



International aid localisation in health: the impact of COVID-19 in Guinea

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Abstract

Guinea is facing recurrent epidemics. In 2021, the country dealt with a resurgence of the Ebola virus while attempting to cope with COVID-19 and other epidemic-prone diseases. Since 2017, it has been working to strengthen all aspects of its health system. However, despite notable improvements in crisis response, COVID-19 has highlighted many ongoing challenges in the empowerment of Guinean actors relative to international technical and financial partners. The pandemic has impacted humanitarian initiatives around the world, particularly in terms of reduced international funding and the complexification of logistics. Yet it has also helped to foster a more localised approach to crisis response.

This study set out to explore the localisation of aid in Guinea and the impact of COVID-19 on international aid in responding to epidemics. It involved 23 semi-structured interviews with representatives from international, national, and local organisations involved in epidemic management in the country. The findings show that the pandemic did not have a significant impact on technical support, but did somewhat affect financial aid. They also reveal a lack of awareness among stakeholders regarding the concept of aid localisation. However, although the response to epidemics has not been fully localised and still relies on international aid, there have been substantial gains in empowering national and local actors.

Keywords: Localisation, COVID-19, Guinea, international aid, health.

Résumé

La Guinée fait face à des épidémies récurrentes sur son territoire. En 2021, elle a été confrontée à une résurgence de la maladie à virus Ebola en même temps que la gestion de la COVID-19 et d'autres maladies à potentiel épidémique. Depuis 2017, le pays travaille à renforcer toutes les composantes de son système sanitaire. Toutefois, malgré ces améliorations notables dans la réponse aux crises, la COVID-19 a mis en lumière de nombreux défis persistants dans l'autonomisation des acteurs guinéens par rapport aux partenaires techniques et financiers internationaux. La pandémie a eu des impacts sur les actions humanitaires partout dans le monde notamment en termes de réduction du financement international ou de la complexification des activités logistiques. D'un autre côté, elle a aussi permis de renforcer une approche plus locale dans la réponse aux crises.

L'objectif était d'étudier la localisation de l'aide en Guinée et les impacts de la COVID-19 sur l'aide internationale pour la réponse aux épidémies. Pour ce faire, nous avons réalisé 23 entretiens semi-dirigés avec des gestionnaires d'organisations internationales, nationales et locales impliquées dans la gestion de épidémies en Guinée. Les résultats montrent que la pandémie n'a pas eu beaucoup d'impacts sur l'appui technique, mais quelque peu sur l'aide financière. Ils montrent également une méconnaissance du concept de localisation de l'aide chez les parties prenantes. La réponse aux épidémies n'est pas pleinement locale et nécessite encore un appui international, en revanche des acquis en termes d'autonomisation des acteurs nationaux et locaux sont perceptibles.

Mots-clés : Localisation, COVID-19, Guinée, Aide internationale, santé.

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Introduction

Over time, there has been a paradigm shift in humanitarianism. Initially, humanitarian action followed a *Dunantist* rationale, meaning it was based on the humanitarian principles of neutrality, independence and impartiality; it had a code of conduct and focused on the work of various United Nations bodies and major international non-governmental organisations (NGOs)¹. In recent years, however, there has been increasing discussion about resilience² and the localisation of international aid³ as new theoretical and practical approaches in the field.

A consensus emerged from the 2016 World Humanitarian Summit in Istanbul suggesting that humanitarian action should be as local as possible and as international as necessary⁴. The Summit highlighted the importance of adopting a localised approach to international aid to strengthen the resilience of states in responding to crises on their territory. Summit participants made commitments concerning capacity development and more direct funding. They also underscored the importance of local actors in crisis prevention, preparation, and response⁵.

The COVID-19 pandemic had a real impact on humanitarian action at an international level. There were repercussions on demand for humanitarian aid and related funding⁶, as well as logistical capabilities⁷. However, it also made NGOs more resilient and strengthened practices in localising aid⁸. To date, few studies have truly examined the impact of COVID-19 on international aid, and even fewer in a country like Guinea. The country is known for its recurrent epidemics and endemic diseases. There has been progress in improving resilience since the

¹ Dorothea Hilhorst, "Classical humanitarianism and resilience humanitarianism: making sense of two brands of humanitarian action", *Journal of International Humanitarian Action* 3, no. 1 (10 September 2018): 15, <https://doi.org/10.1186/s41018-018-0043-6>.

² Stéphanie Maltais, "La gestion résiliente des crises sanitaires dans les États fragiles: étude de la crise d'Ebola en Guinée" (Thesis, University of Ottawa, 2019), <http://dx.doi.org/10.20381/ruor-24094>.

