

KEY CONSIDERATIONS:**2021 OUTBREAK OF EBOLA IN GUINEA, THE
CONTEXT OF N'ZÉRÉKORÉ**

This brief summarises key considerations about the social, political and economic context shaping the outbreak of Ebola in the N'Zérékoré prefecture, Guinea, as of March 2021. The outbreak was declared on 14 February 2021, two weeks after the death of the first known case, a health agent (*Agent Technique de Santé*) from Gouécké. Gouécké is located 40km north of N'Zérékoré via the paved Route Nationale 2. The nurse sought care at a health centre in Gouécké, a clinic and then a traditional healer in N'Zérékoré. She died in N'Zérékoré on 28 January.¹ When they became sick, the relatives of the first known case referred themselves to N'Zérékoré regional hospital, where the disease was transmitted to healthcare workers. Although the potential for transmission in rural areas of the Gouécké subprefecture was high, to date, most cases have been reported in the urban setting of N'Zérékoré, which is the focus of this brief. At the time of writing (22 March), the total number of cases was 18 (14 confirmed, four probable), with nine deaths and six recoveries. The last new case was reported on 4 March.

N'Zérékoré city is the administrative capital of N'Zérékoré prefecture and N'Zérékoré region, and the largest urban centre of the Guinée Forestière area of south-east Guinea. It has an estimated population of 250,000, and is an important commercial, economic and transportation hub connecting Guinée Forestière to neighbouring Sierra Leone, Liberia and Côte d'Ivoire. It lies approximately 560km southeast of the national capital, Conakry. The emergence of Ebola in N'Zérékoré puts local populations at risk and heightens the potential of cross-border transmission to neighbouring countries. This brief focuses on risk factors and outlines the social and political structures that can be leveraged to support the outbreak response.



Map 1 - Guinea

KEY CONSIDERATIONS

- The 2013-2016 outbreak and response to it crystallised a socio-politically tense situation and heightened the population's distrust in both health and state authorities. Further operational research is needed to understand the more nuanced effects of the 2013-2016 outbreak on the current response and over time, but its multifaceted legacy should not be underestimated, and the current response should purposively try to mitigate the effects of mutual suspicion.
- N'Zérékoré is a political and economically thriving centre of southeastern Guinea and home to one of the country's most ethnically diverse urban populations. Should Ebola continue to spread in N'Zérékoré, its demographic density, economic and administrative importance, and its location along the Guinean border elevate the risk of transmission across the region and potentially across borders to Sierra Leone, Liberia and Côte d'Ivoire. These borders are highly porous with numerous unofficial entry points. Cross-border movement of people and livestock is expected to increase around Easter (4 April 2021) and the month of Ramadan (13 April – 12 May).

- Given their precarious economic situation, the majority of the population is likely to prioritise daily needs over concerns about Ebola. The response should look for ways to integrate Ebola response measures into complementary livelihood interventions. Should the outbreak expand across the city, measures should be taken to ensure that the three main markets remain open.
- Response organisations should employ personnel from different ethnic groups, both for language reasons and to ensure the fair distribution of employment. When responders are being deployed, their linguistic competence and ethnicity should be aligned with that of the communities they are working in.
- The population of N'Zérékoré seek healthcare from a range of formal and informal providers. The response should not attempt to close health facilities, as this would likely heighten local resentment. Formal and informal frontline healthcare providers should receive (refresher) training in infection prevention control and triage, be provided with hygiene kits, and offered vaccination.
- Response interventions should build in sufficient time for genuine exchange and dialogue with affected and at-risk families and community representatives. The latter should be identified through community feedback, not solely on the recommendation of local authorities, as political allegiances may interfere with representation.
- Neighbourhood administrations are likely to require financial support (transportation budgets, phone credit, per diems) to communicate effectively with and gather information from their communities. Payments should be fixed to specific tasks, and made in a transparent and accountable manner to avoid the perception that Ebola funds are received exclusively by political elites and/or expatriates.
- It is critical that the response fosters a positive working relationship with the prefectural and regional government, whilst recognising their political positions and associated sensitivities. In light of the politically tense environment, response partners should be careful not to appear to be endorsing particular politicians and/or their political parties.
- Through its risk communication and community engagement initiatives, the response should continue to work with local radio and support journalists and presenters to ensure they can communicate effectively about the outbreak and response, including answering questions from their audience in a variety of languages.
- N'Zérékoré maintains a highly active and dynamic religious scene. Religious leaders are playing an active role in the outbreak, particularly in relation to contact tracing. Religious institutions should be kept informed about the outbreak and response and

supported with financial, material and technical resources to communicate with the city's population.

