

“More than Disease”: Uncovering the Economic, Social, and Political Consequences of Sierra Leone’s COVID-19 Pandemic

Kristen E. McLean  and Liza J. Malcolm

Abstract: When COVID-19 reached Sierra Leone, the government responded by implementing strict containment measures. While the effectiveness of such actions has been debated, the socioeconomic and political implications were undeniable. This qualitative study reveals that people suffered tremendously from economic insecurity, strains on social relationships, and civil rights violations, prompting many to perceive the COVID-19 pandemic as worse than the 2014–15 Ebola epidemic. These hardships have driven distrust of the government, which threatens continuing mitigation efforts. Using a feminist global health security frame, which recenters the protection of vulnerable individuals in relation to the state, we call for more contextually-relevant, civil society-informed pandemic responses.

Résumé : Lorsque la COVID-19 a atteint la Sierra Leone, le gouvernement a réagi en mettant en œuvre des mesures de confinement strictes. Bien que l’efficacité de telles actions ait été débattue, les implications socio-économiques et politiques ont été indéniables. Cette étude qualitative révèle que la population a énormément souffert

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de l'insécurité économique, des tensions dans les relations sociales et des violations des droits civils, ce qui a incité beaucoup à percevoir la pandémie de COVID-19 comme une épidémie pire que l'Ebola de 2014-15. Ces difficultés ont suscité la méfiance à l'égard du gouvernement, ce qui menace la poursuite des efforts d'atténuation. En utilisant un cadre féministe de sécurité sanitaire mondiale, qui recentre la protection des personnes vulnérables par rapport à l'État, nous appelons à des réponses à la pandémie plus pertinentes sur le contexte et informées par la société civile.

Resumo : Quando a COVID-19 atingiu a Serra Leoa, o governo reagiu através da implementação de uma série de medidas rígidas de contenção. Se, por um lado, a eficácia dessas iniciativas tem sido alvo de debate, as suas consequências socioeconómicas e políticas são inegáveis. Este estudo qualitativo releva que as pessoas sofreram profundamente devido à insegurança económica, às tensões geradas nos relacionamentos sociais, às violações dos direitos civis, o que fez com que muita gente considerasse a pandemia de COVID-19 como tendo sido pior do que a epidemia de ébola de 2010-2015. Estas dificuldades deram origem a uma desconfiança em relação ao governo, o que ameaça a continuidade dos esforços de mitigação. Recorrendo a um quadro feminista de segurança sanitária mundial, o qual reenquadra a proteção de pessoas vulneráveis perante o Estado, apelamos para que, em situação pandémica, sejam adotadas respostas mais adequadas aos contextos e mais apoiadas na sociedade civil.

Keywords: Sierra Leone; COVID-19; Ebola; health security; epidemic response; containment; public health

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Introduction

When the COVID-19 virus arrived in Sierra Leone in late March of 2020, the government, like others in West Africa, acted quickly to institute containment measures. This was a proactive approach, following a much-criticized sluggish response to the West African Ebola epidemic of 2014–15. The country closed its borders and restricted movement between its fourteen districts, while subjecting its population to household lockdowns and nightly curfews. On one hand, the country should be commended for the seriousness with which it approached pandemic response. However, as Melissa Leach (2020) argues, pandemics and their responses are “social and political phenomena that involve much more than ‘disease.’”

According to the World Health Organization (WHO), Sierra Leone has recorded 7,736 cases and 125 deaths from COVID-19 as of August 2022 (WHO 2022). While these numbers likely reflect substantial underreporting (Barrie et al. 2021), they pale considerably in contrast to those recorded in Western nations. Whereas the portrayal of Africans as helpless bearers of disease was well established during the 2014–15 Ebola epidemic, COVID-19 has challenged this narrative, leaving West Africa with fewer cases and deaths

than many other regions of the world (Bamgboye et al. 2021). However, the indirect consequences of the pandemic have been devastating for many African countries, as evidenced by economic crises, widespread food insecurity, and heightened political tensions (Chetty 2021; Kassa & Grace 2020; Moseley & Battersby 2020; Tabe-Ojong et al. 2022). As the authors of a United Nations Development Programme assessment argue, while no country has been spared the indirect effects of COVID-19, "fragile states' face a particularly difficult set of challenges" (Johnson-Sirleaf et al. 2020:2). The role COVID-19 has played in such contexts, by deepening social inequalities and imparting other forms of structural violence, has prompted scholars to regard the pandemic as entailing a set of "intersecting crises" (Dowler 2020).

This blurring of social and natural disasters (Dowler 2020) necessitates a rethinking of the ways in which government responses to pandemics have been theorized to date. In recent years, global health security has become a dominant frame in academic and policy circles for thinking about the health threats posed by pandemic diseases and official responses to them. The WHO defines global health security as "the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries" (WHO 2007:1). This framing has been effectively used during recent outbreaks to justify aggressive response measures such as quarantines, border closures, and other restrictions to people's movement. However, critics argue that such an approach, by focusing primarily on public health outcomes and health system capacity, prioritizes the needs of the state over those of the individual and ignores the impact of social position on health and wellbeing (Wenham 2021).

To combat these pitfalls, a feminist analysis has been more recently applied to the domain of global health security to reorient the protection of individual needs and liberties with regard to pandemic preparedness and response activities (Davies et al. 2019; Wenham 2021). According to Clare Wenham (2021), a feminist global health security frame takes a more human-centered approach by positioning the individual, rather than the state, as the object "at risk" of threat. Within the context of COVID-19, such an approach considers threats to individuals' health that go beyond that of infectious disease to include the secondary effects of the pandemic such as hunger, unemployment, social conflict, and political tension (Smith et al. 2022; Wenham 2021). While recent attempts to engage with a feminist global health security framing have primarily called for greater attention to the role of women and the gendered impact of health policy (Harman 2021; Smith et al. 2021; Wenham 2021), scholars also note the relevance of such an approach for considering other vulnerable groups, including racial/ethnic minorities, political others, and those who are economically marginalized (Smith et al. 2021).

