CONTENTS

About IDA

IDA is a private, nonprofit corporation that manages three Federally Funded Research and Development Centers. Our mission is to answer the most challenging U.S. security and science policy questions with objective analysis leveraging extraordinary scientific, technical, and analytic expertise.

IDA's Africa team focuses on issues related to political, economic, and social stability and security on the continent.

EXECUTIVE SUMMARY

COVID-19 has had a unique impact in African countries. This special edition of Africa Watch—COVID-19—examines the impact of the coronavirus in Kenya, in terms of pandemic restrictions and the resilience of institutions. Also covered are the impacts of COVID-19 and Al-Sunnah Wa Jamo insurgency on the liquefied natural gas outlook in Mozambique. Finally, this issue draws lessons from West Africa's experience with Ebola to tackle COVID-19.

CORONAVIRUS IN KENYA: PANDEMIC RESTRICTIONS AND THE RESILIENCE OF INSTITUTIONS

By Dr. Dorina A. Bekoe

While coronavirus infections spread slowly across Africa, nearly all governments rapidly imposed states of emergency with varying restrictions. The International Center for Non-Profit Law (ICNL) has identified 141 measures imposed by 46 sub-Saharan African governments. These measures include states of emergency, states of national disasters, and declarations of public health emergencies. In March, Sierra Leone imposed a yearlong state of emergency before recording even a single case of coronavirus infection. The emergency measures, which in most cases aim to restrict movement, impose behavior changes, and prevent the spread of misinformation, control the spread of coronavirus by social distancing, mask-wearing, and disseminating accurate public-health information.

Enforcing government measures to mitigate coronavirus has proved problematic. Many African civil society groups have called attention to the human rights abuses resulting from the emergency powers wielded by governments and state security forces—voicing grievances through public demonstrations, legal means, and enhanced monitoring of government actions. Kenya represents an important case study of the challenges faced when the enforcement of coronavirus restrictions rests in the hands of a national institution—in this case, the police—greatly distrusted by the public. The Independent Policing Oversight Authority (IPOA) documented many cases of police abuse while enforcing emergency measures almost immediately, and people protested harsh treatment at the hands of security services. The momentum of civil society activism engenders hope that the police may be held to account.

Kenya's Response to the Coronavirus

After confirming its first case on March 12, Kenya adopted several emergency measures to stem the spread of coronavirus. The first measure, announced on March 13, suspended all public gatherings and meetings for a month; warned Kenyans not to abuse social media or spread misinformation; suspended school sports, but kept schools open; and allowed religious services to continue, provided social distancing and hand sanitizers were in place. The government then issued measures from April to June to limit the physical movement of people in and out of hotspots, including Nairobi, Kilifi, Kwale, and Mombasa; mandated face masks and physical distancing in public; blocked pedestrian traffic along the border with Tanzania and Somalia; and imposed a dusk-to-dawn curfew.[1]

---

[1]   Overseas Security Advisory Council (OSAC), "Health Alert: Government of Kenya Announces Curfew Effective March 27," March 26, 2020. https://www.osac.gov/Content/Report/fdaa6d90-4a90-4f8a-8eab-184b375bb291; OSAC, "Health Alert: Kenya, Government Announces Restricted Movement Policies Effective April 6," April 6, 2020, https://www.osac.gov/Country/Kenya/Content/Detail/Report/504360f8-7fd9-4e4f-bd94-186151580903; OSAC, "Health Alert: Kenya, Government Announces Restricted Movement Directives," May 6, 2020, https://www.osac.gov/Country/Kenya/Content/Detail/Report/cab69722-6186-4a4e-bb87-189e58ae5050; OSAC, "Health Alert: Kenya, Government Announces Restricted Movement Directives," May 6, 2020, https://www.osac.gov/Country/Kenya/Content/Detail/Report/cab69722-6186-4a4e-bb87-189e58ae5050; OSAC, "Health Alert: Kenya, Government Announces New Public Health Measures,' April 10, 2020. https://www.osac.gov/Country/Kenya/Content/Detail/Report/8ca8f7c5-ba2b-4080-90e6-18694f86e3e3; OSAC, "Health Alert: Kenya, Government Extends Movement Restrictions And Curfew," May 18, 2020, https://www.osac.gov/Country/Kenya/Content/Detail/Report/1b001c89-08fa-40c1-ab12-18b6b3da7e5f.

