







Q

Home ► All Journals ► Area Studies ► Review of African Political Economy ► List of Issues ➤ Volume 45, Issue 158 ➤ Indirect rule redux: the political econo ....

Review of African Political Economy >

Volume 45, 2018 - Issue 158

1,265 16 Views | CrossRef citations to date | Altmetric

Indirect rule redux: the political economy of diamond mining and its relation to the Ebola outbreak in Kono District, Sierra Leone

Le retour de la « règle indirecte » : la politique économique de l'extraction de diamants et sa relation avec l'épidémie d'Ebola dans le district de Kono, au Sierra

# Leone

Raphael Frankfurter (D), Mara Kardas-Nelson, Adia Benton, Mohamed Bailor Barrie, Yusupha Dibba, Paul Farmer & ...show all

Pages 522-540 | Published online: 28 Mar 2019

**66** Cite this article https://doi.org/10.1080/03056244.2018.1547188

Check for updates

Sample our Area Studies journals, sign in here to start your access, latest two full volumes FREE to you for 14 days

Figures & data Full Article References **66** Citations Metrics

➡ Reprints & Permissions

Read this article



## ABSTRACT

This article explores the relationship between the 2014–2016 Ebola outbreak and the political economy of diamond mining in Kono District, Sierra Leone. The authors argue that foreign companies have recycled colonial strategies of indirect rule to facilitate the illicit flow of resources out of Sierra Leone. Drawing on field research conducted during the outbreak and in its aftermath, they show how this 'indirect rule redux' undermines democratic governance and the development of revenue-generation institutions.

Finally, they consider the linkages between indirect rule and the Ebola outbreak, vis-àvis the consequences of the region's intentionally underdeveloped health care infrastructure and the scaffolding of outbreak containment onto the paramount chieftaincy system.

## RÉSUMÉ

Cet article explore la relation entre l'épidémie d'Ebola de 2014-2016 et la politique économique de l'extraction de diamants dans le district de Kono, au Sierra Leone. Les auteurs avancent que des entreprises étrangères ont recyclé les stratégies coloniales de la « règle indirecte » afin de faciliter le flux de ressources hors du Sierra Leone. S'appuyant sur de la recherche de terrain conduite pendant l'épidémie et après, il est démontré comment ce retour de la « règle indirecte » sape la gouvernance démocratique et le développement d'institutions qui génèrent du revenu. Enfin, cet article s'intéresse aux liens entre la « règle indirecte » et l'épidémie d'Ebola, vis-à-vis des conséquences de l'infrastructure de soins de santé intentionnellement sous-développée dans la région et les tentatives de confinement de l'épidémie pour le système essentiel de chefferie.

#### **KEYWORDS:**



## Acknowledgements

We thank the staff of Partners in Health-Sierra Leone for their support for this research, Sahr David Kpakiwa for invaluable research assistance and translation, Vincanne Adams for feedback on an early draft of this article, as well as feedback from two anonymous reviewers. We are grateful to all of the interlocutors we spoke with in Kono who shared their stories and insights.

#### Disclosure statement

No potential conflict of interest was reported by the authors.

#### Notes on contributors

Raphael Frankfurter, AB is currently an MD/PhD student in the University of California, San Francisco/University of California, Berkeley Joint Program in medicine and medical anthropology. He received his AB in Anthropology from Princeton University. From 2012 to 2016 he served as the Executive Director of Wellbody Alliance, a community health organisation in Kono District, and oversaw its response to the 2014–2016 Ebola outbreak, integration with Partners in Health, and design and implementation of community-based Ebola care programmes.

Mara Kardas-Nelson, BA is a joint Masters in Public Health/Masters in Journalism student at the University of California, Berkeley. She has worked for 10 years as a freelance journalist covering issues related to health, development and extractive industries across Africa, and worked from 2015 to 2018 with Partners in Health, Sierra Leone as the Director for Community Based Programs and as an advisor seconded to the Ministry of Health and Sanitation.

Adia Benton, PhD, MPH is Assistant Professor of Anthropology at Northwestern University. She is the author of HIV exceptionalism: development through disease in Sierra Leone (University of Minnesota Press, 2015) and numerous articles on political economy, Ebola and West Africa.

