Three Acts of Resistance during the 2014–16 West Africa Ebola Epidemic: A Focus on Community Engagement

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Abstract

Community engagement is commonly regarded as a crucial entry point for gaining access and securing trust during humanitarian emergencies. In this article, we present three case studies of community engagement encounters during the West African Ebola outbreak. They represent strategies commonly implemented by the humanitarian response to the epidemic: communication through *comités de veille villageois* in Guinea, engagement with NGO-affiliated community leadership structures in Liberia and indirect mediation to chiefs in Sierra Leone. These case studies are based on ethnographic fieldwork carried out before, during and after the outbreak by five anthropologists involved in the response to Ebola in diverse capacities. Our goal is to represent and conceptualise the Ebola response as a dynamic interaction between a response apparatus, local populations and intermediaries, with uncertain outcomes that were negotiated over time and in response to changing conditions. Our findings show that community engagement tactics that are based on fixed notions of legitimacy are unable to respond to the fluidity of community response environments during emergencies.

Keywords: Ebola, community engagement, ethnography, legitimacy

Introduction

During the 2014 West African Ebola epidemic, an estimated US\$ 10 billion was spent to contain the disease in the region and globally. The response brought together multilateral agencies, bilateral partnerships, private enterprises and foundations, local governments and communities. Social mobilisation efforts were pivotal components of the response architecture (Gillespie *et al.*, 2016; Laverack and Manoncourt, 2015; Oxfam International, 2015). They relied on grassroots community actors, classic figures of humanitarian work or development (Olivier de Sardan, 2005): chiefs, women, elders and youths seen as legitimate actors, able to both represent and influence the 'community' – that is, to be intermediaries of community engagement between the intervention and local populations. This article shows how both the legitimacy of these actors embodying the response and eventually the intervention itself was contested and negotiated through localised encounters.[1]

We present three ethnographic cases based on first-hand, epidemic-related field observations of community

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engagement and local resistance. The authors were involved in diverse ways in Sierra Leone (Luisa Enria), Liberia (Almudena Mari Saez[2]) and Guinea (Frédéric Le Marcis and Sylvain Landry B. Faye) and as part of the global response coordination (Sharon Abramowitz). These case studies, directly observed by the authors, present three community engagement encounters representative of practices regularly implemented to gain communities' trust and stem potential resistance to epidemic control measures: communication through elders and youths in Guinea; engagement with NGO-affiliated community leadership structures in Liberia; indirect mediation to chiefs in Sierra Leone. Inspired by the extended-case-study method developed by the Manchester School (Gluckman, 1940), we illuminate our ethnography by paying attention to the long history of the relationship between power and population.

The cases are presented chronologically in order to align with the history of the West Africa epidemic. In the first case, Sylvain Landry B. Faye details a case from Kolobengou, Guinea, in which Ministry of Health efforts to mobilise traditional and political elites clashed with locally legitimate youth and local leaders over the distribution of Ebola-relief goods. In the second case, from Liberia, Almudena Mari Saez narrates negotiations between community-based organisations and the NGO in charge of opening a new Ebola Treatment Unit at the SKD[3] Stadium in Monrovia. In the final case, from Sierra Leone, Luisa Enria discusses the role of chiefs through the confrontation between the police and young Sierra Leoneans in Bamoi Luma when authorities violently imposed the closure of a market in order to avoid a resurgence of the epidemic.

Despite their heterogeneity, the cases constitute what can be termed *comparables*, in reference to the work of the French historian Marcel Détienne (2002, 2009). They are emblematic of the interactions at play during emergency encounters. They speak to each other as they highlight the contested nature of legitimacy, its roots both in the *longue durée* and in contemporary issues. They shed light on the important role played during epidemics by the too often ignored intermediaries of the international intervention. Comparative anthropology of the kind we develop here has the potential to detect and analyse ways of thought and practice and situate them in the context of both localised and world-historical events, contexts, histories and discourses (Détienne, 2009: 61).

