Liberia’s capital, about proposed ‘best practice’ methods of containing Ebola, findings from the study indicate that ‘local community engagement is crucial for response, and may have played a role in the decline in transmission rates’ because ‘communities were compelled to generate solutions of their own’.¹⁷ Limitations identified within the WHO study serve as the basis of the empirical evidence presented in this article documenting *actual* non-government domestic and diasporic Liberian public health interventions during Ebola. I demonstrate that as bilateral and multilateral donors publicly announced their pledges, commitments, and dispersals—some of which were either late or did not materialize at all¹⁸—Ebola relief was misguidedly framed early on as the sole domain of non-Liberian agents. This blind spot in attribution is particularly glaring because while the post-war government and its donors were slow to respond in the initial stages of the outbreak, Liberians ‘inside’ and ‘outside’ the state helped to contain the spread of the virus thereby

¹⁶ *Ibid*, p. 3.

¹⁷ *Ibid*.

¹⁸ Marc DuBois, Caitlin Wake, Scarlett Sturridge and Christina Bennett, ‘The Ebola response in West Africa: exposing the politics and culture of international aid’ (Humanitarian Policy Group Working Paper, Overseas Development Institute, London, 2015), pp. 19-20; Karen A. Grépin, ‘International donations to the Ebola virus outbreak: too little, too late?’, *British Medical Journal*, 350, 3 February 2015 <<http://dx.doi.org/10.1136/bmj.h376>> (15 April 2015).

asserting public authority.

This article transitions from the broad and general to the more specific. First, I demonstrate that the lack of a robust public health system to withstand the shocks of Ebola in Liberia exposed the pitfalls of projecting public authority as the exclusive domain of governments. I then offer an alternative reading of public authority as involving a multitude of institutions and actors who operate between public and private spheres of influence. Subsequent sections of the article are empirical in nature, documenting how Liberian non-government domestic and diasporic interventions during Ebola expanded the contours of public authority. In conclusion, I illustrate that in their public health interventions, Liberians at home and abroad effectively became the ‘face of the state’ through their citizenship and nation-building practices.

The pitfalls of state-building

Paris and Sisk refer to ‘the construction or strengthening of legitimate governmental institutions in countries emerging from civil conflict’ as state-building, which has been used increasingly by the UN, International Monetary Fund (IMF) and World Bank as a foundation for peace-building.¹⁹ State-building represents an array of intersecting processes which include, but are not limited to: security sector reform (restructuring the army and other security institutions); political reconstruction (reorganizing legal and electoral systems); and economic reconstruction (realigning macro-economic policies,

¹⁹ Roland Paris and T. Sisk (eds), *Dilemmas of state-building: Confronting the contradictions of post-war peace operations* (Routledge, London, 2010), p. 1.

budget and tax structures, banking and commercial codes, expenditures and revenue).²⁰ Although state-building appears benign, scholars have rightfully criticized its practitioners for attempting to ‘re-build the nation-state in the self-image of the Western liberal state’²¹ in which the regulatory role of international institutions undermines locally derived political solutions.²²

Central to the state-building project is the need to capacitate government institutions to negotiate competing priorities of the state itself, local and transnational constituents, donors and international actors. Yet, those who tout state-building as the panacea to post-war recovery operate under the flawed assumption that ‘public [government] institutions possess a rightful authority to govern’²³ in the first place and that they wield public authority exclusively. What state-building proponents fail to realize is that ‘in the aftermath of violent conflict, many elements are reconfigured: relations of power, techniques of government, modes of organization, livelihoods, identities and collective memories, and the relations between people and places’.²⁴ In addition to reconfiguring identities, practices and relations between people, conflict also expands the boundaries of public authority spatially, vertically and horizontally to encompass a range of actors ‘inside’ and ‘outside’ the post-war state, and this remains a blind spot in the state-building project. As a result, attempts by donors to create a blueprint for post-war recovery through state-building channels solely is ill-advised, because although it may appear easy

²⁰ Marina Ottaway, ‘Rebuilding state institutions in collapsed states’, in Jennifer Milliken (ed), *State failure, collapse and reconstruction* (Blackwell, Malden, MA and Oxford, UK, 2003), pp. 245-266.

²¹ Christopher Cramer, *Civil war is not a stupid thing* (Hurst, London, 2006), p. 257.

²² David Chandler, ‘The state-building dilemma: good governance or democratic government’, in Aidan Hehir and Neil Robinson (eds), *State-building: theory and practice* (Routledge, London, 2007), pp. 70-88, p. 71.

²³ Paris and Sisk, *Dilemmas of state-building*, pp. 14-15.

²⁴ Liisa Malkki, *Purity and exile: Violence, memory, and national cosmology among Hutu refugees in Tanzania* (University of Chicago Press, Chicago, 1995).

to create institutional structures of public authority, legitimizing these structures can only be marginally facilitated by external actors,²⁵ if at all. Furthermore, ‘external construction of political institutions...leaves little room for state [government] institutions to develop their links’²⁶ with other nodes of public authority, such as non-government actors ‘inside’ and ‘outside’ the state, as evidenced by Liberia.

Since the cessation of armed conflict in 2003, Liberia has pursued a textbook post-war state-building agenda at the expense of building national cohesion. Moving from humanitarian relief to recovery and development, President Ellen Johnson Sirleaf’s ‘regime, although haphazardly, has embarked upon the implementation of the neo-liberal project, as evidenced by efforts to, among others, liberalize political institutions, reform the security sector, and recommit Liberia to the peripheral capitalist path to development,’ according to Kieh.²⁷ Emphasis has been placed on legitimizing government institutions, yet a parallel process of undermining government public authority has been followed in equal measure. While the Liberian government has been urged by donors to prioritize macro-economic policies of liberalization, privatization and deregulation—thereby hollowing out the state—it has not been similarly supported to build a strong health system as a means of legitimizing public authority.²⁸ Furthermore, Liberia’s post-war recovery has been anchored by a series of externally driven and financed reconstruction agendas—namely, the Results Focused Transitional Framework (RFTF) (2003-2005), the 150-Day Action Plan (2006), the *Lift Liberia* Poverty Reduction

²⁵ Ottaway, ‘Rebuilding state institutions in collapsed states’, p. 265.

²⁶ Chandler, ‘The state-building dilemma’, p. 81.

²⁷ George Klay Kieh, Jr., *Liberia’s state failure, collapse and reconstitution* (African Homestead Legacy Publishers, Inc, Cherry Hill, New Jersey, 2012), p. xix.

²⁸ Robtel Neajai Pailey, ‘2014 Ebola outbreak exposes large gaps in financing adequate healthcare in West African countries’ (Development Viewpoint No. 82, Centre for Development Policy and Research (CDPR), SOAS, University of London, 2014).

