



ARTICLE

Guinean leadership in the face of crisis, from Ebola to COVID-19

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ABSTRACT

This paper, based on research undertaken during the early stages of the COVID-19 pandemic, evaluates Guinea's leadership infrastructure from independence in 1958 until the start of the COVID-19 pandemic. It determines that Guinea's leadership can be characterized by a coercive social contract. The paper uses leadership theory to determine the underlying issue to Guinea's continuous stagnant development. It highlights that leadership emergence is deficient due to the inability of persons and institutions to respond to the true causes of Guinean's malaise, thus demonstrating an inability to build mutuality between the population and national leaders. The failure, then, to build true mutuality with the population and advance common goals led to a perpetuation of the coercive social contract, which historically has proven unsustainable and has resulted in the swift and violent departures of successive regimes. The paper specifically focused on leadership in response to crisis, during the 2013 Ebola and 2019 Covid-19 pandemic to demonstrate that whilst crisis response did take place, leadership was lacking and thus a continued cycle of re-enforcement of the status quo at the detriment of the needs of the population was maintained.

Keywords: COVID-19; Guinea; Leadership Infrastructure; Dependency

1. INTRODUCTION

The paper employs a leadership lens to analyse the Guinean responses to the 2013 Ebola pandemic and the early stages of the COVID-19 pandemic during 2020. Leadership is the ability to respond to crisis and these two crises are therefore opportunities to scrutinise Guinea's leadership infrastructure. The paper analyses Guinea's healthcare crisis, utilising Olonisakin and

Walsh's notion of this leadership infrastructure to determine mutuality between leaders and followers at the governmental level and local level, with particular focus on the absence of emergent leadership. Leadership infrastructure refers to both: the hardware, meaning the logistical capacity and visible structures of the state; and the software, meaning the relationships and degrees of trust between citizens, and between citizens and national leaders.¹ The paper finds that Guinea's socio-

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¹ Olonisakin, 'Funmi and Walsh, Barney (2024), Leadership in Crisis: Markers of sustained influence for societal mobilisation in response to COVID-19, Journal of Leadership and Developing Societies, Vol. 9, No. 1.

economic malfeasance, including its healthcare crises, was not adequately addressed during the early stages of the pandemic. In what was a new political setting, which saw Guinea's first democratically elected president come into power in 2010², the leadership infrastructure remained overly dependent on interests and actions of external global actors as well as overly reliant on a coercive social contract during both health crises. This led to far from ideal outcomes for the majority of those affected.

The paper finds that the dependency element of Guinea's leadership infrastructure played an important role. This occurred whereby the country was overly dependent on external global actors for financial support to the state; and in the way elite groups retained access to other social realms in developed countries including for health care provision. Despite the leadership infrastructure responding in times of crisis to some extent, this dependency distorted the healthcare needs of the Guinean population and resultant outcomes. Weak mutuality between the state and population, and within groups in society, mean that the foundational elements of the healthcare crises were not addressed. The states lack of referent power, meaning likeability,³ prevented mutuality building and contributed to the re-perpetuation of coercive power (violence and force) and a resultantly coercive social contracts.

Following this introduction, section one below provides a brief literature review and theoretical framework of the work. It discusses the nature of dependency theory, and why a leadership analysis and understanding of leadership infrastructure adds nuance and value to discussions. The next section is a brief case study of Guinea's state leadership infrastructure and its response to the Ebola pandemic in 2013-2016. This shows how the Government of Guinea (GoG) had an unfortunate late response to the pandemic, which resulted in its spread to Sierra Leone and Liberia. And that the international community, led by the US, responded due to their own security concerns that predominantly limited the response to 'containment' of the disease⁴. The scramble to respond to the Ebola pandemic by the GoG resulted in the perpetuation of coercive power, which

demonstrated authoritarian tendencies due to a lack of engagement with and consultation with the population at large. The third section is another case study of the COVID-19 global pandemic. It evaluates the starting point in Guinea, to determine inefficiencies and opportunities for leadership emergence as well as detailing the new crisis situation arising. For example, the restrictions that emerged because of the pandemic exacerbated dependence. It is also highlighted in this section that, as has been previously seen across leadership structures since independence, Alpha Conde's government in 2020 would continue to utilise the leadership infrastructure to reinforce the coercive social contract and their own regimes interests rather than addressing Guinea's healthcare and socio-economic disparities.

The research perspective adds value to existing International Relations and Development papers because it uses Guinea's socio-economic and health disparities as a starting point; and then determines whether the state has emerged as a leader to make appropriate interventions or not. The paper demonstrates that whilst the international community and the GoG made efforts to respond to the Ebola pandemic, Guinea's healthcare crisis persisted as its root causes and wider socio-economic needs of the population were not addressed. This then played in to, and effected the leadership outcomes present within, the subsequent COVID-19 pandemic.

This paper is a desk study researched mainly during the early stages of the global COVID-19 pandemic, although it makes reference to events outside of that period. It makes use of secondary sources including journal articles, online news websites, blogs, grey literature and policy papers. The intention of this research is to provide a nuanced critical analysis of state structures and state intervention in developing countries and provide opportunities for policy advisors, experts and decision makers to develop sustainable crisis response and policy frameworks to address socio-economic disparities.

DEPENDENCY AND LEADERSHIP

² Fouchet, Vincent (2011), Guinea Briefing: Alpha Conde and the politics of military (mis)adventure, available at: <https://africanarguments.org/2011/10/17/guinea-briefing-alpha-conde-and-the-politics-of-military-misadventure-by-vincent-foucher/> accessed on 24th August 2020.

³ French, John and Raven, Bertram, (1959), The bases of social power, Institute for social research, p.266.

⁴ Barry, Alpha Amadou Bano (2017), Interpreting the health, social, and political dimensions of the Ebola crisis in Guinea, in Understanding West Africa's Ebola pandemic: Towards a Political Economy, London: Zed Books.), p.82-83.

Preamble

Guinea's successive regimes since independence have been preoccupied with maintaining regime stability at the expense of the needs of their citizens⁵. Guinea has, therefore, found itself in an ongoing crisis of socio-economic inequality, where 55% of the population lives in poverty⁶. Although elections do occur, successive governments have maintained authority through a largely coercive social contract. Diallo refers to this as the 'agreement' between citizens and state, which maintains the status and ensures obedience from citizens. The use of a coercive social contract is one in which power is maintained by the state with the use of force⁷. The government chooses to fund projects which increase its power and control rather than investing in long term missions for growth and sustainable development. The social contract maintains the status quo for the reigning elite but does not present leadership emergence for Guinea. We thus saw Alpha Conde's government (the regime of interest for the Ebola and COVID-19 periods) ousted by way of coup in September 2021 by the general Mamady Doumbouya, who is at the time of writing still the ruling head of state⁸.

Guinea's healthcare infrastructure has remained one of the poorest in the world. Its infant mortality rate is one of the world's highest at 130 deaths per 1000 born and life expectancy is 59 years⁹. There are only ten doctors for every 100 000 citizens, compared to the UK's 279 per 100 000¹⁰, as well as a shortage of equipment and healthcare facilities. Guinea ranked last in the world in a 2011 study of beds per capita. Ebola came at a time when Guinea's healthcare infrastructure was poor due to years of financial cuts under the structural adjustment programmes (SAPs) in the 1980's as well as a lack of investment in the healthcare sector by successive regimes¹¹.

It is thought that Guinea's healthcare infrastructure was in a better position to respond to pandemics prior to structural adjustment in the 1980's.¹² In addition to the GoG's pre-occupation with maintaining power, the liberal reforms imposed by Bretton Woods institutions brought an emphasis on primary healthcare and thus ended the 'epidemic prevention' and response units, which included highly trained professionals and mobile health care services known as 'Tripano'¹³. Liberalisation also saw funding for healthcare expenditure decrease. It is known that healthcare and social change are prerequisites to economic change¹⁴. As Rosling argues: "You can move much faster if you are healthy first than if you are wealthy first"¹⁵. As such, the WHO defines 'health' as "a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity"¹⁶. This context of Guineans healthcare service provision, therefore, feeds in to and is part of its troubling story of dependency and leadership challenges.

Dependency in Guinea

Farmer and colleagues argue that pandemics can be categorised as a social phenomenon and traditional theories have a 'dissocialised' understanding of social phenomena¹⁷. This is because they attempt to solve problems outside of their social context and emphasise rationality, measurability and cost effectiveness. Farmer's analysis of the response to the Aids pandemic in Haiti, for example, found that its risks to the population were associated with legacies of slavery and racism¹⁸. For Guinea, dependency is therefore an important part of understanding Guinea's existing

⁵ Diallo, Penda, (2020), *Regime stability, social insecurity and bauxite mining in Guinea: Developments since the mid-twentieth century*, New York: Routledge), p. 8.

⁶ World Food Programme, (2020), *Guinea*, available at: <https://www.wfp.org/countries/guinea>

Accessed on 30th August 2020.

⁷ Diallo, Penda, (2020), p.28.

⁸ Centre for Strategic and International Studies (2021), available at <https://www.csis.org/analysis/guinea-causes-and-consequences-west-africas-latest-coup>

⁹ Posthumus, Bram, (2016), *Guinea: Masks, Music and Minerals*, London: C Hurst and Co., p. 221.