Community engagement is commonly regarded as the axis on which to secure access and trust in humanitarian emergencies. However, its implementation remains an open debate. Far away from ready-made engagement tactics (such as systematically calling the chiefs, elders, women and youths), anthropologically informed assessments of the West African Ebola response paint a more complex picture of engagement in practice, revealing murky social dynamics in some encounters, including aggressive appeals for collaboration, top-down decision-making and a lack of accountability (Calain and Poncin, 2015; Carrión Martín et al., 2016; Cohn and Kutalek 2016; Gomez-Temesio and Le Marcis, 2017; Oosterhoff and Wilkinson, 2015; Tengbeh et al., 2018; Wilkinson and Fairhead, 2017; Wilkinson et al., 2017). Building on this work, our ethnographic case studies aim to understand the sources and contingent nature of the legitimacy of a large-scale humanitarian intervention. We represent the Ebola response as a dynamic interaction between local populations, intermediaries and resource brokers, with uncertain outcomes that were negotiated over time and in response to rapidly changing conditions on the ground.

A comparative approach allowed us to develop an analysis of the formation, negotiation and rejection of the legitimacy of local, national and international actors and interventions that had different implications for the duration of the epidemic and the effectiveness of the response in Liberia, Guinea and Sierra Leone. There were significant regional and national differences in local health and economic needs, national histories and authorities' handling of community engagement. However, our comparative approach also illustrates how, across the three countries, social life, communal trust and political legitimacy worked around, through and in conflict with formal and informal community engagement interventions and local leadership structures. The narratives we present below reveal the restricted range of options for humanitarian NGOs and state representatives in encounters, which can have significant consequences both for communities and humanitarian workers, ranging from successful and participatory engagement to open hostility and violence. They testify to negotiations revolving around the question of who can be trusted for what, and who can speak for and be listened to by the community, according to a shifting array of moral and political rules.

With our focus on the intermediaries who connected the Ebola response to local populations, each study examines how the legitimacy of the response generated tensions and mediation rooted in the immediate turmoil surrounding the epidemic but also in the deeper histories, social legacies and politics. In order to provide a thick description of contestations over legitimacy, we pay particular attention to the authority of those not formally recognised to have power – the *cadets sociaux*, a common notion in Francophone Africanist social sciences (Bayart, 1989; Meillassoux, 1975). *Cadets sociaux* are the opposite of elders or 'doyens' (individuals in a position of power because of their rank, regardless of their age). The word 'sociaux' implies that they are young and therefore

without power, but not necessarily because of their age. Their status (and lack of authority) is defined by their structural location in society: they may be youths, or old but second-born, or women or foreigners with no rights. Focusing on intermediaries, mediation and in particular on the role of the *cadets sociaux* enables us to show how social dynamics are re-enacted in a context of crisis.

Background

Historical analyses have attributed the failure of the Guinean, Liberian and Sierra Leonian governmental responses at the onset of the epidemic to a number of factors related to history and international political economy. They range from the legacy of the transatlantic slave trade and colonial histories to economic structures built around international extractive industries and aid dependency (Benton and Dionne, 2015; Richardson *et al.*, 2016; Wilkinson and Fairhead, 2017). Externally imposed structural adjustment in the 1980s hollowed out all (non-military) essential state functions. This, in turn, transformed citizens' relation to and expectations of the postcolonial state and its legitimacy. Exacerbated by experiences of conflict and instability, weak health sectors and economies and an eroded social contract set the foundations for the crisis of 2014.

The place of these countries in global history and contemporary dependencies was re-inscribed in the nature of the response. Under the PHEIC (Public Health Emergency of International Concern) declared by the World Health Assembly on 8 August 2014, it was conducted through a joint partnership between the international community and governments of the Mano River region in a manner heavily informed by past colonial relationships. In each of the three countries, humanitarian interventions or clinical trials were largely run through national institutions with direct ties to former colonial powers (France intervened in Guinea, the UK in Sierra Leone, and US organisations were the first in Liberia).[4]

A comparison of social resistance and engagement in the Ebola response in Liberia, Sierra Leone and Guinea reveals that explanations for the challenges encountered by the response lie in these political configurations, not culture, as was often implied by initial analyses (Chandler *et al.*, 2015).

In Guinea, both history and contemporary events shape how populations related to the Guinean state. Sekou Touré's state-led demystification policies had aimed at destroying animist cults considered as backward. These policies continued through the beginning of the Conté presidency (1958–80) – direct evidence of the violence of the state and its disregard for the population (McGovern, 2013). The current Guinean extractive

economy, a 'liberal extractivist regime that primarily benefits external actors' (Knierzinger, 2014: 4), has led ordinary Guineans to feel that a corrupt political elite defends only its own interests and those of foreign companies. And where people can only *witness* what they understand as predation, they turn to violent words or deeds as a means to be recognised. This has been well described with regards to youth politics in Conakry (Philipps, 2013).