Strategy (2008-2011) and the Agenda for Transformation (AfT) (2012-2016)—with diasporic actors employed through emergency capacity building programmes funded by international donors to strengthen government technical outputs.²⁹

As a result of backlash against neo-liberal agenda setting in post-war contexts like Liberia, questions about ‘coordination and coherence, local ownership, legitimacy, capacity-building, dependency, accountability, and exit’ have foregrounded official discussions on state-building.³⁰ Thus, it has been argued that the state-building ‘project’ does not require reinvestment or re-organization, but rather ‘rethinking’³¹ in the same way that our understandings of public authority require a radical re-shift. The key to state stability is the building of a domestic consensus, a sense of political community, and establishing a government of popular will.³² Nevertheless, state-building ‘does not require a process of popular consensus building to give the target population a stake in policy making’,³³ and this was particularly glaring during the breakdown in relations between the Liberian government and domestic citizens during the initial stages of the Ebola outbreak.

As demonstrated by Liberia, one of the problems with state-building as a post-war transition agenda is its myopic focus on building government institutions, with the core assumption that no positive institutional practices existed before the ‘post-conflict

²⁹ Government of Liberia, ‘Mid-term independent review of the senior executive service programme’ (Government of Liberia, Monrovia, 2010); Government of Liberia, ‘Rebuilding public leadership in post conflict Liberia: Case studies from the Liberia emergency capacity building support (LECBS)’ (Government of Liberia, Monrovia, 2012); Robtel Neajai Pailley, *The love of liberty divided us here? Factors leading to the introduction and postponement in passage of Liberia’s dual citizenship bill*, (SOAS, University of London, unpublished PhD dissertation, 2014).

³⁰ Paris and Sisk, *Dilemmas of state-building*, p. 3.

³¹ Paris and Sisk, *Dilemmas of state-building*, p. 13.

³² Chandler, ‘The state-building dilemma’, pp. 71-72.

³³ Chandler, ‘The state-building dilemma’, p. 81.

moment’—a fallacy of terra nullius as articulated by Cliffe and Manning.³⁴ In this analysis, the post-war state represents a *tabula rasa* that requires reengineering by donors who conflate the ‘state idea’—our imaginations of what the state *should be*—with the ‘empirical state’—how the state actually functions in practice.³⁵ Often framed as a technical exercise, state-building is rather a political project peddled by donors and governments alike who ‘ought to investigate the *making* of public authority as an active and contested process of assertion, legitimization and exercise’³⁶ amongst a range of state actors, rather than assuming that government is the sole locus of public authority. In the section that follows, I examine how an alternative reading of public authority provides a more appropriate frame for understanding the nature of government and non-government interventions during the Ebola outbreak in Liberia.

The fluidity of public authority

Much of the literature on state-building portrays government institutions as ‘the state’ and ‘state’ and ‘society’ as distinct and detached. However, scholars like Lund would argue that this is a misreading of the ‘blurred boundary between state and non-state’ in Africa and elsewhere³⁷ because it does not take into consideration ‘institutions that exercise legitimate public authority, but do not enjoy legal recognition as part of the state’.³⁸ In analyzing how varying nodes of public authority compete with and complement

³⁴ Sarah Cliffe and Nick Manning, ‘Practical approaches to building state institutions’, in Charles T. Call and Vanessa Wyeth (eds), *Building states to building peace* (Lynne Rienner, Boulder, Colorado, 2008), pp. 163-184, p. 165.

³⁵ Philip Abrams, ‘Notes on the difficulty of studying the state’, *Journal of Historical Sociology* 1, 1 (1998), pp. 58-59.

³⁶ Lund, ‘Twilight institutions: an introduction’, pp. 678-679.

³⁷ Lund, ‘Twilight institutions: an introduction’, p. 679

³⁸ Lund, ‘Twilight institutions: an introduction’, p. 675.

government, Lund uses the phrase ‘twilight’ to describe institutions that operate ‘between public and private’,³⁹ demonstrating that when ‘government institutions fail to rule other institutions of public authority emerge’.⁴⁰ This is precisely what occurred not only during Liberia’s intermittent armed conflicts but also throughout the Ebola outbreak.

That ‘state qualities of governance are not exclusively nested in government institutions’⁴¹ is particularly evident in post-war polities like Liberia that must re-inscribe authority following protracted periods of collapse. Similar to Luckham’s contention that post-war recovery is most likely to succeed if it factors in multiple loci of authority beyond government institutions,⁴² Lund argues convincingly that there is a need to recognize ‘multiple, even mutually contradictory, institutions in which various structural powers are inscribed. These social institutions constitute centres of power and develop procedures, norms, hierarchies and codes proper to themselves’.⁴³

Some scholars of Africa have proven that ‘the capacity to regulate and control is not neatly stored within the state [government]’⁴⁴ or international institutions, making a strong case for why it is vital to explore how non-government forms of public authority—including coalitions of women associations, religious leaders and legal practitioners in Zambia; private entrepreneurs in Senegal; traditional chiefs in Mozambique and Ghana; vigilantes and militias in Nigeria and South Africa, etc.—become just as legitimate, if not more so, than government authority on the continent.⁴⁵ Other scholars acknowledge a

³⁹ Lund, ‘Twilight institutions: an introduction’, pp. 678-679.

⁴⁰ Lund, ‘Twilight institutions: an introduction’, p. 673.

⁴¹ Lund, ‘Twilight institutions: an introduction’, p. 682.

⁴² Luckham, ‘The international community and state reconstruction in war-torn societies’, p. 292.

⁴³ Lund, ‘Twilight institutions: an introduction’, p. 676.

⁴⁴ Lund, ‘Twilight institutions: an introduction’, p. 679.

⁴⁵ Maxwell Owusu, ‘Domesticating democracy: culture, civil society and constitutionalism in Africa’, *Comparative Studies in Society and History* 39, 1 (1997), pp. 120-152; Achile Mbembe, *On the postcolony* (University of California Press, Berkeley, California, 2001); David Pratten, ‘The politics of vigilance in

broad corpus of African non-government actors that have wielded public authority across space and time, including, but not limited to, ‘Christian churches in Kenya and Burundi; Islamic brotherhoods in Senegal and Sudan; lawyers’ and journalists’ associations in Ghana and Nigeria; farmers’ organizations in Zimbabwe and Kenya; and the mineworkers’ unions in Zambia and South Africa’.⁴⁶ Given that competition remains fierce in some African countries and other locales ‘where governments are often underfunded, over-stretched, in-capacitated and de-legitimized’,⁴⁷ twilight institutions such as the ones mentioned previously effectively ‘rearrange’⁴⁸ the boundaries of public authority through their political, economic and social practices thereby forcing us to reimage how the state *actually* functions. Similar reconfigurations of public authority have taken place in Liberia as a result of the Ebola outbreak, as demonstrated in the empirical sections of this article.