In this study we respond to calls for research that examines not only the impact of COVID-19 itself, but also the nature and effects of public health measures utilized to contain the disease (Johnson-Sirleaf et al. 2020). In

doing so, we explore the most salient economic, social, and political impacts of the COVID-19 pandemic as experienced by individuals in eastern Sierra Leone. We then employ a feminist global health security framing to question whether COVID-19 containment measures were appropriately tailored to the lived realities of Sierra Leonean citizens.

Sierra Leone's Pandemic Response

After Sierra Leone identified its first COVID-19 case on March 31, 2020, President Julius Maada Bio introduced numerous containment measures, among them the closure of national and international borders, mandatory quarantines for international travelers, the closure of schools and markets, and the declaration of a year-long State of Public Emergency, which authorized the armed forces and police to enforce compliance with public health directives (Bailey & Farrant 2020). The Emergency Operations Centre (ECO), which was established by the United Nations in 2015 to respond to the Ebola epidemic, was reorganized into a National COVID-19 Operations and Response Centre (NaCOVERC). NaCOVERC oversaw additional containment measures, such as the banning of mass gatherings (including the suspension of church services and salat at mosques), mandatory mask wearing in public, and a series of three-day household lockdowns. District-level policies were also implemented which included, in some places, the enforcement of nightly curfews in addition to other social distancing policies.

Whether these lockdown measures were effective in containing the virus or if infection rates remained low for other reasons remains indeterminate. Regardless, the feared surge in cases experienced in much of the rest of the world never materialized in Sierra Leone. Throughout the first six months of the pandemic, NaCOVERC recorded fewer than fifty cases a day and, while testing was limited, most of the positive tests were concentrated in the capital city, Freetown (Kardas-Nelson 2021). Unlike the circumstances posed by the 2014–15 Ebola epidemic, when hospitals quickly became overwhelmed by the disease which claimed the lives of 3,956 Sierra Leoneans (WHO 2016)—including seven percent of the country's healthcare workforce (Evans et al. 2015)—COVID-19 did not prompt a medical crisis to such a degree. That is not to say that the circumstances of the pandemic did not substantially alter life in other ways, however.

Restrictions on inter-district movement were particularly harsh, more so than those imposed during the Ebola crisis, and came with severe immediate consequences, including rapidly rising food insecurity (Richards 2020a). Lockdowns, curfews, and other restrictions to travel also disrupted economic activities, which was especially devastating for the two-thirds of Sierra Leoneans who operate in the informal sector of the economy (Johnson-Sirleaf et al. 2020). While these containment measures have since been abandoned or eased and the State of Public Emergency has come to an end, the long-term negative consequences of these policies are undeniable. Ellen Johnson-Sirleaf and colleagues (2020) further note the role of external forces, such as

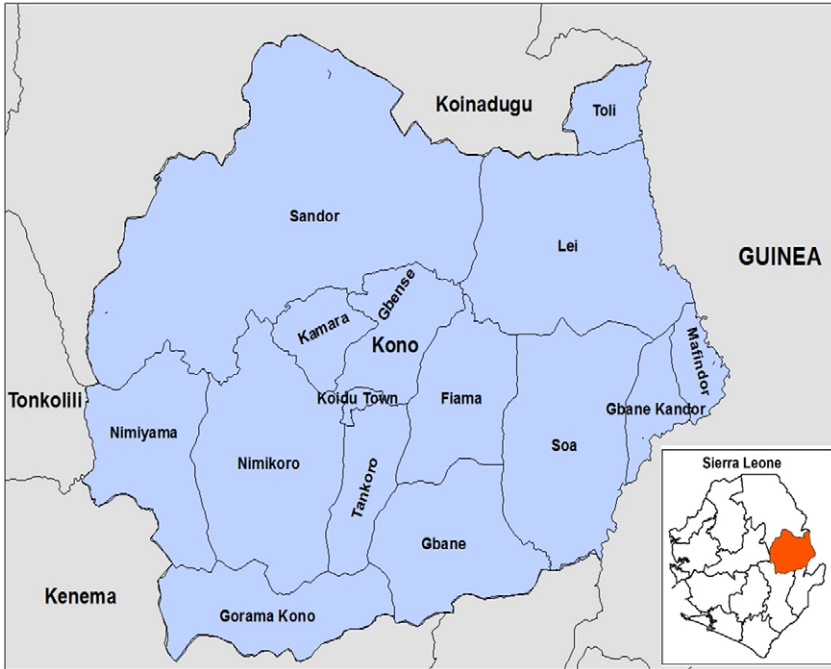
global trade restrictions, downturns in the global economy, and a reduction of remittances from diaspora communities, as additional pathways by which COVID-19 has negatively affected livelihoods.

Due to these factors, Sierra Leoneans have experienced tremendous social, economic, and political stressors since the onset of the pandemic. According to an October 2020 Innovations for Poverty Action survey, 86 percent of respondents reported food insecurity due to market shortages and reduced household income (Collins et al. 2020). Nationally, poverty has increased slightly, reversing previous trends of poverty reduction, and losses in output per capita have been substantial, amounting to SLL1.5 trillion (USD146.5 million) in 2020–21 (Kiendrebeogo et al. 2021). According to the 2021 United Nations Development Index, Sierra Leone ranks 182 out of 189 countries, with 59 percent of its population of nearly eight million experiencing multidimensional poverty (UNDP 2021).