The contested nature of traditional authority in Sierra Leone is similarly emblematic of state–society relations. British colonialism left behind a bifurcated state (Mamdani, 1996), with despotic chieftaincies in the hinterlands and a central state without roots in society. The civil war (1991–2002) was the culmination of decades of alienation and socio-economic exclusion, and rebel factions directed their anger at representatives of the 'rotten system', including chiefs, as symbols of abuses of power and the marginalisation of youth (Peters, 2011; Richards, 1996). Questions of legitimacy resurfaced after the war as heated debates emerged around the reconstitution of the chieftaincy. Despite pre-war abuses, populations nevertheless perceived chiefs and customary law as closer to communities than central government, but they called for reform (Fanthorpe, 2006). On the eve of the Ebola outbreak, therefore, chiefs maintained their power but it was not unchallenged.

Historical divisions between Americo- and African-Liberians have marked the fight for power and socio-political identities in Liberia (Ellis, 1999). During the political instability of the 1980s and the fourteen years of civil war (1989–2003), these distinctions became exacerbated, with the legitimacy of 'traditional' and 'modern' forms of power becoming instrumentalised and questioned (Fuest, 2010). Youths' and women's agency in navigating the conflict (as both fighters and victims) and post-conflict periods (Utas, 2005) set the foundations for understanding their claims for representation in decision-making arenas.

It was against these historical backdrops that the intertwined histories of the Ebola epidemic in the Mano River region broke out. As the crisis gained pace through 2014, it became clear to national and international responders that top-down approaches were failing to generate the kinds of behaviour change seen as essential to bend the curve. In some instances, community leadership took charge independently by developing 'indigenous' strategies to contain the social and physical risks posed by the virus (Richards, 2016). The national and international response architecture also made efforts to ensure 'local leadership', primarily by calling on community leaders to mobilise their constituencies around regulations such as safe burial practices. This required making response measures 'palatable' while also

enforcing more punitive containment methods (Caremel *et al.*, 2017). The WHO (2018) has cited this 'localisation' of the response as a key factor in its ultimate success. Through our ethnographic accounts we aim to disrupt this linear narrative by showing how community engagement was inscribed in local social dynamics and produced through fierce contestations and local-level mediation, with uncertain and unstable outcomes.

Methodology

This is an article about small events during the Ebola response in the Mano River region. Each ethnographic case study presents original data to show how localised social interactions played out during critical moments. These snapshots talk about the present but reveal the *longue durée*.

The five authors were closely involved in the national (Sylvain Landry B. Faye, Frédéric Le Marcis, Almudena Mari Saez and Luisa Enria) and international Ebola response (Sharon Abramowitz) in different capacities: carrying out ethnographic research, providing guidance on the socio-cultural aspects of clinical interventions and community engagement, advising multiple international actors, and as animator of a global network aimed at sharing information during the epidemic (Abramowitz, 2017; Anoko, 2014; Enria *et al.*, 2016; Faye, 2015; Le Marcis, 2015; Moulin, 2015; Saez and Borchert, 2014). We conducted fieldwork, surveys, and interviews in Guinea, Sierra Leone and Liberia.[5] We interacted with local actors, government officials and aid and healthcare workers before, during and after the epidemic. Our research was supplemented with past anthropological and historical research.

Our analysis used a comparative approach,[6] focusing on intermediate-level actors in each country; it questioned the legitimacy of the response at their level and, by extension, of the response itself. Intermediaries, chosen by the response for their capacity to represent and influence 'communities', have indeed embodied the Ebola response and, in turn, produced and challenged its legitimacy. This has allowed us to link national and international perceptions of how local authority should be exercised with tensions between the threat of coercion and the use of persuasion.