³ Hilhorst, "Classical humanitarianism and resilience humanitarianism".

⁴ United Nations General Assembly, "Outcome of the World Humanitarian Summit - Report of the Secretary-General", 23 August 2016, <https://agendaforhumanity.org/sites/default/files/A-71-353%20-%20SG%20Report%20on%20the%20Outcome%20of%20the%20WHS.pdf>.

⁵ United Nations General Assembly, p.3.

⁶ Stephen Brown, "The Impact of COVID-19 on Development Assistance", *International Journal*, 19 January 2021, <https://doi.org/10.1177/0020702020986888>.

⁷ CartONG & Groupe URD, "A few learnings from the COVID-19 crisis and its impacts on information management practices in the aid sector: Improving information through inclusive processes and capacity building - World", ReliefWeb, 2021, <https://reliefweb.int/report/world/few-learnings-covid-19-crisis-and-its-impacts-information-management-practices-aid>.

⁸ Stéphanie Maltais, "Étude descriptive de l'agilité et de la résilience de l'humanitaire canadien au temps de la COVID-19", *Canadian Journal of Development Studies*, no. 0 (25 April 2022): 1-19, <https://doi.org/10.1080/02255189.2022.2054783>.

first Ebola outbreak, which affected the country between 2013 and 2016, but there is still a dependency on technical and financial partners, and sometimes a lack of national leadership during health crises⁹. This research set out to explore the extent to which this reliance was still relevant during COVID-19.

The goal was to study the localisation of international aid during COVID-19 in Guinea, as well as the empowerment of local actors in epidemic management. During the period in question, there was also a resurgence of the Ebola virus (February 2021), along with the emergence of the Marburg virus (August 2021) and other epidemic-prone diseases that tested the resilience of the health crisis response system in the country. This study sought to answer several questions, including:

- (1) Are the organisations involved familiar with the concept of aid localisation?
- (2) How did COVID-19 impact international aid for health crisis management in Guinea?

To answer these questions and document the extent to which management of these health crises was localised, the study interviewed 23 Guinean and international representatives from organisations involved in handling health crises in the country. The data collected was supplemented by a review of the available literature. The initial assumption was that Guinean actors probably did not know about the concept of localisation of international aid, but that international actors from NGOs or United Nations bodies were likely familiar with the concept. The other assumption was that COVID-19 had probably affected the quantity and quality of international aid due to the self-focus of donor states. An analysis of the qualitative data collected provided answers to the research questions from an empirical and theoretical standpoint. This analysis enables a clearer understanding of aid localisation in the health sector in Guinea. Yet it also demonstrates a lack of awareness of the concept and the resulting implications for humanitarian actors.

This paper presents the theoretical framework used and the methodology employed in collecting primary data. It then presents key findings, backed by direct feedback that sheds further light on the situation. Finally, it discusses these findings and establishes links to the relevant literature to highlight ways in which this research contributes to that literature.

Theoretical framework

Health crises are political crises, and the COVID-19 pandemic is striking not only in its socio-economic and health impacts, but also in the implementation of various more or less restrictive public health measures to keep the disease in check¹⁰. COVID-19 is an unprecedented

⁹ Maltais, "La gestion résiliente des crises sanitaires dans les États fragiles"; Stéphanie Maltais, Sophie Brière & Sanni Yaya, "Comment la résilience post-Ebola en Guinée contribue à la gestion de la COVID-19 ?", *Santé Publique* 34, no. 4 (2022): 557-67.

¹⁰ Renaud Crespin & Carole Clavier, "Des crises sanitaires aux crises politiques", *Lien social et Politiques*, n° 88 (2022): 4-20, <https://doi.org/10.7202/1090978ar>.

catastrophe that has claimed the lives of 6.5 million people worldwide, or 1 in every 1,000, with a financial impact totalling €13.8 trillion¹¹. It is the most recent and deadliest humanitarian crisis, and has demonstrated a glaring lack of preparedness. In managing large-scale epidemics, developing countries often need international support to tackle the situation. In the case of Guinea, this necessity was further highlighted by the fragility of the national health system¹².

“International aid is a form of voluntary assistance provided to foreign countries or populations” and can include financial or in-kind donations, loans at preferential rates, or debt forgiveness¹³. In the context of the localisation of international aid, this generally refers to a “commitment to consider and provide emergency and development aid through 'grassroots' organisations. It aims to provide closer aid, aid without intermediaries¹⁴.”