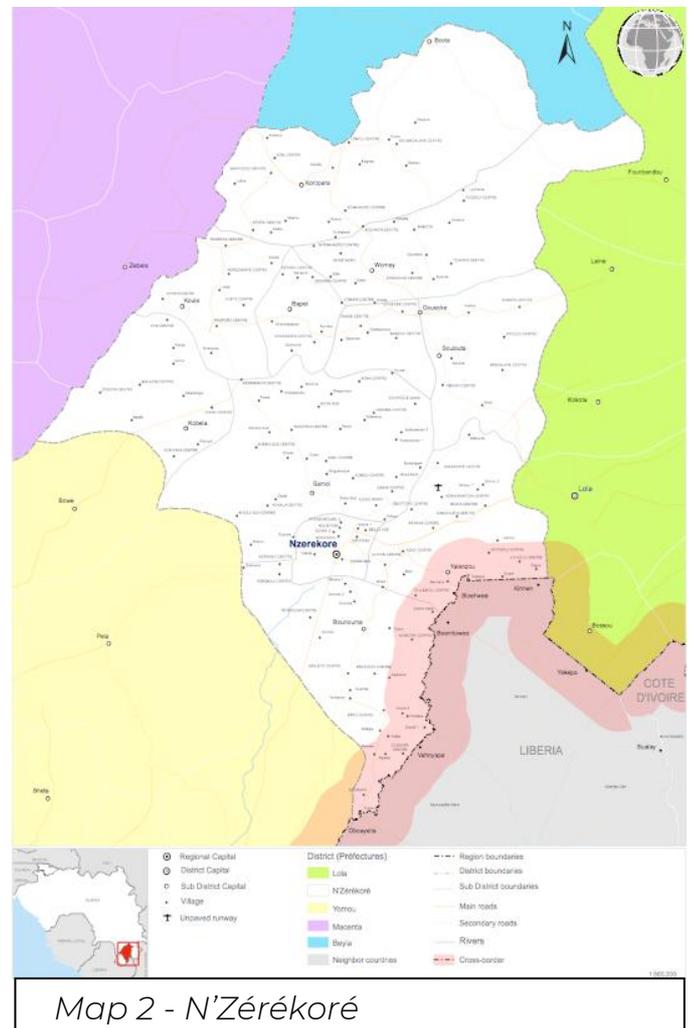
- Many of N'Zérékoré city residents are members of different associations which should be priority partners for the response. Should the outbreak spread to other towns, the N'Zérékoré branches of the *associations de ressortissants* (associations for migrants from the same town) could be engaged to help trace contacts and communicate with local representatives.
- Much of the support available to Ebola survivors has ceased or been severely reduced since the conclusion of many post 2013-2016 survivors' follow-up programmes. The current response should provide the Ebola survivors' associations with financial, material, social and technical support, and make every effort to connect new Ebola survivors with established networks.
- A key lesson from previous Ebola outbreaks is that SDB protocols must be tailored to the local context in collaboration with the community, balancing risk of transmission with the need to maintain (modified) customary practices.
- In taking the mobility of the population along key transport routes into consideration, the response should actively engage taxi and bus drivers who, if financially and materially supported, have the potential to play key roles in disseminating information, adopting and encouraging correct preventive behaviours, and could serve as an early warning mechanism for reporting signs and symptoms. Taxi drivers who are often called on to transport deceased persons should be engaged through their union, supported with special measures and provided with equipment to do so safely.
- Both residents and the wider Guinean population perceive N'Zérékoré as an insecure city. Responders should be aware of security risks, particularly linked to political protests. Attention should be paid to official alerts, but Guinean staff are best placed to advise on safe movement around the city. Responders should work with prefectural authorities to insist on the non-militarisation of health structures, vaccine distribution and the Ebola Treatment Centre/CTEPI.

OVERVIEW: N'ZÉRÉKORÉ

N'ZÉRÉKORÉ

N'Zérékoré is a political and economically thriving urban centre of southeastern Guinea. In 1917, the city became the capital of a 'military circle' in the colony of French Guinea and

remained so until Guinea's independence in 1958. The city now hosts the offices of the Governor of the N'Zérékoré region, and those of the Prefect of the N'Zérékoré prefecture. It has been a site of political protests and ethnic conflict, often interconnected (discussed further below). The city was affected by the repercussions of the civil wars in Sierra Leone, Liberia and Côte d'Ivoire in the 1990s and early 2000s, as Guinea hosted between 300,000-500,000 refugees.² In 2002, close to 100,000 Liberian refugees were reported to be living in N'Zérékoré's three refugee camps and in private accommodation.³ The city became a hub for humanitarian operations and was the base for field offices of the WHO, ICRC, UNHCR and OHCHR until the early 2010s. UNICEF, WFP, UNDP and UNFPA maintained a presence until today. The city's population has steadily grown over the past three decades. In 1983, the population numbered just over 30,000, and according to projections based on the most recent census (2014), it is close to 250,000 today (which would mean a density of 5,000 residents per km²) although exact figures remain unknown.⁴ Should Ebola continue to spread in N'Zérékoré, its demographic density, economic and administrative importance, and its location along the Guinean border elevate the risk of transmission.

