

https://dspace.org/

Philanthropy as a point of convergence with Africa's during the ebola case study

Ukama, Patience

2017

https://hdl.handle.net/10539/26067

Ukama, Patience, (2017) Philanthropy as a point of convergence with Africa's diaspora during the Ebola case study, University of the Witwatersrand, Johannesburg, https://hdl.handle.net/10539/26067

Downloaded from a DSpace repository. https://dspace.org/

PHILANTHROPY AS A POINT OF CONVERGENCE WITH AFRICA'S DIASPORA DURING THE EBOLA CASE STUDY

Patience Ukama

A research report submitted to the Faculty of Management, University of the Witwatersrand, in 50% fulfilment of the requirements for the degree of Master of Management (in the field of Public and Development Management).

Wits School of Governance

October 2017

Contents

Definition of Terms 4
Abstract 5
Declaration 6
CHAPTER 1 7
Introduction 7
Background 8
Research Questions 13
Problem Statement 13
Purpose Statement 14
Research Outcome 15
Outline of Chapters 15
CHAPTER 2 17
Introduction 17
Philanthropic Agency 18
African Philanthropy 22
Diaspora Philanthropy 25
African Agency 27
Pan African Agency – The Ebola Case Study 35
CHAPTER 3 39
Introduction 39
Research Paradigm and Design 40
Sampling 42
Data Collection and Analysis 44
Semi- structured interviews 45
Research Limitations 47
CHAPTER 4 48
Introduction 48
Pan Africa Response to Ebola 48
Data Presentation 53
Research Findings 66

CHAPTER 6 71
Gaps that Facilitated African Philanthropy 73
Points of Convergence with the Diaspora 77
Demonstration of African Agency 80
Lessons for a Pan African Approach to Social Development 80
References 84
Addendum A – Interview Questions 92

Definition of Terms

Term	Definition
African Agency	Actions by Africans (individual, corporate etc.) in the international system enabling Africans to be actors and not merely acted upon (Shikwati, 2015)
African Philanthropy	Any effort by Africans to provide material, financial or other support in the development of African communities and countries (Nkhalambu, 2016)
Convergence	The coming together of two or more distinct entities (Rouse, 2005)
Diaspora Philanthropy	The push by external citizens to transfer resources from rich countries where they have migrated to, to support development in their poorer countries of origin (Nielsen, Dan, 2004)
Ebola Case Study	The period of the Ebola outbreak in Guinea, Liberia and Sierra Leonne, between December 2013 and January 2015
Pan African Agency	African agency as it relates to a consolidated effort beyond national African borders
Social Development	The prioritisation of human needs in the growth and progression of society (Reference.com, 2016)

Abstract

The study answers the question, can a Pan African approach to diaspora philanthropy deliver on social development? The purpose was to explore a Pan African approach to social development establishing philanthropy as a point of convergence between the economic interests of African governments in their diaspora and, the altruistic social ambitions of external citizens, using the Ebola case study as a point of entry. The Ebola case study provides tangible evidence that a continental approach to philanthropy can deliver social development; promote African agency and move the diaspora conversation into the 21st century. Informed by critical theory, the study adopts the understanding that the nation-state is diminishing in relevance partly because of globalisation which is creating complex social dynamics, observed during the research. The methodology captured global views of the Ebola crisis without focusing on geo-political borders, enabling participants to amalgamate experiences contributing to a single Ebola 2013/2015 case study.

Declaration

I declare that this report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Master of Management (in the field of Public Policy) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.



Patience Ukama

17 March 2017

CHAPTER 1
Introduction

Introduction

Under the veil of globalisation, tenants of Western culture have rendered mainstays of African culture including African philanthropy, subservient to various forms of international development assistance. This has resulted in the apparent novelty of African solutions in social development. Data and reporting on the financing of the Ebola crisis out of the global North, largely ignored the contributions of ordinary Africans. This furthered the stereotype that Africa is unable to finance its development and, fostered perceptions that crisis interventions can only be driven by the West. These perceptions are the result of limited knowledge of African financing options including philanthropy. Utilising the 2013/15 Ebola crisis case study in West Africa, this research paper presents evidence for a Pan African approach to philanthropy towards social development.

The Ebola crisis occurred at a time when the African Union's Vision: Agenda 2063, reprioritized African ownership of the continental development agenda following over a century of undoing through: slavery; colonisation; Structural Adjustment Programmes (SAPS) etc. The African Union is promoting participation of internal and external citizens in Africa's' development through the African Union '*diaspora diplomacy project'*. Many diaspora were largely forced out of their countries of origin due to economic decline; political instability and institutionalised corruption. Existing policies indicate "a fundamental mistrust" (Turner & Kleist 2013: 193) of external citizens by African governments - the majority of whom are themselves diaspora returnees. Thus, external African citizens are often neither here nor there, problematic to their country of origin and denied by their host country.

Given the stand-off between African governments and the diaspora, it is arguable that the Ebola outbreak (2013/15) demonstrated the need for an impartial source to mobilise resources from African citizens as an alternative strategy for social development. It is within this context that this research explored the possibility of a Pan African approach to social development, establishing philanthropy as a point of convergence between the economic interests of African governments in their diaspora and, the altruistic social ambitions of external citizens.

Background

The African Sociological Review (Muchie, 2004:140) places the fall of Africa in 1434 with the arrival of the first settlers. Muchie (2004: 142) states that "the imposed nation-state came from [the] 1648 Treaty of Westphalia to end the 30-year war in Europe between 1618 and 1648". Not being of African creation the nation-state, like the politics of Africa is a "burden" imposed with no consideration of which communities should or should not be together (Muchie, 2004:150). This was the precursor to the colonial era in which the settlers committed little to no resources to "social security, health or education," prior to the 1920s (Byusa, 2012:56), despite accounts of colonialism as a civilisation project (Chanchage, 2006) for Africa.

Andreasson (2005:972) and Kebede (1999) attribute under-development of the continent to the failure of culture when confronted by modern challenges. Ellis (1996:2) ascribes modernity as a concept to Europe and North America, applied to Africa without consideration for African history or society, assuming that a modern Africa would present a mirror image of the West. Kebede (1999) highlights the fact that colonialism kept Africa away from modernity and, argues that without heritage there can be no modernity as the ability to interpret modern concepts needs to be done from one's own perspective.

Then came independence. Having mostly come into power through liberation struggles, the new leaders failed to champion transformation in their countries (Neocosmos, 2006) or share control of the state (Chabal, 2004:450). The new political elite retained the colonialist structures; means for wealth (Neocosmos, 2006) and; donor aid sustained the new status quo. Moyo (2016) provides historic context for philanthropy in Africa

supporting Murisa's (2015) assertions of philanthropy as "ubuntu' taking place at community levels, in contrast to aid from the West, in stating that:

> …the liberation of many African countries was primarily based on philanthropic efforts and testimony of this is found in the amount of solidarity that was built from Algeria to South Africa; Tanzania to Zimbabwe, Uganda to Mozambique just to mention a few…..African people have always recognised the value of bonds that keep them together which is why their struggles have always been interlinked and bound together at community, national and global levels" (Moyo, 2016:1).