These challenges, coupled with a severe shortage of aid afforded to individuals, have driven political unrest. In April 2020, five inmates and two officers were killed during a riot at Pademba Road Prison in Freetown, after an inmate tested positive for COVID-19 and the government instituted stricter containment measures (Brima 2020a). Fishermen in the community of Tombo (outside Freetown) set fire to parts of the police station and the home of the town chief, after being restricted to fifteen boats as part of social distancing measures. Similar incidents in Lunsar and other parts of northern Sierra Leone have also been documented (Brima 2020b). In response to these events, President Maada Bio, whose administration represents the Sierra Leone People's Party (SLPP), accused the main opposition party, the All People's Congress (APC), of complicity in violence against the state, further fueling political tensions (Cham 2020). These incidents have both hindered national unity and diverted attention from responding to and recovering from the pandemic, causing long-term damage. On August 10, 2022, nationwide protests over the administration's poor handling of growing economic hardships turned deadly, prompting the government to impose a nationwide curfew (Inveen 2022).

Methods

This study is primarily based on semi-structured interviews with forty-two participants (twenty-five male, seventeen female) between June 2020 and January 2022 in the Kono District of Sierra Leone (see Figure 1). These data are augmented by participant observation by the first author during July 2022. Kono, which is known for its lucrative diamond mines, was a central site of conflict during the country's civil war (1991–2002), and as a result, the district remains one of the least-developed regions of the country, with limited access to healthcare and other social services. According to the country's most recent Demographic and Health Survey, most Kono residents are employed in the agricultural sector (64 percent of women and 60 percent of men); this is followed by jobs in sales and services, and unskilled manual

Figure 1. Map of Kono District, Sierra Leone. Source: OCHA/Relief Web.

labor. 32 percent of women and 21 percent of men were unemployed during the twelve months preceding the survey (Stats SL & ICF 2019). As for education, approximately 50 percent of residents have no schooling and 7.4 percent have completed secondary school (Stats SL 2019).

The study was conducted in Koidu, Kono's largest urban center, with a population of over 124,000. Located just sixty miles from the epicenter of the Ebola outbreak in neighboring Kailahun District, Koidu was severely impacted by that crisis, which further strained public sector services. According to Kono Government Hospital data, as of June 2022 the district had recorded just 117 confirmed cases of COVID-19 (63.2 percent male) and twenty-one deaths. Recruitment for the study was facilitated by the first author's prior ethnographic research in Koidu. She used both purposive and snowball sampling strategies to recruit a sample that was diverse in age, religious affiliation, level of education, and employment status. Participants ranged in age from 21 to 66. While several had jobs in the private or nonprofit sector, most were engaged in the informal economy (doing such work as farming, mining, or trading), and nearly all were precariously employed and struggled to meet basic needs.

Unable to travel due to COVID-19 restrictions at her home university, the first author began her study remotely, using WhatsApp to communicate with the participants. WhatsApp is free and widely used by many

people around the world and has been employed by other researchers to collect qualitative data (Baral 2021; Staudacher & Kaiser-Grolimund 2016). In the context of the COVID-19 pandemic, Anna Baral (based in Europe) found that maintaining connections with her interlocutors in Uganda via WhatsApp allowed for a kind of "distant intimacy" (2021). These interviews were supplemented by face-to-face interviews, which were conducted by a Sierra Leonean research assistant with expertise in qualitative methods. This allowed individuals without access to cell phones or internet data to participate in the study. For safety, the research assistant maintained six feet of social distance and wore a mask while interacting with participants.

Interviews, which were conducted in either English or Krio (Sierra Leone's lingua franca), depending on participants' preferences, were audio-recorded with permission and lasted anywhere from thirty minutes to two hours. Participants who engaged in WhatsApp interviews were reimbursed with "top-up" (phone credit) for their data usage. Additionally, the first author spent several weeks in Koidu during July of 2022, engaging community members in informal conversations and spending time with them in their homes, work sites, and places of recreation and worship. During this time, she took detailed field notes to record pertinent information and observations. Interview data and ethnographic field notes were analyzed using an inductive approach, by which themes were identified from field notes and participants' own words. These themes were then used to produce a codebook, and the codes were applied systematically across the data.

The study was approved by the College of Charleston's Institutional Review Board (IRB) and the Sierra Leone Ethics and Scientific Review Committee. Informed consent was obtained from all participants prior to their participation, and pseudonyms are used here to ensure confidentiality.

Results

An Economic Epidemic

Nearly all study respondents perceived the state-imposed containment measures restricting their movement to have negatively impacted their economic security. While several participants discussed how they shifted their work dynamics to practice social distancing—for instance, by completing certain tasks at home—the majority did not have such flexibility. Many people described how border closures and lockdowns prevented them from traveling for business or to seek employment. As Kadiatu, a businesswoman, explained, "In the past I used to go to Guinea to buy market [goods] to come and sell, but when the sickness broke out, I was no longer doing the business. I got stuck and sat [remained at home]. That sickness stopped me from getting our living." Others complained that they were unable to sell their crops in cities, and had to "hawk [peddle] them in the village at very low cost." Several individuals described how, since they were

unable to travel between their urban residences and familial farmlands, their crops rotted in the bush or became subject to theft. Gbassay, a young student, explained his predicament:

I was engaged in my gardening activities at my village, but then I heard that I could not go out because there were restrictions on going out of the district. . . . My crops got spoiled. I was not able to harvest most of them. People went there and stole them. When I went there the last time it was really damaged. They stole everything, the rice, the cassava, even the potato and yam.

As this quotation demonstrates, due to pandemic restrictions, many residents faced impediments to agricultural routines which hindered their secure access to food. Restrictions on social gatherings also prevented some individuals from earning an income. For instance, Kai, a self-described entertainer and songwriter, bemoaned the impact the pandemic had on his ability to host concerts, which he depended upon to meet his financial needs:

During COVID there was a strong ban on entertainment. It affected me a lot because through organizing shows I will get my returns from my fans and other people, and I will manage that to take care of my family. But for the past eight to ten months, I have not been engaged in shows. . . . Honestly, it's really a tough time for me!

Such testimonies reveal the obstacles that people faced working in a variety of industries.