Findings

Guinea: *Comités de veille villageois* in Kolobengou

The leading instrument of community engagement in Guinea, *Comités de veille villageois* (CVV), or village-watch communities, was established through a UNICEF initiative in Guinea in 2014. Officially, their members were supposed to be selected by community members. In the prefectures of Gueckedou, Forecariah and Coyah, CVVs were made up of local elites, official representatives of youths and women, religious leaders, traditional healers and Ebola survivors. The convening of the CVVs was intended to support the Ebola response by creating a local mechanism for resolving issues around population resistance and epidemiological surveillance; but such efforts often had the counter-effect of provoking resistance (Abramowitz *et al.*, 2017; Faye, 2017; Gillespie *et al.*, 2016; Wilkinson and Fairhead, 2017). As we will show, *cadets sociaux* challenged official CVVs and have retained the legitimate authority to carry out community surveillance and community defence. In doing so, they reprised the monitoring and protection role they played during the Liberian and Sierra Leonean conflicts in the 2000s, when the Guinean army was seen as ineffective in protecting its own people against the incursion of rebels from neighbouring countries (McGovern, 2017).

In July 2014, Sylvain Landry B. Faye witnessed the population of Guinea's Tékoulo sub-prefecture engaged in a series of provocative actions towards Ebola-response teams that could be characterised as violent. Local communities concealed patients suspected of having Ebola, refused to allow family members to be registered on follow-up contact lists, refused to support safe burials and banned intervention teams from entering villages.

Kolobengou village, part of Tékoulo sub-prefecture, was one place where cases of Ebola were identified. Village youths destroyed the bridge leading to the village to prevent the passage of humanitarian vehicles suspected of spreading disease. Chiefs were sent away when they visited family compounds. Young people who spontaneously organised themselves to raise awareness and protect 'their communities' violently challenged Ebola response teams, banned foreigners, organised surveillance brigades to ensure that no one entered the village and sought the arbitration of regional political authorities (the *préfet*, or governor).

To solve the problem, responders targeted traditional healers, sacred forest leaders, Christian and Muslim religious leaders, hunters, migrant associations and councils of elders; all of whom held a traditional legitimacy that conferred authority in the predominantly Kissi region. But in a context of growing mistrust between those in power and the populace, and a growing critique from *cadets sociaux*, the strategy of bringing local leaders to the fore in order to 'develop trust' and improve the community acceptability of response activities did not work. Prefectural and local authorities, elders and migrant associations in the capital city who tried mediation to facilitate access in the reluctant villages of Kolobengou and Wabengou were assaulted.

The Guinean government instructed all of its leading ministry officials to go to Gueckedou, the capital of the prefecture. In order to comply with this call from the government, the Minister of Health, the colonel doctor Rémy Lamah, a native of the Guinée forestière (Nzérékoré) region, planned a field visit together with the President of the National Assembly, who was from the nearby town of Kissidougou. In preparation for the visit, senior health officials arrived to mobilise local authority figures (such as elders, youths and political leaders) to negotiate an agreement that would allow access to the resistant populations in exchange for the provision of financial resources.

Seeing an opportunity, the young people from Kolobengou who lived in Gueckedou offered to reach out to their peers in the village to try to resolve the conflict. At the same time, the Council of Elders of Gueckedou proposed to visit the village to raise awareness. Thus, two missions supported by the Minister of Health found themselves on the ground at the same time, creating a situation in the village in which there were too many people with too many agendas. They all came from outside – they lived in Gueckedou – but they all claimed to represent the population. The joint presence of two groups of people from outside the village but claiming to represent it irritated the population. Both groups were attacked by village youths living in the locality, who had established community-watch committees to protect the village.

The attacks shocked the national leadership then visiting Gueckedou, and the regional government sought to reassert its authority and show firmness. The *préfet* ordered the arrest of the perpetrators. Eighteen people were arrested and imprisoned in the Gueckedou gendarmerie. While they awaited trial and possible transfer to Conakry, the revolt and defiant attitudes in the villages was exacerbated. Finally, Sylvain Landry B. Faye was brought in by the WHO to facilitate a community mediation process that would lead to reconciliation and enable community mobilisation and empowerment for the Ebola response. The goals were to enter the village and allow intervention teams to do the investigative work to examine the history of Ebola development and its transmission chains within the community.