Mohamed Bailor Barrie, MBChB, MMSc is currently the Deputy Chief Policy and Partnerships Officer for Partners in Health, Sierra Leone, and a PhD student in Global Health Sciences at the University of California, San Francisco. He received his medical degree from the College of Medicine and Allied Health Sciences in Freetown, Sierra Leone, and an MMSc in Global Health Delivery from Harvard Medical School where he was supported with a Fulbright scholarship.

Paul Farmer, MD, PhD is the Kolokotrones University Professor at Harvard University, formerly the Presley Professor of Medical Anthropology in the Department of Social Medicine at Harvard Medical School, and an attending physician and Chief of the Division of Global Health Equity at Brigham and Women's Hospital in Boston,

Massachusetts. He is co-founder and Chief Strategist of Partners in Health and the recipient of numerous honours, including the Margaret Mead Award from the American Anthropological Association, a John D. and Catherine T. MacArthur Foundation Fellowship, and, with his PIH colleagues, the Hilton Humanitarian Prize. He is a member of the Institute of Medicine of the National Academy of Sciences and of the American Academy of Arts and Sciences.

Eugene T. Richardson, MD, PhD is Assistant Professor Global Health and Social Medicine at Harvard Medical School and an Attending Physician in the Division of Infectious Diseases at Brigham and Women's Hospital. An Infectious Disease specialist, he received his MD from Cornell University Medical College and his PhD in Anthropology at Stanford University. He has worked in Sierra Leone since 2014 and has published widely on the epidemiology, clinical features and political economy of Ebola and infectious disease outbreaks in Africa.

#### ORCID

Raphael Frankfurter <a href="http://orcid.org/0000-0003-3531-9508">http://orcid.org/0000-0003-3531-9508</a>

## Notes

- 1 For a discussion of possible 'indigenous' pre-colonial governing institutions connected with the poro society (the male 'secret society' for many West African Mande ethnic groups that may have served as a check on the unilateral power of local chiefs), see Little 1965. The colonial authorities sought to suppress the influence of the poro and formally banned it in 1897. In certain ways, secret societies have now been subsumed into the paramount chieftaincy system and do bolster the power of paramount chiefs by endowing them with trappings of what might be termed a Weberian traditional authority (Weber 1964). However, secret societies also serve as semi-independent blocs that may balance the unilateral authority of paramount chiefs, and may be involved in the (exceedingly rare) cases in which paramount chiefs are deposed.
- 2 Note that the creation of the chieftaincy system in Krio-dominated Freetown followed a different history and, given that Freetown is not diamondiferous, is not the focus of our study.

3 To estimate the cost of a fully functional health system, we multiplied the population of Sierra Leone by the recommended minimum government health expenditure of US\$86 per person (McIntyre and Meheus 2014).

## Additional information

## Funding

This work was conducted with the support of a KL2/Catalyst Medical Research Investigator Training award (an appointed KL2 award) from Harvard Catalyst | The Harvard Clinical and Translational Science Center (National Center for Advancing Translational Sciences, National Institutes of Health Award KL2 TR002542). The content is solely the responsibility of the authors and does not necessarily represent the official views of Harvard Catalyst, Harvard University and its affiliated academic healthcare centres, or the National Institutes of Health. This work was also supported by the National Institute of General Medical Sciences (NIGMS) Grant No. T32GM007618.



Information for

**Authors** 

**R&D** professionals

**Editors** 

Librarians

**Societies** 

Opportunities

Reprints and e-prints

Advertising solutions

Accelerated publication

Corporate access solutions

Open access

Overview

Open journals

**Open Select** 

**Dove Medical Press** 

F1000Research

Help and information

Help and contact

Newsroom

All journals

**Books** 

#### Keep up to date

Register to receive personalised research and resources by email



Sign me up











Accessibility



Copyright © 2025 Informa UK Limited Privacy policy Cookies Terms & conditions



Registered in England & Wales No. 01072954 5 Howick Place | London | SW1P 1WG