The Kenyan police were [tasked](#) with enforcing these rules and restrictions. But that may not have been ideal. New [research](#) indicates that the use of authoritarian measures is not only ineffective in addressing public-health emergencies but can also make them worse. Work by Christian Bjørnskov and Stefan Voigt on the disaster management shows that "calling a state of emergency is connected with more—not less—people dying." Bjørnskov and Voigt (2020) show that not only does the state of emergency generally exist past the immediate crisis, but most significantly, it also reduces overall oversight of other government institutions—like the police. Kenya showcased the consequences of reduced oversight: fatalities resulted from police officers' attempts to enforce public health provisions and the failure of police to employ health-conscious practices themselves.

Of all the restrictions, the [curfew](#) in force since March 27, which curtailed movement from dusk to dawn, resulted in a number of [human rights abuses](#) and protests from civil society. Police beat people and lobbed tear gas at commuters hurrying to get home before the curfew. In one well-publicized [incident](#), on March 31, 13-year-old Yassin Moyo was hit by a stray bullet from police who were enforcing the curfew and killed while at home in Nairobi's Mathare slum. In fact, between the start of the curfew and July 22, the Mathare Social Justice Center [reported](#) 10 deaths at the hands of police enforcing curfew regulations. On June 25, Lazarus Tirop was [killed](#) in Nandi (in the Rift Valley) as he protested police harassing and fining a boda-boda rider for not wearing a mask. The following day, hundreds of villagers protested the killing of Tirop; during the protest, police [killed](#) three people. Citizens have also been placed in unhealthy situations at the hands of police. One [report](#) notes that residents of Mombasa detained by the police were forced to be close together with no protective gear. Tear gassing resulted in people coughing in close quarters, and people yelled in pain as police beat them with batons.

Is this IPOA's Moment?

Kenya's IPOA was established in 2012 after the 2007/2008 post-election violence plunged the country into a prolonged crisis. According to the [Waki Commission](#), which investigated the violence, Kenyan police were responsible for approximately 35% of the nearly 1,133 fatalities following the election. Moreover, the Waki Commission report exposed the corruption and impunity prevalent within the security services, contributing to the rationale for the creation of the IPOA. Per its mandate, the [IPOA](#) aims to "conduct impartial and independent investigations, inspections, audits and monitoring of the National Police Service to prevent impunity and enhance professionalism in the interest of the public."

Over the years, despite the highly negative picture of Kenyan police in the post-election crisis, police-related abuse continued to rise. According to IPOA, in 2019 there were more than [3,200 abuses](#), including extrajudicial killings, by police—a sixfold increase from 2013, when record-keeping began. Not surprisingly, survey results from the [Afrobarometer](#) report that only 14% of Kenyans trust the police "a lot." Approximately 49% trust police "somewhat" or "just a little," while 36% do not trust police at all. IPOA, however, has struggled with bringing meaningful convictions against police; witness intimidation and the reluctance of witnesses to testify often meant that police malpractice remained unpunished. Of 1,800 cases investigated by IPOA, only [six](#) have resulted in convictions. In June IPOA [noted](#) the number of fatalities and citizen complaints to its offices from the end of March—its offices had received nearly 90 complaints and documented 15 fatalities by police.