Liberia: Community Liaisons and the SKD Stadium Case

August 2014 was a month of big changes in the Ebola-containment campaign in Liberia's capital, Monrovia. On 1 August 2014, Liberian President Ellen Johnson Sirleaf declared a national state of emergency and mandated a controversial and widely disliked policy of mandatory cremation for all persons who had died from Ebola Virus Disease (EVD), as well as mandatory

lockdowns and the notorious militarised quarantine of the West Point area, one of Monrovia's most densely populated slums.

Another part of the Monrovia, Montserrado County's sixth electoral district, called District 6, one of the most populated urban areas in the country, hosted two of the city's largest Ebola Treatment Units (ETU), ELWA 2 and ELWA 3,[7] near the SKD Stadium. It has been described elsewhere how ETUs – specific infrastructure for the isolation of patients from infectious diseases – were used in previous filoviruses epidemic emergencies (Boumandouki et al., 2005; Gomez-Temesio, 2018; Milleliri et al., 2004; Park and Umlauf 2014). Their intrinsic quarantine logic and inability to provide care became rapidly obvious to the population. More than half of the patients admitted to ETUs died, and their bodies were buried anonymously (except in Liberia, where they have been mainly cremated), fostering rumours of body parts being harvested and of deliberate infection (Calain and Poncin, 2015; Gomez-Temesio, 2018; Gomez-Temesio and Le Marcis, 2017). Residents reported that living near ELWA 2 and ELWA 3 at this time was traumatising. Neighbours expressed the fear and mistrust that came with having an ETU close to them and of having been continuously exposed to death. From the beginning of Ebola's arrival in District 6, residents anticipated a slow and inadequate government response. Local citizens organised themselves into community task forces and started their own quarantine initiatives, which included visits, food and financial support.

In September 2014, an ETU-construction project in the SKD Stadium caused District 6 residents to protest in the streets. Liberian government and NGO representatives, alarmed at the mass demonstration, told residents that the newly constructed building would be used for Ebola supply storage. The authorities that had ignored residents' concerns and fears were now deceiving them. But the protest against the ETU's installation created a space for negotiation with the district authorities and opened an avenue for local demands of accountability and operational safety.

After the protest, the National Ebola Task Force and the District 6 Ebola Task Force called a meeting of the task forces, District 6 City Council, NGO representatives and community representatives. They wanted to discuss how the latter could live with the ETU in their neighbourhood. The ETU's removal was not on the agenda. Almudena Mari Saez worked with a District 6 resident community liaison for the International Rescue Committee (IRC), which was leading the SKD Stadium ETU's construction. The community liaison, a woman, had been nominated by the community to head the community Ebola task force and was later elected as a community leader. In that role, she participated in the

negotiations concerning the building of the SKD Stadium ETU.

The meeting captured the community's priorities and conveyed the sense that the government needed to be held accountable for the welfare of local populations even in the Ebola emergency. District 6 inhabitants' principal issue was sanitation and waste-water management, as sewage from the stadium bathrooms drained directly into the neighbouring communities. Residents were also worried about the economic impact of opening an ETU inside the stadium. For many, the stadium served as their main source of income, social, religious and sporting activities providing side-business opportunities, such as the sale of food and drink. There was real concern that, like other Ebola-treatment centres, the SKD Stadium would be unusable after the epidemic because of the risk of infection. In subsequent meetings, an agreement was reached to provide materials to redirect the flow of sewage from the stadium into the main sewage system. The community insisted that the IRC include a quota of hires for all ETU positions directly from the community. Youth leaders agreed to work with the district leadership, the Liberian government and international organisations to raise awareness of Ebola through a new outreach program that included the training of district and community task forces. The community liaison assistant held weekly meetings with the community Ebola task forces and the city council to inform them of the admission of patients to the ETU. Some requests were technical and were easily answered by Water, Sanitation and Hygiene (WASH) teams, clinicians or psychosocial teams associated with the ETUs.

Though not all complaints were addressed, the communities in District 6 chose their representatives in the negotiation with international partners. New legitimacies were built through a dialogic learning process that extended through the construction period and into the operational phase. As of 2016, District 6's leaders and council representatives continued to cooperate to resolve concerns through the establishment of a new community-based organisation called Taking Initiatives, and youths have used the Ebola experience as a precedent for establishing new initiatives.

