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Grace Reon
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The Relationship Between Political Trust and Health Outcomes in Sierra Leone During the 2014

Ebola Outbreak

By

Grace Reon

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Dr. Karisa Cloward

Southern Methodist University

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Introduction

In 2014, an outbreak of the Ebola disease rampaged through western Africa (WHO 2016, 1). Between Sierra Leone, Liberia, and Guinea, there were 11,308 confirmed deaths due to the spread of the highly contagious virus (WHO 2016, 2). While the WHO worked with a national response team to handle the public health crisis, the local responses to government health mandates in Sierra Leone were incredibly problematic (WHO 2016, 5). There was a significant lack of proactivity when it came to reporting suspected cases of the virus and seeking treatment for those who were infected (WHO 2016, 4). These problems call into question the trust relationship between the people of Sierra Leone and their political institutions, particularly their public health services. Trust in political institutions has been proven to affect compliance with the law (O'Sullivan, Healy, and Breen 2014, 548), and compliance with public health measures (van der Weerd et al. 2011, 575). Thus, the question that forms the basis for this paper is: How did public trust in political institutions affect health outcomes during the 2014 Ebola outbreak in Sierra Leone? It is my theory that low trust in national political institutions, due to their lack of perceived responsiveness, resulted in lower compliance with public health mandates and poor health outcomes in Sierra Leone during the 2014 Ebola crisis.

Distrust in Political Institutions Before 2014

Evidence of Distrust

Trust in political institutions was moderately low before the 2014 Ebola crisis. Most of this distrust was rooted in the public belief that the government was corrupt. 2012 Afrobarometer data reports that 95% of respondents believed that at least some government officials were involved in corruption (Afrobarometer 2012, 28). 87% of respondents believed that at least some

members of the president's office were involved in corruption (Afrobarometer 2012, 27). The majority of respondents felt that at least some local government councilors and at least some police were involved in corruption (Afrobarometer 2012, 28). 44% of respondents believed that the government was performing fairly badly or badly at fighting corruption (Afrobarometer 2012, 34). Because of perceived corruption, people had negative feelings toward national figures and their delegates. 24% of respondents said that they somewhat trusted the president, while 17% trusted him a little and 12% did not trust him at all (Afrobarometer 2012, 26). 65% of respondents trusted the police either a little or not at all (Afrobarometer 2012, 27).

Distrust and Public Medical Services

This distrust permeated the relationship between the public and public health officials. For example, there were also accusations of corruption regarding nationally provided medical services (Pieterse and Lodge 2015, 400). The biggest complaint against public health organizations is the issue of patients being charged for medicine and services that were supposed to be provided for free (Pieterse and Lodge 2015, 402). The issue of corruption among public health officials was rooted in people's personal experiences as well as public perception, though. 40% of survey respondents in 2012 reported having to pay a bribe or complete a favor to gain access to medical treatment within the previous year (Afrobarometer 2012, 29). Later I will discuss how this phenomenon of public healthcare workers seeking bribes in exchange for service manifested during the 2014 Ebola outbreak and worsened health outcomes.

There is an explanation for the observed misconduct among healthcare workers. Pieterse and Lodge's study reports that healthcare clinics often rely on volunteers since there is not enough revenue to compensate all necessary healthcare workers (Pieterse and Lodge 2015, 403). To

fulfill financial need, these volunteers often resort to charging for medical services themselves (Pieterse and Lodge 2015, 403).

The Legacy of Distrust in Sierra Leone

Unique aspects of Sierra Leone's political history worsen the trust between the people and their institutions. Of course, there is the legacy left behind from the violent civil war that tore apart the nation for the majority of the 1990s (Pieterse and Lodge 2015, 400). Studies concluded that exposure to violence is a "strong determinant of social trust" (Wong 2016, 772). Social trust and political trust had to be rebuilt from a metaphorical ground zero after the civil war ended in 2002 (Pieterse and Lodge 2015, 400).

Wong's study of post-conflict Sierra Leone tested two hypotheses for the source of political trust, the first being responsiveness and the second being effectiveness of political institutions (Wong 2016, 774-775). Survey data showed that feeling listened to was a much more significant determinant of political trust than effective service delivery (Wong 2016, 780). This conclusion is significant because of the way it impacts the relationship between people and national institutions, especially in a "weak state" such as Sierra Leone where national institutions are not particularly responsive (Blair, Morse, and Tsai 2016, 90). Wong also found significant support for the hypothesis that local governments in Sierra Leone are perceived as much more responsive, and that people trusted local institutions more despite the services provided by national ones (Wong 2016, 780). The correlation between small institutions and higher trust and the correlation between large institutions and lower trust matter for this paper because the WHO and the national government, larger institutions, were the primary decision makers during the 2014 Ebola crisis (WHO 2016, 1).

Link Between Trust and Health Outcomes

Before examining the health outcomes of the 2014 Ebola crisis, it is crucial to establish the link between public trust in political institutions and health outcomes. Due to the nature of health services, trust is often required for officials to do their jobs well. Healthcare officials can rarely force compliance, but instead rely on patients following treatment instructions and preventative mandates. Trusting healthcare officials does not merely increase approval ratings of the national healthcare system, but it actually increases the likelihood of compliance with medical instructions (Peters and Youssef 2016, 228). Low levels of trust lead people to not seek medical care or to not be forthright with all necessary medical information (Gille, Smith, and Mays 2015, 62). For example, places with low levels of public trust in the healthcare system also have low levels of vaccinations, even when vaccines are encouraged by the state and readily available (Gille, Smith, and Mays 2015, 63).