Will IPOA be able to perform its police-oversight function, given its poor track record thus far? Some important developments signal hope that IPOA could fare better investigating and convicting police officers that abuse their power during the pandemic. In April, Justice Weldon Korir, of Kenya's High Court, declared that the Law Society of Kenya and IPOA were essential workers. Such a designation would allow IPOA an [exemption](#) from the curfew laws, giving IPOA greater freedom of movement and presumably greater ability to investigate. More recently, two police officers that were seen [shooting and killing](#) two civilians in July at a Garissa market, who they alleged were terrorists, were [arrested](#). Equally

significant, the level of public protest may help IPOA overcome the greatest obstacle to prosecution in the past: fear of witnesses. Kenyans have continued to protest the government's management of the pandemic even as restrictions have eased. The country's anti-corruption agency is investigating allegations of financial mismanagement. On August 21, medical professionals called a strike and marched to protest perceived corruption by government officials in managing funds allocated for mitigating coronavirus and the provision of protective equipment. Moreover, international coverage of police abuse and government corruption is widely shared on social media and international press. In other words, there are encouraging signs that attempts to silence witnesses may be more difficult that in the past. Finally, the Building Bridges Initiative report, submitted to President Uhuru Kenyatta on October 20, calls for the transformation of the IPOA into a commission, enshrined in the constitution. These developments—IPOA's freedom of movement, the prosecution of police, and the possible reduction of witnesses' fear, and the institutional strengthening of IPOA—may increase the possibility that the IPOA and allied organizations may be able to hold police to account.

Dr. Dorina A. Bekoe is a Research Staff Member in the Africa Program at the Institute for Defense Analyses.

THE IMPACTS OF COVID-19 AND AL-SUNNAH WA JAMO (ASWJ) INSURGENCY ON LIQUEFIED NATURAL GAS (LNG) OUTLOOK IN MOZAMBIQUE

By Sarah Daly

Since the discovery of large deposits of natural gas off its northern coast in 2010 and 2011, Mozambique has pursued investment in extraction and processing facilities that, when functional, have the potential to increase its GDP sevenfold over 25 years. But COVID-19 has changed the liquefied natural gas (LNG) market landscape, disrupted construction timelines, and exacerbated ongoing humanitarian crises in Cabo Delgado. A violent insurgency threatens the region as a whole, and security for the LNG projects in particular. To mitigate the converging crises, the hydrocarbon companies are turning to the Mozambican government to collaborate on security and human safety solutions, but it remains unclear whether existing and new measures can deliver the stability necessary for profits and development.

The Potential for Liquified Natural Gas in Mozambique

LNG projects in Mozambique's northernmost region, Cabo Delgado, have made headlines throughout 2020. The downturn in global oil and gas markets, caused by plummeting demand due to COVID-19 and the spring 2020 price war between Saudi Arabia and Russia, led to widespread retrenchment by transnational hydrocarbon companies. But in Mozambique, where gas projects are in construction stages, the trepidation displayed in the early months of the pandemic has given way to renewed support for the projects, despite a multitude of obstacles.

In March, ExxonMobil delayed its final investment decision for its $500 million LNG project in Cabo Delgado following announcements of "significant" cuts to capital spending and operating expenses. In addition to delays caused by market slumps, work on the project faced delays due to restrictions on travel, disruptions in delivery of imported materials, and quarantines for workers exposed to COVID-19. The uncertainty surrounding these delays led the Export-Import Bank of the United States bank to withdraw $2 billion in backing, although the full investment of $4.7 billion was later reaffirmed in July.

Also, in July French giant Total secured funding that brought total investment for its onshore and offshore LNG developments in Cabo Delgado up to $20 billion. This represents the largest foreign direct investment for a project in Africa to date. As Total's CFO pointed out, this level of investment signifies that "financial institutions have confidence in the long-term future of LNG in Mozambique." The size of the gas deposits and Mozambique's location on the Indian Ocean make its LNG projects attractive to investors. Evidently, Total agrees and has moved forward in Mozambique despite a consolidation of its portfolio elsewhere. Total has backed away from, deferred, or canceled projects in Algeria, Ghana, Uganda, and Angola since the beginning of 2020.
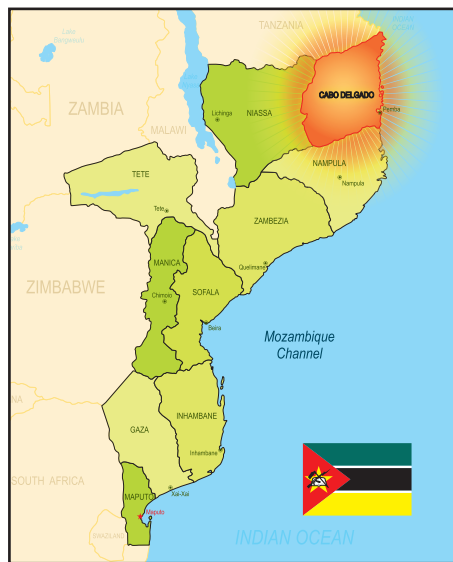
The Terrorist Insurgency in Cabo Delgado