¹⁰ Posthumus, Bram, (2016), p. 221.

¹¹ Barry, Alpha Amadou Bano, (2017), p. 77

¹² Mark, Monica, (2014), *Fear and frustration as Guinea struggles to contain Ebola outbreak*, Guardian, available at <https://www.theguardian.com/world/2014/apr/04/guin>

[ea-ebola-outbreak-sierra-leone-liberia](https://www.gapminder.org/videos/hans-rosling-ted-2006-debunking-myths-about-the-third-world/) accessed on 24th June 2020.

¹³ Barry, Alpha Amadou Bano, (2017), p. 79.

¹⁴ Rosling, Hans, (2006), *debunking myths about the 'third world'*, available at:

<https://www.gapminder.org/videos/hans-rosling-ted-2006-debunking-myths-about-the-third-world/> accessed on 19th August 2020. 5mins 55sec.

¹⁵ Ibid, 12min 47sec – 12min 57sec

¹⁶ World Health Organisation (WHO), (2020), *WHO Constitution*, available at:

<https://www.who.int/about/who-we-are/constitution> accessed on 27th August 2020.

¹⁷ Farmer, Paul, Haun Saussy, and Tracy Kidder, (2010), *Partner to the Poor*, Berkeley: University of California Press, p.295.

¹⁸ Farmer, Paul, Haun Saussy, and Tracy Kidder, (2010), p.296.

power structures as it recognises the root cause of dependence.

This paper's interpretation of dependency is a system in which a foreign nation's involvement in Guinea's politics, economics and culture is integrated with Guinea's internal power structures and shapes its development trajectory. In accordance with Osvaldo Sunkel:

"the concept of 'dependencia' links the process of development, as we know it. Access to the means and benefits of development is selective; rather than spreading them, the process tends to ensure a self-reinforcing accumulation of privilege for groups as well as the continued existence of a marginal class."¹⁹

Dependency is economic, social and political²⁰ and this is problematic for Guinea because it impedes a holistic, sustainable development trajectory and undermines sovereign state structures.

Before colonialism, Guinea's different regions were ruled by empires such as the Wassolou empire and the Fulani theocracies, which were formally disintegrated as a result of colonialism. These pre-colonial empires were importantly not 'inferior' in their social relations with the rest of the world²¹. The Guinean state entity, as seen today, was superimposed by France during the colonial era, lasting from 1912 to 1958²². As a result, "the African social systems of this region, distorted and impoverished, lost even the semblance of autonomy"²³. Therefore, as Ekeh argues; "It is to the colonial experience that any valid conceptualization of the unique nature of African politics must look"²⁴. France divided Guinean citizens into groups of 'citizens' and 'subjects' the former having more benefits and not forced into labour,²⁵ thereby creating an elite who became entrenched by upholding structural inequality

and holding different values, goals and security needs to the wider population. In the post-colonial era, this elite would help maintain dependency by enabling international firms to exploit riches, without sharing the benefits with the wider population. The elite could access developed countries for medical tourism (Presidents, government officials, and other wealthy citizens are known to regularly travel to Europe and the US to access health services not available in Guinea, throughout the post-independence period).²⁶

Dependency works to the detriment of the majority of the Guinean people because it is sustained by the goals, values and benefit of minority neo-patrimonial networks. This is a system where formal institutions and organisations are controlled by individuals in 'power' and personal relationships underpin the power structures within institutions²⁷. During the colonial period, France made the focus of the economy on mineral extraction, having 'discovered' bauxite in 1819 and begun exploitation in 1920²⁸. Dependence on Bauxite persists in the post-colonial era and Diallo argues that successive Guinean regimes since independence have re-perpetuated dependence on mining due to their pre-occupation with maintaining regime stability²⁹. Since the emergence of China as a rising global hegemon³⁰, Guinea is now predominantly dependent on China to export minerals³¹.

This dependence simultaneously weakens the state's voice and agency within the international community whilst maintaining its existence and coercive capacity domestically.³² For example, in 2009, the GoG was able to escape responsibility for a bloody stadium massacre on civilians due to the country's strategic importance to foreign powers, China and Russia, who used their UN veto to reject UN mandates that would have intervened in what was termed a humanitarian crisis for

¹⁹ Sunkel, referred to in Chicolte, Ronald, (1974), *Dependency: A Critical Synthesis of the Literature*, Latin American Perspectives. P.4.

²⁰ Chicolte, Ronal, (1974), p.4.

²¹ Amin, S., 1972. Underdevelopment and dependence in Black Africa – origins and contemporary forms. *The Journal of Modern African Studies*, 10(4).

²² Posthumus, Bram, (2016), *Guinea: Masks, Music and Minerals*, London: Oxford University Press, p. 53 and p.70.

²³ Amin, S., (1972), p. 519

²⁴ Ekeh, Peter, (1975), *Colonialism and the two publics in Africa: A theoretical statement*, *Comparative Studies in Society and History*, Vol. 17, No1, pp. 93

²⁵ Posthumus, Bram, (2016), p. 56.

²⁶ Posthumus, Bram, (2016), p.114. McGreal, Chris, (2008), *Lansana Conté profile: Death of an African 'Big Man'*, *Guardian*, available at:

<https://www.theguardian.com/world/2008/dec/23/lansana-a-conte-profile> accessed on 4th August 2020.

²⁷ Chabal, P and Daloz, J, (1999), *Africa Works: Disorder as a political Instrument*, Bloomington: Indiana Press.

²⁸ Diallo, Penda, (2020), p.4.

²⁹ Diallo, Penda, (2020), p.22.

³⁰ Posthumus, Bram, (2016), p.111.

³¹ Guinea Government, (2020), p.6. Original text in endnotes.

³² Diallo, Penda, (2020), p.22

Guineans³³. This shows that the security needs of external networks and Guinean elites were prioritised to the detriment of the Guinean people. According to the World Bank in 2018:

“the structure of the economy remains dependent on the primary sectors – agriculture and mining – lacking diversification in its sources of growth. The ensuing stalled process of structural transformation is a result of low levels of agricultural productivity and poorly-managed urbanization, which is plagued by informality.”³⁴

So, in times of intense crises, how do these dynamics manifest? And how do we determine the value of a leadership response? Here, the realm of leadership in theory and practice is important, as it will provide answers for Guinea’s continuous under-development beyond the historical and structural constraints that the country faces.

The value of leadership theory

There is no one theory of leadership, however, what is commonly agreed is that ‘leaders’ are able to surmount obstacles to tackle the extraordinary³⁵. Grint categorises the different perspectives on leadership into four types: person based, position based, results based, and process based³⁶. Traditional leadership theory is generally known to have focused on person and positioned based leadership in organisations with a focus on individual traits and personalities of leaders or those in positions of authority³⁶. Guinea’s leaders since independence have generally been characterised as, or seen themselves as, ‘great leaders’ because their personalised influence over existing state structures³⁷. Results based leadership can also be generally aligned with authoritarian rule because it focuses either on the purpose or the results achieved as the primary concern or point of interest, which can generally be linked back to an individual ‘high performer’³⁸, with less attention paid to the means and methods which were employed to achieve those results. Process-based leadership, meanwhile, perceives

leadership as an interactive process between leaders and followers (a two-way relationship) where the means and methods do matter. How and why a particular individual or group emerges to assert influence within a given situation depends on the nature of that interaction and relationship. Those in positions of authority, or charismatic individuals, may well emerge to assert influence; but that is not the starting assumptions.³⁹

For this work, the building of mutuality between state leaders and citizens (or not) is of particular interest when assessing the Guinean’s state leadership infrastructure, namely: the “combination of the formal institutional elements of governing across realms; and the foundational relationships, shared values and expectations that underpin and reinforce these institutions across society.” Olonisakin and Walsh explains this combination is made from the hardware of this infrastructure, which includes “the physical sites and ensembles in which leadership is performed” such as statehouses, parliaments, palaces, security establishments and so forthcoming others are all parts of the hardware of the leadership infrastructure. Alongside the software, namely “the underpinning relationships, shared values and expectations” which can be between those controlling the formally organised systems and the rest of society, as well as the “shared values, expectations and interests formed outside of the formally organised systems, which bind large segments of society and order their worldviews”. It can be these formal or informal sites and relationships where leaders may or may not emerge.

This conceptualisation improves on traditional western development studies literature, which typically argue that African states are poor due to the lack of institutions, such as recent Nobel laureates Acemoglu and Robinson, who set out that Africa’s development is stagnant due to the lack of institutions and checks and balances. Or that Africa is poor due to mismanagement of resources such as Collier who developed the ‘resource curse’ thesis arguing that states become inherently more violent due to a scramble for resources⁴⁰.

³³ Human Rights Watch, (2009), available at: <https://www.hrw.org/news/2009/12/17/guinea-stadium-massacre-rape-likely-crimes-against-humanity> accessed on 4th August 2020.

³⁴ World Bank, (2018), p.viii

³⁵ Grint, Keith, (2010), *Leadership: A very short introduction*, Oxford University Press, p.4.