Sierra Leone: The Bamoi Luma Case

Kambia District, where Luisa Enria worked as part of an Ebola-vaccine trial to study perceptions of medical research during the emergency, was one of the last districts in Sierra Leone to achieve zero cases. In July 2015, the military-led Operation Northern Push was put in place alongside a 'community ownership model' in which Kambia's chiefs were actively involved. They were 'chief community mobilisers' but also had to impose unpopular measures, including setting fines for violating Ebola regulations and punishing resistance. Nevertheless, members of the District Ebola Response Committee argued that these measures were ultimately accepted because of respect for the authority of the chieftaincy: 'Our people do not know government… it is only the chief they know'.

In January 2016, however, the District Ebola Response Committee was faced with an unexpected challenge: a confrontation between young people and the police in Bamoi, home to the biggest market in the North (the *Luma*), in a dispute emerging from a new Ebola case, which threatened to shut down all economic activity. Sierra Leone had been declared Ebola-free two months earlier, although many of the emergency regulations remained in place. On 14 January, a new case suddenly emerged. A young woman who had travelled from Guinea and had stopped in Bamoi on her way to Magburaka, where she eventually died, was confirmed Ebola-positive (Fofana, 2016). This sparked nationwide controversy, and in Kambia, many didn't believe that the new case was real. Some suspected that Ebola workers were trying to make money from the epidemic once more. 'Workers at the treatment centre jumped with joy when they heard!' was a common story told in *poyo* (palm wine) bars. In Bamoi, contact tracing proved a challenge: of the fifty people to be quarantined, most escaped and resisted the ring-vaccination efforts. In the following days, district officials discussed whether to shut down the market, as had been done at the peak of the epidemic, but an official decision was not communicated.

In the early morning of 26 January, Bamoi residents who went to the mosque heard a sudden announcement that the market would close. The announcement was broadcast through the mosque loudspeakers, and an armed Operational Support Division (OSD) of military police arrived in town to enforce it. As young men took to the streets to protest this affront to their livelihoods, police officers shot a live round and injured three young men. In the midst of the confusion, the Chief, who claimed he had not been warned that the closure would go ahead, attempted to coordinate local sub-chiefs to intervene. Many refused and went into hiding for fear of reprisals. For the rest of the morning, the OSD patrolled the empty streets, guns slung over their shoulders, as young men watched them in silence from closed market stalls. As a district official arrived from Kambia, bystanders began shouting about police abuses, pointing to the pool of blood on the street. An observer tried to reassure the crowds that 'big people' – district authorities, like chiefs – would be coming. A young man laughed: 'Big people? They are the ones who sent these people to kill us.'

By the afternoon, chiefs remained conspicuously absent, but national politicians, 'sons of the soil' with

aspirations, arrived in Bamoi and denounced the closure of the *Luma,* in an effort to shift the blame from government and on to local actors. The crowd retaliated by burning down the police station. At night, they set up checkpoints to check vehicles for local authorities: 'If the Chief makes the mistake of going through the *Luma* he has another thing coming!'

In the weeks that followed, Kambians blamed local stakeholders and the Chief for failing to communicate the closure. A slogan painted on one of the local coffee shops (*attaya base*) in Bamoi – 'Ebola Phase II: it didn't work' – connected the riots with broader suspicions surrounding the outbreak and authorities' complicity. The new case had been another opportunity to 'eat Ebola money'. The riots were seen as a sign that people would now 'stand up for their rights' and put an end to big people's profiteering. The Chief was aware of the anger directed at him and other authorities during the riots, at their perceived inability to protect the interest of the community in the face of the cynical interests of the response. Unlike national politicians, who could distance themselves from the decision to close the market, the Chief highlighted the risk to his safety during the riot as an explanation for his absence from the scene. It was people like him, he noted, that traders held responsible for continued hardship despite the emergency having been declared over.

Discussion

Each of these events reveals the fluidity of legitimacy, the importance of negotiation and the significance of roles and decisions taken by different kinds of intermediaries navigating the response (Vigh, 2006). These three 'acts of resistance' also demonstrate the complex political processes and the specific dynamics of compromise underpinning the social reproduction of the Ebola response at local level. They show the crucial need to pay attention to the positionalities of *all* interlocutors involved in these encounters, including self-reflexive attention to one's own position (as researcher or humanitarian worker).