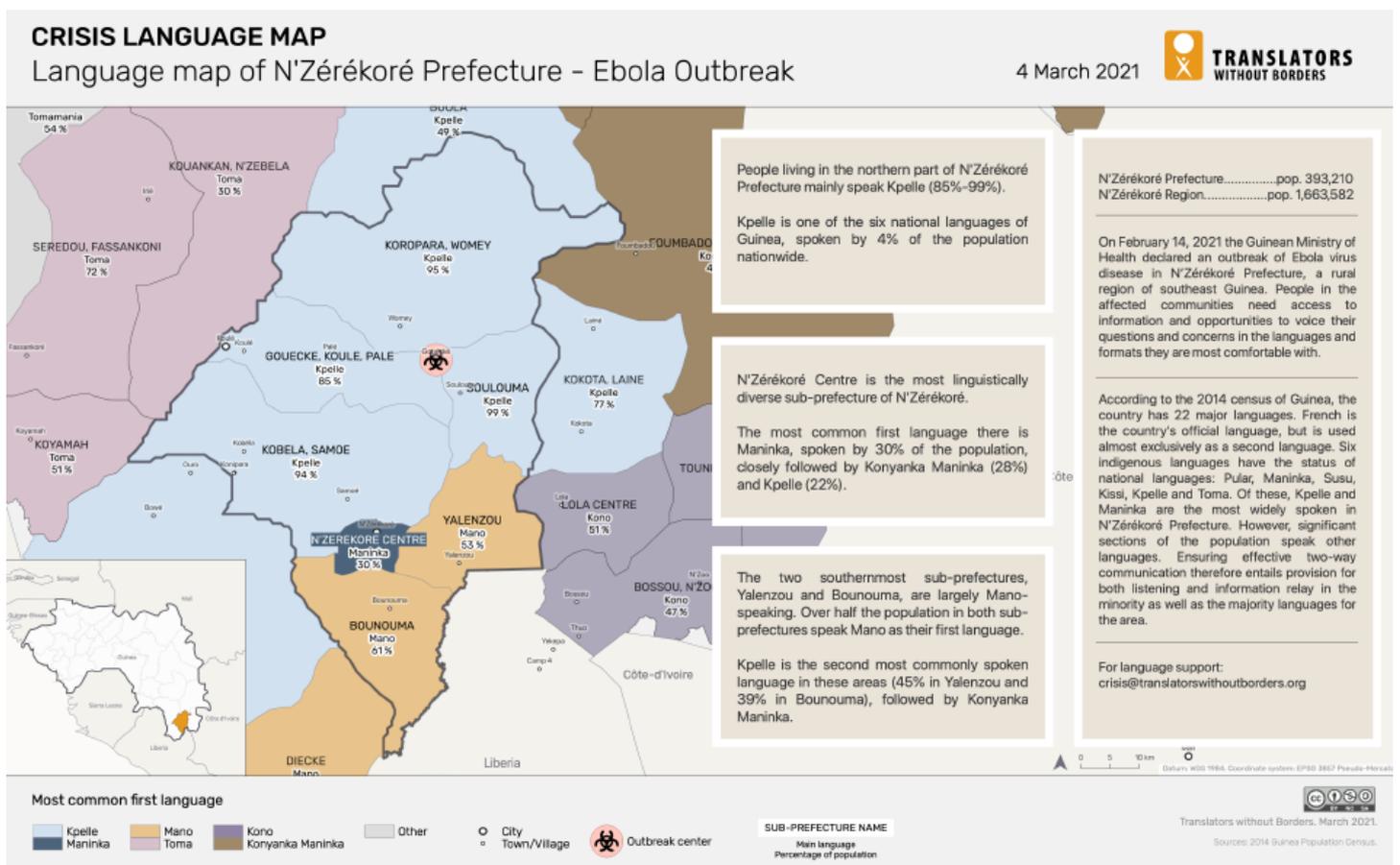


Map 2 - N'Zérékoré

DEMOGRAPHY

People from N'Zérékoré constitute one of Guinea's most ethnically diverse urban populations. The city comprises communities of Guerzé, Mano, Konianké, Peulh, Malinké, Toma, Kissi and Soussou residents, in addition to migrants from other West African countries (including Senegal, Mali, Côte d'Ivoire, Burkina Faso) and settled refugees from Liberia and Sierra Leone.⁵ The Guerzé (and the Mano) make up the majority of the N'Zérékoré population and claim autochthonous status, i.e. that they have been occupying the land for longer than other ethnic groups. Yet, Konianké migrants from the north have historically entered into agreements with local landowners.⁶ Neighbourhoods are ethnically heterogenous, yet are commonly seen to have an ethnic identity (e.g.,

Malinké and Peulh reside in the neighbourhoods of Commercial, Guerzé in Dorota I and II, Mano in Belle Vue, etc.).⁷ Civil society, religious and professional associations assume ethnic characteristics. Konianké, Malinké and Peulh populations are Muslim and dominate N'Zérékoré market, and the trade and service sectors. The Guerzé and the other ethnic groups, nationally known as 'Forestiers' are Christians and their livelihoods are tied to agriculture, animal farming and artisanship. (See map by Translators without Borders. Please note we use the French names for ethnic and linguistic groups throughout this brief. Guerzé is the French for Liberian 'Kpelle,' and Malinké for 'Maninka'. The English names are used on the map by Translators Without Borders).



LANGUAGE

N'Zérékoré city is the most linguistically diverse subprefecture of N'Zérékoré. The most common first language is Malinké or Konianké, spoken by 52% of the population, followed by Guerzé (28%). The lingua franca varies by neighbourhood, although the language most commonly used for transactions in the central market is Konianké. French is the only formally taught language at school. It is understood by the majority of the city's population and used in professional and administrative settings: French is ethnically and politically more 'neutral' than other languages. Written materials in French could be

translated into Malinké, but verbal communication in Konianké and Guerzé should be prioritised.⁸

ECONOMIC ACTIVITY AND HARDSHIP

After a slump during the 2013–2016 Ebola outbreak, the Guinean economy has grown (10% in the 2016–2017 period, 5.6% in 2019).⁹ Driven by foreign direct investment in the mining sector, such growth has yet to translate into employment or stronger public infrastructure for the local population. Inflation has remained constant at around 10% since 2014.