Localisation may be seen as the will to reaffirm state sovereignty through the establishment of a “state humanitarianism” that promotes national organisations and aims to reassert the government's role as a policymaker¹⁵. As the authors state, it is also a matter of justice because it places the affected person at the nexus of all actions undertaken on their behalf, respecting their full autonomy¹⁶. Moreover, localisation is not only a matter of political justice but also a process of self-determination that should be recognised, in some quarters, as a political necessity to make humanitarian responses effective and appropriate¹⁷. This approach could help to reduce dependency and power asymmetries¹⁸. Nevertheless, international aid is essentially based on a normative approach and practices that are not necessarily suited to different socio-cultural contexts¹⁹.

¹¹ International Federation of Red Cross and Red Crescent Societies, “Trust, Equity and Local Action - World Disasters Report 2022”, <https://www.ifrc.org/fr/document/rapport-sur-les-catastrophes-dans-monde-2022>.

¹² Aida Elargoubi et al., “Lessons about Causes and Management of an Ebola Outbreak”, *Folia Medica* 59, n° 4 (20 December 2017): 387-95, <https://doi.org/10.1515/folmed-2017-0032>; Aboubacar Sidiki Diakité, “Ebola en Guinée: un révélateur des forces et faiblesses”, *Alternatives humanitaires*, Inaugural issue (February 2016): 57-65; Maltais, “La gestion résiliente des crises sanitaires dans les États fragiles”.

¹³ Sébastien Jobert, “International Aid”, *Encyclopedic Dictionary of Public Administration*, s. d., www.dictionnaire.enap.ca.

¹⁴ Jean-Martial Bonis-Charancle & Martin Vielajus, “Aid localisation: current state of the debate and potential impacts of the Covid-19 crisis”, *Alternatives Humanitaires*, no. 14 (2020), <https://www.alternatives-humanitaires.org/en/2020/07/23/aid-localisation-current-state-of-the-debate-and-potential-impacts-of-the-covid-19-crisis/>.

¹⁵ Jean-François Mattei & Virginie Troit, “La transition humanitaire”, *médecine/sciences* 32, no. 2 (1 February 2016): 211-16, <https://doi.org/10.1051/medsci/20163202016>.

¹⁶ Mattei & Troit, p.214.

¹⁷ Hugo Slim, “Localization is Self-Determination”, *Frontiers in Political Science* 3 (2021), <https://www.frontiersin.org/articles/10.3389/fpos.2021.708584>.

¹⁸ Marie-Claude Savard, François Audet & Marie-Pierre Lemieux, “La localisation de l’aide au prisme de la Covid-19 : question de choix ou dernier recours?”, *Alternatives Humanitaires*, no. 15 (November 2020): 68-78.

¹⁹ Thorsten Bonacker, Judith von Heusinger & Kerstin Zimmer, *Localization in Development Aid: How Global Institutions Enter Local Lifeworlds* (Taylor & Francis, 2016).

At the start of the pandemic, many felt that COVID-19 would encourage a move to put local organisations at the forefront of the humanitarian response due to the withdrawal of some international employees, or expatriates, and the implementation of remote work²⁰. There was expectation that this would highlight “the strengths of local actors and the necessary proximity to communities²¹”. According to these authors, these effects reflect concepts related to the localisation of aid, a shift in power and a better balance between the actors involved²².

There is no consensus on the definition of localisation, but it could be said to translate to the devolution of governance during a crisis to the communities directly affected by policy choices²³. This shift in response authority is expressed through support for capacity development, more direct funding for at least 25% of humanitarian funds, national coordination, and the removal of hurdles to partnerships with local and national actors²⁴. “Direct funding” means financial commitments that go directly to local actors and are intended to strengthen local capacity, which has the effect of guaranteeing local control over resources. During the Humanitarian Summit, participants “confirmed cash-based programming and more direct funding to local actors as critical operational measures for increasing efficiency, supporting people's agency and stimulating local economies²⁵”.

²⁰ Kate Pincock, Alexander Betts & Evan Easton-Calabria, “The Rhetoric and Reality of Localisation: Refugee-Led Organisations in Humanitarian Governance”, *The Journal of Development Studies* 57, no. 5 (4 May 2021): 719-34, <https://doi.org/10.1080/00220388.2020.1802010>.

²¹ Bonis-Charancle & Vielajus, “Localisation de l’aide situation actuelle du débat et possibles impacts de la crise de la Covid-19”.