Countrywide household lockdowns and curfews were described as being exceptionally difficult. People were unable to open their shops and restaurants or engage in trade during these times, and as a result many businesses failed. These instances were especially dire for those who depended upon the *dreg* (informal) economy, which required that they go out in search of their daily *chop moni* (food money). As a trader named Alfred described, "We are hustlers, our relatives survive on what we hustle for on a day-to-day basis, because we do not have reserves at the bank." The economic toll engendered by strict containment measures appeared to have a trickle-down effect for those at the lower rungs of the economy. For example, those who depended upon loans from more economically stable benefactors or friends were particularly impacted since "everybody was tight up [financially stressed]."

Participants complained about rising unemployment in more formal sectors of the economy as well, especially as foreigners fled the country. As Unisa, a commercial bike rider, explained, "In Kono here, most of the NGOs [nongovernmental organizations] that we used to see before have folded up. They say. . . until after COVID-19 is over." Several individuals noted the closure of a prominent diamond mining company in the area that used to employ many local people. "It is like the country is under siege," Kai elaborated, "nothing is moving, investors are not coming in and looking at Sierra Leone." Since Sierra Leone (and Kono, in particular) has long been a priority

for foreign investors given its wealth in mineral resources, it was quite threatening to individuals when such enterprises began to fold.

As jobs were disappearing, the cost of living was simultaneously increasing because of the pandemic, exacerbating people's economic troubles. Many individuals noted the rising cost of staple goods such as food, fuel, and cement. Electronics—the majority of which came from China—also experienced substantial price inflation. By May 2021, over a year into the pandemic, a clergyman named Thomas described the situation: "Now a fifty kilo bag of rice is up to SLL320,000 [approximately USD31]. We used to buy a bag of cement for SLL45,000 but now it has increased to SLL100,000... in the filling station fuel is now SLL10,000 a liter [~USD1]." Notably, price inflation only continued to worsen in light of global politics, namely Russia's assault on Ukraine. When the first author visited Kono in June 2022, the cost of fuel had risen to SLL15,000 per liter, and in just one week jumped to SLL19,000 (nearly USD1.50). A bag of rice, which before COVID-19 would have cost about SLL200,000 (USD20), had risen to over SLL450,000 (USD35).

Rising inflation was coupled with the inability to access goods, due to both global and local supply chain interruptions. When visiting her friend Sahr's shop, which prior to the pandemic had been full of food, drinks, and other items, the first author observed that the shelves now stood nearly barren. Another friend, named Amie, described how shortages at the government-run hospital meant that she now had to purchase her HIV medications on the private market. When her money dwindled, she and her daughter were forced to go without treatment.

Finally, because of the many economic challenges participants faced, the majority suffered from food insecurity, particularly during the lockdowns. In response to being asked about the greatest challenge stemming from COVID-19, a local teacher named Sia responded, "People were not getting sufficient food to eat, that was the most disturbing impact. That caused people to get sick, even if it might not be a result of corona, but a result of the hunger." Again, by the summer of 2022 the situation had become substantially worse. Sahr described how his family had shifted from eating two times per day to having just one daily meal. Some days they went without food altogether. Several others described how, due to the rising costs of beef and fish, people were resorting to stealing and eating neighbors' pets.

Separation and Social Suffering

In addition to the economic impacts of the pandemic, many individuals found the social ramifications to be just as distressing, if not more so. This was especially true for people who became separated from family and friends due to containment measures. In one particularly distressing case, a woman named Mariama was separated from her nine-year-old son, who was living in Freetown when he became sick with COVID-19. According to Mariama, he was "arrested like a thief" and taken to the hospital for isolation. "At that time there was no movement because of the district lockdowns... so I was in great torment. I used

to call every day to know the condition of my child... until the top-up [phone credit] ran out.” Fortunately, her son recovered, and once the borders reopened, she immediately brought him home, saying, “Now that my eyes have set on you, from here we are going direct to Kono, my foot your foot, if you lay down, I will lay down too.” Based on this traumatic separation, Mariama was unwilling to let her son go anywhere without her.

Participants noted other types of strains on social relationships because of the pandemic. Due to fear and high tensions, conflicts sometimes occurred between family members or neighbors. For instance, one respondent described the anger people exhibited when neighbors called the emergency 117 hotline to report illness within their household. Nearly a third of interviewees discussed conflicts within families; due to rampant poverty in Sierra Leone, many people rely upon relatives for financial or material assistance, but given the widespread impact of the pandemic, help was not always forthcoming, which created additional tensions. As Aiah, an IT technician, explained: “There are certain family members that I am expecting to help me [financially], but they are not doing it anymore because of COVID-19. Currently they are not even paying attention to me.” Similar conflicts arose among couples; several men, for example, complained about arguments with spouses that occurred when they were unable to provide financially for their families.

The inability to perform social norms and rituals was also perceived to be highly distressing. About a quarter of participants complained of the inability to socialize with or properly greet others. While acknowledging the need to change such behaviors to prevent the spread of disease, Bockarie, a teacher, described the predicament, saying, “In Africa when we shake hands with one another it means that you are like a brother or sister. But this [COVID-19] created barriers for me even to shake hands. Since the outbreak of the pandemic all these have been cut off, and some will refer to this as *bad at* (malice).” Children, too, were affected by shifting social norms. According to a father named Musa, his children “were feeling deprived, as if we shunned them, because there was not that kind of intimacy anymore.” Hence, containment measures caused social strains, and all members of the community were impacted, young and old.

Others were frustrated by the inability to carry out important cultural traditions, such as naming ceremonies, burials, or secret society initiations. Above all, people lamented the closure of churches and mosques and other restrictions on their ability to worship. Some felt strongly that their personal faith was being challenged, while others, especially religious leaders, worried about the nation’s fate. As Thomas, the clergyman, explained:

The church is there to raise better Sierra Leoneans, because the Bible says faith comes by hearing the word of God. Because the more people hear the word of God the more it changes their attitude. But if the churches and mosques are now closed, there are people who will not even pray in their homes... when they go back to their houses they will behave back in their normal ways.