³⁶ Patterson, Alan, (2014), *Leader Evolution: From Technical Expertise to Strategic Leadership*, New York: Business Expert Press. Accessed August 8, 2020. ProQuest Ebook Central, p.2

³⁷ Chazan, Mortimer, Ravhenhil, Rothchild, (1992), *Politics and Society in Contemporary Africa*. Boulder: Lynne Rienner, p. 148.

³⁸ Grint, Keith, (2010), p.10.

³⁹ See: Grint, Keith, (2010); Northouse, Peter (2021). *Leadership: Theory and practice*. Sage publications; Olonisakin, Funmi (2017). *Towards re-conceptualising leadership for sustainable peace*. *Leadership and Developing Societies*, 2(1), 1-30.

⁴⁰ Collier and Hoeffler, (1998), *On economic causes of civil war*, *Oxford Economic paper*, 50, 4, p. 563-567.

An understanding of leadership processes and leadership infrastructure helps explain how and why (or why not) certain leaders are able to emerge within given crisis moments to offer solutions to that crisis, in a way that moves beyond more simplistic diagnoses related to resources or institutions. How and why certain institutions are maintained or not, or how and why natural resources are used effectively or not, are not adequately explained by the more Western-centric authors noted above. The nature of the hardware and software of the leadership infrastructure within a given society will help explain whether or not any structural or institutional constraints are mitigated against and transformative change may become possible. In Guinea, we will see how the hardware (formal institutions of the state) of the leadership infrastructure is undermined by self-interested practices and dependence on external actors, which serves only a small part of the country (the elites and ruling class)⁴¹.

As Mkandawire argues: “most of the analyses about African states that have led to so much despondency about the prospects of development are based on invidious comparison between African states in crisis and idealised and tendentiously characterised states else-where.”⁴² There is generally a focus on what African countries should have rather than what they already have, and there is generally a negative narrative about the state in Africa. Mkandawire explains:

“the African state [has] become the most demonised social institution in Africa, vilified for its weaknesses, its over-extension, its interference with the smooth functioning of markets, its repressive character, its dependence on foreign powers, its ubiquity, its absence, etc.”⁴³

Even if, as will be seen here, the analysis does not offer a story of success and highly effective emergent leadership, an understanding of the leadership infrastructure in this context helps better explain how and why those inadequacies occur; and at least offers an explanation of how transformative leaders could and

might emerge in the future. This work does not assume the Guinean state has the same hardware and software foundation of Western counterparts or is able to easily escape the dependency it has on them; nor that it is eternally and inevitably doomed to crisis and failure due to its ‘weak institutions’. A Leadership analysis offers an opportunity for the possibility of sustainable development in Africa to be better understood, and a comprehensive analysis of the effectiveness that can and does appear within African societies.

This paper will examine the cycle of change i.e. not what leaders ‘have’ (position, person) but what they ‘do’⁴⁴, meaning how they respond to crisis. The situations here - the Ebola pandemic and the COVID-19 pandemic - created needs, and the person responding to those needs effectively must successfully build mutuality with the followers within that context. This is the process in which leaders gain followers. As Olonisakin argues: “In situations of conflict and insecurity, leadership does not reside in a person. Rather, it is a function of an entire situation”⁴⁵. Rosling, a global health professor, agrees that “the improvement of the world must be highly contextualised”,⁴⁶ referring to the great differences between and within African countries. Leadership is, therefore, inter-changeable as emergent leaders begin to solve a complex problem and build mutuality with followers.

Coercive social contracts and social injustice

A crucial element of Guinea’s leadership infrastructure is the maintenance of regime stability and social injustice, through coercive social contracts. According to Diallo, this element of Guinea’s leadership infrastructure is the reason for the “absence of change in the country’s (Guinea’s) leadership”⁴⁷ and “lack of socio-economic development for the wider population”⁴⁸. This can generally be viewed as a transactional style of leadership, which does not motivate a population by sharing a common vision, but instead punishes or rewards good behaviour to reach its goals⁴⁹. Since its independence in 1958, Guinea was

⁴¹ Ekeh, P. (1975), p.92.

⁴² Mkandawire, Thandika, (2001), Thinking about developmental states in Africa, Cambridge Journal of Economic, 25, 289-313, p. 290.

⁴³ Ibid, p. 293.

⁴⁴ Grint, Keith, (2010), p.14.

⁴⁵ Olonisakin, Funmi, (2015), Re-conceptualising Leadership for effective peacemaking and human security in Africa, Strategic Review for Southern Africa, Vol. 37 (1), p.132.

⁴⁶ Rosling, Hans, (2006), Debunking myths about the “third world” available at:

<https://www.gapminder.org/videos/hans-rosling-ted-2006-debunking-myths-about-the-third-world/> accessed on 19th August 2020, 14min 33s to 14min 37sec.

⁴⁷ Diallo, Penda, (2020), p.2.

⁴⁸ Ibid.

⁴⁹ Bass, Bernard, (1990), From Transactional to Transformational leadership: Learning to share the vision, Elsevier, p.22.

firstly under the military (autocratic) rule, of Ahmed Sékou Touré until 1984. Lansana Conté (1984-2008) initially became president by way of coup in and later transitioned to civilian rule, but maintained an autocratic coercive contract. After Lansana Conté's death, power was seized by Capitain Moussa Dadis Camara, after which elections were held and Guinea transitioned to democratic rule under Alpha Condé in 2010⁵⁰. Despite formally being recognised as a democracy, the coercive social contract between the state and the Guinean remained largely intact as will be evidenced by this paper; and was further proven by Alpha Condé's ousting in the 2021 coup General Mamady Doumbouya, the current head of state.⁵¹ The leadership scholar Bernard Bass has argued:

"Autocracies and oligarchies have represented concentrations of power; democracies have represented a wider distribution of power. In the former, the individual autocrat with a patronizing staff of subordinates dictated to a relatively powerless membership. In the latter, power was dispersed voluntarily and legally mandated."⁵²

However, elitism represents a concentration of power to a designated few entrusted with the governance of the state which can be manipulated even within an ostensibly democratic system – especially when that is measured largely and primarily by the holding of periodic elections. As Khan argues, democratisation and institution building in themselves do not get rid of patron client networks and corruption⁵³. Guinea's government, under the leadership of Alpha Condé, despite democratic advancements, was criticised for showing authoritarian tendencies which includes military and police brutality towards citizens, attempts to increase term limits, and the continuation of social

injustices such as extreme poverty. More than 70% of the Guinean population opposed military, arbitrary and one-man rule⁵⁴, and 57% of Guineans were not happy with the state of democracy in Guinea in 2020⁵⁵. With the leadership software being so weak, with this apparent lack of mutuality between the ruling class, President and the rest of society, Alpha Condé necessarily remained reliant on the hardware available to him to exert and maintain coercive control. He has been described as authoritarian because he did not disperse power amongst his network and did not listen to advice given by others⁵⁶. He was therefore not connected to the needs of the population.

Ake explains this phenomenon within African state-society relations as "a socialism of arbitrary power exercised by a small group with a very narrow social base."⁵⁷ This weak mutuality between the state and wider population means societal mobilisation is difficult in pursuit of a common cause, which becomes particularly clear in times of crisis where behaviours and attitudes become a representation of pre-existing contracts, as will be seen below during the Ebola and COVID-19 pandemics⁵⁸.

ANALYSING RESPONSES TO GUINEA'S HEALTHCARE CRISIS

The Government of Guinea's response to Ebola

In its response to the Ebola pandemic, the Government of Guinea led by Alpha Condé went to great lengths to mitigate the spread of the disease and the impact on the economy. However, Alpha Condé's authoritarian leadership style and the exercise of violence to implement security measures meant that the government was faced with a lot of resistance from its population. Reliance on the hardware of the

⁵⁰ BBC, (2015), Guinea profile leaders, available at: <https://www.bbc.co.uk/news/world-africa-13442053> accessed on 26th August 2020. Diallo, Penda, (2020), p.13.

⁵¹ The Guardian, (2025), <https://www.theguardian.com/world/2025/feb/11/guinea-junta-mamady-doumbouya-opposition>

⁵² Bass, Bernard M., Bass, Ruth, and Bass, Ruth R, (2008), The Bass Handbook of Leadership: Theory, Research, and Managerial Applications, New York: Free Press, chapter 12, 1st page.

⁵³ Khan, Mushtaq, (2005), Markets, States and Democracy: Patron-Client Networks and the Case for Democracy in Developing Countries.

⁵⁴ Smith, Jeffrey, (2020), Alpha Conde and the blight of third termism, Vanguard Africa, available at:

<http://www.vanguardafrica.com/africawatch/2019/10/14/alphe-conde-and-the-blight-of-third-termism>, accessed on 28th July 2020

⁵⁵ Afrobarometer, (2020), available at: <http://afrobarometer.org/countries/guinea-0> accessed on 28th July 2020.

⁵⁶ NDTV, (2015), From jailed opposition leader to president: Alpha Conde, NDTV, available at: <https://www.ndtv.com/world-news/from-jailed-opposition-leader-to-president-alpha-conde-1233217> accessed on 28th July 2020.