²² *Ibid.*

²³ United Nations General Assembly, “Outcome of the World Humanitarian Summit - Report of the Secretary-General”; Koenraad Van Brabant & Smruti Patel, “Understanding the Localisation Debate”, s. d.; Erin Hedwig Christina Kuipers, Isabelle Desportes & Michaela Hordijk, “Of locals and insiders: A 'localized' humanitarian response to the 2017 mudslide in Mocoa, Colombia?”, *Disaster Prevention and Management: An International Journal* 29, no. 3 (1 January 2019): 352-64, <https://doi.org/10.1108/DPM-12-2018-0384>.

²⁴ Brabant & Patel, “Understanding the Localisation Debate”.

²⁵ United Nations General Assembly, “Outcome of the World Humanitarian Summit - Report of the Secretary-General”, p.16.

The following table summarises the main advantages of localising aid²⁶:

Table 1: Advantages of aid localisation

Theme	Argument
Rapid response	Local actors are already on site and can react quickly.
Effectiveness	Local actors are more effective as they understand the context and can implement culturally appropriate initiatives and better communicate with communities.
Post-crisis recovery	Local actors remain on site after the crisis to facilitate recovery.
Social acceptability	Local actors have greater legitimacy in affected areas and are often more trusted by the population.
Greater resilience	Localisation enhances the empowerment and resilience of countries, which may reduce the long-term need for international funding.

The involvement of local actors in responding to epidemics is reflected through a wide range of actions such as local preparation, surveillance, communication, etc.²⁷ Local actors should also be included in the decision-making process as they are best positioned to understand the most vulnerable populations in their vicinity and the needs of communities²⁸. This study examines the extent to which local actors are involved in responding to health crises in Guinea. The term “local” here refers to endogenous and decentralised actors, “national” to the state and its institutions, and “international” to foreign-origin international actors such as international NGOs and United Nations bodies.

Methodology

This section covers the context and approach used in the study, along with data collection and processing, ethical considerations and methodological limitations.

Context and approach

This qualitative research is an exploratory study aimed at generating insight into a topic that has not been extensively covered in the literature, especially in the case of Guinea, regarding the localisation of international aid in health. It is exploratory in that it uses an inductive approach to provide information on the issue and describe the phenomenon in the

²⁶ Sultan Barakat & Sansom Milton, “Localisation Across the Humanitarian-Development-Peace Nexus”, *Journal of Peacebuilding & Development* 15, no. 2 (1 August 2020): 147-63, <https://doi.org/10.1177/1542316620922805>; Lina Frennesson et al., “International Humanitarian Organizations’ Perspectives on Localization Efforts”, *International Journal of Disaster Risk Reduction* 83 (1 December 2022): 103410, <https://doi.org/10.1016/j.ijdrr.2022.103410>.

²⁷ International Federation of Red Cross and Red Crescent Societies, “Trust, Equity and Local Action - World Disasters Report 2022”.

²⁸ *Ibid.*

context under review, due to the absence of a well-defined theoretical framework for aid localisation²⁹.

The research project collected additional data on various aspects of health crisis management and resilience in Guinea, which are not included in this paper but will be addressed in future publications. This paper focuses on questions specifically related to the localisation of international aid and the impact of COVID-19 on the assistance received in Guinea.

Data collection

Primary data was collected between May 2022 and August 2022 through 23 semi-structured interviews with international, national and local organisations involved in managing health crises in Guinea. (In the humanities and social sciences, interviews are an essential method of gathering data for qualitative research.) Actors were naturally chosen based on their relation to the research topic. They were asked to participate in a semi-structured interview in person, online or by phone, based on their preference and availability.

Meetings took place with representatives of international, national and local organisations. The following table shows the institution to which they were attached at the time of the interview. Several individuals were employed by different organisations during the COVID-19 and Ebola outbreaks, and other epidemics; they were therefore able to provide information about their work in these different organisations. The interviews were conducted in person, by phone or on Zoom and lasted an average of 56 minutes. Risks and benefits were clearly explained beforehand. Participants used a shared form to give their free, prior and informed consent either verbally or in writing.

Research involved a networking approach commonly known as “snowball sampling”, targeting organisations from which participants could potentially be recruited, based on the following criteria:

- (1) Hold a management position in an (international or national) organisation involved in managing epidemic-potential diseases in Guinea.
- (2) Have been in the position since the beginning of COVID-19.
- (3) Agree to provide written or verbal consent after reading the prior informed consent form.

²⁹ Louis Trudel, Claudine Simard & Nicolas Vonarx, “La recherche qualitative est-elle nécessairement exploratoire?”, s. d.