N'Zérékoré's population is vulnerable to these macro-level economic trends. According to official national statistics, less than 5% of the region's population are salaried.¹⁰ N'Zérékoré was reported to be the second poorest region in Guinea in 2018–2019, with 45.6% of the population living under the poverty line. In 2014, 80% of the N'Zérékoré city population declared their household to have either poor or modest income.¹¹ The local economy mainly depends on sales of rice, coffee, rubber, bananas and palm oil.¹² It was severely affected by the 2013–2016 Ebola outbreak and the fall in rubber prices. In 2020, the COVID-19 epidemic destabilised trade of local crops.¹³ Given their precarious economic situation, people in N'Zérékoré are likely to prioritise daily needs over concerns about Ebola. The response should look for ways to integrate Ebola response measures into complementary livelihood interventions, such as the World Food Programme's cash-based transfer programme in N'Zérékoré.¹⁴ Should the outbreak expand across the city, measures should be taken to ensure that the three main markets (Marché central, Marché Mohomou and Marché Dorota) remain open. At the time of writing, it was reported that no handwashing stations had been placed in the markets, and few were in use across the city (at the entrance to health centres, banks and administrative offices).

PROTEST MOVEMENTS

N'Zérékoré has been the site of recent protest movements, particularly with regards to the 2020 referendum for the adoption of a new constitution, and national-level elections. Public demonstrations have been organised since 2019 by the N'Zérékoré branch of the *Front National pour la Défense de la Constitution* (FNDC). The new constitution was perceived as a ploy to allow President Alpha Conde to retain power for a third term and therefore opposed by many. In June 2019, the police and military forces were deployed in N'Zérékoré during a FNDC march forbidden by local authorities. Demonstrations were violently repressed and resulted in one death.¹⁵ Security forces were also accused of allowing shops to be raided. On 22 March 2020, the day of the referendum, clashes

between groups of armed citizens resulted in 32 deaths.¹⁶ The bodies were removed and secretly buried in a mass grave inside N'Zérékoré at the 'Forêt du 1er Mai.' According to a Human Rights Watch report, the security forces did not respond to calls to protect people and properties. Rather, in N'Zérékoré and other sites of protest, they were reported as using excessive force to disperse protestors, including teargas and live ammunition.¹⁷ In the aftermath of the protest, more than 40 people were arrested and imprisoned in Kankan. Their trial began on 11 March 2021 at the N'Zérékoré *Tribunal de Première Instance*. Access to the tribunal has been restricted due to the Ebola outbreak, although security forces were deployed in the vicinity.¹⁸ Responders should be aware of the risk of further protests in relation to the trial proceedings.

In general, public demonstrations and national strikes are announced in advance and take place in the city's trade district. It is there, and in the neighbourhoods of Nakoyakpala, Nyen and Dorota I, that clashes with security forces and shop looting are often reported. Spontaneous protests also occur against crime or police harassment (led, in recent examples, by motorcycle taxi drivers).¹⁹ These protests are unpredictable. Although they may be controlled through warning shots, curfews and strengthened military presence, protests can significantly disrupt people's movement across the city for several days. In addition, it has been suggested that armed militia men from the former United Liberation Movement for Liberia for Democracy (ULIMO-K) continue to live in Dorota and make the neighbourhood a dangerous area for Forestiers people. Attention should be paid to official alerts, but Guinean staff are best placed to advise on safe movement around the city.

ETHNIC RELATIONS AND CONFLICTS

Peaceful coexistence between ethnic groups is the norm in N'Zérékoré and across the Guinée Forestière region more broadly, promoted by generations of political alliances and inter-ethnic marriage. However, ethnic tensions in N'Zérékoré and the region have increased since the 1990s.²⁰ Violence reached a peak in July 2013, when 217 people were killed in riots in N'Zérékoré and 15 neighbouring towns. Ethnic-religious affiliation, but also access to land, the lack of opportunities for youth, impunity for criminals and the region's underdevelopment remain at the heart of longstanding grievances and recurring conflict between the Guerzé and the Konianké. In recent years, tensions have been aggravated by state nepotism and the perception by many Guerzé graduates that they are being discriminated against through limited access to the *fonction publique* (the State is seen as one of the main employers in the country to offer job security). In December 2020, ethnic enmity was revived in Macenta, a prefecture in N'Zérékoré region, with clashes between Toma (a Christian Forestier ethnic group) and Manian (a Malinké-related Muslim

group).²¹ Given these sensitivities, and as good practice, organisations responding to the Ebola outbreak should employ personnel from different ethnic groups, both for language reasons and to ensure the fair distribution of employment. When responders are being deployed, for contract tracing and community engagement for example, their linguistic competence and ethnicity should be aligned with that of the communities they are working in.

CRIME AND INSECURITY

Both residents and the wider Guinean population perceive N'Zérékoré as an insecure city. According to 2014 survey data, 37% of N'Zérékoré residents reported having been victims of burglary.²² Burglaries are more frequent during the rainy season, from May until December, as neighbourhood watch is made impossible when people are forced to shelter from the rain. People also fear the rise of gang-related insecurity, which frequently targets motorcycle taxi drivers (called *taxi moto*). There is no clear-cut division between the police (civil forces) and gendarmerie (military forces). They are widely considered to be corrupt, and complaints are rarely made at the few police stations that exist. In the same 2014 survey, 65% of respondents judged self-defence groups to be best able to secure the city, and less than 11% reported trust in the security forces. In 2020, the municipal authorities called on neighbourhood watch (*comités de veille*) to monitor neighbourhood movements through night-time patrols.²³ The N'Zérékoré expatriate community has not been particularly targeted by criminal activity and attacks, but this is liable to change if the outbreak persists. International organisations should monitor night-time movements of their staff.