⁵⁷ Ake, C, (1985), The Future of the State in Africa, International Political Science Review, 6(1), p. 110.

⁵⁸ Olonisakin and Walsh (2024), p.4

government's leadership infrastructure was detrimental to the software, as there remained a lack of trust and mutuality between it and the citizens. The government was also slow to respond to the pandemic, which resulted in its spread to neighbouring countries and confusion amongst its own population.

Although forecasts from Guinea's healthcare department dating from 2003 suggested that by 2014, 25% of Guinea's healthcare professionals would retire, little was done to mitigate the loss on the already burdened healthcare system⁵⁹. The GoG continued to underspend in its healthcare sector which is an important sector to drive socio-economic development⁶⁰. For the previous three decades, Guinea's government had spent only 3% of its budget on healthcare expenditure, 90% of which covers worker's salaries whereas the AU, ECOWAS and WHO recommend a 10% spend on healthcare expenditure⁶¹. Investments in healthcare were thus inadequate and did not look at the healthcare system comprehensively to address failures across the system. In order to produce more high skilled healthcare professionals, the government would also need to address failures in the education system. In 2011, Guinea's adult literacy rate was 25.31%, amongst women this figure stood at a meagre 12.19%⁶².

As Ebola spread, President Condé asked retired doctors to re-join the healthcare profession⁶³ and commissioned junior doctors to the 'frontline' to help eradicate the disease, who assisted international experts and eventually became "field epidemiologists, infection control specialists, and health communication professionals."⁶⁴ However, the Guinean government failed to contain Ebola, which resulted in its spread to Sierra Leone, Liberia and subsequent countries where cases later emerged. This was also partly due to the delayed response and identification of the disease. It is thought that Ebola emerged in Guinea as early as

December 2013⁶⁵, but the leadership hardware was not able to respond swiftly to the situation. The Guéckédou and Macenta public health services notified the Guinean government of a suspicious virus on 10th March 2014. It alerted MSF two days later. The Guinean ministry of health sent a team to the region, which arrived on 14th March and the MSF team arrived on 18th March⁶⁶. This demonstrates a lack of alertness, coordination and collaboration.

A repressive state hardware is generally not conducive to understanding the views and priorities of citizens, which can be exposed in times of crisis. Barry sees this as a failure of the GoG to address the Ebola pandemic due to its inability to map and analyse how receptive the population was to its communication strategies⁶⁷. It was thus unable to understand the security needs of the population. According to Sow et al., healthcare professionals reported that Guineans were more 'resistant' to treatment than in Liberia and Sierra Leone⁶⁸. Guineans were more likely to hide, refuse treatment and some went as far as killing Ebola response agents. This is partly due to "The extreme distrust of the Ebola response in Guinea was linked to multiple historical and social factors of domination as well as attitudes of general distrust toward the Guinean State and its intentions"⁶⁹. This testifies to the leadership software also being inadequate in mitigating the effects of that coercive state apparatus. Furthermore, the government did not ease this distrust by applying authoritarian and sometimes arbitrary responses to the process of identification, containment and treatment of the population during the pandemic. This included forced containment, isolation and placement in cantonments.

In contrast, there was a much better reception by Sierra Leoneans due to their ability to engage with and

⁵⁹ Barry, Alpha Amadou Bano, (2017), p. 80

⁶⁰ Rosling, Hans, (2006), debunking myths about the third world, available at: <https://www.gapminder.org/videos/hans-rosling-ted-2006-debunking-myths-about-the-third-world/> 12min 47sec – 12min 57sec

⁶¹ Barry, Alpha Amadou Bano, (2017), p. 80.

⁶² AfDB (African Development Bank), Open data for Africa, Guinea, 2014, available at: <https://guinea.opendataforafrica.org/smeuxid/guinea-education-outcomes> accessed on 23rd June 2020.

⁶³ Camara, Karim, (2014), Guinea opposition cries foul to ebola-related election day, VOA News, available at: <https://www.voanews.com/africa/guinea-opposition-cries-foul-ebola-related-election-delay> accessed on 10th July 2020.

⁶⁴ Erundu, Ngozi, (2017), Lessons learned from the final Ebola outbreak in Guinea, statnews, available at:

<https://www.statnews.com/2017/05/26/ebola-outbreak-guinea-lesson-learned/> accessed on 8th July 2020.

⁶⁵ Barry, Alpha Amadou Bano, (2017), p. 70.

⁶⁶ Baize et al, (2014), Emergence of Zaire Ebola Virus Disease in Guinea, The New England Journal of Medicine, available at: <https://www.nejm.org/doi/full/10.1056/nejmoa1404505> accessed on 8th July 2020.

⁶⁷ Barry, Alpha Amadou Bano, (2017), p.80.

⁶⁸ Kelley, Sams, Desclaux, Alice, and Sow, Souleyman, (2019), "They'Ll Inject You And You'Ll Die': From Medication Non-Compliance To Acceptance In Guinea'S Ebola Treatment Units". *Anthropology & Medicine* 27 (1): 1-16.

⁶⁹ Ibid, p.12

negotiate the terms of the interventions⁷⁰, meaning that they had stronger mutuality with their leaders. MSF reported in June 2014 that authorities in Guinea failed to communicate the severity of the disease to their populations, resulting in the continuation of cultural practices such as attending funerals without taking necessary sanitary precautions, which continued to spread the disease⁷¹. Defending the government's slow response to the crisis, Alpha Condé argued in 2015 that "MSF has a tendency to exaggerate things,"⁷² and that MSF should not have led the communication strategies relating to the pandemic, because they were not the official spokespeople⁷³. In contrast, neighbouring Senegal was commended to have successfully stopped the spread of Ebola partly due to their rapid responses and close collaboration with MSF and WHO⁷⁴. Although Guinea was declared 'Ebola' free in June 2014⁷⁵, Guinea's healthcare crisis was far from over. Guinea lost 2500 people⁷⁶ including 600 medical personnel to the epidemic and faced long lasting economic hardship as a result of the impact on the economy⁷⁷.

Therefore, the nature of the hardware and software of GoGs leadership infrastructure was generally not conducive to their emergence as effective leaders in this crisis moment. This meant that other stakeholders and influential actors within that infrastructure would be especially important. Here, it was the international community (primarily Western powers and institutions), who would play a role in the outcome also.

The international response to Ebola

⁷⁰ Kelley Sams, Desclaux Alice, and Sow, Souleymane, (2019)

⁷¹ MSF, (2014), Ebola in West Africa: Epidemic requires massive deployment of resources, available at: <https://www.msf.org/ebola-west-africa-epidemic-requires-massive-deployment-resources> accessed on 10th July 2020.

⁷² Jalabi, Raya, (2015), Guinea's president on global aid push: Ebola forced us to change completely, Guardian. Available at: <https://www.theguardian.com/world/2015/jul/12/guinea-president-alpha-conde-ebola-aid> accessed on 10th July 2020.

⁷³ Ibid.

⁷⁴ WHO, (2015), Successful Ebola responses in Senegal, Nigeria and Mali, available at: <https://www.who.int/csr/disease/ebola/one-year-report/nigeria/en/> accessed on 10th July 2020.

⁷⁵ WHO, (2015), End of Ebola in Guinea, available at: <https://www.who.int/news-room/detail/29-12-2015-end-of-ebola-transmission-in-guinea> accessed on 18th July 2020.

⁷⁶ CDC, (2020), 2014-2016 Ebola Outbreak in West Africa, available at: <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html> accessed on 31st August 2020.

The underlying issue that exacerbated the Ebola epidemic was Guinea's fragile healthcare system⁷⁸. However, this sub-section argues that the international response only partly addressed the issues that resulted in the spread of Ebola and that their response was underpinned by biases and misconceptions of African societies. As mentioned above, Guinea and its leaders have, since independence, been dependent on assistance from developed countries. According to CDC, Guinea's weak healthcare infrastructure and inability to contain the disease resulted in it spreading to Sierra Leone⁷⁹. High levels of poverty, an inadequate healthcare system, rampant inequality and the addition of the Ebola outbreak also meant that Guinea required humanitarian assistance⁸⁰, meaning that the pandemic exacerbated socio-economic disparities. The leadership infrastructure that, ultimately, emerged to respond to the crisis was not just the Guinean government. But necessarily included foreign governments led by the United States (US), the World Health Organisation (WHO), Medecin Sans Frontiere (MSF), International Non Government Organisations (INGOs), the UN's Mission for Ebola Emergency Response (UNMEER) and many other multinational health organisations as well as Guinean citizens.⁸¹

However, Ebola created new security concerns for people outside of Guinea and it was these international actors who generally shaped the response. Their externality mean they enacted a security framework which sought to contain the Ebola pandemic, rather than address its root causes⁸². The coordinated US-led

⁷⁷ Ministry of health Guinea, (2020), available at:

<https://sante.gov.gn/le-1er-forum-international-pour-le-financement-durable-de-la-securite-sanitaire-en-republique-guinee/#> accessed on 19th July 2020.

⁷⁸ Barry, Alpha Amadou Bano, (2017), p.80.

⁷⁹ CDC, (2019), 2014-2016 Ebola Outbreak in West Africa, available at: <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html> accessed on 4th July 2020.