The broader theory on trust and institutions supports this link between trust and outcomes. While absolute allegiance to political institutions is worrisome, extensive periods of distrust make it more difficult for political institutions to complete tasks, because compliance with the law decreases along with perceived legitimacy of political institutions (O’ Sullivan, Healy, Breen 2014, 550). While trust can increase willingness to comply with intrusive policies, distrust can lead to “outright resistance” of the law (Blair, Morse, and Tsai 2016, 91).

Health Outcomes During Crisis

The Data

As of March 2016, there were 8,704 cases of Ebola in Sierra Leone and 3,955 deaths due to the virus (WHO 2016, 2). The government’s strategy for preventing the spread of the virus depended on a “surveillance system” where any case of illness or death that was suspected to be due to the Ebola virus was supposed to be reported to health authorities (WHO 2016, 4). It is

notable that most alerts from districts in Sierra Leone were for deaths, not illness (WHO 2016, 4). 98% of oral swabs tested for the virus in Sierra Leone were tested to confirm cause of death, rather than to diagnosis someone still alive (WHO 2016, 4). The WHO worked with the national response team, but noted in their situation report that the national response needed to be strengthened (WHO 2016, 5).

Understanding Outcomes

At the beginning of the outbreak, there was outright chaos in Sierra Leone, including protests and even “stoning of vehicles” (Wilkinson and Fairhead 2016, 15). This evidence indicates that compliance with government health mandates would be an uphill battle. While the death toll certainly could have been higher, the health outcomes from the crisis were worsened by the people’s lack of proactivity. The aforementioned WHO data shows a lack of reporting and medical testing on the part of surveillance teams. It is worrisome that most diagnostic tests were conducted on dead bodies rather than living people reporting illness (WHO 2016, 4). However, these outcomes fit into the framework I already provided regarding trust and compliance.

The surveillance system required people to report their own medical information and sometimes the information of their neighbor to a national health authority (WHO 2016, 4), which is an unreasonable level of expected compliance given the proven distrust of national authorities discussed in section one of this paper. Distrust towards health officials worsened when it was reported that government body collectors were taking bribes from the families of those killed by the virus in exchange for certificates that attributed death to a different cause (Falade and Coultas 2017, 92).

Moreover, more trusted institutions were actively encouraging practices that differed from state advice for Ebola prevention. For example, local rumors that encouraged home remedies like

bathing in salt water were sometimes preferred to state advice because they came from trusted friends (Falade and Coultas 2017, 92). Some also turned to traditional healers instead of the state medical system (Falade and Coultas 2017, 92). Meanwhile, people continued dangerous religious mourning practices such as laying hands on the deceased despite medical advice (Falade and Coultas 2017, 92).

Comparison with Liberia and Contrary Evidence

These health outcomes can be compared with those observed in the neighboring state of Liberia. Both nations are normally “weak states” so the unexpected presence of the national government in everyday affairs could be related to low compliance with health instructions (Blair, Morse, and Tsai 2016, 90). Conditions in Liberia reflect low political trust as well. In Liberia, rumors spread that the government caused the Ebola outbreak and those negatively affected by the crisis blamed political institutions (Blair, Morse, and Tsai 2016, 90). However, Blair, Morse, and Tsai’s study showed high compliance with state medical mandates like curfews in Liberia (Blair, Morse, and Tsai 2016, 92). This evidence of high compliance despite low political trust contradicts my argument, so it should be discussed.

The Blair, Morse, and Tsai study solely relied on self-reporting behaviors (Blair, Morse, and Tsai 2016, 92). For example, they would ask people if they followed the curfew and they would answer for themselves (Blair, Morse, and Tsai 2016, 92). This study did not account for the gap between ideal and real values. There is often a difference between how one actually behaves and how one says they behave. Blair, Morse, and Tsai admit this problem themselves when saying their study is susceptible to “social desirability bias” (Blair, Morse, and Tsai 2016, 92). This is especially true if a survey respondent does not fully understand who is surveying them, which is unfortunately possible. For example, when the non-partisan research network Afrobarometer

asked people “Who do you think sent us to do this interview?”, 39% of respondents chose “the government” (Afrobarometer 2012, 54). Due to the flaws with the Blair, Morse, and Tsai study, there is not enough sound evidence to accept their conclusion that Liberia is an example of high compliance despite low trust.

Conclusion

The evidence presented provides a clear chain of events linking distrust in public health institutions, low compliance with public health mandates, and poor health outcomes during the 2014 Ebola outbreak. This case study is important because understanding the relationship between people and their institutions is the first step to improving them. Strengthening trust toward political institutions is not just crucial for helping Sierra Leone handle the next medical crisis, but also to improving everyday medical treatment. Moreover, political trust will now have to be rebuilt from a new starting position, as people tend to lose trust in the government and aid organizations following perceived poor crisis management (Miller 2015, 411). This can already be observed through the presence of protests in the country regarding the perception of low quality medical treatment during the outbreak (BBC 2016, 1). If government actors in Sierra Leone want to strengthen compliance with public health directives before the next crisis, they will need to examine and remedy the discussed causes of distrust within their political institutions.

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