The confidence of investors belies on-the-ground reality in Cabo Delgado that is complex and inauspicious. Since 2017, an Islamist-linked violent insurgency has terrorized local populations, displacing some 250,000 individuals and killing over 2,100. Since announcing its affiliation with the Islamic State in 2019, the group, known as Al-Sunnah Wa Jamo (ASWJ), has increased the lethality, sophistication, frequency, and number of its attacks. Following five months of attempts, ASWJ successfully commandeered the city and port of Mocímboa da Praia in mid-August 2020. Mocímboa da Praia is considered strategically important as an industrial and commercial transit point. It is also only 50 miles south of Palma, where most of the LNG projects are located. Despite evidence that Mozambican security forces were preparing to retake the city, Mocímboa da Praia remains outside meaningful government control at the time of this writing.

Although the militants have primarily targeted security forces and local populations, they launched two armed attacks on vehicles associated with the LNG projects. In February 2019, 15 armed men opened fire on an Anadarko Petroleum Corp. convoy on a main road near its LNG project. Anadarko sold its holdings in Mozambique to Total in September 2019. On June 27 this year, insurgents ambushed and killed at least eight Total subcontractors traveling by van outside of Mocímboa da Praia. ASWJ has long terrorized overland routes in the region. As noted, these incidents have not dampened investment. If threats remain limited to vehicles and transit, and not to fortified project sites, work will likely continue. In recent weeks, however, ASWJ has demonstrated growing maritime capabilities, which some journalists suggest could be used to threaten sea supply routes and offshore project areas.

To address the potential for increased insecurity, Total signed a memorandum of understanding with the government of Mozambique on August 24, in which it agreed to the implementation of a joint task force on security. The government agreed to increase regional security efforts and to uphold standards for human rights, while Total agreed to provide logistical support. The agreement was reaffirmed on September 21, when Total's CEO met with Mozambican President Filipe Nyusi to discuss the increasing severity of the situation. While full details of the memorandum of understanding have not been released, it is unlikely that this agreement will significantly alter outcomes for the region's struggle against ASWJ. It may, however, increase security at Total's project sites.

There is a risk that Total may damage its reputation with local communities by formalizing an association with government security forces, whose heavy-handed responses to the conflict have repeatedly violated human rights. Total's public statements on the September meeting stressed the company's commitment to local security and human rights, likely in response to outcry over recent videos showing extrajudicial executions—including the shooting of a woman by Mozambican forces allegedly detailed to provide LNG site security. And despite assurances of its confidence in the arrangement with Mozambique, in early October, Total's CEO appealed to European nations for assistance in battling IS in Cabo Delgado.

The security agreement may also increase the risk that ASWJ uses links between the state and Total to legitimize targeting Total assets and personnel. Perhaps more damaging still, the Mozambican Minister of Mineral Resources and Energy stated that the agreement was aimed at increasing security "to create a safe operating environment for partners like Total…" Diverting limited state resources to protect transnational corporate interests, albeit those with significant potential to spur long-term economic growth, could further erode northern Mozambicans' trust and faith that the state is acting in their interest. Northern Mozambicans have long felt overlooked by the central government, and the lack of employment opportunity—particularly for young people—has been a key driver of instability in the region. The arrival of the transnational corporations has exacerbated long-standing resentments and created new grievances. Local populations have been physically and economically displaced by projects, and heralded windfalls of jobs and prosperity have not arrived. Many in Cabo Delgado see unfulfilled promises as confirmation of endemic corruption.