⁸⁰ Amos, Julia, (2017), Structural violence, public health and the militarization of assistance, in understanding West Africa's Ebola pandemic: towards a political economy, Zed books, p. 140.

⁸¹ Anderson, Mark and Lamble, Lucy, (2014), Ebola outbreak response: a breakdown of the key funding pledges, available at: <https://www.theguardian.com/global-development/2014/oct/09/ebola-outbreak-response-breakdown-key-funding-pledges> accessed on 28th August 2020.

⁸² Batty, Fodei, (2017), The Ebola epidemic moment in US-(West) Africa relations in Abdullah, Ibrahim and Ismail Rashid, (2017), Understanding West Africa's Ebola epidemic: Towards a political economy, Zed Books, African Leadership Centre, p. 281.

international response saw colonial powers France and the United Kingdom intervene in respective former colonies Guinea and Sierra Leone whilst the US focused on Liberia, and was driven by their own national security interests. The main risk associated with the spread of the virus was it reaching the 'western world'. So much so that Batty argues that "... as the epidemic continued to spread in 2014 and early 2015 it became increasingly complex to differentiate where, in dealing with the disease, the interests of the United States stopped and those of the three most-affected countries in West Africa – Liberia, Sierra Leone, and Guinea – began."⁸³ Batty also argues that national television debates about the threat of Ebola to the West was reported daily and created a fear amongst citizens, who in return pressured their governments to respond to the pandemic⁸⁴. Stress and fear are normal responses to pandemics,⁸⁵ with Schultz et al. arguing that groups who share the same fear have similar behaviours.⁸⁶ In this sense, the US's fear for its national security also spread to, and was felt amongst, its allies. This framing of the issue saw the containment and eradication of Ebola in West Africa as a priority, not as a humanitarian intervention as such but mainly to prevent issues spreading to their own context⁸⁷. The US, whose response was primarily focused on Liberia, pledged over \$1bn and sent 4000 US troops to the region⁸⁸. For Guinea, where France's Clinique Pasteur and MSF was already on the ground, was given further funding to conduct research on Ebola⁸⁹. The WHO was criticised by MSF in its response to the Ebola pandemic, which was classed as an 'extraordinary event', its response was deemed dangerously inadequate and lacked the mobilisation of human and technical resources⁹⁰.

In addition, Bah argues that there was a misconception of the Ebola outbreak by western scientists, which drew from neo-colonialist discourses of African's backwardness and barbarianism⁹¹. For example, Dr Piot who first diagnosed Ebola in the Congo in the 1970's and is now director of the London School of Hygiene and Tropical Medicine, famously argued in the aftermath of the Ebola outbreak that the WHO's regional office in Africa was to blame for the poor response to Ebola because "It's the regional office in Africa that's the frontline ... and they didn't do anything. That office is really not competent"⁹². These ideas cannot be dismissed as non-influential to policy decisions on Africa because slavery and colonialism contributed to structural inequality within International Relations today, which has also had an impact on the poor state of healthcare systems, such as in Guinea⁹³, and which posits the US as a global hegemon in the world order.

Scientists epistemological construct justifies these systems and their expertise is sought to provide evidence for policy and political decisions. For example, in his address to the US Congress in 2014, congressman Mike Kelly of Pennsylvania referred to the Belgian doctor Peter Piot, and in urging his nation to respond the West African crisis swiftly. For this reason, he argued that "We must contain it to West Africa, we cannot let it get beyond these shores"⁹⁴. Regional and international airlines therefore cancelled flights to Guinea.⁹⁵ Despite this, healthcare workers did recognise the need to address disparities within the Guinean healthcare system. An interview with US healthcare professionals on the ground working with Ebola found that they were hoping for more long term solutions, which would help

⁸³ Ibid, p. 267.

⁸⁴ Ibid, p.269.

⁸⁵ Shultz, J. M., Cooper, J. L., Baingana, F., Oquendo, M. A., Espinel, Z., Althouse, B. M., Marcelin, L. H., Towers, S., Espinola, M., McCoy, C. B., Mazurik, L., Wainberg, M. L., Neria, Y., & Rechkemmer, A. (2016), The Role of Fear-Related Behaviors in the 2013-2016 West Africa Ebola Virus Disease Outbreak. *Current psychiatry reports*, 18(11), 104. <https://doi.org/10.1007/s11920-016-0741-y>

⁸⁶ Shultz, et al, (2016), The Role of Fear-Related Behaviors in the 2013-2016 West Africa Ebola Virus Disease Outbreak. *Current psychiatry reports*, 18(11), 104. <https://doi.org/10.1007/s11920-016-0741-y>

⁸⁷ Batty, Fodei, (2017), p.281.

⁸⁸ Anderson, Mark and Lambie, Lucy, (2014).

⁸⁹ Anderson, Mark and Lambie, Lucy, (2014).

⁹⁰ Ippolito, G., Di Caro, A., & Capobianchi, M. R. (2015), The Chronology of the International Response to Ebola in Western Africa: Lights and Shadows in a Frame of

Conflicting Position and Figures. *Infectious disease reports*, 7(2), 5957. <https://doi.org/10.4081/idr.2015.5957>

⁹¹ Bah, Chernor, (2017), Eurocentric epistemology: questioning the narrative on the epidemic's origin IN understanding West Africa's Ebola pandemic: towards a political economy, zed books, p. 48.

⁹² Ippolito, G., Di Caro, A., & Capobianchi, M. R, (2015), The Chronology of the International Response to Ebola in Western Africa: Lights and Shadows in a Frame of Conflicting Position and Figures. *Infectious disease reports*, 7(2), 5957. <https://doi.org/10.4081/idr.2015.5957>

⁹³ Amos, Julia, (2017), p. 141.

⁹⁴ Batty, Fodei, (2017), p.270.

⁹⁵ Galatsidas and Anderson, (2014), West Africa in quarantine: Ebola, closed borders and travel bans, Guardian, available at: <https://www.theguardian.com/global-development/ng-interactive/2014/aug/22/ebola-west-africa-closed-borders-travel-bans> accessed on 26th August 2020.

build healthcare infrastructure in developing countries because “eradicating Ebola is not enough”⁹⁶.

In summary, the foreign actors responding to Guinea’s Ebola pandemic did so primarily in their own national security interest, thereby focusing on containment rather than long term investments in the Guinean healthcare sector. This was despite the Ebola crisis amplifying its existing healthcare disparities and recognition amongst external actors that addressing these disparities was, indeed, crucially important in order to stop the spread of Ebola⁹⁷. The next part of the paper looks at the GoG’s response to COVID-19 and the potential for lessons learnt from the 2013-2016 Ebola pandemic.

THE COVID-19 RESPONSE

Leadership during COVID-19 – dependency exposed

Unlike Ebola, COVID-19 was a *global* pandemic. It emanated from Wuhan province China and spread globally, affecting over 150 countries including the EEA/EU countries and the US by 11th March 2020⁹⁸. The first COVID-19 case was reported in Guinea on 13th March 2020⁹⁹, just five years after the WHO declared the end of Ebola in Guinea¹⁰⁰. However, as Guinea was declaring its first case of COVID-19, the virus was already creating havoc in the West. Western countries had lost thousands of people, seen huge economic loss comparable only to the 1930’s great depression and their healthcare systems heavily burdened by the pandemic¹⁰¹. In the early stages of the pandemic, the IMF projected that developing countries would have an average economic growth of -6% as a result of the pandemic, meaning that they would go into a

recession¹⁰² and quarantine restrictions meant that travel became more burdensome and less likely¹⁰³.

This was, therefore, a different dynamic and role of the international aspect of Guinea’s leadership infrastructure which had influenced the Ebola response. For Guinea, like most other African countries, this global aspect impacted their ability to seek assistance externally to resolve their crisis. As Chimwemwe argued at the time, “The neo-colonial habit of looking outward to the Global North for ideas and solutions may prove to be more devastating for the African populace than the COVID-19 pandemic itself.”¹⁰⁴ Guineans who had previously had access to resources and connections, namely the elites, became themselves victims due to their inability to seek medical tourism. Guinean musical legend Mory Kanté, for example, passed away on 22nd May 2020, having been unable to travel to France for medical treatment. At the time of his passing, one of his daughters, Manamba Kanté, was in France to give birth to her third child, but she was unable to attend his funeral¹⁰⁵. Thus, Guinea faced, for the first time since independence, a more inclusive security dynamic in the sense that the crisis put citizens on a somewhat more equal footing in a way that was unusual. The elite was not able to ‘seek refuge’ in foreign countries and get assistance from foreign medical personnel in the immediate response to the crisis, much like the majority of the population.

Guinea’s economy, meanwhile, which sees 91% of mining exports destined for China, placed Guinea in a difficult position because Chinese demand had decreased due the pandemic¹⁰⁶. As a result of the COVID-19 pandemic, Guinea’s economic and social dependency was exposed, as the pandemic isolated the country and made it more challenging to rely on

⁹⁶ NBC News, (2014), available at: <https://www.nbcnews.com/storyline/ebola-virus-outbreak/why-its-not-enough-just-eradicate-ebola-n243891> accessed on 8th July

⁹⁸ WHO, (2020), Novel Coronavirus event background, available at; <https://www.ecdc.europa.eu/en/novel-coronavirus/event-background-2019> accessed on 18th July 2020.