Other places where individuals habitually congregate to socialize and share information or resources—such as schools, tea shops, and football fields—were similarly closed, and as a result, people lost important sources of support and stress relief. The closure of schools was worrisome to many participants, who raised this issue across half of the interviews. Parents feared that their children would lose motivation, score poorly on state exams, fall behind on coursework, or that “their brains would start to collapse.” Speaking specifically to the West African Senior School Certificate Examination (WASSCE), which is the transition exam administered after senior secondary school, a mother named Kumba complained, “Our children who were to sit [take] the WASSCE exams were set back for two years, like my own kid, she has been sitting down [waiting] for seven good months, and they say go and sit exams! What do you expect these children to go and write? The children are being brought backward. Oh, it is pathetic!” Other parents described how their children, frustrated by poor performances on an exam, or afraid to go back into the classroom once schools reopened, dropped out of school altogether.

With increased leisure time on their hands, participants expressed concern that youth were getting into more trouble. Kumba explained that, “if you are at home for one or two months without going to school... you may have some peer group that influences you into doing bad things and all that kind of stuff.” Another woman, Isha, complained, “So many of our girls have gotten unwanted pregnancies on the street because there is no school... Right now I have one of them, she is sixteen years old, who became pregnant all because of this corona crisis.” During the first author’s 2022 visit to Sierra Leone, people described a perceived increase in theft and other petty crimes. For example, during a visit with Sahr at his home one day, he described the need to maintain constant vigilance so that thieves would not steal the building materials from his house. He pointed across the yard to the local school, recounting how all the metal doors had been stripped from their hinges. Others spoke of soap, buckets, and hand sanitizer being stolen for resale. Finally, Sahr noted increased drug use among youth, who abused Tramadol (an opioid pain reliever) and a new chemically treated herbal substance called *kush*, “to ease their stress and hunger.” Clearly, the COVID-19 pandemic was having secondary, and even tertiary, implications for vulnerable individuals in this setting.

The Political Lives of Pandemics

The socioeconomic suffering resulting from the COVID-19 pandemic incited substantial political consequences, with individuals describing frustration and distrust toward the government and political others. On one hand, many people commended the administration for proactively imposing strict containment measures—something that had not been done during the Ebola epidemic, with dire consequences. Particularly at the beginning of the pandemic, people were fearful of disease spread and willing to make sacrifices to protect themselves and their countrymen. However, as the crisis wore

on, and lives and livelihoods became increasingly strained, people's tolerance for strict public health policies waned.

As Kai, the songwriter, complained, approximately nine months following the start of the pandemic, "For now people are fed-up with the use of masks. They have complied and complied and now they are fed-up. People want to go to entertainment places. People are requesting for the lifting of bans [on social events]. Everybody is just fed-up with all these rigid measures." These sentiments seemed to coincide with a growing perception that the health risk posed by COVID-19 was less severe than health officials had first predicted. For example, several participants felt that COVID-19 was a "white sickness," only affecting people in Western countries.

As a result, resentment grew, and participants became critical of their national leaders. Nearly one third of respondents expressed frustration related to the lack of material support provided by the government. These individuals felt that in light of the government's decision to impose lockdowns and restrict people's movement, it was also their responsibility to provide food, water, and other necessities, which were not forthcoming. As Gbassay, the student-farmer introduced above, noted, "There is not enough food and at the same time people really want to go to their land to farm... . But how can they go when there is a restriction on their movement? So, people find it very, very difficult, to the extent they started blaming the government, saying that the government is not doing well by the people." Yusuf, who tested positive for COVID-19, complained that he had not received support comparable to Ebola survivors, saying:

During Ebola, when you are positive and they take you to the CCC [community care center], if you survive, they will give you some cash. But during this corona, when you are free from the CCC, they would not give you even SLL1000! During Ebola, they had packages for the survivors. But this COVID, no survivor was given any benefits.

When asked who was responsible for this discrepancy, Yusuf responded, "The government is responsible!" As these examples indicate, given a lack of economic compensation by the government for their stressors, many citizens felt abandoned.

Others complained that the government should be doing more, specifically to combat the rising costs of commodities, by instituting subsidies on items such as rice and fuel. Sahr, an APC supporter, compared the current SLPP administration to the former APC government, saying, "whereas the Koroma [APC] government subsidized the cost of things like fuel, the new government has removed the subsidies." He also blamed the current administration for insufficient electricity in the district, claiming that the government was practicing favoritism by only supplying certain districts with adequate electricity.

In addition to complaints about the government's failure to ease the country's suffering, others identified specific forms of government

corruption. For instance, in reference to international aid, Yusuf believed that “the government will eat the money. They will just use the money on their own personal use.” Similarly, in response to the banking crisis, a miner named Komba argued that, “if there is shortage of money in the country, the government is responsible because they are holding on to the monies... they are enriching themselves.” Komba also perceived the current administration as practicing favoritism when it came to pandemic-related jobs, saying, “If you are not in the ruling government party, you will not work. This has brought a lot of problems for them now because if you go to the [COVID-19] command center here in Kono, 99.9 percent of them are all SLPP and this is their first experience for job in pandemic. They are using this COVID as a political something.” Others accused the government of redirecting healthcare worker pay to select government ministers, while “those at the frontline are deprived from getting what they have worked for.” According to Sahr, “that is corruption, corruption in the highest degree.” For some, the government’s neglect in compensating and protecting frontline workers and prioritizing politics over pandemic response was perceived as particularly problematic.