Twilight institutions ostensibly rise to the occasion during humanitarian emergencies like Ebola when ‘institutional competition is intense’⁴⁹ and ‘a wide array of actors with

Southeastern Nigeria’, *Development and Change* 37, 4 (2006), pp. 707-734; Lars Buur, ‘Reordering society: Vigilantism and expressions of sovereignty in Port Elizabeth’s townships’, *Development and Change* 37, 4 (2006), pp. 735-757; Giorgio Blundo, ‘Dealing with the local state: the informal privatization of street-level bureaucracies in Senegal’, *Development and Change* 37, 4 (2006), pp. 799-819; Lars Buur and Helene Maria Kyed, ‘Contested sources of authority: Reclaiming state sovereignty by formalizing traditional authority in Mozambique’, *Development and Change* 37, 4 (2006), pp. 847-869; Carola Lentz, ‘Decentralization, the state and conflicts over local boundaries in northern Ghana’, *Development and Change* 37, 4 (2006), pp. 901-919; Jeremy Gould Lentz, ‘Strong bar, weak state? Lawyers, liberalism and state formation in Zambia’, *Development and Change* 37, 4 (2006), pp. 921-941; Carolyn Logan, ‘The roots of resilience: Exploring popular support for African traditional authorities’, *African Affairs* 112, 448 (2013), pp. 353-376.

⁴⁶ Michael Bratton, ‘Beyond the state: Civil society and associational life in Africa’, *World Politics* 41, 3 (1989), pp. 407-430, p. 412.

⁴⁷ Lund, ‘Twilight institutions: an introduction’, p. 682.

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

different norms and principles’⁵⁰ respond to ‘what it means to serve humanity and how to implement humanity in practice’.⁵¹ It is here that scholars like Ekeh eschew the separation of public and private spheres of influence, arguing instead that quite often there is a ‘publicization of the private realm—that is, the conversion of private activities and resources into resources for the public realm’.⁵² Contrary to the literature that depicts Africa as a monolith comprising self-serving patronage networks driven by ‘personal and particularist interest [s]’,⁵³ what we can deduce from Liberian non-government domestic and diasporic responses to Ebola is that the spontaneous deployment of ‘private activities and resources’ for public health service delivery enabled these actors to assert themselves thereby reconfiguring the contours of public authority.

Although twilight institutions appear to be an appropriate frame for examining Liberian domestic and diasporic anti-Ebola efforts, there is a blind spot in this analysis that I seek to address in the empirical sections of the article that follow. By employing the term ‘twilight institutions’, Lund et. al assume that public authority can only be exercised in the collective. However, ‘twilight institutions’ do not capture how individual actors can also broadcast public authority, albeit at a smaller scale. It can be argued following this logic that by directly intervening in public health measures to mitigate the spread of Ebola, Liberian domestic and diasporic non-government actors were effectively broadcasting public authority at meso- and micro-levels previously assumed to be the exclusive domain of government and international institutions.

⁵⁰ Zeynep Sezgin, Ryan O’Neill and Dennis Dijkzeul, ‘Conclusions: convergence or divergence?’ in Zeynep Sezgin and Dennis Dijkzeul (eds), *The new humanitarians in international practice: Emerging actors and contested principles* (Routledge, New York, NY and Abingdon, UK 2016), pp. 339-365, p. 352.

⁵¹ *Ibid.*

⁵² Ekeh, ‘Colonialism and the two publics in Africa’, p. 91.

⁵³ Diana Cammack, ‘The logic of African neopatrimonialism: What role for donors?’, *Development Policy Review* 25, 5 (2007), pp. 599-614, p. 600.

Domestic non-government public authority during Ebola

The varying nodes of latent public authority ‘inside’ the Liberian state were made manifest when ordinary Liberians quickly filled health service delivery gaps early on in response to Ebola, and continued to do so throughout the outbreak. Their interventions were a combination of individual and organizational activities using private and collective resources that simultaneously complemented and competed with government efforts. Anti-Ebola measures also involved a broad spectrum of actors, including established medical personnel and those with minimal to no previous public health experience. For instance, while 22-year-old student nurse Fatu Kekula single-handedly treated four family members at home when they fell sick with Ebola,⁵⁴ Lorenzo Dorr of Tiyatien Health⁵⁵ supported the government’s County Health Team in Rivercess and Grand Gedeh counties by training midwives, community leaders and health committees in ‘contract tracing, infection prevention control and [the] establishment of referral systems from the community to medical facilities’.⁵⁶ Likewise, microbiologist, immunologist and public health expert Dr. Mosoka Fallah—who returned to Liberia in 2013 to both establish a university curriculum on public health and train rural healthcare

⁵⁴ Elizabeth Cohen, ‘Woman saves three relatives from Ebola’, *CNN* online, 26 September 2014, <<http://edition.cnn.com/2014/09/25/health/ebola-fatu-family/>> (15 November 2014).

⁵⁵ Known as Last Mile Health in the US, Tiyatien was initially established in 2007 to build the capacity of community healthcare workers in the southeastern county of Grand Gedeh.

⁵⁶ *National Public Radio*, ‘Ebola in remote Liberia, through the eyes of a local health worker’, 24 November 2014, <http://www.npr.org/blogs/goatsandsoda/2014/11/24/365689595/ebola-in-remote-liberia-through-the-eyes-of-a-local-health-worker?utm_campaign=storyshare&utm_source=twitter.com&utm_medium=social> (15 January 2015).

providers⁵⁷—led community efforts across Monrovia to identify the sick, trace contacts of suspected Ebola patients, and remove dead bodies.⁵⁸ Although international media largely focused attention on the efforts of foreign medical professionals parachuted into Liberia, local Liberian doctors, nurses, lab technicians and epidemiologists like Dorr, Kekula and Fallah remained on the frontlines of patient care despite fears of contagion, and many ultimately paid the highest price with their lives. As of 9 May 2015, Liberia had recorded 378 confirmed, suspected, and probable cases of Ebola amongst healthcare workers and 192 deaths,⁵⁹ including four physicians in a country whose doctor-to-patient-ratio—at 1/40,000 in 2012⁶⁰—was already far below the prescribed 1/10,000.

Whereas some Liberians provided front-line medical training and relief at individual and institutional levels, others with non-public health experience rapidly converted ‘private activities and resources into resources for the public realm’⁶¹ thereby surpassing the excruciatingly slow dispersal of government funding and donor aid to tackle Ebola. Working in his personal capacity, Liberian lawmaker Saah Joseph of District #13 in Montserrado County, one of the worst affected regions in the country, began running an emergency ambulance service in Montserrado in July 2014, picking up the severely ill from their homes and delivering them to hospitals, testing centres and treatment units at a

⁵⁷ Indiana University, ‘IU visiting scholar at centre of Liberia’s battle against Ebola’, IU Policy Briefings, 18 September 2014, < <http://viewpoints.iu.edu/policy-briefings/2014/09/18/iu-visiting-scholar-at-center-of-liberias-battle-against-ebola/>> (8 July 2015).