The table below lists the organisations represented and the number of interviews conducted with each:

Scale	Organisation	No. of interviews
National	National Health Security Agency (ANSS)	3
	National Institute of Public Health (INSP)	2
	Guinean Centre for Research and Training in Infectiology (CERFIG)	1
	Ministry of Health and Public Hygiene	1
	Guinean Red Cross	1
	Guinean Laboratory for Haemorrhagic and Viral Fevers	1
International	World Health Organization (WHO)	2
	ALIMA	2
	Terre des Hommes	1
	CDC	1
	International Organization for Migration (IOM)	1
	UNICEF	1
	Bill and Melinda Gates Foundation	1
Local	Health Directorate of the City of Conakry (DSVCo)	2
	Santé Plus Organisation	1
	Communal Health Directorate (DCS)	1
	Donka Hospital	1
TOTAL		23

Ethical considerations

Ethical approval was obtained from the University of Ottawa's Research Ethics Committee on 24 January 2022 (S-06-22-7751) and Guinea's National Ethics Committee for Health Research on 25 April 2022 (032-CNERS-22). Confidentiality was assured, and each participant gave their consent to take part. Participants could refuse to answer any uncomfortable questions without providing reasons for doing so and could withdraw from the study at any time.

Data analysis and processing

The data analysis was qualitative, with interview data initially coded using *NVivo* software. The codes listed below were used to identify key information from the transcripts, along with the number of references coded and the number of interviews in question. For instance, everyone, in all 23 interviews, discussed the definition of localisation.

Category	Codes	No. of references	No. of interviews
Analysis of aid localisation	Impact of COVID-19	66	21
	International aid received	65	21
	Definition of localisation	55	23
	Direct or indirect funding	42	18
	Technical and financial support	38	17
	Local actors	61	20
	National leadership	10	19
	Effectiveness of international aid	40	18

Methodological limitations

Qualitative research was based on interviews with representatives from international, national and local organisations involved in epidemic management in Guinea. However, the snowball sampling method meant that only individuals with specific characteristics were approached. While the sample group is a good representation of the types of organisations involved in tackling epidemics in Guinea, the aim was not to generalise the findings but to offer a contextualised snapshot for the period under review.

Findings

Findings were divided into three main groups dealing with the concept of localising international aid, the presence of local actors and the impact of COVID-19 on international aid in Guinea.

Finding 1: Concept of localising international aid

Almost all interviewees (n=22) admitted they had no idea what “aid localisation” means. However, they were encouraged to provide a definition nonetheless, to determine whether the proposed definitions related to the term's etymology despite respondents' lack of familiarity with the concept. Several concepts relating to localisation were identified among the definitions provided and are classified in the table below (categories include giving/offering, responding, and resource).

Figure 1: Key themes in definitions of localisation

Giving/Offering	Responding	Resource
<ul style="list-style-type: none"> • Providing international aid to a specific country or locality • Giving to the community • Giving people the freedom to make their own decisions • Providing resources that are managed locally • International aid granted directly from one government to another 	<ul style="list-style-type: none"> • Responding to a country's needs • Enabling a country to self-manage • Funding to tackle problems to prevent them from spreading beyond the locality • Mapping partners 	<ul style="list-style-type: none"> • Money spent in a specific area • Resource to help people in need • Aid that goes directly to a specific health district or the relevant body without passing through a national entity • A shared fund enabling technical and financial aid at the country level

Individual feedback expands on these findings. One local actor said he felt aid localisation should promote the local management of resources provided by the international community. He added that management should be handled “either by the Guinean government or another entity that manages things locally”. Meanwhile, a national actor said he believed “international aid should go directly to the health district or the relevant structure without necessarily passing through national bodies to reach the right destination.” Yet he also confessed, “I’m not sure I fully understand the concept.”

An international actor, working for the United Nations, mentioned that, in his view:

It's about providing funding to manage health problems or intervene to prevent the problem from spreading beyond the locality. For example, from 2013 to 2016, donors provided ample resources to contain the epidemic within Guinea, Liberia and Sierra Leone, even though it did spread beyond these countries. So, the idea was to provide all necessary aid to the locality to prevent the epidemic from affecting more countries.

Regarding the funding obtained by national or local bodies during COVID-19, the findings suggest resources fell short of those provided during the first Ebola epidemic. Significant funding from international partners provided to national bodies must now go through a centralised structure to ensure proper management. For example, a local actor stated that:

Multilateral organisations deal with the government [...]. A portion of funding very often goes through UNICEF or the WHO, but a significant portion also goes to the state [...] Other partners like institutions and the Americans usually work through USAID and international NGOs [...] that meet their criteria and work with the state. But that's basically the alignment we see in the South.