⁹⁹ Anadolu Agency, (2020), Guinea reports first confirmed COVID-19 case. <https://www.aa.com.tr/en/africa/guinea-reports-first-confirmed-COVID-19-case/1765526> accessed on 18th July 2020.

¹⁰⁰ WHO, (2015), End of Ebola in Guinea, available at: <https://www.who.int/news-room/detail/29-12-2015-end-of-ebola-transmission-in-guinea> accessed on 18th July 2020.

¹⁰¹ Gopinath, Gita, (2020), The Great Lockdown: Worst Economic Downturn Since the Great Depression, IMFBlog;

Insights and Analysis on Economics and Finance, available at: <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/> accessed on 26th August 2020.

¹⁰² Gopinath, Gita, (2020)

¹⁰³ Guardian, (2020), UK travel industry warns against ‘nightmare’ of quarantine, available at:

<https://www.theguardian.com/world/2020/may/10/uk-travel-industry-warns-against-nightmare-of-two-week-quarantine> accessed on 26th August 2020.

¹⁰⁴ Chimwemwe A. Fabiano, (2020), From crisis to opportunity: COVID-19 and Innovation in Africa, ALC COVID-19 research: Op Ed Series, vol 4 issue 1. p. 1.

¹⁰⁵ Afro Guinee Mag, (2020), available at: <https://www.afroguinee.com/manamba-kante-aidez-nous-je-veux-voir-le-corps-de-mon-pere/> accessed on 19th July 2020. (Google translate available).

¹⁰⁶ Guinea Government, (2020), p.6. Original text in endnote.

outsiders. However, this was not the first time Guinea was facing 'isolation'. In 1958, after it voted to leave French colonialism, it became isolated from France and its allies, including the US, who did not want Guinean rapprochement to jeopardise its relationship with France. But despite that political isolation, Guinea's economy remained dependent on mineral extraction, and the Guinean elite were still largely able to rise above the security concerns of the rest of the population. The GoG recognised that dependence on mineral exports was problematic for the country during the global pandemic.¹⁰⁷ However, as Mwambari argued, it also presented an opportunity for leadership emergence as it provided an opportunity for Guinea to "wean itself from neo-colonial dependence and 'resource curse' economic structures dependent on Bauxite extraction"¹⁰⁸.

IFIs such as the IMF did aid Guinea's fight against COVID-19 by approving a USD\$148 million disbursement for Guinea's initial response to the pandemic¹⁰⁹. In addition, the GoG expected USD\$ 100m from the World Bank and USD \$32m from the UAE to fund its COVID-19 relief programme¹¹⁰. The GoG also requested further debt relief from the IMF for up to two years due to the impact of the pandemic on the economy, and to divert these funds towards the COVID-19 relief efforts¹¹¹. In its initial COVID-19 rebound plan, the GoG led by Alpha Condé made concessions, including the freezing of public service transport payments, public housing rent payments, electricity and water charge payments for three months in the aftermath of the COVID-19 outbreak. The GoG stated that these policies were to be implemented with the assistance of the Government of the UAE, the AfDB, the Islamic Development Bank and the Arab Bank for African Development, which was in addition to expected debt relief from the IMF and additional

support by the World Bank¹¹². However, the concessions made were not tailored to Guinea's context, where the majority of the population work in the informal sector¹¹³.

The Government's response to COVID-19

Alpha Condé's Government was unable to address the impact of the healthcare crisis, including addressing socio-economic disparities, because of it being overly preoccupied with its own existence, thus failing to prioritise the needs of the people. It failed in attaining the level of mutuality with its citizens needed to emerge as a leader, mobilise the population, and respond appropriately to the crisis. Both the hardware and software of its leadership infrastructure, now primarily and necessarily reliant on its domestic components, was exposed as grossly inadequate. As Allegrozzi of Human Rights Watch noted: "In a country plagued by a weak healthcare system, lessons should be drawn from the Ebola experience, by involving and winning the trust of local communities."¹¹⁴ In doing so, the government would have built mutuality with the population living in socio-economic discrepancy.

The central government, and particularly the Ministry of Health, had made some advances in its efforts to address the healthcare crisis in Guinea, including reconstruction after the Ebola pandemic. In January 2020 the government also organised Guinea's first international conference on sustainable finance for the Guinean healthcare system.¹¹⁵ And yet, although it recognised that more funding was needed prior to the COVID-19 pandemic, in their letter to the IMF of May 2020, at the height of the COVID-19 pandemic, the Ministry of Health and central bank of Guinea committed to increasing spending on healthcare by a mere 0.3%¹¹⁶,

¹⁰⁷ Guinea Government, (2020), p.6. Original text in endnote.

¹⁰⁸ Mwambari, David, (2020), The pandemic can be a catalyst for decolonisation in Africa, Al Jazeera, available at: <https://www.aljazeera.com/indepth/opinion/pandemic-catalyst-decolonisation-africa-200415150535786.html> accessed on 19th July 2020.

¹⁰⁹ IMF, (2020), IMF Executive Board Approves US\$148 Million Disbursement to Guinea to address the COVID-19 Pandemic, available at: <https://www.imf.org/en/News/Articles/2020/06/19/pr20244-guinea-imf-executive-board-approves-us-million-disbursement-to-address-the-COVID-19-pandemic> accessed on 22nd July 2020.

¹¹⁰ Guinea Government, (2020), p.20.

¹¹¹ IMF, (2020), Catastrophe Containment And Relief Trust – Approval Of Grant Assistance For Debt Service Relief, Policy Paper No. 20/022, p.69. available at: <https://www.imf.org/en/Publications/Policy->

[Papers/Issues/2020/04/16/Catastrophe-Containment-And-Relief-Trust-Approval-Of-Grant-Assistance-For-Debt-Service-Relief-49330](https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/04/16/Catastrophe-Containment-And-Relief-Trust-Approval-Of-Grant-Assistance-For-Debt-Service-Relief-49330) accessed on 22nd July 2020.

¹¹² Guinea Government, (2020), p.16. Original text in end note.

¹¹³ Diallo, Penda, (2017), Social insecurity, stability and the politics in West Africa: a case study of artisanal and small-scale diamond mining in Guinea, 1958-2008, The extractive industries and society, 4,

¹¹⁴ Allegrozzi, Ilaria, (2020), Guinea: respecting rights amid COVID-19, human rights watch (HRW), available at: <https://www.hrw.org/news/2020/04/29/guinea-respecting-rights-key-amid-COVID-19-0> accessed on 24th August 2020.

¹¹⁵ Ministry of Health Guinea, (2020)

¹¹⁶ IMF, (2020), IMF Executive Board Approves US\$148 Million Disbursement to Guinea to address the COVID-19

meaning 3.3% of the budget; far below the recommended average of 10%¹¹⁷. This shows that the GoG missed opportunity to build mutuality with the population and address their socio-economic disparities. The state thus prioritised the maintenance of a coercive social contract utilising its resources and relationships, rather than seeing the crisis as a mean to develop their leadership software (trust) which could potentially help enable longer term structural transformation.

Despite the experience and lessons learnt with Ebola, in the first months of the pandemic Guinea became one of the worst hit countries on the African continent¹¹⁸. In addition to addressing the shortage of healthcare personnel, equipment and hospitals, it was estimated that Guinea needed 1062 medical ventilators to respond to the COVID-19 pandemic, yet it had only 20 ventilators and 40 intensive care beds in the entire country¹¹⁹. MSF urgently rehabilitated and expanded one of their treatment centres (Nongo) in Conakry, which was set up to respond to the Ebola pandemic because the only hospital in Conakry able to admit COVID-19 cases quickly became overcrowded in May 2020¹²⁰. The GoG recognised through a policy paper drafted by the office of the Prime Minister, Kassory Fofana, that Africa faced a greater spread of COVID-19 amongst its population due to deficient healthcare systems and the nearly impossible reality of full confinement¹²¹. As such, the virus spread more widely and quickly due to the population not being able to adhere to medical guidance. It therefore announced that it was preparing a financial package to address the pandemic worth USD\$360 million. In the paper, the GoG announced that it was actively seeking innovative solutions to address the shortage of beds during the pandemic such as

rehabilitating military buildings or requisitioning Conakry's Donka hospital¹²².

However, Global commodity prices also dropped as a result of the COVID-19 pandemic, making the mining sector (the Government's main source of revenue) less profitable. Although the GoG spoke to the dependence on mining rents, it did not explicitly address this economic problem in its economic recovery paper. In this paper, the GoG pledged to "contain the healthcare, social, economic and financial impact of the pandemic"¹²³. It did not plan towards structural transformation such as improving access to water, electricity, better roads and healthcare reforms to address the healthcare crisis, socio-economic development and to minimise the impact of future pandemics. Thus, it failed to address the underlying and longer-term security needs of wider society.