BURIAL PRACTICES

There are cemeteries in most of N'Zérékoré's neighbourhoods. However, many families prefer to bury their dead on their own plots or in their hometown. The location of burial depends on the relative connection that the deceased maintained between N'Zérékoré and their hometown. In 2020, the mayor of N'Zérékoré called attention to the rising number of burials on urban plots of land and emphasised that such burials were generally forbidden.²⁴ Bodies may be moved from urban to rural areas, often via a paid taxi drive. It has been well documented that such movement of bodies is a significant transmission risk, as seen during the 2013-2016 Ebola outbreak. Taxi drivers should be engaged through their union, supported with special measures and provided with equipment to safely transport deceased persons.

The body of the deceased is commonly washed, dressed and wrapped by initiated relatives of the same sex.²⁵ Funerals and related mourning practices bring large groups of people together. Mourners gather at the home of the deceased to pay their respects to surviving family members, make a donation to the family, and depending on the wealth of the deceased's family, consume large meals and canned drinks. In previous outbreaks, funerals have been documented as potential 'super-spreading' events, although in the current outbreak care for the sick appears to have played a greater role in transmission patterns, particularly in N'Zérékoré. Across Guinea, safe and dignified burial (SDB) protocols introduced in the 2013–2016 Ebola outbreak amplified tensions, particularly when applied to people who died in the community of unknown cause, or when it was certain they were not Ebola positive. A key lesson from previous Ebola outbreaks is that SDB protocols must be tailored to the local context in collaboration with the community, balancing risk of transmission with the need to maintain (modified) customary practices.²⁶

ACCESS TO HEALTH SERVICES

There is one regional hospital and seven health centres in N'Zérékoré city. Registered healthcare personnel are scarce, with a ratio of one doctor per 14,000 inhabitants in the region.²⁷ Most health centres are staffed by nurses and *Agents Techniques de Santé*. In N'Zérékoré, the population seeks care from a variety of providers. There is a high degree of trust in neighbourhood clinics (where they can receive injections and drips), and pharmacies (where they source diagnosis tests), although concerns about cost, availability and quality of medicines are recurrent. Health workers are often asked by relatives and neighbours to provide them with care at home. Prior to the outbreak, the *Direction Préfectorale de la Santé* listed 300 'informal healthcare structures' in the city. In addition, many traditional healers provide care in N'Zerekore and, depending on the illness, herbal medicines are often taken in tandem with pharmaceutical products. The response should not attempt to close health facilities, as this would likely heighten local resentment. Formal and informal healthcare providers must be key partners in the response, and traditional healers are already being engaged. Frontline providers should receive (refresher) training in infection prevention control and triage, be provided with hygiene kits, and offered vaccination.

ENVIRONMENTAL HAZARDS

N'Zérékoré has experienced devastating floods since 2016, usually at the height of the rainy season, in August or September. Floods can result in serious material and human consequences. Furthermore, bridges are frequently destroyed, impeding movement

between neighbourhoods. Response organisations should make contingency plans to minimise the impact flooding may have on their operations, particularly in neighbourhoods at greatest risk of flooding.

LEGACY OF THE 2013–2016 OUTBREAK

N'Zérékoré city is located less than 250km from the village of Meliandou in Guéckédou prefecture, where the first case of the 2013–2016 West African Ebola was reported. The epidemic officially resulted in 11,325 deaths, 2,544 in Guinea.²⁸ The outbreak and response to it crystallised a socio-politically tense situation and heightened the population's distrust in both health and state authorities. Its legacy impacts local perceptions of the current outbreak and response efforts, and people's expectations. All interactions will likely be informed by the past outbreak, not only by present activities. Further operational research is needed to understand the more nuanced effects of the 2013-2016 outbreak on the current response and over time, but its multifaceted legacy should not be underestimated.

MISTRUST AND RESISTANCE

Lack of cooperation with 2013-2016 Ebola response measures was perceived to be stronger in Guinea than in Sierra Leone and Liberia.²⁹ Incidents ranged from avoidance of response teams and unwillingness to report or register contacts, to delegations being assaulted and Ebola Treatment Centres set on fire. In August 2014, 22 people were wounded in a riot that attacked the Médecins Sans Frontières office in N'Zérékoré after rumours circulated that public health officials had sprayed disinfectant – or virus – in the market.³⁰ On 16 September, eight members of a delegation of doctors, politicians and journalists were murdered in the administrative subprefecture of Womey.³¹ Their bodies were disposed of in a latrine, and survivors were pursued.³² The army retaliated by raiding houses and forcing many Womey residents to seek refuge in their fields, where some died. In 2015, 11 people were sentenced to life imprisonment for perpetuating the atrocities at Womey, but no military officer was brought to trial.³³

Mistrust is an important legacy of the 2013-2016 outbreak. The epidemic triggered a complex socio-political response in Guinée Forestière and feelings of mistrust continue to influence many interactions. Epidemiological investigations, even for common outbreaks such as measles, are often unwelcome at the local level, particularly as health administrators tend to publicly admonish the mothers of unvaccinated children. 'Virus hunters' seeking samples from wildlife were initially chased away as rumours spread that they were injecting pathogens into the local fauna. Anticipating hostility towards their

activity, some samplers stopped wearing full-body protection and tried to conceal their sampling activity.³⁴ This shows that mistrust is multi-directional. As a result of the attack at Womey and other instances of violent resistance, response and preparedness actors across Guinée Forestière often behave with a heightened sense of insecurity which can further undermine positive engagements at the local level. In the current outbreak, it has been reported that some local responders continue to be fearful of such violence and this has led to a degree of reluctance to be deployed and engage with communities, particularly in rural areas. Lingering mistrust is accepted and expected as part of everyday activities linked to disease surveillance and outbreak preparedness measures. In acknowledging this, the current response should purposively try to mitigate the effects of mutual suspicion.