In the 50 years up until 2012, Africa received over $1 trillion in aid, despite, in some instances only modestly reducing poverty and in the majority of cases making poverty worse (Byusa, 2012: 42). This did not deter dependency on international aid on the part of the new African nation-state leaders -mostly returnees from the diaspora (Turner, 2013: 265; Sheffer, 2013:13). That is until the early 1990s, when the 'African democratisation project' gained momentum with "donor governments and aid agencies" (Ellis, 1996:4).
These leaders regarded themselves as "victims and heroes" of the struggle, having liberated their people from colonial rule (Cohen, 1997; Hintjens, 2008; Turner, 2013), when ironically, they view their own migrants as "traitors and deserters" (Turner & Kleist, 2013:198).

After independence, the terms of ruling kept changing on the new African leaders (Chabal, 2002). Among these changes was the introduction, "at the behest of the donor community", of multi-party democracy, in the hope that it would improve Africa's fortunes (Ellis, 1996:4). African leaders viewed these terms as the cost of "continued financial assistance, rather than as the political modality that would make development more likely" (Ake, 1996). It was clear that any African government that "refused democratisation risked having the financial tap turned off" (Ellis, 1996:4).
Ultimately, the result was what Scott (1988) defined as the aesthetics of development - "where development is less about substantial change and more about appearance of change".

Another condition of aid imposed on the new African leaders were Structural Adjustment Programmes (SAPS), “first born as a response to the economic crisis in Sub-Saharan Africa in the 1970s” (Lopes, 1999:511). The SAPS were enforced by the Bretton Woods Institute, the International Monetary Fund and the World Bank who had a “vested interest” (Ellis, 1996:5) in ensuring that Africa repaid its debt, which was the result of “overspending on public enterprises; public employment; excessive military…cronyism and corruption.”

As such:

> Their currencies collapsed, and debt repayment ceased……Instead of insisting that corruption be ferreted out or that military expenditure be cut, they slashed more visible expenditure on education or public health, as well as made more justifiable cuts in public enterprises and public employment. As a result, previous gains made in human development and in employment education and health sectors during the immediate post-independence period [were] eroded.” (Macleans & Mangum, 2001:30-31).

Ali (2002) reduces SAPS to the “the greatest cause of extreme poverty” in Africa, for which the World Bank and IMF were widely criticised (Hertz, 2004) for “pushing developing countries into unmanageable debt and for the intensity of their debt servicing.” Skosoireva & Holaday (2010:73) also ultimately make the case that SAPS were detrimental to “child health in the region.” SAPS aimed at increasing private sector and reducing governments’ participation in the economy, increased poverty and left the continent unable to finance social sector clusters including health and education (Ellis,1996:5). Demonstrating as stated by Byusa’s (2012:63-64) that, “…absolutely pure and simple aid with no strings attached is an illusion. In its typical construction aid is patronising and a political act that shapes everything from donor to local power in the recipient village.”

Having experienced an economic boom between 2000 and 2008 where “real GDP rose by 4.9 percent a year from 2000 through 2008, more than twice its pace in the 1980s and 90s” (Leke et al, 2010), Africa felt the “contagion effects” (Kaseke de; Ndikumana & Rajihi,

2009: 4) of the global financial crisis of 2008/9 described by The Economist (2013) as the worst recession in 80 years. Working Paper No. 95 published by the African Development Bank (2009) states that the recession impacted Africa in different ways, including but not limited to: a negative impact on Foreign Direct Investment (FDI); stagnation in migrant remittances; significant job losses and reduced standards of living (Kaseke de; Ndikumana & Rajihi, 2009), crippling the hope of many nations.

Enter 2013, the return of optimism and the ascension of 'Africa Rising'. Between 2011 and 2013, the AFRO-Barometer (2013) conducted a survey in 34 countries to compare perceptions of the international community against perceptions of African citizens (Hofmeyer, 2013). Contrary to the popular mantra, the findings revealed widespread dissatisfaction with national economic conditions; overwhelming rejection of management of local economies by governments'; insufficient jobs and; an increasing gap between the rich and the poor (Hofmeyer, 2013).

In sharp contrast to 'Western-ism', Pan Africanism in its broadest sense implies a common goal" related to a collective continental agenda (Murithi, 2007:1), Philanthropists thus coined the term African Philanthropy to separate it from the Western practice under which it was regarded as informal and thus less significant to philanthropy of the West (Moyo, 2013:38).

Murithi (2007) states that the African Union is the institutionalisation of Pan Africanism and has a mandate "to promote solidarity, cooperation and support among African countries and peoples in order to address the problems of the continent as a whole" (2007:3). In 2000, 53 of the 54 African leaders signed the Constitutive Act of the African Union bringing the African Union into effect (Moller, 2009:8). The African Union Commission, African Union organs like the Economic Social and Cultural Council (ECOSOCC) and the African Citizens and Diaspora Organisation (CIDO) restructured laws "to allow the formal participation of the diaspora in official programmes and processes". Examples include the creation of the African Diaspora Volunteers Corps; the African Diaspora Investment Fund; the Development Market place for the diaspora; the

African Remittance Institute and, the creation of the African Union Foundation (AUF) in 2013 at the 21st Ordinary Assembly of Heads of States and Government. The AUF was established to accommodate the private sector; individuals and any other donations and voluntary contributions towards the financing of African development priorities. Ultimately, its goal is to secure funding for Pan African priority programmes which are underfunded and promote financing for areas where few continental funding initiatives exist (African Union Foundation, 2015).

The African Union recognises the diaspora as the sixth region of Africa after the North, Southern, East, West and Central regions of Africa (African Union, 2005; Yorke, 2012; Turner & Kleist, 2013). Mwagiru (2012) outlines the work of the African Union in engaging African diaspora despite limiting the definition of African diaspora to citizens "outside" Africa, excluding Africans 'inside' Africa who are outside of their countries of origin. This research refers to the diaspora in terms of what Brubaker (2005) defines as the "universalisation" of diaspora, to include all classifications of African diaspora. Mwagiru (2012) highlights the duplication and potential for conflict between the African Union and member states competing for diaspora resources. Aina (2013) gives context for potential conflict in that "the act of giving, either to help or transform, is an expression of political and economic relations." However, Cussons (2002) acknowledges that "whilst realising the importance of the diaspora, they [African governments] seem neither prepared enough to welcome them [African diaspora] and their contribution back, nor truly ready to engage them in any meaningful way."

For decades, African governments have flirted with policies which could bring their diaspora into the national fold, including efforts in Kenya in 2007 for Kenyans in the diaspora to vote, this required Supreme Court intervention in 2015 to ensure this for 2017 (Ng'etich, 2005*)*. In Ghana, dual citizenship was passed in 2002 (Kleist, 2013: 295), but between January 2003 and August 2008 (Quartey, 2009:82) dual citizenship was only granted to 5903 of the between one and a half to three million non-resident Ghanaians (Twum-Bahh, 2005).