Longstanding political and socioeconomic disenfranchisement has made Cabo Delgado vulnerable to anti-state narratives proffered by ASWJ. The Mozambican government seems aware that defensive security and offensive military action alone will not curtail the insurgency. In late August, President Nyusi announced a $764 million allocation for the new Integrated Northern Development Agency (ADIN), which includes plans to build economic opportunities and community resilience in Cabo Delgado and two other northern provinces where political unrest has grown into organized threats. Nevertheless, it seems unlikely that root causes of the conflict can be fully addressed even with a successful military intervention and ADIN fully funded.

COVID-19 Further Complicates the Situation

While the LNG projects have the potential to significantly increase Mozambique's GDP over the next 10 to 20 years, in the short term, they run the risk of contributing to regional instability. In March, international workers arriving at LNG work sites introduced COVID-19 into Mozambique. This led to the temporary shutdown of LNG projects while the virus spread in Cabo Delgado. The spread of COVID-19 in Cabo Delgado highlighted the lack of health-care infrastructure and support in the region, particularly to assist the hundreds of thousands of displaced people. In part to address this, Total has built and outfitted a COVID-19 testing laboratory, which opened in late July to serve populations in the North. In addition, the company rehabilitated a hospital ward in Pemba and supplied a hospital tent to Palma for COVID-19 patient isolation and treatment.

Despite these efforts, the pandemic has continued to spread, exacerbating unemployment and food insecurity. The latter is particularly acute in Cabo Delgado, where displaced people have been unable to plant or harvest crops. The proliferation of informal and unsanitary settlements, in combination with a heavy rainy season, have fueled outbreaks of cholera in the region, where insecurity has disrupted the ability of state health workers to render care and administer vaccines. All these crises highlight the lack of state capacity and governance in Cabo Delgado, and delays in material dividends from LNG projects could portend additional strife. ASWJ has repeatedly employed tactics aimed at eroding public trust in the government and its security forces. The ongoing crises have created additional opportunities for the group to do so, and it has been more active during the pandemic than ever before. As the Commander of the U.S. Special Operations Command–Africa highlighted in his August briefing to the U.S. State Department, violent extremist organizations will exploit the gaps in governance created by COVID-19, and ASWJ exemplifies the point.

Conclusion

As Mozambique's economy continues to contract due to fallout from COVID-19, its reliance on the LNG projects for mid- to long-term recovery will increase. As such, Mozambique continues to make plans for LNG and its profits. How the government responds to threats to those projects, particularly as Cabo Delgado grows more lawless and the humanitarian crises worsen, will determine what happens next. Will the government's security arrangement with Total result in security for the LNG projects at the expense of the rest of the region, in what two South African analysts have dubbed the "Iraqification" of Mozambique? Will formalized security agreements between the LNG companies and the government lead ASWJ to turn its attention and violence toward the oil companies as insurgents in the Niger Delta have? Or is there some other outcome whereby regional peace is restored, and hopes for economic prosperity are fulfilled? The final question is whether and how the government and the oil companies will be able to navigate the interwoven crises in the short term to achieve the touted long-term profit when the LNG begins to flow.

Sarah Daly is a Research Associate in the Africa Program at the Institute for Defense Analyses.

DRAWING ON LESSONS FROM WEST AFRICA'S EXPERIENCE WITH EBOLA TO TACKLE COVID-19

By Elissa Miller

From 2014 to 2016, West Africa faced the largest known outbreak of the Ebola virus in history. Guinea, Liberia, and Sierra Leone recorded close to 30,000 cases and at least 10,000 deaths over the course of about two years. All three countries were unprepared to respond to the outbreak due to a number of factors: weak health infrastructure; insufficient virus-detection capacity; mistrust in the government; and poor crisis communication. Just years after the Ebola epidemic, the COVID-19 pandemic raises questions about whether and how these governments have adopted lessons learned from Ebola to respond to a new, but similar threat.

Comparing Virus Profiles

Both COVID-19 and Ebola are complex pathogens, but they have differing modes of transmission. Ebola spreads through close and direct physical contact with infected bodily fluids, while COVID-19 is believed to primarily spread through respiratory droplets produced when infected individuals cough, sneeze, speak, or breathe. The Ebola fatality rate is far higher than that of COVID-19, but the latter spreads more easily.