Furthermore, It has been reported that security forces were deployed to cordon-off Gouécké, coordinate vaccination efforts and locate contacts.³⁵ Security forces have a very poor reputation in N'Zérékoré, where ethnic-political clashes have increased the perception that they are partisan, inefficient, corrupt and violent.³⁶ Responders should work with prefectural authorities to insist on the non-militarisation of health structures, vaccine distribution and the Ebola Treatment Centre/CTEPI.

POST-EBOLA HEALTH SYSTEM STRENGTHENING AND OUTBREAK PREPAREDNESS

In the aftermath of the 2013-2016 Ebola outbreak, N'Zérékoré region received development aid and investment for outbreak preparedness. The regional health administration (*Direction Préfectorale de la Santé*) established a specific office for the management of a €25million European Union project for health system strengthening from 2015 to 2018.³⁷ Community health centres were built; diagnostic tests, surgical equipment, ambulances and essential medication were donated; the health administration was equipped with computer hardware; and policies were implemented for the retention of the health workforce in rural areas (a particular problem in N'Zérékoré region). The regional hospital laboratory was equipped with PCR machines and reagents for the detection of the Ebola virus and a surveillance protocol was introduced. Outbreak response teams at the regional and prefecture levels (*Équipes Régionales d'Alerte et de Riposte aux Épidémies* and *Équipes Préfectorales d'Alerte et de Riposte aux Épidémies*) were trained to conduct epidemiological investigations. One specialised centre for the treatment of diseases with epidemic potential (*Centre de Traitement des Épidémies à Potential Infectieux*, CTEPI) was built in N'Zérékoré (on the outskirts of the city, near to a psychiatric clinic). Research on Ebola's ecological reservoir focused on Guinée Forestière, where many teams travelled to sample wildlife.

Investment in the health system has likely contributed to the early detection of the current outbreak. But such investment has also had a negative effect by contributing to people's sense of fear and avoidance of health facilities. Hospital staff rarely test patients for Ebola, even those who fit national surveillance criteria, for fear of the implications associated with reporting a suspect case.³⁸ Since 2017, very few infectious disease patients have been isolated in N'Zérékoré CTEPI and in mid-2019, the health administration tried to repurpose it for primary healthcare. Yet, the reluctance of N'Zérékoré locals to visit the structure continues, as even its architecture is reminiscent of Ebola Treatment Centres. The CTEPI in Gouécké was never equipped nor assigned personnel. In 2020-2021, CTEPIs across Guinea were used for the isolation and treatment of COVID-19 patients, and sometimes of their contacts, but the detention of healthy people triggered protests for their release. In response to the current outbreak, ALIMA built a new Ebola Treatment Centre in Boma neighbourhood, near to N'Zérékoré CTEPI, in March 2021. To ensure even vertical investments have a positive impact on longer-term health system strengthening, the response should work closely with the neighbourhood chief to build durable infrastructure.³⁹

EBOLA SURVIVORS' ASSOCIATIONS

1,270 people survived Ebola in Guinea. More than 100 of them live in or near N'Zérékoré. As they appeared immune to the disease after their recovery and were often prevented from resuming their previous employment, many worked for the response as nurses and communication officers. Ebola survivors were enrolled into surveillance programmes and observational cohort studies for the follow-up and treatment of their sequelae (for example the PostEboGui study).⁴⁰ Studies detected Ebola viral material in the semen of male survivors, but in fear of perpetuating blame and stigmatisation, these results were not highlighted in the health authorities' communications and are not widely known in the general population. It has been well documented that many Ebola survivors experienced a range of stigmatisation after their recovery, but for most, this diminished or disappeared within a couple of years.⁴¹

N'Zérékoré Ebola survivors organised themselves through an association placed under the leadership of the *Réseau national des associations de survivants d'Ebola en Guinée* (RENASEG). Much of the support available to Ebola survivors has ceased or been severely reduced since the conclusion of many post 2013-2016 survivors' follow-up programmes, and many associations have curtailed their activities. The current response should provide the Ebola survivors' associations with financial, material, social and technical support, and make every effort to connect new Ebola survivors with established networks.

THE REGIONAL STATE

POLITICAL BACKGROUND

The political context in eastern Guinea has been described as one where state representatives are perceived to be self-serving ‘foreigners’ (Guinea nationals, but from other regions).⁴² Following French colonial practices, the various line ministries (Health, Agriculture, etc.) are represented by government-appointed employees, or *fonctionnaires*, who are not always natives of the Guinée Forestière region and do not speak the local language.⁴³ In the 2013-2016 outbreak, officials performed functions that overlapped with Ebola response measures, reinforcing state apparatus and leading to criticism that the response was highly politicised. It appears that the N’Zérékoré population has been largely cooperative (or at least indifferent) to what, at the time of writing, still seems to be a contained outbreak. But unspecified ‘acts of resistance,’ possibly fuelled by the supposed ability of the elite to profit from the Ebola outbreak, have already been reported in Gbangana and Gonia II, where Guerzé residents, who support the political opposition are in the majority.⁴⁴ Tensions are likely to increase should the outbreak persist. Response interventions should build in sufficient time for genuine exchange and dialogue with affected and at-risk families and community representatives. The latter should be identified through community feedback, not solely on the recommendation of local authorities, as political allegiances may interfere with representation.⁴⁵