From the perspective of funding at the most decentralised level, the Guinean Red Cross mentioned working directly with small local entities. One respondent stated:

The Guinean Red Cross provides direct funding to Guinean organisations. This funding can be mixed. It might come in the form of in-kind donations: for example, we distributed handwashing kits [...]. Or it might involve financial support, after a needs assessment to determine whether that is the most appropriate solution, as during the floods in Kankan, for instance. International funding goes through the GRC before reaching the organisations.

In summary, despite an initial unfamiliarity with the concept, the participants provided definitions that reflected certain themes and offered concrete examples of how funding can be provided more directly.

Finding 2: Presence of local actors

Several actors emphasised the significant role of local actors in reducing misconceptions among communities. One local actor himself noted that:

In Guinea, local actors are heavily involved in responding to anticipated viruses like Ebola. Community members and those from affected prefectures are always involved. Community leaders and community health workers [...]. Opinion leaders are involved in the response, so there are no concerns at that level.

However, another local actor said locals are primarily involved in social mobilisation, with a few involved in managing suspected and confirmed cases of epidemic-prone diseases. A representative of a local organisation mentioned that:

Any aid that doesn't foster self-improvement is aid I set aside. You see, the community plays a central role. The community is involved in the micro-planning of community responses, and not just in their application. The community itself says: "This is what we want, this is what we want in terms of such and such a response." And that's what makes it so effective today.

International organisations involved in responding to epidemics in the country typically coordinate with a government representative. A local actor explained the situation well:

Generally, organisations go through the Ministry of Health or other ministries, or the government, through a government representative. And through that government representative, organisations work with local bodies like NGOs and universities at the grassroots level to implement their projects. International organisations that come here with projects use Guineans to implement those projects.

Ten individuals discussed concepts related to the importance of national leadership. Several respondents pointed out that the National Health Security Agency (ANSS) coordinates epidemic responses, noting that partners must liaise with it before taking any action. Some observed improvements in leadership and collaboration between the Ministry of Health and the ANSS.

A United Nations representative stressed the importance of this national leadership in avoiding the chaos seen in other countries. A local worker said, in her experience, international partners sometimes make decisions about the aid itself, especially regarding strategy, but national actors make technical decisions. She included herself in this category, even though she worked for an organisation listed as a local body in this study. A former representative at the national level added:

The national level has gradually taken back a bit more leadership in many areas. But the WHO remains the main partner when it comes to the health system [...]. This structure is still in place. But in managing the epidemic itself, the state, the ANSS and other bodies have gradually taken the lead in many respects.

In summary, the findings show that, from a practical standpoint, local actors are primarily involved in community care strategies. For example, in the city of Conakry, some respondents said there were teams in each neighbourhood working alongside local NGOs or associations. According to the interviewees, local involvement was mostly operational, not strategic, even though neighbourhood leaders, imams and other community leaders were sometimes invited to meetings. However, they acknowledged improvements in managing epidemic responses at the national level.

Finding 3: Impact of COVID-19 on international aid in Guinea

All participants generally agreed that COVID-19 did not significantly impact the quantity or quality of international aid. Individuals in some sectors mentioned receiving slightly less aid than during other crises, as donor countries were also battling the pandemic. The usual technical and financial partners largely maintained their funding and technical support. The interviewees did not report any withdrawal of expatriate staff from international organisations. One international actor noted:

The 2021 epidemic occurred during a global pandemic when all countries were seeking solutions. Each country was primarily focused on saving its own population [...], whereas in 2014 the world turned towards West Africa to contain the epidemic within the continent and prevent it from turning into a pandemic.

An individual working for a local organisation agreed:

During COVID, there were no notable partner withdrawals, but there was a paucity of financial resources [...]. This was due to the fact that all countries were simultaneously affected by COVID, so each, regardless of their hospitality or humanity, first had to help itself before helping others. Be that as it may, we did receive aid, with both bilateral and multilateral cooperation.

Since the first Ebola epidemic, Guinea has gained significant experience and has been able to strengthen response capabilities in all areas, including surveillance, case management, and communication.

Partners have continued to provide technical and financial support to meet the stated needs, including the supply of personal protective equipment and intensive care units. A local manager confirmed this:

It's true that it was both technical and financial. We received technical support to help build on national-level proposals and develop all those plans. [...]. We received what you might call financial support to get us up and running quickly. The Ebola vaccine, for instance, was made available really fast, along with a lot of equipment.