Similar to the Ebola response, the GoG had a delayed response to the COVID-19 pandemic and spread confusing messages. The GoG remained focused on regime stability rather than addressing the socio-economic and health needs of the population, and remained overly reliant on a coercive social contract. They went ahead, in March 2020, with an already controversial constitutional amendment to allow for a third term in office, which resulted in the deaths of several protesters¹²⁴. The results returned in favour of the new constitution by, a highly unlikely, 90%¹²⁵. ECOWAS, the AU, the UN and the EU expressed concerns about the elections, particularly because the electoral ballot needed to be renewed, and they were unable to send observers partly due to the COVID-19 pandemic¹²⁶. Alpha Condé's party government also captured 100 seats against the opposition's 14 seats, due

Pandemic, available at:

<https://www.imf.org/en/News/Articles/2020/06/19/pr20244-guinea-imf-executive-board-approves-us-million-disbursement-to-address-the-COVID-19-pandemic> accessed on 22nd July 2020.

¹¹⁷ Barry, Alpha Amadou Bano, (2017), p. 79.

¹¹⁸ Aljazeera, (2020), Guinea: Six protesters killed in clashes with police, available at:

https://www.aljazeera.com/news/2020/05/guinea-protesters-killed-clashes-police-200513071249521.html?utm_source=dailybrief&utm_medium=email&utm_campaign=DailyBrief2020May13&utm_term=DailyNewsBrief accessed on 29th August 2020.

¹¹⁹ Reuters, (2020), available at:

<https://graphics.reuters.com/HEALTH-CORONAVIRUS/AFRICA/yzdpqxqbdvix/> accessed on 22nd July 2020.

¹²⁰ MSF, (2020), MSF supports COVID-19 pandemic response in Guinea, available at: <https://www.msf.org/msf-supports->

[COVID-19-pandemic-response-guinea](https://www.msf.org/msf-supports-COVID-19-pandemic-response-guinea) accessed on; 22nd July 2020.

¹²¹ Ministry of health Guinea, (2020)

¹²² Guinea Government, (2020), p.9. original text in endnotes.

¹²³ Guinea Government, (2020), p.8

¹²⁴ Human Rights Watch, 2020, Guinea: Violence during Referendum, available at;

<https://www.hrw.org/news/2020/04/10/guinea-violence-during-referendum> accessed on 26th August 2020.

¹²⁵ Human Rights Watch, 2020, Guinea: Violence during Referendum, available at;

<https://www.hrw.org/news/2020/04/10/guinea-violence-during-referendum> accessed on 26th August 2020.

¹²⁶ Fofana and Phillips, 2020, Guinea's elections had a clear winner. But its contest for power isn't over, African Arguments, available at:

<https://africanarguments.org/2020/04/16/guinea-elections-clear-winner-contest-for-power-isnt-over/> accessed on 19th July 2020.

to boycotts by opposition parties who promised to take legal and political action against the government¹²⁷. This is evidence of the governments constant preoccupation with maintaining power even amidst the presence of a global pandemic.

The focus of Alpha Condé's government was on reasserting its power at the height of a global healthcare crisis. According to Fofana and Phillips, the international's community was unable to hold the Guinean government accountable due to logistical constraints as a result of the global pandemic¹²⁸. In the weeks after the referendum, protests erupted in response to the Government's enactment of COVID-19 checkpoints and roadblocks to limit the spread of the pandemic. Protesters cited mistreatment and coercion by the police¹²⁹, but also disapproved of 'lockdown' rules as they had to leave their homes to make a living. The police ended up firing at protesters and killing six people¹³⁰. The continuous use of coercive force by the Guinean authorities demonstrates a continued inability to engage in meaningful societal mobilization, instead relying on the reinforcement of the coercive social contract.

Finally, in response to COVID-19 the GoG continued to spread misleading information. On 9th April 2020, President Alpha Condé took COVID-19 information campaigns into his own hands by going out to the streets of Conakry, wearing a mask, which was made compulsory in public places. The President called on Guinean citizens to maintain social distancing measures and to wash their hands frequently, adding that they

should rub mentholated gels around their nostrils and drink hot water¹³¹. The latter two advices were not scientifically proven to be effective against COVID-19 and would not save Guineans from contracting the disease¹³². The President's message differed completely from that of the WHO and International Organisations. This once again spread confusion about the severity of the pandemic, as had been the case with Ebola, thus exacerbating the population's mistrust of the government. It may have been interpreted more as a way for Condé to enforce power and centralise his personal role in the pandemic response, rather than in a sincere attempt to stop the spread of the disease.

Fofana and Phillips argue that: "If this means a widening gap between Guinea's political and economic elites and its general population, it is unlikely to last long."¹³³ Meaning, as Rousseau states, that power is subject to obedience and therefore coercion may eventually result in the demise of the regime. This had been seen in neighbouring Mali, when Ibrahim Boubacar Keïta's Government was removed by way of coup due to popular protest and civil unrest¹³⁴. Jean Jacques Rousseau stated during the French revolution that if the state worked to the detriment of the population, they would have the right to dissolve it¹³⁵. Essentially, a coercive social contract is untenable and is likely going to result in the crumbling of the leadership infrastructure. In the end, whilst the coercive social contract was maintained during the early stages of COVID-19 through the state's leadership hardware, the Condé regime would - like its predecessors - eventually be toppled by way of coup led by the General Mamady

¹²⁷ The Africa report, (2020), Coronavirus: Depotism disguised by the pandemic, <https://www.theafricareport.com/27110/coronavirus-despotism-disguised-by-the-pandemic/>

¹²⁸ Fofana and Phillips, (2020), Guinea's elections had a clear winner. But its contest for power isn't over, African Arguments, available at: <https://africanarguments.org/2020/04/16/guinea-elections-clear-winner-contest-for-power-isnt-over/> accessed on 19th July 2020.

¹²⁹ Al Jazeera, (2020), Guinea: Six protesters killed in clashes with the police, available at: https://www.aljazeera.com/news/2020/05/guinea-protesters-killed-clashes-police-200513071249521.html?utm_source=dailybrief&utm_medium=email&utm_campaign=DailyBrief2020May13&utm_term=DailyNewsBrief, accessed on 29th August 2020.

¹³⁰ Al Jazeera, (2020)

¹³¹ Radio France Internationale (RFI), (2020), Two African leaders under fire for touting unproven COVID-19 'preventatives', available at: <https://www.rfi.fr/en/africa/20200424-two-african-leaders-under-fire-for-touting-unproven-coronavirus-preventatives->

[madagascar-guinea-covid-organics-artemisia](#) accessed on 27th August 2020.

¹³² Radio France Internationale (RFI), (2020), Two African leaders under fire for touting unproven COVID-19 'preventatives', available at: <https://www.rfi.fr/en/africa/20200424-two-african-leaders-under-fire-for-touting-unproven-coronavirus-preventatives-madagascar-guinea-covid-organics-artemisia> accessed on 27th August 2020.

¹³³ Fofana and Phillips, (2020), Guinea's elections had a clear winner. But its contest for power isn't over, African Arguments, available at: <https://africanarguments.org/2020/04/16/guinea-elections-clear-winner-contest-for-power-isnt-over/> accessed on 19th July 2020.

¹³⁴ BBC, (2020), Mali's coup is cheered at home but upsets neighbours, available at: <https://www.bbc.co.uk/news/world-africa-53848223> accessed on 26th August 2020.

¹³⁵ Rousseau, being discussed in Heywood, (2007), Politics, an Introduction, Basingstoke, Palgrave MacMillan, p. 165.

Doumbouya in September 2021¹³⁶. The initial popularity of that coup – evidenced by crowds cheering on the streets – is indicative of the continued failure of Condé to build any meaningful relationships between citizens and state across different crises and throughout his period in office.¹³⁷

CONCLUSION

This paper has looked at Guinea's response to healthcare crises using a leadership framework, finding that the leadership infrastructure's ability at mobilising society towards a collective good was weak due to the conflicting security concerns between the wider population, the GoG and foreign intervenors. The paper firstly explained Guinea's leadership infrastructure and found that dependence undermines the security and daily needs of Guineans by creating relationships that prioritise the ambitions of foreign intervenors and only a minority of the Guinean population. Dependence is maintained through social injustice and a coercive social contract, which ensures obedience from the population. The paper has also argued that this obedience is untenable and has resulted in the demise of previous regimes; which included, eventually, the Condé regime that is the paper's main focus.

The second part of the paper scrutinises the international and GoG's response to Ebola, determining that the GoG's political and economic ambitions subdued its efforts and created confusion and fear amongst its citizens. Meanwhile, historical legacies created biases which undermined the effectiveness of the international response. The international community's main objectives for responding to the crisis was to contain the healthcare crisis, protecting the rest of the world (meaning 'the West') from it. Effective leadership did not emerge, and the structural issues that resulted in the propagation of the Ebola virus were, therefore, not addressed.

The final part of the paper has shown that the advent of COVID-19 presented another opportunity for leadership emergence. However, the GoG's efforts at reinforcing and maintaining regime stability were only amplified and, as such, so was the coercive social contract with the population. This occurred at a time when the international community was largely

disengaged from Guinea whilst they prioritised their own national crises. Yet, despite its frequent retreat to coercive measures, the pattern of Guinea's leadership's use of the coercive social contract is untenable resulting in violent leadership changes.