MAYOR’S OFFICE

Moriba Albert Delamou was elected to the office of N’Zérékoré’s mayor in November 2018. Delamou is Guerzé and represents Guinea’s presidential party, the *Rassemblement du Peuple de Guinée*. The five deputy mayors (*vice-maires*) represent a mixture of majority and opposition parties and include Konianké politicians. The mayor’s office has a large staff and presides over a host of local functions, including sanitation and public works. A key responsibility of the mayor is to coordinate with the city’s neighbourhood chiefs. In February 2021, the mayor was criticised for his lack of impartiality in the nomination of N’Zérékoré’s patriarch, a Guerzé elder with influence over local mechanisms of inter-ethnic cohesion.⁴⁶

NEIGHBOURHOOD CHIEFS

N’Zérékoré has 22 neighbourhoods, each with its own chief. Neighbourhoods chiefs (*chefs de quartier*) are important partners for local-level response efforts. Most recently

elected in the 2018 municipal elections, the chiefs were only installed in June 2020, as the election process and results were contested. Neighbourhood chiefs represent both the central state and the mayor's office. According to a 2014 poll, close to 40% of respondents in N'Zérékoré reported that neighbourhood chiefs were best placed to guarantee security, and they often turn to them for making complaints (rather than the police).⁴⁷ Some neighbourhood chiefs have secondary jobs, but many earn their living through fees and commissions received in exchange for carrying out administrative functions, tax collection and organising elections. It should be noted that the reputation of neighbourhood chiefs is varied: some are very popular figures, whilst others are viewed less favourably, particularly if they are known for extracting high fees or for making controversial decisions. The response should navigate these reputational factors through inputs from Guinean staff and direct feedback from residents. International organisations should also understand that the neighbourhood administration is likely to require financial support (transportation budgets, phone credit, per diems) to communicate effectively with and gather information from their communities. Payments should be fixed to specific tasks, and made in a transparent and accountable manner. When possible, payments should be as localised as possible to avoid the perception that Ebola funds are received exclusively by political elites and/or expatriates.

PREFECTURAL AND REGIONAL AUTHORITIES

The seat (e.g. headquarters) of the N'Zérékoré prefecture is located in the Commercial neighbourhood of N'Zérékoré city, and the regional governorate is in the Nyen II neighbourhood. The *fonctionnaires* in the position of *gouverneur* and *préfet* of N'Zérékoré are state representatives. They were both replaced in April 2020 following the March 2020 massacres (the *préfet's* legitimacy was contested after he declared during a press conference that '*if president Alpha Condé orders me to cut throats, I will do it.*'⁴⁸). It is common for the state to appoint military men in these positions, owing to N'Zérékoré's geographic position and oppositional reputation. The present governor, General Mohamed Charé, was criticised in August 2020 by local youth associations for fostering ethnic divisiveness.⁴⁹ It is critical that the response fosters a positive working relationship with the prefectural and regional government, whilst recognising their political positions and associated sensitivities. In light of the politically tense environment, response partners should be careful not to appear to be endorsing particular politicians and/or their political parties.

ELDERS

In line with decentralisation policies, elders are envisioned by the Guinean government as sharing authority over the district with the elected council.⁵⁰ This role is highly relevant in N'Zérékoré as the municipal authorities do not come from the ruling lineages and many are considered outsiders. The N'Zérékoré council of elders, presided over by a Guerzé patriarch, mediates communal conflicts between families and over land. Their influential support is very much sought after by electoral candidates. N'Zérékoré's last patriarch, Molou Holomo Hazaly Zogbélémou, expressed his support for Alpha Condé in electoral rallies.⁵¹ He died in December 2020. His succession continues to be contested, with two incumbents from related Guerzé families installed in January 2021.⁵² The dispute has been lamented in N'Zérékoré as the state meddling into traditional rule.

VOLUNTARY ASSOCIATIONS

RELIGIOUS ORGANISATIONS

N'Zérékoré maintains a highly active and dynamic religious scene. In a 2014 survey, 47% of respondents in the N'Zérékoré region self-reported to be Muslim, 28% Christian and 11% animist or practicing another religion.⁵³ The percentage of Christians is likely higher in N'Zérékoré city, which hosts a Catholic diocese and many protestant and evangelical churches. Even amongst those reporting Islam or Christianity as their formal religion, local 'animist' beliefs and practices often remain significant, particularly in relation to funerals. It is customary for Muslims to attend mosque for Friday's prayer, and many Christians join choirs, vigils, pilgrimages and religious study groups as well as attend daily services. Protestants and evangelists also travel across the border to meet charismatic leaders or attend workshops. Many Catholic priests in Guinea come from the parishes in the N'Zérékoré diocese. Religious authorities and networks are trusted and active in delivering aid and services (especially the *Organisation Catholique pour la Promotion Humaine*, OCPH). The Protestant church also provides quality healthcare at the N'Zao Clinique on Route Nationale 2 towards Lola. Religious leaders are playing an active role in the outbreak, particularly in relation to contact tracing. Religious institutions should be kept informed about the outbreak and response and supported with financial, material and technical resources to communicate with the city's population.