The possibility of asymptotic COVID-19 cases, especially among young people, is particularly vexing for African countries, given their large youth populations. In Liberia, Sierra Leone, and Guinea, about 40% of people are younger than 15 years old. Crafting effective public health interventions is challenging because of limited testing infrastructure and supplies, as well as the potential need to isolate large segments of the population in a region that is so heavily reliant on informal economic and social structures. In putting into practice the lessons learned from the Ebola crisis, these countries face the twin challenges of enduring structural health deficiencies and the unique nature of this new virus.

Ebola Cases and Deaths 2014-2016
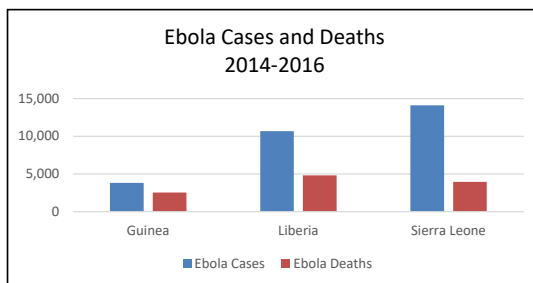
Source: Centers for Disease Control and Prevention

Comparing Ebola and COVID-19 Responses

So far in the pandemic, the collective number of COVID-19 cases reported in Guinea, Liberia, and Sierra Leone was modest—between two and five cases per 10,000 people—and no more than 1/12 that of South Africa, one of the continent's hardest hit countries. Yet the initial responses of Conakry, Monrovia, and Freetown were by no means uniform. Although all three drew on lessons from the Ebola crisis, this analysis suggests Freetown demonstrated the most success in operationalizing key lessons to tackle the novel coronavirus pandemic.

Sierra Leone

Sierra Leone confirmed its first Ebola case in May 2014 and declared a state of emergency two months later. Some studies, however, suggest Ebola was introduced from Guinea over five months earlier. Driven in part by unsafe burial practices, Ebola spread from the west of the country to Freetown in the east. By August, 80% of new infections were linked to traditional funeral practices involving contact with the deceased. The government took a more proactive approach to COVID-19. Before the first confirmed case in late March 2020, the Sierra Leonean government declared a 12-month state of emergency, launched public education campaigns, and deployed the armed forces to enforce compliance with public health directives.

Following the Ebola crisis, Sierra Leone emphasized epidemic prevention. In 2018, the military's medical unit held a two-day simulation to test rapid preparedness for another outbreak. Also in 2018, Sierra Leone developed, in coordination with the World Health Organization, a multiyear National Action Plan for Health Security (NAPHS) to better prepare for and coordinate health security crises (Liberia also developed a NAPHS in 2018). Weeks before its first COVID-19 case, Sierra Leone developed a preparedness plan and began working with international organizations through operation centers set up during the Ebola crisis. The government also supported the distribution and installation of sanitation infrastructure in recognition of the critical role that enhanced sanitation played in countering Ebola. In the months following the country's first COVID-19 cases, the government imposed several three-day lockdowns to locate and isolate the infected and conduct contact tracing, as it did during the Ebola crisis.

Sierra Leone appears to have adjusted its public health messaging in response to COVID-19 compared with its actions in the early days of the Ebola crisis. A decentralized community-outreach effort ultimately proved essential in reducing the spread of Ebola in Sierra Leone, especially in modifying behavior surrounding traditional burial practices. In response to COVID-19, the government's emergency operation center quickly began providing weekly radio updates, local leaders—including female and religious leaders—contributed to education and awareness-raising campaigns, and health centers were staffed with local personnel to promote trust. Officials from the health ministry also canvassed the country to promote the mantra of "less touching," a familiar messaging point used during the Ebola crisis.