In Zimbabwe, dual citizenship conferred in the new constitution gazetted in May 2013, “requires changes to around 400 Zimbabwean laws including the 1984 Citizenship Act” (The Herald, 2014, June 28), thus, the need to establish a point of convergence between nation-state and diaspora given the rate and implications of globalisation.

Research Questions

The research questions that this research study sought to respond to are:

1. What lessons can be drawn from the Ebola case study towards diaspora philanthropy as a Pan African approach to social development?

    1.1 What is the role of the diaspora in the African development agenda in the 21st century?

    1.2 Does the relationship between African governments and their diaspora influence social development?

    1.3 What are the strengths and weaknesses of a continental approach to social development?

Problem Statement

Much research on the role of the diaspora in the development of the continent has focused on remittances and ‘brain drain’. Economic decline; corruption; state sponsored persecution, human rights abuses and conflict (Moyo, 2013) are central to the rise of the diaspora. With no real commitment, African governments have flirted with policies that bring their diaspora into the national fold, including voting rights to strengthen ties and promote goodwill for both national and social development. Sheffer (2013) confirms that, “there are relatively few focused publications on diaspora relations with their homelands.”

In addition, little research has focused on philanthropy and African Agency. External African citizens are weak politically because their relationship with their national governments is fragile and, their status in the countries they migrate to is not always

legitimate. This in turn limits their ability and desire to act in times of crisis or to contribute to broader continental development, despite the pull of family ties.

Reporting in the global North perpetuates the view that Africans are unable to solve their problems and that crisis interventions should come from the West. These perceptions are perpetuated by limited research into African financing options including philanthropic channels. While global philanthropists such as Bill and Melinda Gates, Paul Allen; the Carnegie Corporation; Rockefeller and Ford Foundations are well known, only a handful of African high net worth philanthropists are known. At the same time, more philanthropic initiatives are taking place at community level reflecting the difference between Western and African Philanthropy.

Murisa (2015) states:

> African philanthropy is best summed up as '*ubuntu*', which is translated as: *'I am because you are*'. The primary focus of *ubuntu*-based giving/solidarity is on ensuring the wellbeing of the neighbour, rather than being based on one person having more resources to spare than a neighbour does. In many instances, this form of philanthropy is horizontal — it does not perpetuate power relations, but instead curtails power monopolies. (Alliance Magazine, 2015, August 18)

Purpose Statement

The Ebola case study provides tangible evidence that a continental approach to philanthropy can deliver social development; promote African agency and move the diaspora conversation into the 21st century. Where African governments have failed, the African Union is courting the diaspora through its diplomacy project in the hope of tapping into their $500 billion spending power per year (African Union, 2011). At a business roundtable in 2014, the African Union successfully raised $32 million (African Union, 2015) in the fight against Ebola from philanthropists and corporates in Addis Ababa (African Union, 2014).

The purpose of this research was therefore, to explore the possibility of a Pan African approach to social development, establishing philanthropy as a point of convergence between the economic interests of African governments in their diaspora and, the altruistic social ambitions of external citizens, using the Ebola case study as a point of entry. London School of Hygiene and Tropical Medicine Professor Piot (Infectious Disease News, 2015 April) states, “There was denial on the side of governments and inaction from the international community”. For this reason, it is arguable that the Ebola outbreak (2013/15) demonstrated the need for an impartial source to harness resources from external citizens as an alternative strategy for social development in the 21st century.

Research Outcome

The intended outcome of this study is to establish philanthropy as a point of convergence between the economic interests of African governments in their diaspora and, the altruistic social ambitions of external citizens towards social development. It is the position of this research study that African philanthropy has never been demonstrated on the scale demonstrated during the Ebola crisis. For this reason, this study provides insights for future strategies to harness the diaspora for social development.

Outline of Chapters

The outline of Chapters for this research report are as follows:

Introduction (Chapter 1)

The introductory chapter provides an overview of the research, states the research questions, research problem and purpose. It sets the president for the research argument by capturing the salient points and indicating the lens through which the researcher understands the issues presented.

Literature Review (Chapter 2)

The literature review provides a detailed study of existing literature and builds on the introductory chapter by developing the knowledge against the salient points identified therein. The chapter highlights the historic, socio-economic and political dynamics that impacted the Ebola 2013/2015 crisis to appreciate the conditions within which social development and philanthropy take place.

Research Methodology (Chapter 3)

The chapter identifies the research approach as phenomenological, positioning the Ebola Case Study as the social reality under observation, stating exactly how it was observed by articulating the research strategy, design, procedures and methodology adopted for the research study. It attempts to justify the choices made by indicating their value to the overall research.

Research Findings (Chapter 4)

This chapter responds to the research questions utilising the findings of the empirical research and the detailed overview of the 2013/15 Ebola humanitarian crisis compiled. It provides insights from the research participants and reflects on their input towards answering the research questions.

Research Conclusion (Chapter 6)

The research conclusions are drawn herein and presented with a recommendation of areas of further study. The chapter reflects on philanthropy as a point of convergence with Africa's diaspora as evidenced in this research report as part of the Ebola case study from the perspective of the researcher.

CHAPTER 2
Literature Review

Introduction

This literature review provides a consolidated overview of existing knowledge relevant to this study. The review attempts to move the diaspora conversation into the 21st century by exploring African agency and philanthropy towards an appreciation of their potential contribution to social development. Although the Ebola case study is part of a broader humanitarian crisis, the case study provides a tangible case of African Agency exercised by ordinary citizens and African philanthropists among others during the 2013/15 crisis.

Utilising the case study of the 2013/15 Ebola crisis in West Africa, this review focuses on **philanthropic agency**; explores issues of **African agency** evaluating the effects of the relationship between the nation-state and the diaspora in enhancing social development. Finally, the review provides literature on the Ebola case study towards determining **Pan African agency** as a potential approach for social development in the 21st century beyond the limitations of the nation-state.

This review examines the context in which social development and philanthropy take place to understand the socio-economic and political dynamics that impacted the Ebola 2013/2015 crisis. It will reflect on the historical premise that shaped the current context and, consider the role of the international community, national governments, the diaspora and the African Union in promoting and effecting social change.

The review is anchored on global developments in the field of philanthropy to provide both a comparative and reflective lens of philanthropy, beyond remittances. It will seek to appreciate the positive and negative aspects of co-opting philanthropic partners to participate in social development across the continent.

Acknowledging prevailing perceptions of African government's inability to adequately address social development needs due in part to corruption; limited resources and; the

absence of political will, this review attempts to provide a critical reflection on the prevailing assumption that solutions to African problems should be driven by the international community. This review hopes to contribute to the global pool of knowledge, given that a clear understanding of philanthropy has eluded economists who fail to account for philanthropic motives to give, “as billionaires fight over who can leave the biggest legacy and get to share the platform with Bono and Bill” (Adreoni, 2006). This academic quagmire, led to the establishment of the University of Chicago Science and Philanthropy Initiative in 2012, “to explore the underpinnings of philanthropy by employing an interdisciplinary approach that includes strategic partnerships with the fundraising community” (UChicago News, 2012, December 5).