Significantly, declining confidence in the government and distrust toward political rivals seemed to fuel the spread of rumors. Some participants, for example, noted cases where community members doubted the actual presence of COVID-19 in the country. As Dauda, a hospital worker, explained, “Those who are part of the APC party [the non-ruling party], some of them do not believe that COVID-19 in Sierra Leone is real. They will tell you that COVID-19 in other parts of the world is real, killing people there. But in our own country, it is because of the money they say we have COVID-19.” Dauda is referring to a popular rumor that the government “invented” a pandemic in Sierra Leone to attract international aid. Once vaccines became available, similar stories abounded that President Maada Bio had ordered the vaccines to make a profit off the population by using Sierra Leoneans as test subjects. The President even made a show of receiving the vaccine publicly to ease fear among his constituents; still, rumors circulated that this action had been faked. Sahr claimed that the whole purpose of the COVID-19 State of Emergency was to “destabilize and humiliate the opposition, the APC.” As he argued, in reference to the killing of five inmates at Pa Demba Prison by state guards in April 2020, “In a State of Emergency they [the SLPP government] could even kill you and answer to no one... they used the State of Emergency to do their bad tricks.” Some participants perceived the circulation of such rumors as highly problematic, for discouraging people from trusting health messaging or engaging in behaviors to prevent the spread of the disease.

Worse than Ebola: “There Are Not so Many Graves, but It Is Killing Us Slowly”

Given the many challenges posed by the pandemic, approximately half of the research participants described the COVID-19 pandemic as worse than the 2014–15 Ebola epidemic. Those who felt strongly that Ebola had been more detrimental generally emphasized the much higher number of cases and

deaths and how it had spread so quickly at the onset of the outbreak. As one elderly mason named Aliou remarked, remembering the constant sound of ambulance sirens, the spraying of chlorine, the burial teams in their personal protective gear, and dead bodies in the street, “COVID did not have that kind of tempo compared to Ebola.” Those who perceived Ebola to be the more severe crisis tended to have been more personally impacted by the death of loved ones. For instance, one of these individuals had lost twenty-nine friends and family members, including his own mother, due to Ebola.

However, the widespread and long-lasting socioeconomic and political impacts of the COVID-19 pandemic were experienced by the entire population of Sierra Leone and, as a result, loomed large in people’s minds. As Kumba, the mother of the pregnant teenager described above, stated about COVID-19, “There are not so many graves, but it is killing us slowly.” Those who perceived COVID-19 to be more devastating than Ebola emphasized several factors. First, participants understood that while Ebola had been an epidemic—restricted for the most part to three West African countries—COVID-19 is a pandemic that, in the words of one participant, “has spread its tentacles all over the world.” That high-income countries in Europe and North America could be so devastated by the disease generated tremendous fear. As Dennis, a retired teacher, said:

My experience about COVID-19... it gave me a sense that it’s even more dangerous than Ebola, being that it affects the entire world, you know, while Ebola was just regional. Looking at how in the developed countries, the number of people who died there, with all their sophisticated knowledge, machines or whatsoever to detect and prevent it, they were not able to stop the massive death toll, I have just become totally overwhelmed.

Two individuals quoted the following proverb: *usai wata de kamot for hot fayre, na de fayre kamot*, which is roughly translated, “if fire catches at the water source, what will you do to quench the fire?” In other words, if those upon whom you once depended for survival are now themselves affected, to whom will you turn now?

The duration of the pandemic and the inability of the world’s most powerful countries to bring it under control, even after vaccines became available, also generated concern. There was a perception among many, especially considering the virus’s various waves and variants, that the crisis would never end. At the same time, because the entire world was occupied with the pandemic, there was a strong sense of having been abandoned by the international community that had never before been experienced. As Dauda, the hospital worker, explained: “The experience with COVID-19 here is so much worse than Ebola. It is really worrying to us because we were expecting some help from the international body. But if you consider COVID-19, it is everywhere. So who do you seek help from?” This same sentiment applied to family members living abroad, many of whom Kono residents were dependent upon for financial support. According to a student named Gladys,

“When COVID-19 broke out, our brothers and sisters who are over there in the diaspora who used to help us, it was so worse for them, and those who used to send for us [money] were no longer doing it.” Typical financial support systems crumbled as COVID-19 riddled communities across the socioeconomic and geographic spectrum.

Participants also found the containment measures to be harsher during COVID-19 than those imposed during the Ebola epidemic. Not only were containment measures more severe, but so, too, were the repercussions of failing to abide by these policies. Many individuals complained about being harassed by police for failing to wear masks or for breaking quarantine protocols. Fatou, a businesswoman, recounted her experience:

One time I was in the market. Unfortunately I forgot my mask at home and went to town. By the time I noticed, all of a sudden a police officer came by and arrested me and took me to the police station and detained me. It wasn't until the women gathered together to come and beg for my release, not until I spent the money, that I left.

Several participants also described instances when people who disobeyed government mandates were publicly beaten, even for minor infractions such as retrieving water during lockdowns. These situations were made worse by observations that police and government officials often failed to follow the protocols themselves.

As a result of these harsher containment measures, nearly all of the participants experienced more economic distress and food insecurity than they had during the Ebola crisis. Their suffering was particularly acute during the countrywide three-day lockdowns. A man who worked for a local radio station, for instance, recounted receiving more calls from people reporting that they did not have food or water, compared to the situation during the Ebola lockdowns. As a young hairdresser named Princess explained, “During the Ebola lockdown, first they would come around and write the names of people and supply them with provisions. We did not feel it as much as these recent lockdowns, where they even seized our lifestyle. Some didn't even have enough to eat, and they didn't supply us with water or anything else. We really suffered!” As a result of these difficulties, participants remarked that community members commonly breached quarantines to search for food and water.