The story of Ebola is often told through two primary actors: 'the response' and 'the population'. This excludes the story of how the legitimacy of elites charged with 'mobilising' communities was contested by different sectors of local populations. For example, *cadets sociaux,* like women and youths, sought to protect their communities, showing willingness to take an active part in crisis management and to be recognised as legitimate contenders for power in the marketplace of local influence. Moments of crisis create opportunities for authority negotiation and competition. As our examples show, the terms of these contestations are influenced (but not determined) by long- and short-term histories. Each case tells a specific story.

In the Kolobengou case in Guinea, it is apparent that the involvement of the 'wrong' elites through the CVV mechanism generated anger. In Kolobengou, local youths protested violently, with support from villagers. The latter saw efforts at mediation as benefiting only a minority, who claimed to be representative while living in the regional capital. This echoes analyses concerning the involvement of youth groups ('staff') in political mobilisation in urban Guinea (Philipps, 2013).

In the SKD Stadium case in Monrovia, Liberia, it is evident that the community liaison had distorted expectations of local leadership, some of which were informed by previous humanitarian experiences during and after the civil war. The Ebola Task Force's disregard of local sensitivities, context and capabilities were put in sharp relief when transferring people to the ETU, collecting and incinerating corpses, asking people to monitor their neighbours, and during quarantines and lockdowns. Residents perceived the intervention as a threat to their livelihoods, social networks, lived environment and to the already weak public health infrastructure. Through their negotiations around practical issues such as employment, waste-water management and the economic impact of an ETU opening in the stadium, young people were able to take part as legitimate actors in the interventions that affected their realities, setting the basis for long-term engagement in their communities.

Lastly, the Bamoi Luma case in Sierra Leone revealed the unstable nature of power. It is not that the chieftaincy was not trusted – rather, the Chief's authority, like that of other intermediaries, was subject to challenge. In the context of historical disputes over the source and uses of political authority, and in particular of tense relations between youths and elders, chiefs' abilities to effectively mobilise communities vary across districts and over time. The trust that was gained at the height of the epidemic could be lost again as the material benefits associated with humanitarian interventions were seen to be unevenly shared.

The lesson here for community engagement during emergencies is that no 'one size fits all', that inflexible or top-down responses are not appropriate and that community engagement requires the fundamental recognition that within communities power and legitimacy are *always* contested resources. Effective community engagement requires a dynamic awareness of history, context and power that remains conscious of how legitimacy and authority are pursued or rejected, volatile or stable, won, contested or undermined, hoarded or distributed, and how they change over time (Boissevain, 1974; Ferguson, 1994; Lewis and Mosse 2006; Olivier de Sardan, 2005).

Theories of international development, humanitarian response and health communication highlight the role of local leaders as brokers of acceptability and access. However, these theories' models of community engagement are often based on fixed notions of legitimacy that are unable to respond to the fluidity of social dynamics during a crisis. Producing more or better rules of engagement will not resolve uncertainties, nor will the development of cultural taxonomies or overly defined concepts. The always negotiated nature of power is an essential feature of social life. Engagement is always a risk, and success in mobilisation requires an acceptance of contingencies and an ability to adapt to changing circumstances.

Notes

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2 Almudena Mari Saez would like to thank the neighbours around the SKD Stadium who agreed to talk and share their concerns with the liaison person and herself.

3 Abbreviation of Samuel Kayon Doe.

4 MSF Belgium was heavily involved in the Ebola response, even though Belgium had no colonial connection with the Mano River countries (Guinea, Sierra Leone and Liberia). But MSF Belgium's expertise of Ebola is strongly correlated with the Democratic Republic of Congo, a former Belgium colony and which in 1976 experienced the first Ebola outbreak.

5 Sylvain Landry B. Faye did fieldwork in Mali as well, as part of the WHO response team.

6 A writing seminar entitled Ebola in Comparison was convened at the *ENS de Lyon* on 14–15 February 2017 by Frédéric Le Marcis. The five co-authors shared their respective analyses of the Ebola epidemic in the Mano River countries with the aim of building on the comparative methods. Further discussions and writing took place on Google Docs and by email.

7 ELWA ETUs 2 and 3 were named after the nearby ELWA hospital, which belongs to ELWA ministries (Eternal Love Winning Africa), part of SIM (Sudan Interior Mission), an international Christian mission that has operated in Liberia since 1952.

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