⁵⁸ Norimitsu Onishi, ‘Back to the slums of his youth, to defuse the Ebola time bomb’, *The New York Times*, 13 September 2014, <http://www.nytimes.com/2014/09/14/world/africa/ebola-liberia.html?module=Search&mabReward=relbias%3Ar%2C%7B%22%22%3A%22RI%3A13%22%7D&_r=1> (8 July 2015).

⁵⁹ World Health Organization, ‘Ebola situation report—5 August 2015’, 5 August 2015, WHO Siterep, <<http://apps.who.int/ebola/current-situation/ebola-situation-report-5-august-2015>> (8 July 2015),

⁶⁰ Terrence Sesay, ‘WHO alarm over Liberia’s doctor shortage’, *Africa Review*, 17 October 2012, <<http://www.africareview.com/News/WHO-alarm-over-Liberia-doctor-shortage/-/979180/1535312/-/b9sjic/-/index.html>> (8 July 2015).

⁶¹ Ekeh, ‘Colonialism and the two publics in Africa’, p. 91.

time when Liberia only had two government ambulances.⁶² Moreover, 62-year-old Singbeh Duwah buried 21 bodies suspected of being infected with Ebola in the village of Balakerthela, a community that was then quarantined by the Liberian government.⁶³ According to Duwah, he ‘applied traditional herbs on the corpses and also rubbed these herbs on himself and his colleagues before carrying out the interments’⁶⁴ in the absence of personal protective equipment (PPE)—the heavy space suits health practitioners wear before tending to suspected Ebola patients or corpses. Although it is unclear if Duwah developed immunity to Ebola—one of his helpers eventually died—he said he was compelled to swiftly bury the dead because the Liberian government, through its County Health Burial Teams, failed to dispose of the bodies in a timely manner: ‘If you called the Burial Team to come and take away the corpses, they will sometimes delay for two or three days and we cannot sit and see the bodies decompose to contaminate the rest of the people...’.⁶⁵ Duwah’s revelation was corroborated by Liberians who admitted continuously calling the national Ebola helpline to report a sick or dead relative without once receiving a response. Similarly employing ‘private activities and resources’⁶⁶ to fill public health service delivery gaps, Thomas Eric Duncan—the first patient diagnosed with Ebola while on US soil—contracted the virus in September 2014 after transporting his ill 19-year-old pregnant neighbour to and from an overfilled hospital in Liberia that

⁶² Joseph was publicly lauded by President Sirleaf for establishing the First Responders Emergency Medical Services Incorporated. Executive Mansion, Republic of Liberia, ‘First Responders Emergency Medical Services Incorporated pays president Sirleaf a departure visit; prepares for deployment in Sierra Leone’, Executive Mansion press release, 8 January 2015.

<http://www.emansion.gov.lr/2press.php?news_id=3179&related=7&pg=sp> (8 January 2015).

⁶³ Marcus N. Manlayea, ‘“Traditional man” buries 21 suspected Ebola corpses in Bong County’, *Daily Observer*, 5 October 2014, <<http://www.liberianobserver.com/news/%E2%80%98traditional-man%E2%80%99-buries-21-suspected-ebola-corpses-bong-county>> (5 October 2014).

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ Ekeh, ‘Colonialism and the two publics in Africa’, p. 91.

turned them away. What is particularly ironic about Duncan's case is that while he lay in a US hospital fighting for his life, the government of Liberia vowed to prosecute him for 'lying' on his airport exit form.⁶⁷ Nevertheless, Duncan's death was a clear indication that Liberians were reconfiguring the contours of public authority by risking their lives to help fellow citizens precisely because of repeated Ebola response failures by their government and international actors.

Some Liberians at home worked through already established institutional structures to mount a rigorous collective response. For example, in September 2014 four local organizations—namely Save My Future Foundation, the Sustainable Development Institute, the Foundation for Community Initiatives, and the Social Entrepreneurs for Development—launched the Community Awareness and Support Team (CAST) to purchase, assemble and deliver Ebola Prevention Kits (EPK) to 328 households, including 88 female-headed households and 19 households with people with special needs, across two districts in Grand Bassa County, one of Liberia's sub-political divisions.⁶⁸ In addition to using their individual donations and NGO contributions to deliver hygiene and sanitation supplies, the coalition organized public health sessions in each village, placing Ebola awareness posters in churches, markets, school buildings, and video clubs.⁶⁹ In October 2014, CAST continued its outreach, this time delivering 961 Kits to households, public facilities, clinics, local government offices, and entertainment

⁶⁷ *NBC News*, 'Liberia to prosecute man who brought Ebola to United States', 2 October 2014, <<http://www.nbcnews.com/storyline/ebola-virus-outbreak/liberia-prosecute-man-who-brought-ebola-united-states-n216876>> (2 October 2014); Robtel Neajai Pailey, 'In life and death, Thomas Eric Duncan exposed severe gaps in anti-Ebola efforts on both sides of the Atlantic', *Huffington Post*, 9 October 2014, <http://www.huffingtonpost.com/robtel-pailey/in-life-and-death-thomas-_b_5961986.html> (9 October 2014).

⁶⁸ Community and Support Team (CAST), 'CAST Ebola update: 15 September 2014' (CAST, Monrovia, 2014).

⁶⁹ *Ibid.*

centres across 25 communities in Rivercess and Grand Bassa counties.⁷⁰ Collaborating with local authorities including town chiefs, CAST members developed a tracking tool that included detailed demographic information on all beneficiaries, including the names of villages and districts and the number and gender of inhabitants in each household.⁷¹ Intended for follow-up interventions, this information was also shared with the government's County Health Team in Rivercess and a CAST volunteer was designated in each county capital to serve as a liaison between local government and communities.⁷²

Unlike the coordinated and complementary efforts of CAST, some non-government, domestic Ebola interventions emerged spontaneously without established institutions to back them, and this is emblematic of Lund's assertion that public authority tends to 'wax and wane'⁷³ at different intervals. For example, in July 2014 Reverend Caleb S.G. Dormah started the Safe Community Initiative to prevent the spread of Ebola in the municipality of Paynesville on the outskirts of Monrovia.⁷⁴ Employing YouthConnect Liberia, an organization he had started in January 2014 to build leadership skills amongst young people through seminars, workshops and other training, Dormah initially deployed youth in a door-to-door Ebola awareness campaign in April 2014, but subsequently decided to shift gears in order to involve more people:

We invited professionals from different walks of life, doctors, social workers, community workers, logisticians...Our motivation for the safe community initiative is our belief in the community. Community has all the leadership we want to grow. Community response is fast/swift. Community response is cost effective. Community has a personal touch because you know each other. We saw result[s] in our community efforts. International and local organization[s]

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² *Ibid.*

⁷³ Lund, 'Twilight institutions: an introduction', p. 676.