Remaining structural deficiencies, however, pose challenges for Freetown's COVID-19 response. Sierra Leone lacks advanced diagnostic tools to conduct large-scale surveillance, and it has a limited number of hospital beds, especially for intensive-care patients. The absence of personal protective equipment (PPE) and basic medicine remains a challenge. Finally, crisis-communication efforts also came up short; in at least one incident, poor communication about last-minute restrictions resulted in clashes between residents and police. By late October, Sierra Leone had recorded 2,340 COVID-19 cases and 73 deaths.

Liberia

Liberia reported two confirmed cases of Ebola in March 2014, after which cases appeared to stabilize. Yet by early August 2014, the country witnessed an exponential rise in cases, and the government declared a three-month state of emergency. The juxtaposition with Liberia's initial COVID-19 response is stark. The first cases of COVID-19 were reported in mid- March. Before that, Liberia began screening and established a quarantine center for travelers returning from abroad. On March 22, the health ministry declared a national health emergency, closing schools, religious centers, and public areas, and it enacted strict social-distancing measures. Lockdown measures—temporary stay-at-home orders—were put in place on April 10 after a number of cases of COVID-19 had been confirmed.

According to Liberian officials, the country's Ebola experience significantly informed its COVID-19 response. The National Public Health Institute of Liberia (NPHIL) director and the president met in January 2020 to form a

coronavirus task force—which included many of the doctors and experts who led Liberia's Ebola response—to discuss test kits, contact tracing, and public health messaging. Authorities reopened Ebola-era intensive-care units countrywide that already had epidemic protocols in place. Authorities also recruited, trained, and deployed contact tracers to identify infections early and educate the public.

Public trust was central to the Liberian government's effort to develop an effective public health response to Ebola. Liberians were accustomed to accessing information through their communities, and long-standing mistrust of the government inhibited support for official prevention policies. This was evidenced by a riot that broke out in Monrovia's West Point neighborhood over quarantine measures, leading to violence between residents and security forces. The stigma associated with Ebola also prevented many from seeking care. A significant drop in infections only took place after the government pursued community engagement strategies, which helped socialize different behavior among the population. This approach empowered local leaders to take ownership of local responses and fostered trust in health authorities.

A similarly decentralized communication approach was visible in Liberia's initial COVID-19 response. Nongovernmental organizations and international organizations launched national prevention and awareness campaigns to amplify and encourage citizens to follow official guidelines, including social distancing and mask wearing. As during the Ebola crisis, Liberian pop stars released songs to raise awareness; Liberia's president also released a song about COVID-19. Meanwhile, the NPHIL broadcast weekly radio to give updates and answer citizens' questions, the health ministry regularly updated guidance on its website that highlighted the important role of community leaders, and health officials began touring the country to understand different local conditions and engage local leaders.

Nevertheless, Liberia's level of preparedness had major shortcomings. Despite the acknowledged importance of PPE in tackling Ebola, at the onset of COVID-19, Liberia's health system was short of necessary PPE and essential equipment like ventilators. The NPHIL acknowledged that not all counties had adequate resources to test and trace cases. Public confusion also emerged around the parameters of the government's lockdown, which was met with public outcry over concerns that it would exacerbate existing poor economic conditions. When the state of emergency was lifted in July, Liberians' relief was palpable. Many expressed a commitment to following social-distancing guidelines, suggesting that frustration with the government's virus response rested at least in part on economic concerns rather than wholesale mistrust in public messaging. As of late October, Libera recorded 1,385 COVID-19 cases and 82 deaths.

Guinea

Sustained transmission of Ebola in Guinea's capital of Conakry was not documented until May 2014, even though the first cases of the virus were detected there two months earlier. Data on early cases was not regularly collected, and concerted containment efforts did not begin until the president declared a national health emergency in August. In contrast, the president announced a state of emergency in response to COVID-19 two weeks after the country confirmed its first case. Virus screenings were set up at the Conakry airport and the country's main ports, and national and international health bodies began coordinating quickly. The effort to swiftly track cases reflected improved disease-reporting and -surveillance capabilities. Within a month of the first case, Guinea had closed its borders, banned large gatherings, closed schools, restricted movement, imposed a curfew, and made mask wearing compulsory.