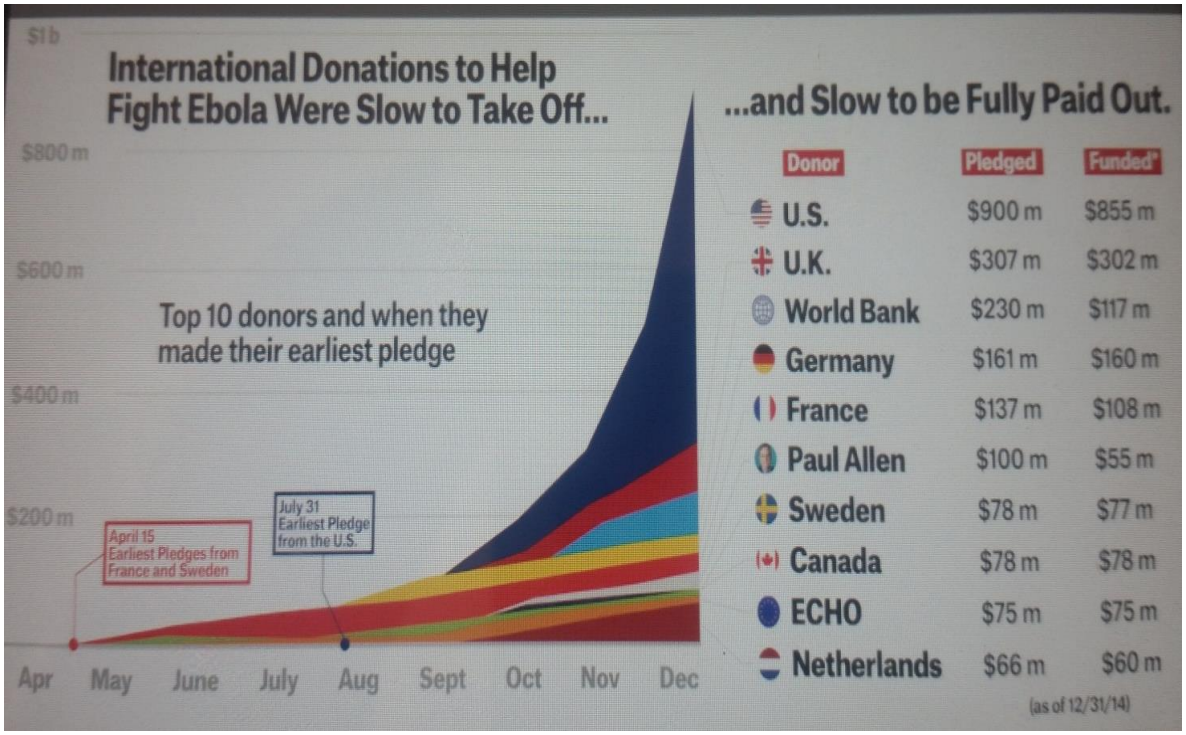
Philanthropic Agency

Extensive research has been conducted into the African diaspora to provide definitions; patterns and history (Baumann, 2001; Zeleza, 2005; Blackwell, 2008a; Turner & Kleist, 2013 et al), as well as into African philanthropy, its nature and manifestation. Only recently have the two spaces been considered together, coined as African Diaspora Philanthropy (Aina & Moyo, 2013). This hybrid form of philanthropy like Pan Africanism relies heavily on the diaspora and on promoting human welfare as does humanitarianism, of which the Ebola case study is an example, thus philanthropic humanitarianism (Slim, 2000).

In an article entitled “Ebola-Whose Responsibility, Is It?” Foster (2014) outlines the global financial response to the Ebola crisis, citing contributions made by the US government (£466 million and 3,000 troops), by the Gates Foundation (£25 million), Japan (£25 million), the World Bank (£248 million) and others, citing only the African Development Bank’s (£93 million) contribution as the sole contribution from Africa. This perpetuates perceptions that Africa is unable to resolve problems and that interventions should be driven by the international community. Developments since the article indicate however, that less than half of the $5.1 billion (Louw-Vardran, 2015; UNOCHA, 2015) pledged by the international community was paid in full by February 2015.

The sluggish response of the international community initiated by an initial pledge registered in April 2014 with the second pledge four months after the first in August by which point, more than 400 people had died. According to a tracking system implemented by the UNOCHA (2015), of the $5.1 billion pledged by the international community to the Ebola crisis, approximately 40% had been paid, amounting to only $1.9 billion (New Republic, 2015, February 3) by February 2015, at which point, official WHO figures indicated that more than 9,300 people had died (WHO, 2015) from Ebola in the three affected countries. Figure 1 below gives an indication of the financial response of the international community as of December 31, 2014.

Figure 1: International Donations to Help Fight Ebola (Source: New Republic, 2015, February 3)



Louw-Vaudren (2015) provides the following summation of the response by the international community:

> When the world first took notice of a major health epidemic in three of West Africa's poorest countries, just over a year ago, almost no one moved a finger… most aid only came in the second part of last year [2014] and only accelerated when a few Ebola cases spread to the United States and Europe…The Ebola response has suffered from an old trick in development aid: countries announce huge amounts of funding at various conferences…. but keep recycling the same pledges….

Once the pledges were received however:

> Weak pubic financial management systems coupled with high levels of corruption in these three countries create[d] many opportunities for the abuse of power, bribery, and unethical actions that limit the ability of donations to be used effectively to stop the Ebola outbreak. (Roundtable Report, 2016: 7)

In Sierra Leone for example, the President had to launch an investigation into the use of donor funds after health workers threatened to strike for non-payment in the middle of the crisis. According to the Sierra Leone Telegraph (27 February 2016) "An internal audit found that more than US$14 million allocated to fight Ebola had gone missing".

Figures utilising raw data compiled by the United Nations Office for the Coordination of Humanitarian Affairs (2014) indicate the biggest contributors in the categories of "Funding by Donor" and "Ebola Contributions by Donor Type" were the United States which contributed $300 million and international family foundations which contributed $70 million respectively (The Telegraph, 2014, October 22). The latter are philanthropic contributions, while the former fall under international aid – shaped by politics and relationships between governments (Grady, 2014). The two differ in that philanthropy is based on private giving to enhance what is defined in a UNDP report as "love of humanity" (Grady, 2014:4). As

such, philanthropic humanitarianism has increasingly played a role in the management of global crises over the past decade (Grady, 2014).

The report outlines philanthropic contributions of: “$770 million towards MDG Goal 1 of eradicating extreme poverty and hunger”; almost $43 million for Goal 2 on primary education; over $223 million for Goal 3 towards gender equality; over $450 million for Goal 4 and $1.5 billion towards Goal 6 - combating HIV/AIDs; Malaria and other diseases, in 2011 (Grady, 2014). It also highlights the challenge of measuring philanthropic activities as they are not “planned, monitored or reported according to global development frameworks like the Millennium Development Goals (MDGs), or global reporting standards like the International Aid Transparency Initiative” (Grady, 2014).