⁷⁴ Interview, Caleb S.G. Dormah, YouthConnect Liberia, Monrovia, Liberia, 21 January 2015.

started to copy the community approach. It worked in a few weeks/months. We saw a decrease in the number of affected persons. When there were no reported cases from the communities the ETU [Ebola treatment unit] started to get empty.⁷⁵

Recognizing, as Dormah did, that non-government community efforts were ‘fast/swift’, ‘cost effective’, and had a ‘personal touch’ that exceeded government-led interventions, other local actors quickly adopted a community-based approach to Ebola prevention as first responders. According to a feature story in *The New Yorker*,⁷⁶ local leaders like Kenneth Martu and Archie Gbessay in West Point took matters into their own hands following the government’s failed attempts in August 2014 to quarantine their densely populated community:

Martu and his colleagues agreed to implement vigorous containment measures in the slum: identifying sick people, removing them from the community, quarantining their houses, tracking down their recent contacts, and monitoring those contacts for 21 days—the maximum amount of time the virus has been known to incubate before manifesting symptoms.⁷⁷

Ebola cases in West Point began to slowly decline by late November 2014, primarily due to the efforts of Martu, Gbessay and countless others who were asked to lead similar initiatives in communities further afield. Reflecting on the waning confidence in the government’s ability to respond to public health needs in the midst of the outbreak, Gbessay argued that Liberian non-government actors did not sit idly by waiting for others

⁷⁵ *Ibid.*

⁷⁶ Luke Mogelson, ‘When the fever breaks’, *The New Yorker*, 19 January 2015, <<http://www.newyorker.com/magazine/2015/01/19/when-fever-breaks?mbid=rss>> (19 January 2015).

⁷⁷ *Ibid.*

to intervene: ‘We had to guarantee that the things that needed to be done would be done by ourselves...If we didn’t do this, nobody was going to do it for us.’⁷⁸

Emblematic of communities that have experienced limited government intervention, Liberian actors ‘inside’ the post-war state such as Martu and Gbessay quickly adopted health interventions that cemented their public authority thereby trumping centralized governance structures. So too did their counterparts abroad, as detailed in the section that follows.

Diasporic non-government public authority during Ebola

Whereas Liberian domestic non-government actors became actively involved in direct service delivery and public health advocacy, Liberians abroad employed their transnational networks to complement these efforts. This transnational domain comprised Liberian diaspora organizations, individual diaspora actors and remittance senders who provided an alternative stream of relief aid. Though relations between the Liberian government and domestic citizens had been severely undermined by the Ebola outbreak, citizen-citizen relations between Liberian diasporas and their counterparts in the country strengthened as monetary transfers to family members and shipments of medical relief supplies from abroad staved off death and disillusionment. Although evidence of this is largely anecdotal and underreported, non-government diaspora-led Ebola relief slightly eased the burden on the Liberian government by complementing its efforts thereby neutralizing strained government-citizen relations.

⁷⁸ *Ibid.*

For example, in an article published on 5 January 2015, *Frontpage Africa* reported that the Liberian Community Organization of Southern California (LACOSC) donated to the Liberian government's Incidence Management Team over US\$100,000 worth of Ebola relief materials in a 40-foot shipping container, including surgical gowns, gloves, body bags and two EKG machines in mint condition.⁷⁹ According to LACOSC president, Samuel Hoff III, the organization established an Ebola Task Force in July 2014 to raise funds and collect supplies to send to Liberia.⁸⁰ Established in the 1970s, LACOSC has a membership of 2,000 including a few doctors and nurses who used their professional networks to solicit supplies from hospitals and medical centres.⁸¹ Liberians in Europe also responded in kind. According to Lena Marshall,⁸² now Vice-Chair of the Union of Liberian Organizations in the UK (ULO-UK), the organization established the UK Liberia Ebola Task Force in July 2014 and subsequently airlifted in October 2014 two consignments of assorted medical supplies valued at £9500 to the ELWA II Hospital in Monrovia and Phebe Hospital, a major referral facility in Bong County. Other donations of food and medical supplies were sent to clinics across Monrovia and its environs, the Liberia National Police and border authorities.

In addition to supporting government-led anti-Ebola measures, Liberians abroad also complemented domestic community-based interventions. For example, in September 2014, Citizens Organized for Transparency and Accountability (COPTA) partnered with diaspora actors such as the Liberian Army Veteran Association, the Liberian Association

⁷⁹ *Frontpage Africa*, 'Lending support: US-based Liberians donate Ebola materials', 5 January 2015, <<http://www.frontpageafricaonline.com/index.php/news/4178-lending-support-u-s-based-liberians-donate-ebola-materials>> (5 January 2015).

⁸⁰ *Frontpage Africa*, 'Lending support'.

⁸¹ *Ibid.*

⁸² Interview, Lena Marshall, Union of Liberian Organizations in the UK (ULO-UK), Manchester, UK, 18 January 2015.

of North Carolina, Smile Liberia and Liberian employees of the United Nations in the Democratic Republic of the Congo to donate \$5,000 worth of food and medical supplies to the ELWA II Hospital,⁸³ managed by a Liberian physician, Dr. Jerry Brown—who was subsequently recognized as one of *Time Magazine*'s 2014 persons of the year in December 2014 for serving on the frontlines of Ebola relief efforts.⁸⁴ According to COPTA's president, Morris Kromah, the organization's interventions were based on a combination of factors, including the compulsion to contribute and selfless love of country.⁸⁵

Other Liberians abroad with access to large-scale private financial resources, like New York-based, 2011 co-Nobel Peace Prize winner Leymah Gbowee, donated in cash and kind. Having established the Gbowee Peace Foundation Africa (GPFA) in 2012 to build the capacity of Liberian women and girls, Gbowee launched the Ebola Outreach Awareness Initiative in July 2014 with the explicit goal of 'engaging communities, building local agency, increasing knowledge and supporting local leadership',⁸⁶ GPFA provided grants worth \$78,000 to over 100 non-government community-based organizations and rural community radio stations engaged in health promotion campaigning, contact tracing and outreach.⁸⁷ In October 2014, GPFA partnered with Liberia-based STARZ College of Science and Technology to distribute emergency food

⁸³ Stephen D. Kollie, 'Joining Ebola fight, COPTA donates items to ELWA Hospital', *Frontpage Africa*, 1 September 2014, <<http://frontpageafricaonline.com/index.php/news/2837-joining-ebola-fight-copta-donates-items-to-elwa-hospital>> (15 January 2015).