Study participants also described increased difficulties finding work as well as the rising cost of living. Government-employed healthcare workers and teachers went without adequate pay for months, prompting strikes across the country. Banks ran out of money, which was unprecedented and, understandably, inspired panic. Furthermore, participants remarked that whereas the Ebola epidemic had brought with it jobs, the COVID-19 crisis had not. Bintu, a teacher in her late fifties, explained, “During Ebola there was the flow of money, and people were employed—grave diggers were there, the burial team was there... . The only thing about this COVID-19 is the economic

hardship.” This “economic epidemic” that COVID-19 created has, significantly, worsened, even as case numbers have declined. As Kumba elaborated, “The economic waste it [COVID-19] caused us was great. It did not kill people as compared to Ebola, but it destroyed us. The stress that we are going through now has made everybody’s business brought backward.” Presently, while the international community has transitioned its focus to vaccinating the world’s population against coronavirus, Sierra Leoneans must deal with the indirect fallout of the pandemic alone.

Discussion

While the numbers of cases and deaths from COVID-19 have been comparatively modest in Sierra Leone, this study demonstrates that the indirect ramifications of public health containment measures were severe, prompting many Sierra Leoneans to perceive the pandemic as worse than the 2014–2015 Ebola epidemic. As our findings indicate, protective measures intended for the public good came with grave personal costs—to people’s livelihoods, social relationships, and their trust in government leadership. These findings provide further support to those indicating the tremendous “collateral damage” (Haider et al. 2020) caused by the pandemic, particularly among African populations (Kassa & Grace 2020).

According to a review conducted by Melkamu Kassa and Jeanne Grace (2020), the COVID-19 pandemic instigated an economic crisis in Africa, manifested by declines in GDP and mass unemployment. A media content analysis of West African countries reveals further economic and food insecurity in the region, particularly for vulnerable groups such as women, children, and the acutely poor (Saalim et al. 2021). In line with our findings, other researchers note how lockdowns and social distancing protocols can be especially harmful for populations that depend on informal income-generating activities and who have a limited capacity to save money (Chirisa et al. 2022; Wilkinson 2020). In Sierra Leone, a survey conducted in the Rural Western Area (near the capital of Freetown) during the first countrywide lockdown in April 2020 found that respondents experienced a substantial reduction in weekly income (for some, as high as 79 percent compared to the pre-lockdown period), with 82 percent of them facing difficulties providing food for their family (Buonsenso et al. 2020). Another study conducted between May and June of 2020 indicated a drop in employment of 45 percent among a national sample of adults with mobile phone numbers (Egger et al. 2021).

In addition to economic disruptions, existing research similarly reveals social challenges brought about by pandemic response measures, including school closures, poor access to healthcare, arbitrary arrests, heightened domestic abuse, increased crime, and disruptions to social celebrations and cultural traditions (Kassa & Grace 2020; OECD 2020; Saalim et al. 2021). A study from South Africa notes a possible increase in substance abuse and clear disruptions to substance use treatment because of the pandemic (Harker

et al. 2022). Others document the negative repercussions of school closures, which left children unattended for long periods of time (Saalim et al. 2021). Annie Wilkinson (2020), recalling reports of increased teenage pregnancy amid school closures during the Ebola epidemic, highlights how policies that impinge on supportive institutions or networks can lead to interruptions in social protection. In general, African societies tend to be comprised of social networks that are highly cohesive and mutually dependent, but the pandemic has curtailed material sharing and other forms of support that people normally rely upon during crises (Kassa & Grace 2020).

Finally, the broader literature on COVID-19 in Africa also supports our findings that the pandemic has fueled political turmoil, resulting in social unrest and ineffective leadership (Kassa & Grace 2020). As Bellita Banda Chitsamatanga and Wayne Malinga (2021) describe, political leaders in Zimbabwe used COVID-19 to gain an electoral advantage, rather than working in harmony to respond to the spread of the disease. In South Africa, political struggle on top of pandemic-related stressors resulted in widespread unrest, particularly following President Jacob Zuma's imprisonment in July 2021 (Chetty 2021). As our findings indicate, pandemic circumstances in Sierra Leone have contributed to mistrust in the government and toward political rivals, which has fueled the spread of harmful rumors. As illustrated during the Ebola epidemic, trust in the government was essential for securing the public cooperation needed to combat the disease (Blair et al. 2017). The fact that the Sierra Leonean government was plagued by corruption and misappropriation of funds during and after the Ebola epidemic only exacerbates matters (N'jai 2020).

The tremendous suffering engendered by the COVID-19 pandemic in Sierra Leone, especially given the country's comparatively low numbers of cases and deaths, importantly reveals the limitations of a global health security approach to pandemic preparedness and response in this context. According to Julia Smith and colleagues (2022), such approaches have tended to focus on intervention "stringency" and epidemiological outcomes, meaning that little attention is paid to the impact of response measures on individuals and their communities. As a result, many of the COVID-19 containment measures employed by government actors have proven ineffective, and at times, even harmful.

For instance, our findings indicate that despite the high costs of violating public health policies, people still engaged in non-compliance. This finding is supported by similar reports, which document, for example, police harassment of women for breaking lockdowns to fetch water (Jones 2022; N'jai 2020). During the Ebola epidemic, punitive quarantine measures at times backfired, likely prolonging the outbreak in the end (McLean 2019; Walsh & Johnson 2018). Oliver Johnson and Tinashe Goronga (2020) argue that the same mistakes have been made during the COVID-19 pandemic. Lockdowns, they claim, by threatening people's livelihoods and very survival, "deprive citizens of their freedom and their agency, which risks treating them like prisoners or children, fueling sentiments of powerlessness, resentment and

fatalism.” Failing to address people’s primary concerns only promotes further resistance. In addition to posing threats to people’s livelihoods, Mara Kardas-Nelson (2021) also notes how COVID-19 has much competition in this context, as the associated risks pale for many in comparison to everyday threats from diseases such as malaria, cholera, and typhoid.