This paper has been able to draw the conclusion that the GoG has historically responded to crisis but has not demonstrated emergent leadership as it has continuously failed to address the socio-economic needs of the Guinean population. Therefore, whilst the immediate responses to crisis are underway, and the GoG may well think that the issue has been resolved, the socio-economic and healthcare crisis persists. Guinea has faced two major healthcare crises in the 21st century which were opportunities to re-assess the leadership infrastructure and re-engage with the population in a meaningful way. However, unfortunately, despite the lived experiences and opportunities for transformative change, this has not occurred and the majority of Guineans' lives remain poor.

This conclusion has been drawn using leadership theory which sets out that leadership emergence should be measured against the initial challenge. Whilst the GoG and international community responded to crisis, Guinean lives have not changed significantly, and Guineans are still facing the same health and socio-economic challenges. Scrutiny forms part of the democratic process and it is beneficial to continuously assess and monitor whether leaders are meeting the needs of the population whether democratically elected or not. This paper hopes to inform a new way forward and an opportunity to bring the Guinean population into their own development trajectory as true followers of their assigned leaders, working towards commonly shared goals.

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¹³⁶ BBC, (2025), available at: <https://www.bbc.co.uk/news/world-africa-58461971>

¹³⁷ The Wall Street Journal (2021), available at <https://www.wsj.com/articles/military-faction-stages-coup-in-mineral-rich-guinea-11630866469>.

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World Bank Data, (2020), available at: <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=ET> accessed on 25th June 2020.

ⁱ Author's own translations, from original text;

Guinea Government, 2020, Plan de riposte économique à la crise sanitaire COVID-19, available at:

http://gouvernement.gov.gn/images/ActionsGouv2020/Plan%20de%20riposte%20%C3%A9conomique%20GN_exe.pdf accessed on 29th July 2020, p. 6

Translated from French: Les exportations vers la Chine ont représenté 94% des exportations totales de la Guinée en 2019. À lui seul, le secteur minier représente environ 91% des exportations de la Guinée, presque exclusivement vers la Chine. Cette double dépendance au secteur minier et à la Chine place l'économie guinéenne dans une position problématique, lorsque la demande chinoise se contracte, comme c'est actuellement le cas, en raison de l'arrêt des marchés américains et européens.

Guinea Government, 2020, Plan de riposte économique à la crise sanitaire COVID-19, available at:

http://gouvernement.gov.gn/images/ActionsGouv2020/Plan%20de%20riposte%20%C3%A9conomique%20GN_exe.pdf accessed on 29th July 2020, p.16. Original text".

De manière coordonnée, nous allons poursuivre les démarches nécessaires auprès de l'ensemble des partenaires bi- et multilatéraux identifiés (y compris le Gouvernement des émirats arabes unis, la Banque africaine de développement, la Banque islamique de développement et la Banque arabe pour le développement économique de l'Afrique). Le FMI, en particulier, sera approché pour le traitement du service de la dette, tandis qu'il sera demandé à la Banque mondiale d'apporter une aide au financement des mesures de riposte économique dans le domaine sanitaire, ainsi qu'une aide budgétaire."

Niang, Thione, (2019), demain tu gouverne le monde: sept réflexions pour être prêt, Washington publishing. P. 68.

World Food Programme, (2020), Guinea, available at: <https://www.wfp.org/countries/guinea>, accessed on 30th August 2020.

World Health Organisation (WHO), 2020, WHO Constitution, available at:

<https://www.who.int/about/who-we-are/constitution> accessed on 27th August 2020

Translated from French; "Mais il est indispensable de mieux prendre en compte les attentes de notre diaspora, de les intégrer, de les inclure dans les grandes réflexions qui se menent pour l'avenir du pays".

Thiam, Baba Haby, (2020), Le partenariat public-privé en République de Guinée : outil de redémarrage économique post-COVID-19 ?, available at:

<https://www.agenceecofin.com/investissements-publics/2905-77077-le-partenariat-public-privé-en-republique-de-guinee-outil-de-redemarrage-economique-post-COVID-19> accessed on 29th August 2020.

Translated from French; "Nul doute que les investissements étrangers seront importants pour amorcer le redémarrage post-COVID-19. Mais cela ne doit pas occulter le fait que l'investissement local est la meilleure façon de maintenir les capitaux dans le circuit local pour refinancer notre économie. A cet effet, il pourrait être envisagé une participation locale obligatoire dans certains PPP. Des mécanismes de transfert de technologie et de compétences devraient également être élaborés [...] Alors que son poumon économique (le secteur minier) est globalement épargné par la crise du COVID-19, la République Guinée doit saisir cette nouvelle donne économique pour relancer sa politique économique par la mise en œuvre de projets d'infrastructures public privé (hors secteur minier), notamment dans les secteurs qui favorisent l'innovation. L'occasion est ainsi belle pour diversifier son économie, à condition de créer, dès à présent, les conditions propices à ces investissements et à leur financement."

Bah, Sadjo, (2020, COVID-19 : Un Guinéen Innove Dans La Prévention Et La Lutte Contre La Maladie, ActuGuinee, available at:

<https://actuGuinee.org/index.php/2020/05/06/COVID-19-un-guineen-innove-dans-la-prevention-et-la-lutte-contre-la-maladie/> accessed on 11th August 2020.

Translated from "Selon Mountaga Keita, depuis un mois, le gouvernement guinéen a reçu des informations sur sa tablette et qu'à date, il n'y a eu aucune réaction de celui-ci. Il affirme par ailleurs que 20 pays africains sont intéressés par son invention." "« Nous fabriquons des respirateurs à énergie verte et qui sont gérés par l'ordinateur de la borne octopus pour voir la pression dans les poumons, la saturation de l'oxygène, la dose qu'il faut administrer aux patients. Mais en cas de coupure de l'électricité, le respirateur pourrait fonctionner grâce à son autonomie en énergie un ou deux jours " and "Le fondateur de Tulip industries indique que ses respirateurs vont coûter 5000 dollars après fabrication contrairement aux autres prix (15.000 30.000 ou 50.000 dollars) à travers le monde."

Thiam, Baba Haby, (2017), Guinéens compétents de la diaspora, n'ayez pas peur de rentrer pour développer le pays, available at: https://www.lemonde.fr/afrique/article/2017/07/18/guineens-competents-de-la-diaspora-n-ayez-pas-peur-de-rentre-pour-developper-le-pays_5162109_3212.html

Translated from; "Aussi, la Guinée demeure un formidable terrain d'opportunités. La croissance aidant – estimée entre 5 % et 6 % pour la période 2017-2020 –, le futur et les perspectives des entreprises locales sont prometteurs. Certains repats guinéens l'ont compris et prennent pleinement leur part, dans le secteur privé notamment, aux immenses opportunités qui se présentent aujourd'hui dans le pays."

TV5 Monde, (2020), découvrir le français, épisode 12, available at: <https://langue-francaise.tv5monde.com/decouvrir/voyager-en-francais/la-francophonie-chez-toi/episode-12?amp> accessed on 11th August 2020.

Translated from; "L'OIF a décidé d'apporter un premier soutien financier à six de ces projets dans le secteur de la santé. Nous vous en présentons trois d'entre eux qui montrent que l'Afrique pourrait devenir demain le premier continent de la e-santé dans le monde. En Guinée, [Tulip Industries(<http://www.tulipindustry.com/>)] a créé des bornes et des tablettes permettant le diagnostiquer les symptômes du Covid et d'autres [maladies (<http://www.tulipindustry.com/>)]".

Ka, Seydou, (2018), Guinée : Mountaga Keita, PDG de Tulip Industries, Magazine de l'Afrique, available at: <https://magazinedelafrique.com/uncategorized/guinee->

mountaga-keita-pdg-de-tulip-industries/ accessed on 16th July 2020.

Translated from; "Pour beaucoup de parents en Afrique, un fils immigré, avec un salaire régulier et bien garni, est plus qu'un gage de réussite sociale. Pour avoir été « prisonnier » de cette situation, Mountaga, lui-même marié et père de deux enfants, a un conseil aux jeunes entrepreneurs africains"

APIP Guinea, (2020), Directeur Generale: Namory Camara, available at: <https://apip.gov.gn/direction-generale>, accessed on 31st August 2020.

Translated from; Namory Camara est un professionnel accompli avec plus de 20 ans d'expérience dans les secteurs public, privé et commercial en Afrique en Europe et en Asie. C'est un orateur éloquent et persuasif qui a visité plus de 80 pays pour les affaires et pour animer les conférences.

Bah, Pathé, (2019), Mountaga Keita, cet inventeur guinéen qui rafle des prix dans le monde, available at: <http://www.visionguinee.info/2019/04/19/mountaga-keita-cet-inventeur-guineen-qui-rafle-des-prix-dans-le-monde/> accessed on 29th August 2020.

Translated from; "Il raflé la médaille d'or du salon de Genève ainsi que la médaille d'or de l'association des inventeurs de France. Le guinéen Mountaga Keita, pour son innovation, a également remporté l'une des plus rares médailles de l'Organisation internationale de la propriété intellectuelle, à Cotonou."