⁸⁴ Executive Mansion, Republic of Liberia, 'Time Magazine's person of the year: Dr. Jerry Brown and team: a man who rose to the occasion as Mother Teresa', Guest commentary, December 2014, <http://www.emansion.gov.lr/doc/GUEST_COMMENTARY-007-DECEMBER-2014.pdf> (15 December 2014).

⁸⁵ Interview, Morris Kromah, Citizens Organized for Transparency and Accountability (COPTA), Monrovia, Liberia, 18 January 2015.

⁸⁶ Interview, Piso Saydee-Tarr, Gbowee Peace Foundation Africa (GPFA), Monrovia, Liberia, 12 January 2015.

⁸⁷ *Ibid.*

packages to the Airfield community in Monrovia, followed by a December 2014 partnership with Orphans Concern-Liberia to donate emergency food relief to 50 families in Monrovia and its environs—particularly female-headed households and survivors of Ebola.⁸⁸

Although shipments of medical and food relief supplies from Liberians abroad cannot be negated, remittance figures for 2014 reveal that the most significant contribution to Ebola relief may likely have come from monetary transfers to families whose livelihoods were threatened by sharp declines in economic activity—including the suspension of international flights, travel, tourism and shipping; the banning of cross-border trade; the closure of informal markets; limited banking activities; and the reduction of agricultural productivity. According to World Bank remittance data for Liberia, cumulative monetary transfers from abroad amounted to \$360 million in 2011, 2012, and 2013, respectively, while 2014 saw a slight increase to an estimated \$385 million.⁸⁹ Relatively augmented compared to World Bank statistics, Central Bank of Liberia (CBL) remittance figures⁹⁰ are also telling. While remittances to Liberia for the second quarter of 2013 (April through June) were \$101 million, figures for the same period in 2014 showed a slight increase, at \$113 million.⁹¹ Furthermore, remittances for July, August and September 2014 increased gradually—from \$109.5 million to \$110.2 million to \$154.2 million, respectively—before declining slightly from \$126.7 million in October 2014 to \$113

⁸⁸ *Ibid.*

⁸⁹ World Bank, 'Migration and remittances data', <<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:22759429~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html>> (8 July 2015).

⁹⁰ Government of Liberia, 'Central Bank of Liberia annual report 2008' (Government of Liberia, Monrovia, 2008); Central Bank of Liberia (CBL) figures for remittances are different from the World Bank's because the CBL captures all inflows and outflows received and sent by embassies, service providers, the UN, NGOs and individuals through banks and private firms in Liberia.

⁹¹ Government of Liberia, 'Central Bank of Liberia financial and economic bulletin, volume 15 no. 2, April-June 2014' (Government of Liberia, Monrovia, 2014), p. 56.

million in November 2014.⁹² Moreover, there appears to be a direct correlation between declines in remittance inflows per month to Liberia and the country's waning Ebola incidence rates.

Liberian diasporas represented a 'third humanitarian domain'⁹³ of public authority in response to Ebola in the same way that they provided humanitarian assistance during the country's intermittent armed conflicts from 1989 to 1997 and 1999 to 2003. For some Liberians abroad, times of protracted warfare became opportunities for them to assert public authority as long-distance nationalists⁹⁴ advocating for the cessation of conflict, or by sending humanitarian aid to relatives who were stuck in the crossfire. Converting 'private activities and resources'⁹⁵ for Ebola alleviation also enabled Liberian diasporas to practice citizenship from afar, thereby expanding the spatial contours of the state and public authority 'outside' of its geographic ambit. Although the contributions of Liberians 'outside' the post-war state during the Ebola outbreak is dwarfed by empirical documentation of their domestic counterparts, further analysis will likely reveal more significant relief interventions than is currently available.

Invoking scholars who argue compellingly that health systems represent a 'face of the state', I demonstrate in the sections that follow that non-government Liberian diasporic and domestic actors and institutions that help to strengthen public health service delivery

⁹² Government of Liberia, 'Factsheet on key economic and financial indicators—November 2014' (Government of Liberia, Monrovia, 2014), p. 1.

⁹³ Cindy Horst, Stephen Lubkemann and Robtel Neajai Pailey, 'The invisibility of a third humanitarian domain', in Zeynep Sezgin and Dennis Dijkzeul (eds.), *The new humanitarians in international practice: Emerging actors and contested principles* (Routledge, London and New York, 2016), pp. 213-231.

⁹⁴ Benedict Anderson, 'Long distance nationalism: World capitalism and the rise of identity politics' (The Werthem Lecture, Centre for South Asian Studies, University of Amsterdam, Amsterdam, 1992).

⁹⁵ Ekeh, 'Colonialism and the two publics in Africa', p. 91.

in times of acute emergencies such as Ebola effectively wield public authority during and after an outbreak.

Health systems as a face of the state

Not only does the Declaration of Alma-Ata of 1978 proclaim health as a ‘fundamental human right’ that should be affordable to all, but it places the onus of healthcare provision on governments, arguing that ‘governments have a responsibility for the health of their people’.⁹⁶ Furthermore, it has been argued that confidence in national health systems may be directly linked to confidence in government institutions, thus likely improving the social contract between states and their citizens.⁹⁷ This revelation is particularly relevant for post-war countries like Liberia with a long trajectory of fractured government-citizen relations, although the existing literature on patient satisfaction in the health sector is replete with examples from high-income countries whose political systems are relatively stable.⁹⁸ In fragile environments like Liberia, health systems ‘may contribute not only to improved health status but also potentially to broader state-building and enhanced prospects for peace’.⁹⁹ Nevertheless, if one of the successful markers of a state’s ability to broadcast its power and authority is through robust health service

⁹⁶ International Conference on Primary Health Care, ‘Declaration of Alma-Ata of 1978’ (International Conference on Primary Health Care, Alma-Ata, USSR, 1978).

⁹⁷ Theodore Svoronos, Rose Jallah Macauley and Margaret E. Kruk, ‘Can the health system deliver? Determinants of rural Liberians’ confidence in health care’, *Health Policy and Planning* 30 (2015), pp. 823-829, p. 824.

⁹⁸ *Ibid.*

⁹⁹ Margaret E. Kruk, Lynn P. Freedman, Grace A. Anglin and Ronald J. Waldman, ‘Rebuilding health systems to improve health and promote state-building in post-conflict countries: a theoretical framework and research agenda’, *Social Science & Medicine* 70 (2010), pp. 89-97, pp. 89-90.

delivery, the state-building project will continue to be a flawed exercise in futility in the absence of functioning healthcare systems.