The Economist (2015, May 14), reported that in 2013 the Philippines Typhoon attracted approximately $300 million in philanthropic contributions, the 2011 Earthquake and Tsunami in Japan attracted approximately $700 million and the Haiti Earthquake in 2010 attracted $1.2 billion, illustrating the power of philanthropic agency.

Chattu (2015) determined that HIV/AIDS killed 28 million people globally, with estimations of up to 74 million people living with HIV projected in 2015 from the current number of 36.5 million. Both the Bill Clinton Foundation and the Bill and Melinda Gates Foundation have been very active in Sub-Saharan Africa where approximately 70% “of the world’s infected people live” (McLean & Levinstein, 2006). The Bill and Melinda Gates Foundation have been very active in this area, with the latter having devoted a significant part of its $30 million budget (McLean & Levinstein, 2006) to HIV/AIDS in Africa. Furthermore, the United States President's Emergency Plan for AIDS Relief (PEPFAR) - a United States government initiative to help save the lives of those suffering from HIV/AIDS around the world also contributed $48 billion (PEPFAR, 2016).

Oluwaseyi (2013) challenges neutral assessments of Western philanthropic actions by juxtaposing them to an ethical unease with global poverty (Gomberg, 2002). He argues that the rate and impact of globalisation have forced cultures and economies into

proximity. Thus, the global elite are unable to ignore the state of poverty in the global South (Oluwaseyi, 2013). The Oxfam Inequality Report (2016) indicated that globally the wealth of 62 people, amounting to US$ 1.76 trillion, is the same as the wealth of half the world (Oxfam, 2016) and, in South Africa "the wealth of three men is greater than the wealth of the bottom 50% of the country (Politicsweb, 2017, January 17). "Oxfam's prediction, made ahead of last year's Davos, that the 1% would soon own more than the rest of us, actually came true in 2015 – a year earlier than expected" (Oxfam, 2016).

Whatever their motivation, global philanthropists like Warren Buffet and Bill Gates have also initiated campaigns like The Giving Pledge of June 2010, reaching out to 40 wealthy individuals and families to contribute a portion of their wealth to charity (Blackburn, 2010). The campaign got responses from as far as "South Africa, Sweden, Canada and France" (Frank, 2010), raising $125 billion in pledges (Blackburn, 2010) by August 2010.

This is not limited to the global North. In 2012, China was estimated to have 230 billionaires, while 0.3% to 0.4% of India's' GDP came from charitable giving and, in Brazil, philanthropic agency was noted to be growing rapidly (Graby, 2014).

Despite its relative global success, philanthropy that draws from other origins and cultures, has in the past been regarded as informal (Moyo, 2013:38), thus less significant to formal philanthropy of the West hence, the distinction between philanthropy and African philanthropy to separate them.

African Philanthropy

Moyo (2016:1) defines African philanthropy as "…the energy that provides the foundation for collective action, unity, self-reliance and transformation of economic and social relations among many others. Moyo (2016: 2-12) proceeds to explain the dynamics that bind the individual and the community siting examples like burial societies and stokvels etc. "…harnessing the power of philanthropy for development". He concludes that "philanthropy is a force to contend with' (2016:12) and is central to the development of society. A 2014 report by UBS and TrustAfrica established that Africa's high net worth

individuals are making significant philanthropy investments in health, education, entrepreneurial development and infrastructure improvements.

It is interesting then that while global philanthropists like Bill and Melinda Gates, Paul Allen; the Carnegie Corporation; Rockefeller and Ford Foundations are well known, only a handful of Africa's 29 richest, with a total net worth of $94 billion in March 2015 (The Economist, 2015) and, their philanthropic activities, are known. Despite 2011 World Wealth Report estimations of 1600 and 2000 high-net-worth Africans (Dalberg, 2012), making Africa, at that time the fastest growing HNW population in the world (Dalberg, 2012). However, the World Wealth Report (2016) reported that:

> …the population of Africa's High Net Worth Individuals increased by 5.2% in 2014 to 0.15million while their wealth increased by 7.0% to US$1,44 trilion). This in a population of 14,65million HNWIs worth US$56.40 trillion globally. Thus, Africa has the fastest growing market of HNWIs in the world. It is further projected that Africans with assets more than US$30 million will double by 2025 – a growth rate of 59% over the next ten years compared to 34% of the global growth. (Moyo, 2016: 6)

Furthermore, Africa has seen an increase in foundations set up by politicians, such as Nelson Mandela, John Kufour, Thabo Mbeki; Joachim Chisano and Kenneth Kaunda (Moyo, 2013). Other known foundations include the Tony Elumelu Foundation which supports governance in the private sector (Moyo, 2013) and, the Mo Ibrahim Foundation which supports governance reform (Moyo, 2013). The Econet Development Foundation is active in the areas of education, agriculture, HIV/AIDS, entrepreneurial development and environmental protections (econetwireless, 2015). Econet Wireless Founder, Strive Masiyiwa – Zimbabwe's richest man (Forbes, 2011), committed $6.4 million to send 40 African students to Morehouse College in the United States (econetwireless, 2012) – among the most historical black American colleges (Forbes, 2012, May 29). The first ten beneficiaries – two Burundian and eight Zimbabweans- began their studies in 2013 (Morehouse News Centre, 9 August 2013). Through the Higher Life Foundation, Strive

and his wife - who subscribe to The Giving Pledge (Forbes, 2012, May 29) – have provided education assistance to more than 42, 000 children (econetwireless, 2013).

Other philanthropic foundations like the Motsepe Foundation, established by businessman Patrice Motsepe and supported by the Motsepe family (Motsepe Foundation, 2014), are involved in education, empowerment and sport in South Africa. The Dangote Foundation contributed more than $100 million across Africa in the past four years (Dangote Foundation, 2015) and, established a partnership with the Bill and Melinda Gates Foundation to eradicate polio in Nigeria in 2012 (Nollywood News; 2012). Moyo (2014) concludes that the challenge for philanthropy given the overwhelming evidence of support "for both liberation and post-colonial development…. is to make itself relevant to Africa's [current] development needs."

In additional to philanthropic foundations, Newland, Terrazas & Munster (2010) explore the rise of new types of development actors, including philanthropists across all income brackets and the limitations of policy in appropriating philanthropic agency for development (Newland, Terrazas & Munster, 2010:7; Grady, 2014). Their report debunks popular assumptions that philanthropy is limited to the wealthy and positions a category of philanthropy as "non-elite" (Newland, Terrazas & Munster, 2010). The report expresses the need for policy to enable and promote responsible and strategic philanthropy in the absence of government control, thus "philanthropy belongs to the philanthropists" (Newland, Terrazas & Munster, 2010:23). The report states that, "…independence from government priorities is a trademark of private philanthropy and an integral part of what makes it a powerful and effective force for change."