In general, most individuals said international aid was effective, although a few preferred to sit on the fence given the lack of any concrete data. One national actor said:

Well, it's effective. But it would be better if the country could really take steps in this regard, because we shouldn't always wait for international aid to manage things, even the country itself. We know that we have everything we need in Guinea, but maybe there's mismanagement.

Rather than discussing the effectiveness of aid as a whole, one national actor preferred to use the term "useful aid". He said the diagnostic and vaccination kits supplied by international partners were extremely helpful for the country. While the state made efforts to acquire vaccines through its national budget, the significance of international aid through COVAX and other partners cannot be overlooked. An international actor offered another perspective: "The question is hard to answer because we Africans think effective aid is the kind that helps you do without aid. Is aid that keeps you permanently in need more effective?"

In summary, the findings indicate that Guinea did not experience a withdrawal of international partners during COVID-19, but many interviewees noted a shortage of resources, particularly financial resources. The support of the World Bank, the African Development Bank, and initiatives like GAVI was acknowledged, but the instability of funding was a general concern. Respondents often compared the resources received during the first Ebola epidemic with those provided during COVID-19. They also said these resources were not as substantial, but did not provide any precise figures to support this claim.

Discussion

First observation: Lack of understanding of the concept of localisation

As in other studies on localisation, the findings reveal a lack of understanding of the concept among all participants, regardless of whether they are local, national, or international actors. The literature suggests there is a need for a better understanding of localisation to ensure more effective implementation³⁰. This would clarify the roles and interests of stakeholders³¹. The definitions suggested by study participants and the question of local actor involvement indicate that different people have different understandings of the term “local”. One participant even questioned the meaning of “local actors”, asking if it referred to the grassroots population. Despite the relevance of the Localisation Agenda, there is a lack of clarity about what “local” entails. This clarity is crucial for a more nuanced understanding of power dynamics and the effectiveness of aid³².

Moreover, in contrast to the research by Pincock et al., in which COVID-19 offered new opportunities to recognise local actor participation in the response process³³, our findings do not support that this was the case in Guinea. However, they do confirm that there had been a strengthening of national leadership and an increase in the involvement of local actors during epidemics since the end of the first Ebola outbreak³⁴.

Second observation: Local actors are essential

In line with the literature³⁵, the findings show the importance of local preparedness and community engagement in the humanitarian response. This is particularly evident in community communication and awareness initiatives. Volunteers from the Guinean Red Cross and community health workers in Guinea have been involved in various epidemics to improve relations with authorities and attempt to overcome reticence on the part of communities. However, some respondents noted that the involvement of local actors was limited to certain activities, and they were not fully integrated into strategic decision-making processes.

The findings do not specifically show a reduction of barriers to developing partnerships with local actors, but they do show a greater role in stakeholder coordination on the part of national institutions³⁶. Respondents frequently acknowledged the increased prominence of the National Health Security Agency (ANSS) in epidemic management and improved leadership, corroborating other studies³⁷. Some study participants also noted improved collaboration between national institutions like the Ministry of Health and the ANSS – a perspective that differs from that presented in other studies³⁸.

Finally, localisation should involve a degree of decentralisation³⁹. In Guinea's case, the findings again show national actors playing a strong part in the decentralised response. One interviewee criticised this, noting a potential lack of resources when central-level personnel

had to travel to remote regions to support the response. However, the findings indicate that decentralisation has begun in Guinea, particularly by establishing decentralised structures such as laboratories and rapid response teams equipped with skilled human resources in each region and prefecture.

Third observation: Limited impact of COVID-19 on aid in Guinea

The findings indicate that international partners already involved in responding to epidemics in Guinea maintained their technical and financial support. The research reveals no significant partner withdrawal, which tallies with other studies showing that a halt to humanitarian operations was rare during COVID-19⁴⁰.

However, the unpredictability of funding highlighted in the findings contrasts with best practices in aid localisation. For instance, recommendations state that “where government capacities need to be complemented by international humanitarian organizations [...], reform humanitarian funding to make it more equitable, predictable, flexible and accessible to local actors⁴¹.” This does not currently seem to be the case in Guinea.

Conclusion

This study explored the localisation of health crisis management in Guinea during COVID-19 and the 2021 Ebola resurgence. It identified various factors influencing epidemic management in the country, including sociocultural, political, and economic aspects. Participants provided valuable insights into the impact of COVID-19 on the localisation of

³⁰ Pincock, Betts & Easton-Calabria, “The Rhetoric and Reality of Localisation”; Simone Lucatello et Oscar A. Gómez, “Understanding humanitarian localization in Latin America—as local as possible: but how necessary?”, *Journal of International Humanitarian Action* 7, n° 1 (1 June 2022): 12, <https://doi.org/10.1186/s41018-022-00120-3>.