CITIZENS' ASSOCIATIONS AND CIVIL SOCIETY

Many of N'Zérékoré city residents are members of ethnic associations, youth associations, development associations, women's associations, 'tontines' (savings associations) and

'associations de ressortissants' (associations for migrants from the same town). The activities of the numerous associations overlap, and include the promotion of cultural heritage, political advocacy, sourcing funds for aid activities and connecting members with educational and employment opportunities.⁵⁴ Because of these activities, associations are perceived to be opportunistic, 'ethnicised', and liable to be 'bought' by political parties. The 'associations de ressortissants' should be priority partners for the response, particularly associations of Gouécké *ressortissants*, which have already played an important role in directing people to care. Should the outbreak spread to other towns, the N'Zérékoré branches of the *associations de ressortissants* could be engaged to help trace contacts and communicate with local representatives.

MEDIA

Guinea's national and local news media has broad reach. Print media is not widespread in N'Zérékoré. The state-owned TV channel (*Radio Télévision Guinéenne*, or RTG) is broadcast in N'Zérékoré but its news is not considered to be reliable. However the city has a large number of radio stations (Radio Rurale, Radio Espace Forêt, Radio Baobab, Radio Liberté, Radio Pacific), which are very popular. There is a high degree of trust in radio as a communication channel and in the information it conveys, and many people actively participate in call-in talk shows. Some, such as Radio Rurale, broadcast almost exclusively in local languages (Guerzé and Malinké) whilst other channels use French. Radio journalists have been pressed into outbreak communication services by the state.⁵⁵ N'Zérékoré radio stations already host interactive shows and broadcast prevention messages in local languages. Through its risk communication and community engagement initiatives, the response should continue to work with local radio and support journalists and presenters to ensure they can communicate effectively about the outbreak and response, including answering questions from their audience in a variety of languages.

Most households in N'Zérékoré own at least one mobile phone and use social media to communicate (principally WhatsApp, Facebook and Messenger). Youth and educated adults source information from traditional media and formal channels, as well as from social media and the internet. It is well known, however, that as well as conveying helpful and accurate information, mis- and disinformation circulate rapidly on social media and can create and exacerbate anxieties related to the outbreak and response. Social media monitoring should be built into the response as a digital component of community feedback.

TRANSPORTATION AND ENTRY POINTS

DOMESTIC OVERLAND ROUTES

Overland traffic arrives in N'Zérékoré mainly through the north-western Route Nationale 1 which runs from Conakry through the Macenta, Guéckédou and Kissidougou prefectures. Overland traffic includes transport trucks, small buses (*mini-bus*), taxis, private cars and motorbikes. National roads are poorly maintained and the drive from N'Zérékoré to Conakry typically takes 2 days. Some sections (famously the area around Guéckédou) are not tarmacked and severe disruption often occurs during the rainy season, when trucks get stuck in the mud and block the road. At the time of writing, roadworks between Kindia and Mamou were causing additional delays. From N'Zérékoré, Route Nationale 1 continues southwest to Yomou. That section is also unpaved, making the Yomou prefecture particularly hard to reach in the rainy season. Route Nationale 2, which goes through N'Zérékoré and Gouécké, connects the northern Beyla prefecture to the eastern Lola prefecture.

The residents of the prefectures in N'Zérékoré region have close social and economic ties to N'Zérékoré city, and frequently travel to and from the city to sell agricultural produce, do their shopping, go to school, visit family and attend health structures. Vehicles loaded with passengers arrive and depart from N'Zérékoré taxi stations which, in addition to the Gare Centrale Onah, are located on the four main roads that converge on the city and serve both domestic and international travel (to neighbouring Liberia and Cote d'Ivoire). It was recently reported that the number of taxis travelling to and from N'Zérékoré has decreased because of the current Ebola outbreak.⁵⁶ IOM has established checks at the four main points of entry, but it has been reported that these are only operational until 1630 for security reasons and many car drivers ignore the controlled roadblocks.⁵⁷ In taking the mobility of the population along key transport routes into consideration, the response should actively engage taxi and bus drivers who, if financially and materially supported, have the potential to play key roles in disseminating information, adopting and encouraging correct preventive behaviours, and could serve as an early warning mechanism for reporting signs and symptoms.

AIR TRAVEL

N'Zérékoré has an aerodrome, 12km northeast of the city. It is normally used by private carriers for mining companies. As part of the response, UNHAS is flying in and out of the aerodrome twice per week and this shortens travel time between N'Zérékoré and Conakry to under two hours for responders.

BORDER CROSSINGS

N'Zérékoré prefecture shares a border with Liberia. The official entry point, Yalenzou, is located 16km southeast of the city, yet the border is highly porous with four other unregulated points of entry in the subprefectures of Bounouma and Yalenzou.⁵⁸ Over 700 people cross the Guinea-Liberia border daily at Baala-Ganta, in Yomou prefecture, 80km south of N'Zérékoré. In addition, between 200 and 700 people cross the border between Guinea and the Côte d'Ivoire at Thuo, in Lola prefecture, 65km east of N'Zérékoré. At the time of writing, surveillance and screening activities were being scaled up at border crossings.⁵⁹ It should be noted, however, that even if the border is formally closed, passage is usually granted by security forces for a small payment, and crossing continues to be possible through numerous unofficial entry points. The official Guinea-Liberia border was closed due to COVID-19 in April 2020 but reopened in October 2020 with an increase in traffic.⁶⁰ Cross-border movement of people and livestock is expected to increase around Easter (4 April 2021) and the month of Ramadan (13 April – 12 May). Liberia, Sierra Leone and Côte d'Ivoire are intensifying surveillance at points of entry and in border towns.⁶¹

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