Furthermore, there is evidence to suggest that some of the containment policies put into place in Sierra Leone may not have been necessary. Of note, while COVID-19 cases did accumulate in Freetown during the early stages of the outbreak, the disease did not advance throughout the country as had been anticipated. Paul Richards (2020a) points to the extent to which Sierra Leoneans live their lives out of doors, where the virus is less likely to be transmitted, as one potential explanation. He also notes that indoor factories and care homes for the elderly—major sources of infection in Europe and North America—are uncommon in African contexts. Hence, it is warranted to ask whether highly restrictive, top-down government measures are called for in this context (Wilkinson 2020). Is it ethical to constrain people’s access to a means of survival—their very dignity—in the name of collective health security? Importantly, sustaining livelihoods and saving lives are not mutually exclusive endeavors.

Rather, globally standardized pandemic control efforts, known as *falamakata* (copy-paste) approaches in Sierra Leone (N’jai 2020), are too often imbued with blindness to economic inequality and social difference (Haider et al. 2020; Leach et al. 2021). As demonstrated in the stories above, state-mandated control measures have significantly affected individual Sierra Leoneans while rendering them largely invisible, their suffering uncounted by traditional epidemiological measures. Thus, while it is important to prevent uncontrolled disease transmission in the context of a pandemic crisis, it is also imperative that control measures do not replicate larger biases within society. Lockdowns, in particular, are “too blunt a tool” and social distancing protocols are “too imprecise” in the African context, with the potential to cause more damage than the control measures themselves (Richards 2020b).

What is needed instead is a more holistic approach to conceptualizing global health security by engaging with feminist theory (Wenham 2021). By examining the impacts of the pandemic from a feminist global health security perspective, which reorients the protection of vulnerable individuals in relation to the state and to epidemiological outcomes, we are able to reconceptualize what “successful” pandemic preparedness and response might look like (Smith et al. 2022). Such an approach is necessary for imagining more inclusive and equitable manners of responding to health emergencies (Smith et al. 2021; Wenham 2021).

In the context of Sierra Leone, a feminist global health security framing recognizes the salience of “least restrictive” measures that are more attuned to community needs—a key lesson learned during the Ebola epidemic (Richards 2020b)—and that reflect deeper understandings of local contexts and histories (Leach et al. 2021). This, of course, requires more precise data, for researchers to better understand the relative contributions of various

social interactions and activities to infection risk. Richards (2020b) consequently calls for enhanced contact tracing and greater reliance on the observational social sciences in the context of infectious disease outbreaks. Najmul Haider and colleagues (2020) emphasize the need for intersectoral and transdisciplinary research approaches that draw upon both the biomedical and social sciences. It is also salient that such efforts are representative, as response efforts may need to be community- or population-specific rather than just country-specific. For instance, in her ethnographic analysis of citizens' perceptions of Sierra Leone's pandemic policies, Jess Jones (2022) describes how such policies were experienced and responded to in nuanced ways by diverse members of society living in varied socio-political contexts.

Based on prior experiences with the HIV and Ebola epidemics, it is also recommended that policymakers rely on community leaders, including religious and traditional authorities, politicians across party lines, and other non-medical groups, to understand local fears, concerns, and perceptions of risk, and to then work with these populations to formulate tailored solutions that foster trust-building (Johnson & Goronga 2020). For instance, Senegalese health officials recruited artists and other unconventional leaders to transmit COVID-19 health information and increase health literacy through prevention, symptom recognition, contact with health authorities, and dispelling misinformation (Ndiaye & Rowley 2022). Stemming from the rich musical context of Senegal's Murid Islamic communities, music as a health communication tool successfully increased and sustained health literacy in many Senegalese communities (Ndiaye & Rowley 2022). As Amy Patterson and Emmanuel Balogun (2021) argue, such examples of state-civil society collaborations not only allow for creative responses to pandemics by recognizing local expertise but importantly also demonstrate the agency and solidarity of African actors when it comes to global health governance.

As this study indicates, it is also imperative that countries consider and prepare for the "intersecting crises" created by pandemics (Dowler 2020), including by providing social and economic support to populations made increasingly vulnerable to public health containment measures, especially those who work in the informal economy. Elsewhere in Africa, several models have been implemented in the context of the COVID-19 pandemic, including cash transfers (Zimbabwe), household food distributions (Uganda), and policies preventing eviction (South Africa) or subsidizing the costs of goods such as water, electricity, and fuel (Ghana and Nigeria). Further study is required for researchers to understand the benefits and limitations of these various approaches and how they may be impacted by a country's pre-existing conditions, including the structure of its economy and presence of social welfare services (Haider et al. 2020). Governments may further benefit from technical support from international and regional organizations, such as the World Food Programme or the United Nations Population Fund, to enhance social protection systems during crises (Saalim et al. 2021). Finally, global health experts call for more structural changes to better prepare low-resource countries to respond to crises of this nature, such as multilateral

investments aimed at strengthening health systems and radical investments to promote stronger economies, enhanced social services, and more peaceful societies (Heymann et al. 2015; Ivers & Walton 2020).

Conclusion

As in the case of the Ebola epidemic, Sierra Leone's COVID-19 crisis has been entangled in a multitude of economic, social, and political factors, rendering the pandemic much "more than disease" (Leach 2020). As this study indicates, individuals have faced challenges including poverty and unemployment, food insecurity, strains on social relationships, and violations of their civil liberties, among other issues. These challenges were perceived by many to be worse than the suffering endured during the Ebola crisis and have driven resentment toward and distrust of government officials. Further research is warranted to gain an understanding of how these issues interact to influence individuals' behaviors in response to containment policies, particularly as Sierra Leone (along with many other countries around the globe) struggles to convince citizens to become vaccinated. This study also indicates a need for further feminist analyses of government responses to pandemics, particularly for the insight such perspectives may have for tailoring globally standardized public health interventions, so they are both practical and acceptable to structurally vulnerable populations in Africa and beyond. It also reinforces the need to consider epidemics and pandemics within their broader social and historical dynamics (Onoma 2020); as Richards (2020b) argues with respect to COVID-19 response, "Africa needs to cut its own path."

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