Overall, Guinea's initial COVID-19 response suggests that it drew on lessons learned from Ebola to a lesser extent than Sierra Leone and Liberia. Its testing capacity remained limited, reducing the effectiveness of screening and surveillance. Critical resources like medical oxygen were in short supply. Health-care workers complained of a lack of training and PPE, which had also been a major challenge during the Ebola crisis. These issues were echoed in weekly government situation reports.

In addition, crisis communication surrounding COVID-19 was mixed. By July 2020, Guinea had aired COVID-19 awareness messages on 36 rural radio stations, and mobile phone companies and the country's health security agencies had distributed messages and videos to local populations to promote awareness. Yet other developments pointed to less effective communication. Multiple journalists were reportedly put under house arrest and accused officials of restricting the flow of information. The president called on citizens to maintain social distancing, wash their hands, and wear masks, but also advocated nonscientific "cures," such as drinking hot water, which drew criticism from health experts. An NGO operating in Guinea said 40 percent of individuals who tested positive for COVID-19 refused to be treated, pointing to limited trust in the public health response. Finally, confusion over a curfew in cities neighboring Conakry led to protests against roadblocks, and at least six were killed when security forces opened fire on protestors.

Guinea's political context—a legislative and constitutional referendum vote was held on March 22 and presidential elections were held October 18—was notable during this period. Abuses by security forces before the March vote fueled societal tensions and the opposition's mistrust in the authorities, creating an obstacle to the government's COVID-19 response. Protests resulting in clashes over the reelection of the president both before and after the election suggested additional obstacles to public trust. By late October, COVID-19 cases in Guinea, at over 11,635, were more than quadruple that of Liberia and Sierra Leone, although at 71 deaths, there were fewer fatalities.

COVID-19 Cases as of October 20, 2020
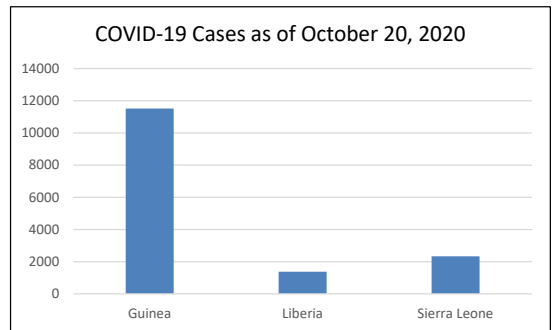
Source: World Health Organization

Several major shortcomings were evident in the regional response to the West African Ebola crisis. Weak prevention and detection capabilities resulted in slow government emergency responses, which were hindered by poor governance and limited investment in health infrastructure. Inadequate detection also resulted in limited information about the scale of the outbreak, especially in remote areas, which hampered infection control. Treatment centers were overwhelmed with patients and faced critical equipment shortages. This experience underlined the importance of early preparation for potential outbreaks.

The most significant lesson from the Ebola crisis, however, may be the impact of public trust on health responses. Polls indicate that Guineans, Liberians, and Sierra Leonians overwhelmingly trust religious and traditional leaders more than political leaders. Mistrust in the government, fueled by perceptions of corruption, extends to public health institutions. During the Ebola crisis, Guinean villages blocked access to health workers, Liberians attacked such workers, and Sierra Leoneans refused to abide by safe burial procedures, fearing the bodies of their loved ones would be misused. Public confusion led to a reluctance to participate in contact-tracing efforts or adhere to quarantines, and in some cases, it led to popular protests and riots.

Effective communication, therefore, was essential in securing public buy-in to counter the Ebola virus. Engagement with community leaders helped promote behavior changes that slowed community transmission. In particular, religious and traditional leaders played a central role in encouraging safer burial practices, demonstrating that communities are vital partners in developing locally tailored emergency responses. The extent to which Sierra Leone, Liberia, and Guinea have applied these lessons learned to combat COVID-19 varies, and while imperfect, evidence suggests they are somewhat better prepared after their experiences with Ebola to contend with public health crises.

Elissa Miller was a Research Associate in the Africa Program at the Institute for Defense Analyses at the time this article was written.