In the African context, 'independence from government' which Newland, Terrazas & Munster (2010) define as a requirement for philanthropy to thrive, positions those engaged in it as performing functions of the state and acquiring the sovereign position of the state (Turner & Kleist 2013:202). External citizens, compound the complexity of 'independence' by being outside of, thus beyond the control of their national government (Turner & Kleist, 2013). Given remittances to the global South amounting to $300 billion

in 2009, almost equal to foreign direct investment at $359 billion, surpassing development assistance at $120 billion (World Bank, 2011), this has driven countries like Rwanda to actively engage in the surveillance of their external citizens (Turner, 2013:278). This depicts existing power relations and a history of mistrust (Turner & Kleist, 2013: 193) between governments and external citizens. Actions possibly fuelled by Turner & Kleists' (2013) argument that the involvement of diaspora in development is an "anti-politics machine" or the "re-politicisation of development."

Diaspora Philanthropy

Lum (2014:63) refers to the case studies of China and India, illustrating how they have extracted resources, bound the diaspora to the state and promoted "emotional citizenship", rather than seeking to control them. The diaspora are now viewed as "industrious, even privileged patriots" from an initial view of them with suspicion (Lum, 2014:56); as criminals (Lum, 2014:57) and culturally corrupt (Lum, 2014:56). Ultimately through cooperation with the diaspora, China and India have reversed 'brain drain' and implemented Information Communication Technology strategies to modernise their economies (Lum, 2014).

Kyed & Buur (2007) and Poit (2010) point out that the rise of philanthropic agency is promoted by "failures of state-centred development approaches", in a world where 80% of migrants today are from the global South (Burgess, 2014). Lum (2014) provides the following examples of diaspora philanthropic agency:

> Action for Children (AfC) formed by a group of UK-based Sierra Leoneans in 1995 provided assistance of £6k to child victims of the war. Since then AfC in partnership with a larger international NGO has expanded its activities to include advice, training ….Sierra Leone War Trust for Children, an NGO founded by seven diaspora in the UK to improve the welfare of war-affected children has grown to include the rehabilitation of six villages that were completely destroyed during the war, providing primary education,

> facilitation food security, economic self-sufficiency through agriculture…..Many Indians have established charities that run health or education or public works projects in their home towns or villages including a program called 'Digital Equalizer' which is helping to provide information technology at the village level in India… (Lum, 2014: 21-22)

According to Manger & Assal (2006), the diaspora are often positioned against African governments of their homelands (2006:17), but they have the potential to be their greatest asset (Lum, 2014). Given the stand-off between African governments and their diaspora, it is arguable then, that the Ebola outbreak (2014-2015) which resulted in 26,628 cases and 11,020 deaths worldwide by May 2015 (The Economist, 2015), demonstrates the need for an impartial source to harness resources from external citizens as an alternative strategy for social development, in the 21st century.

Categories of diaspora philanthropy:

Turner (2013) defines three categories of diaspora as follows:
1. Agents of economic development;
2. Goodwill ambassadors and;
3. Resources of knowledge and skill.

He explores the relationship between the government of Rwanda which categorises its approximately six million diaspora (2009: 271) as "a positive diaspora that supports the state, a sceptical diaspora whose members may be converted, and finally a hostile diaspora beyond reach" (2013:266).

Ironically, Manger & Assal (2006:53) state that "the diaspora is the mirror image of the nation-state, and increasingly so in a globalised world." They argue for the need to re-think existing concepts in line with a new global reality (2006:17). They conclude that "people's experiences have been touched by what might be termed 'global' social processes," (2006:18) which for Akeyeampong (2000), culminates in "the birth of a unique African who straddles continents, worlds and culture" (2000:183). Similarly, Kersting

(2009) understands globalisation as the re-invigoration of national identity and culture, diminishing the relevance of the nation-state (2009:7).

Agents of economic development:

Cussons (2000) indicates scholarly agreement that where appropriately leveraged, the diaspora has the capacity to liberate Africa from her development challenges and priorities. The African Union approximates African diaspora spending power to be in the region of $500 billion per year (African Union, 2011) –herein lies the potential for African Agency, understood in this research study as the collective bargaining power of the continent to determine its own course of action as understood in International Relations (Brown & Harman, 2013).

Resources of knowledge and skill

Regarding brain drain and skills shortages, Zeleza (2015) states that there are 25,000 African diaspora in academia in the United States alone, ready to assist in the development of Africa; Cussons (2002) sites the following cases: half of Nigeria's academics work abroad; shortly after qualifying, three quarters of Zimbabwe and Ghana's doctors migrate to other countries; more doctors from Ethiopia work in America than in their home country; and in 2006 more than 20% of South Africa's doctors left upon qualifying. In sharp contrast, a study conducted by Arthur (2000) showed that 80% of African diaspora abroad would be happy to return if the socio-economic and political environment was both stable and conducive. Cussons (2002) also highlights the position of the global North, which having nurtured the skills of these foreigners, should also benefit from them.

African Agency

In relation to the phrase 'African Solutions to African Problems', a popular mantra for African Agency, Moller (2009) states that "it is neither obvious that Africa could or should solve all the continents problems". Such views may be spurred by decades of institutionalized corruption - estimated by the African Union (2014) to cost African

economies approximately $150 billion a year - the abuse of human rights; erosion of basic freedom and the decline of governance standards (Aina & Moyo, 2013: 40). However, as Andreasson (2006) states internal dynamics alone cannot account for the African crisis. “As long as the crisis is seen as a crisis of African governance and not a crisis of global governance, very little will be accomplished” (Andreasson, 2006: 976). Under-development of the continent is also attributed to the failure of African culture when confronted by modern challenges (Andreasson, 2006: 972 & Kebede, 1999).

Ellis (1996:2) ascribes modernity as a concept to Europe and North America, applied to Africa without consideration for African history or society, assuming that a modern Africa would present a mirror image of the West. Paradoxically, Kebede (1999) highlights the fact that colonialism kept Africa away from modernity and, argues that without heritage there can be no modernity as the ability to interpret modern concepts needs to be from one’s own perspective. Thus, the weakness of African Agency understood in context echoes the historical perspective that “the natives cannot govern themselves” (Andreassson, 2006: 974), reinforced through slavery; colonialism and Structural Adjustment Programs (SAPS) that left the continent unable to fund its social clusters. SAPS compounded pre-existing debt problems within the context illustrated below:

Challenges of the donor model

SAPS have been described as the “the greatest cause of extreme poverty” (Ali, 2000) in Africa, for which the World Bank and IMF were widely criticised (Hertz, 2004) for “pushing developing countries into unmanageable debt and for the intensity of their debt servicing.” The donor model for development implemented after independence was a form of control by “donor governments and aid agencies” (Ellis, 1996:4) who held the purse. Illustrating that “…absolutely pure and simple aid with no strings attached is an illusion. In its typical construction, aid is patronising and a political act that shapes everything from donor to local power in the recipient village” (Byusa, 2012:63-64). Consequently, the impact of dependence on financing from the West by African governments at a macro level, to keep

national economies afloat resulted in citizens becoming dependent on family in the diaspora to finance their needs at the micro-level (Akyeampong, 2000:186).