³¹ *Ibid.*

³² Kristina Roepstorff, “A call for critical reflection on the localisation agenda in humanitarian action”, *Third World Quarterly* 41, n° 2 (1 February 2020): 284-301, <https://doi.org/10.1080/01436597.2019.1644160>.

³³ Pincock, Betts & Easton-Calabria, “The Rhetoric and Reality of Localisation”.

³⁴ Maltais, “La gestion résiliente des crises sanitaires dans les États fragiles”; Maltais, Brière & Yaya, “Comment la résilience post-Ebola en Guinée contribue à la gestion de la COVID-19 ?”

³⁵ ACAPS, “COVID-19 impact on humanitarian operations”, April 2020, <https://www.acaps.org/special-report/covid-19-impact-humanitarian-operations>; International Federation of Red Cross and Red Crescent Societies, “Trust, equity and local action - World Disasters Report 2022”.

³⁶ Brabant & Patel, “Understanding the Localisation Debate”.

³⁷ Maltais, “La gestion résiliente des crises sanitaires dans les États fragiles”; Maltais, Brière & Yaya, “Comment la résilience post-Ebola en Guinée contribue à la gestion de la COVID-19 ?”

³⁸ Maltais, Brière, et Yaya, “Comment la résilience post-Ebola en Guinée contribue à la gestion de la COVID-19 ?”; Alexandre Delamou et al., “Tackling the COVID-19 pandemic in West Africa: Have we learned from Ebola in Guinea?”, *Preventive Medicine Reports* 20 (16 septembre 2020): 101206, <https://doi.org/10.1016/j.pmedr.2020.101206>.

³⁹ Brabant et Patel, “Understanding the Localisation Debate”.

⁴⁰ ACAPS, “COVID-19 impact on humanitarian operations”; Maltais, “Étude descriptive de l’agilité et de la résilience de l’humanitaire canadien au temps de la COVID-19”.

⁴¹ Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge, “Confiance, équité et action locale - Rapport sur les catastrophes dans le monde 2022 - Résumé”., p.11

international aid in Guinea. Despite having virtually no familiarity with the concept of the localisation of humanitarian aid, they offered some interesting perspectives that enhance its theorisation. Further research is needed to grasp the perception and application of localisation in specific contexts, especially in the Global South. Stakeholders in Guinea's health sector currently lack a clear understanding of the localisation paradigm. Better dissemination of information about localisation would foster a better grasp of the concept, leading to more effective implementation.

This study focused on an issue that is highly relevant today, given Guinea's recurrent epidemics and endemic diseases. It highlighted the country's drive to strengthen resilience against health crises since the post-Ebola recovery plan of 2015-2017⁴². Efforts since 2017 have aimed to bolster Guinea's resilience and the capacity of the overall health system. However, the study's findings also reveal ongoing challenges related to self-reliance. There is still a shortfall in financial resources, particularly an adequate emergency fund, and technical support remains necessary for certain aspects of responses.

Prior to this research, the assumption was that international actors, especially United Nations representatives, likely understood the concept of aid localisation. However, the study revealed that this was not generally the case, as only one person at that level claimed to be familiar with the concept, and their definition was not entirely accurate. Another assumption was that COVID-19 caused donor states to become insular, likely leading to reduced international aid for epidemics in Guinea and a bolstering of the local response. However, COVID-19 did not have the anticipated effects, especially regarding staff withdrawal: none of the interviewees reported an impact on technical support from partners. Some noted a decrease in financial support compared to the 2013-2016 Ebola epidemic, but not to the same degree. These findings are hardly surprising and largely align with the outcomes of similar studies.

Future research should delve deeper into understanding the opportunities and challenges of adopting a localisation strategy in a case like Guinea. This research would provide insight into how localisation can be integrated into governance structures, particularly from a practical standpoint. The aim is to fully embrace the Localisation Agenda,⁴³ involve local stakeholders, enhance the ownership of aid and bolster national leadership.

⁴² Ministère de la Santé, "Plan de relance et de résilience du système de santé 2015-2017" (République de Guinée, 2015).

⁴³ United Nations General Assembly, "Outcome of the World Humanitarian Summit - Report of the Secretary-General"; Roepstorff, "A call for critical reflection on the localisation agenda in humanitarian action".

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