Accordingly, scholars have maintained that health systems are social institutions and political constructs as much as they are biomedical:

For the health system is a face of the state, every bit as much as other core social institutions such as the police and the judiciary. Whether by design or by default, the dynamics of interaction between that system and the communities it serves will contribute – positively or negatively – to the reconstruction process.¹⁰⁰

Therefore, the meticulous design and management of health systems by national governments in collaboration with international donors demonstrates to citizens an enhanced commitment to equity, accountability, and the building of government capacity to deliver vital social services.¹⁰¹ Furthermore, the very act of constructing a robust health system in a post-war context is the site where state-, nation- and peace-building objectives align perfectly:

...careful design of health system building blocks including the regulatory framework, resource allocation, financing, package of services, mode of delivery, human resource management, etc. can build government capacity, promote social cohesion, and strengthen the social contract, thereby promoting state-building and reducing the risks of conflict recurrence...Designing the strategy for the rehabilitation of the health system with specific attention to the health system's political, social and capacity-building functions may help national governments and international development partners to harness the potential gains in social cohesion and rebuilding of trust...It will also help the state [government] to manage the messages about the nature and quality of governance that are conveyed by the health system.¹⁰²

¹⁰⁰ *Ibid*, p. 93.

¹⁰¹ *Ibid*, p. 89.

¹⁰² *Ibid*, p. 90 and 94.

Although a strong healthcare system has been identified as an important node of broadcasting public authority by governments, it was not a major priority in the larger political project of state-building in Liberia before the Ebola outbreak. In 2007, Liberia introduced a National Health Policy and Plan, including a Basic Package of Health Services (BPHS),¹⁰³ aimed at decentralizing health services, suspending user fees for primary and secondary care, and increasing Liberia's domestic health financing to 15 per cent of the national budget,¹⁰⁴ in conformity with the Abuja Declaration of 2001.¹⁰⁵ However, despite increases in domestic healthcare financing by Liberia's national government from 9 per cent in 2003 to 15 per cent in 2008, external donors and households continued to share the burden of the country's healthcare costs pre-Ebola, at 47 per cent and 35 per cent, respectively.¹⁰⁶ During the initial roll-out of the BPHS, most health facilities across the country were managed and financed by non-government, international actors.¹⁰⁷ Furthermore, the BPHS had been hampered by an overreliance on donor funding through a dedicated Health Sector Pool Fund established in 2008, which

¹⁰³ Specifically, the BPHS was intended to cover 'free-of-charge' maternal, newborn, child, reproductive, adolescent, and mental health services as well as emergency care.

¹⁰⁴ Margaret E. Kruk, Peter C. Rockers, Elizabeth H. Williams, S. Tornorlah Varpilah, Rose Macauley, Geetor Saydee and Sandro Galea, 'Availability of essential health services in post-conflict Liberia', *Bull World Health Organ* 88 (2010), pp. 527-534, pp. 527-528; Emily Cleveland, Bernice T. Dahn, Teta M. Lincoln, Meredith Safer, Mae Podesta, Elizabeth Bradley, 'Introducing health facility accreditation in Liberia', *Global Public Health* 6, 3 (2011), pp. 271-282, p. 273; Patrick T. Lee, Gina R. Kruse, Brian T. Chan, Moses BF Massaquoi, Rajesh R. Panjabi, Bernice T. Dahn, Walter T. Gwenigale, 'An analysis of Liberia's 2007 National Health Policy: Lessons for health systems strengthening and chronic disease care in poor, post-conflict countries', *Globalization and Health* 7, 37 (2011), pp. 1-14, p. 3.

¹⁰⁵ Organization of African Unity, 'Abuja declaration on HIV/AIDS, tuberculosis and other related infectious diseases' (Organization of African Unity, Abuja, 2001). In 2001, heads of state of the then Organization of African Unity (OAU) pledged to allocate at least 15 percent of their national budgets to improve health care systems in their respective countries. They also urged donors to meet targets of allocating 0.7 percent of GNP for official development assistance.

¹⁰⁶ *Ibid*, p. 4.

¹⁰⁷ Kruk et al, 'Availability of essential health services in post-conflict Liberia'.

posed ‘challenges of coordination, reporting, management of competing priorities’¹⁰⁸ and national ownership in health care provision.

Poor healthcare service delivery as a function of limited to no government public authority was particularly glaring in Liberia pre-Ebola. For example, in an assessment of health care provision in northern Liberia in 2008, Kruk et al carried out population-based household surveys and health facility surveys in Nimba County—Liberia’s second most populous sub-political division—discovering that while all respondents could access treatment for malaria and half could access HIV/AIDS treatment, less than 30 percent, 15 percent, and 13 percent could access OBGYN, child management, and mental health services, respectively.¹⁰⁹ The authors blamed reasons both ‘technical and political’ on the limited access to health services for rural dwellers in Liberia, including the tendency of bilateral and multilateral donors to favour funding ‘less complex to implement’ services such as malaria treatment and HIV testing.¹¹⁰ In a similar study on the determinants of health systems usage amongst rural Liberians in Nimba, it was revealed that although informal and formal health care complement each other rather than serving as substitutes for one another, respondents had used informal health care seven times more than formal healthcare in the year preceding a survey conducted about health systems usage.¹¹¹ Moreover, few surveyed health facilities in rural Nimba provided services in all five index areas under the BPHS.¹¹²

Given the Liberian government’s inability to broadcast public authority by delivering

¹⁰⁸ *Ibid*, p. 528.

¹⁰⁹ Kruk et al, ‘Availability of essential health services in post-conflict Liberia’.

¹¹⁰ *Ibid*.

¹¹¹ Margaret E. Kruk, Peter E. Rockers, S. Tornorlah Varpilah and Rose Macauley, ‘Which doctor? Determinants of utilization of formal and informal healthcare in post-conflict Liberia’, *Medical Care* 49, 6 (2011), pp. 585-591, p. 587.

¹¹² Kruk et al, ‘Availability of essential health services in post-conflict Liberia’, p. 530.

quality healthcare before Ebola, it is no wonder that Liberians ‘inside’ and ‘outside’ the state were compelled to fill gaps in disease prevention and treatment. This brings us to a discussion of why domestic and diasporic actors respond to humanitarian emergencies like Ebola, in post-war and non-post-war states alike. It is clear from the empirical evidence and analysis thus far that Liberian non-state anti-Ebola efforts reveal a great deal about the reconfiguration of citizenship norms across space and time. New research has demonstrated that, for instance, ‘Liberian citizenship’ is currently conceived of at home and abroad as a bundle of practices ‘involving concrete contributions to state functionality’, political, economic and social development.¹¹³ Developing this argument further, it can be deduced that by directly intervening in measures to eradicate Ebola, Liberian domestic and diasporic non-government actors were practicing citizenship thereby morphing into the face of public health service delivery during and after the outbreak.

Conclusion

As Luckham has argued, there are four parallel processes that must be considered for legitimizing political authority: 1) rethinking and reconstituting the state itself; 2) inclusive nation-building; 3) democratizing at all levels of public authority; and 4) building a developmental state to facilitate sustainable growth with development.¹¹⁴ This article demonstrates that while Liberia’s pursuit of a vertical state-building agenda at the

¹¹³ Robtel Neajai Pailey, ‘Birthplace, bloodline and beyond: How ‘Liberian citizenship’ is currently constructed in Liberia and abroad’, *Citizenship Studies* 20, 6-7 (2016), pp. 811-829, p. 13.