Positive gains from the donor model include the over $1 trillion in aid that Africa received in the 50 years up until 2012 (Byusa, 2012), even though it only modestly reduced poverty and, in some instances appears to have made it worse (Byusa, 2012: 42). Multi-party democracy, a consequence of the 'African democratisation project' of the 1990s initiated by donors (Ellis, 1996:4), was introduced to curb the excesses of the new African elite. The new African leaders had no intention of championing transformation in the new nation-states (Neocosmos, 2006), or of sharing control of the state and their newly acquired wealth with political rivals (Chabal, 2004:450). This, in part, may explain the military actions of Rwanda's Patriotic Front, led by President Kagame, which ultimately ended the 1994 genocide against the minority Tutsis in that country (Maasho, 2015).

Challenges of political stability

Conflict has a long history in Africa. According to the African Development Bank (2012), in the past decade Africa has witnessed more than 200 political coups between "1960 and 2012" (Barka & Ncube, 2012:1) among them: Liberia and Sierra Leone (1990s) Mauritania (2008) Guinea (2008); Niger (2010) Mali (2012); Guinea-Bissau (2008-12) and Burundi (2015) etc. In 2015, this resulted in 100,000 Burundi refugees seeking entry into Tanzania; Rwanda and the Democratic Republic of Congo in a matter of weeks (UNHRC, 2015).

In 2010, Africa had 9 million refugees and internally displaced people from conflicts (Shah, 2010). To explain the conflict, Annan (2014:3) lists causal factors like: "poverty, human rights violations, bad governance and corruption, ethnic marginalisation and small arms proliferation" (Fithen, 1999; Vox di Paz & Interpeace, 2010; Vink et al, 2011; Keili, 2008). The report also alludes to the role of religious conviction in conflict (Annan, 2014). Shah (2010) further evokes the cold war explaining the proxy of global powers like America and their support of dictators to protect local interests of those global powers. Such practices are promoted by unequal trade agreements between African and the global North and the

lack of political will among African leaders (Annan, 2014), to deliver on genuine transformation. Annan (2014) lists the consequences of such conflict as “rape and torture, high death rates, destruction of basic infrastructure and services, malnutrition etc.”, (Annan, 2014).

Challenges in education

The UNESCO (2015) policy paper on education emphasises the role of education in preventing conflict by promoting tolerance, equality and global citizenship skills required in an age of globalisation. The report states that 121 million children were not in school in 2012 due to conflict (UNESCO, 2015), which had a domino effect on financial and physical resources required for children to re-enter the school system and, most importantly on the development of fragile post conflict states. The International Finance Corporation (2013:7) indicated that Africa had 19 fragile and conflict states in 2012 characterised by “political, security, economic and environmental stresses that cannot be mitigated by weak institutions.”

Education is one of the areas which the colonialists (Muchie, 2004: 140) and the SAPS (Geo-Jaja & Mangum, 2001: 30-31) excluded from developmental priorities for Africa. Ferguson (1999:39) explains how the colonialists were “vexed” by the continuous movement of the natives in response to their “pastoral lifestyles, conquests, need for new land, or to resolve power struggles” (Blackwell & de Haas, 2007:13). In introducing borders and limiting the movement of the natives, the colonialists destroyed indigenous knowledge systems (Mapira & Mazambara, 2013) and forms of education, which combined with globalisation have undermined African agency.

In 1990, 1.6 billion people in Asia and Sub-Saharan African were unable to write and 190 million children did not attend primary school (Reimers, 1994). In response, national governments prioritised primary and secondary education through “free education” initiatives (Oketch & Rollestin, 2007). The gains made in primary and secondary education meant that by 2004 the demand for higher education far exceeded absorption potential in

Africa's 300 universities (Teferra & Altbach, 2004:22) despite the between 4 to 5 million students "enrolled in postsecondary institutions". This positioned Africa as "the least developed region in the terms of higher education institutions and enrolments", by international standards (Teferra & Altbach, 2004:22).

Challenges in public health:

The greatest challenge presented in the Ebola crisis was the fact that all three affected countries – Guinea; Liberia and Sierra Leone are all fragile post conflict states (ISS, 2014; IFC, 2013) following the civil wars "that gripped the sub region in the 1990s" (Denkey, 2015). This state is described as a cruel irony by the Institute of Security Studies (2014) given the "mass-scale destruction of infrastructure – stifling economic development and leading the most educated of the population to find solace elsewhere". Coupled with the continent's history where colonialists and SAPS did not identify health as a development priority (Muchie, 2004: 140) and, having just recovered from the effects of the global economic recession of 2008 (Kaseke de, Ndikumana & Rajihi, 2009: 4), the capacity of local authorities to adequately respond to Ebola was overstretched (UNECA, 2015).

In addition, in 2011 member states of the African Union pledged to devote at least 15% up from 9% of government expenditure on public health by 2015 (Tomori, 2014). This on account that in 2007 some countries were spending less than $10 per person per year, less than half the "essential minimum" of between $34-$40 per person for year (African Unin, 2007). The World Health Organisation (WHO) recommendation for public health expenditure is 9%, the African Union recommends 10% (UNECA, 2015), and African's average spending in 2014 was 9.7% (WHO, 2014).

The Ebola crisis revealed that the public health spend in Guinea was 2.7% (UNECA, 2015) and, not the 6.8% reported in 2014 (WHO, 2014). The African Union indicated that only six countries achieved the 15% target by 2011, with 11 countries having decreased their health expenditure by 2009 which included surveillance and data management reducing the time between the first report of a virus and an outbreak (Tomori, 2014). This

surveillance gap was evident in the Ebola outbreak in 2014, given that more than 400 people died before the disease was qualified as an emergency (UNECA, 2015). The effects of inadequate health spend will continue to be felt after the Ebola crisis given reports that:

> …health care disruptions in West Africa have resulted in decreased numbers of childhood vaccinations, doubling the number of people at risk for measles if an outbreak occurred. ……. researchers reported a 40% decline in outpatient HIV services from August to December in Guinea compared to previous years. (Infectious Disease News, 2015 April)

African diaspora relations:

The Migration Policy Institute (2014:13-14) states that:

> All diaspora strategies depend to some extent on maintaining, creating or rebuilding bonds with migrant communities and encouraging patriotic sentiments……Many governments face the challenge of overcoming a lack of trust in government sponsored investment schemes or formal channels of money transfer…. Governments that are oblivious, indifferent or hostile to emigrants and their progeny overlook a development resource.

The same report (2014) states however, that “a diaspora strategy is not a substitute for a development policy.” Most African diaspora policies focus predominately on remittances and give little if any credence to the broader role of diaspora in social development (Newland, 2015). An IRIN (2014, January 8) article stated that “few African governments have managed to engage expatriates successfully in poverty reduction efforts and development.” While driving their citizens into the diaspora (Moyo & Aina, 2013), African governments have also sought to restrict the movement of citizens through strict immigration laws (Blackwell & de Haas, 2007:15) and policies limiting voting and other citizen rights -which has only served to “drive it underground” (Akyeampong, 2000:186)

resulting in “significant growth in the numbers of undocumented migrants” limiting the contribution of external citizens to social development (Mutume, 2006).