¹¹⁴ Luckham, ‘The international community and state reconstruction in war-torn societies’, pp. 302-303.

behest of international donors unraveled during Ebola, the public health measures employed by Liberians ‘inside’ and ‘outside’ the post-war state were constituted by horizontal nation-building objectives thereby refashioning how we think about public authority in post-war states and beyond.

Scholars who examine post-war recovery projects emphasize state-building, while often ignoring its analytical twin, nation-building, which refers to the ‘strengthening of a national population’s collective identity, including its sense of national distinctiveness and unity’ or the ‘orderly exercise of a nation-wide, public authority’.¹¹⁵ Nation-building has three central elements that define it as a success: ‘a unifying, persuasive ideology, integration of society and a functional state apparatus’.¹¹⁶ This is a frame worth adopting in measuring not only the success of post-war transitions in Africa and elsewhere, but also achievements in implementing post-Ebola recovery in Liberia, Guinea and Sierra Leone. A number of features defining state-building and nation-building position the two in binary trajectories.¹¹⁷ While nation-building is ‘people centric’ and internally driven, requiring national agency, ownership and resources, state-building is ‘institution centric’ and externally driven, often soliciting international resources and involving some form of social engineering through a ‘one-size-fits-all’ approach.¹¹⁸

To date, Liberia’s post-war recovery has focused almost exclusively on state-building while neglecting nation-building. In their pursuit to build government authority, the Liberian government and international donors often side-lined Liberian non-government

¹¹⁵ Reinhard Bendix, *Nation-building and citizenship: Studies of our changing social order* (Transaction Publishers, New Brunswick, New Jersey, 1996), p. 22.

¹¹⁶ Jochen Hippler, ‘Violent conflicts, conflict prevention and nation-building’, in J. Hippler (ed), *Nation-building: A key concept for peaceful conflict transformation* (Pluto Press, London, 2005), p. 7.

¹¹⁷ Robtel Neajai Pailey, ‘Evaluating the dual citizenship/state-building/nation-building nexus in Liberia’, *Liberian Studies Journal* 36, 1 (2011), pp. 1-24, p. 16.

¹¹⁸ *Ibid.*

domestic public authority ‘inside’ the state (e.g., community leaders and organizations) as well as Liberian non-government diasporic public authority ‘outside’ the state (e.g., Liberian diasporas), particularly those not closely aligned with the ruling regime. Yet, it is these various nodes of public authority that filled the service-delivery gap in the midst of Ebola, even though humanitarian relief efforts were largely framed as the sole domain of non-Liberian actors. What differentiates Liberians ‘inside’ and ‘outside’ the post-war state from government and international actors is that they effectively converted ‘private resources and activities into resources for the public realm’¹¹⁹ thereby expanding the contours of public authority. Furthermore, non-government Ebola relief interventions involved direct service delivery without cumbersome bureaucracy or red tape and therefore were fast-tracked; they were based on already established formal and informal relationships; they were supported by local and diasporic funding, motivated largely by patriotic compulsions to serve Liberia; and they were reported primarily in the local press, with limited coverage in international outlets. While it is difficult to prove a causal relationship between the interventions of non-government Liberian actors and the gradual decline in Ebola incidence rates, we can begin to underscore important parallels between Liberian-led public health measures and Ebola eradication.

What is important for future research is a deeper analysis of how public policy measures have been refashioned as a result of non-government domestic and diasporic interventions during Ebola. Although it is beyond the scope of this article, I would like to offer two examples of shifts in this regard. First, the post-war Liberian government has explicitly acknowledged the role of domestic actors in mitigating the spread of Ebola. Months before Liberia was declared Ebola-free for the first time, President Sirleaf

¹¹⁹ Ekeh, ‘Colonialism and the two publics in Africa’, p. 91.

admitted in a speech in March 2015: ‘the community, filled with resilience, took charge of the Ebola fight initially when everyone, including the government, did not know how and where to start from...’.¹²⁰ Secondly the post-war government has attempted to formally incorporate non-government health practitioners into formal health systems strengthening, by launching on 24 July 2016 the National Community Health Assistant Programme to train and deploy more than 4,000 community health workers across the country, particularly to remote areas.¹²¹ Therefore, the most recent Ebola outbreak has compelled academics and policy makers alike to ‘go with the grain’¹²² rather than against it in their analysis and development planning by ‘embedding institutional arrangements in local [and diasporic] realities’.¹²³ Instead of harping on the inability of states such as Guinea, Liberia and Sierra Leone to respond adequately to a disease outbreak, it is more instructive to acknowledge, document and validate how *actual* alternative forms of public authority were made manifest through the ‘private activities and resources’¹²⁴ of domestic and diasporic non-government actors.

This article has provided a firm foundation for deeper analysis about the scope and magnitude of Liberian-led relief interventions during Ebola, thereby showcasing the need to document these initiatives further—in Liberia and elsewhere. In addition, it revealed

¹²⁰ Executive Mansion, Republic of Liberia, ‘President Sirleaf applauds community leaders and communities in their fight against Ebola’, 19 March 2015, Executive Mansion press release, <http://www.emansion.gov.lr/2press.php?news_id=3238&related=7&pg=sp> (10 April 2015).

¹²¹ *Frontpage Africa Newspaper*, ‘Liberia’s 169th independence anniversary activities commences’, 21 July 2016, *Frontpage Africa Newspaper* press release, <<http://frontpageafricaonline.com/index.php/politics/1497-liberia-s-169th-independence-anniversary-activities-commences>> (14 August 2016); Last Mile Health, ‘Government of Liberia launches historic national health worker plan to reach 1.2 million’, 24 July 2016, Last Mile Health press release, <<http://lastmilehealth.org/government-liberia-launches-historic-plan/>> (24 July 2016).

¹²² Tim Kelsall, ‘Going with the grain in African development?’, *Development Policy Review* 26, 6 (2008), pp. 627-655.

¹²³ David Booth, ‘Towards a theory of local governance and public goods provision’, *IDS Bulletin* 42, 2 (2011), pp. 11-21, p. 11.

¹²⁴ Ekeh, ‘Colonialism and the two publics in Africa’, p. 91.

public authority not as fixed and passively constructed ‘from above’ but as fluid and actively reconstructed ‘from below’ by a multitude of actors who engage in health service delivery during and after acute epidemics such as Ebola. Using Ebola in Liberia as a case study, I have argued herein for the reconfiguration of the state-building project, to focus not only on building government public authority, but also on building relationships across different loci of public authority, government and non-government, domestic and diasporic.