The Ethiopian, Kenyan and Rwandan governments are cited in the IRIN (8 January 2014) article, as being among the few governments that are reaching out to their diaspora and entertain dual citizenship. All three countries are cited as having established bonds to finance infrastructure and development projects, specifically targeted at their diaspora (IRIN, 2014, January 8). The limited success of such initiatives is attributed to the fundamental mistrust of government by the Royal African Society (Fatunala, 2014).

If the political process is understood as a social process (Neocosmos, 2006:14), then the ability of citizens to “overcome the social liabilities of birth” (Akyeampong, 2000) and reinvent themselves through education and financial means into a successful “upper class citizen, respected for their wealth”, indicates a level of power attributed to the diaspora upon return, usurping what Malkki (1992) described as the ‘national order of things’. Moyo (2013) unpacks the term politics as “the struggle for control of the means whereby power is used”, building on from Aina (1997: 417) who includes power relations and the control of strategic resources both internal and external into this definition. But Sheffer (2013) confirms that “there are relatively few focused publications on diaspora relations with their homelands.”

The African Union through its diplomacy project (Mwagiru, 2012) has realised the potential of the diaspora and started courting them in the hope of tapping into their $500 billion spending power per year (African Union, 2011). To this effect, the African Union has held numerous summits and engagements with the diaspora such as the Africa Diaspora Summit held in Johannesburg in May 2012 where the diaspora was confirmed as Africa’s sixth region (AU, 2005; Cussons, 2015; Yorke, 2012; Turner & Kleist, 2013). Mwagiru (2012) highlights the duplication and potential for conflict between the African Union and member states competing for diaspora resources. Aina (2013) gives context for potential conflict in that “the act of giving, either to help or transform, is an expression of political and economic relations.” Cussons however (2002) acknowledges that “whilst realising the

importance of the diaspora, they [African governments] seem neither prepared enough to welcome them [African diaspora] and their contributions back, nor truly ready to engage them in any meaningful way."

African Union: Change Agent

Pan Africanism in its broadest sense implies a "common goal" related to a collective continental agenda (Murithi, 2007:1), of which the African Union - the institutionalisation of Pan Africanism- has a mandate "to promote solidarity, cooperation and support among African countries and peoples to address the problems of the continent as a whole" (2007:3). Sardan (1999:38) states that the "concept of the broker has a long genealogy in Africa – first in colonialism and later in development work." Kioko (2003:810) explains the decision to establish the African Union as in part, an appreciation by African leaders of the need for a collective approach to poverty and HIV/AIDS, as well as problems such as globalisation.

As a product of Pan Africanism however, the African Union limits its definition of the diaspora to what Mwagiru (2012); Cussons; (2012) and others define as historic diaspora. By limiting its definition of the African diaspora to citizens "outside" Africa, excluding Africans 'inside' Africa, the African Union ignores 14 million people, who the World Bank (2011) equates to almost half of all African diaspora - "countries within Africa are the main destinations for Sub-Saharan African migrants (Plaza & Ratha, 2011). Historic diaspora are those taken into slavery, while contemporary diaspora left their countries voluntarily (Mwagiru, 2012). This study refers to the diaspora in terms of what Brubaker (2005) defines as the "universalization" of diaspora, to include all classifications of African diaspora.

However, like Murithi (2007) this study acknowledges the limitations of the African Union including resourcing- both skills and finances - and staunch views of critics of the African Union as run by a "trade union of dictators" (2007:8), and its poor track record in bringing about transformation in the past (Kioko, 2003:810). However, the African Union in 2014

successfully raised $32 million (African Union, 2015) in the fight against Ebola at a business roundtable with African business and philanthropists in Addis Ababa (African Union, 2014).

Pan African Agency – The Ebola Case Study

The Ebola crisis started in Guinea in December 2013 (ASEOWA, 2015), with 86 reported cases in the first four months before spreading to Liberia and Sierra Leone claiming almost 200 lives in six months (BBC Africa, 2015). It spread to Nigeria in July 2014, and later into Senegal; Mali; the United States; Italy; the United Kingdom and Spain. At the peak of the crisis, The WHO (2015) reported between 300 and 400 new cases per week in Liberia alone. Only in January 2015, were less than 100 new cases reported per week in all the affected countries since June 2014 (WHO, 2015).

National health systems collapsed; airlines suspended flights; schools and borders were closed; food prices escalated; movement restrictions resulted in food and supply shortages; and, tourism declined right across Sub-Saharan Africa (BBC Africa, 2015; UNECA, 2015; WFP, 2014). Of the total 11,193 deaths recorded by the WHO (2015) a total of 4,806 people died in Liberia; 3,925 in Sierra Leone; 2,446 in Guinea and 8 in Nigeria. The WHO (2015) admitted that the above figures were “under-estimates given the difficulty of collecting data in the region.”

Following months of misdiagnosis of the virus as Lassa Fever in the Nzerekore region of Guinea, where it was first detected (Grady, 2014), the WHO confirmed the Ebola diagnosis in West Africa after testing blood samples of victims in March 2014 (Associated Press, 2014 March 23). Only after more than 400 deaths contributing to a mortality rate of between 60 to 70%, did the WHO finally declare Ebola a global emergency in August 2014 (UNECA, 2015). Denkey (2015) outlines the failures of the WHO in the Ebola crisis to include its “hands-off approach”, leaving the affected countries to fend for themselves, while being silent about the outbreak and only sending in a few advisors (Denkey, 2015). The WHO failed to secure critical resources to combat the virus. Ebola treatment requires “a very delicate and comprehensive protocol that demands specialised training and

equipment" (UNECA, 2015). In effect, the WHO abdicated its mandate to "furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments" as articulated in Article 2 of its constitution, first signed into effect on 22 July 1946 by representatives of 61 states and, brought into effect in 1948 when the WHO was formed (WHO, 2006).

In September 2014, the government introduced a "three-day lockdown" in Sierra Leone where most residents already living on a hand-to-mouth basis, had to find alternative means to sustain themselves and their families (The Guardian, 2014, October 9). It was herein, that the diaspora stepped-in, funding and coordinating programmes to distribute meals – one such initiative was the Lunchbox, which fed up to "2,600 people in seven different communities", before expanding to medical centres providing an addition 50,000 meals over a period of three months (The Guardian, 2014, October 9). Sierra Leone diaspora also provided online training on Ebola, to assist in taking care of patients (The Guardian, 2014, October 9). Others petitioned "the FDA to accelerate drug and vaccine research in Ebola" – one such petition was signed by 150,000 people around the world (World Policy, 2015). These interventions were not only significant during the crisis but more-so because per Saygen (2014) in Liberia; "Most people depend on NGOs for basic services", ordinarily.

The effects of the crisis on external citizens from the three affected countries included stigmatisation; job-loses economic hardships and, an inability to extend support to family back home in the affected countries (Ludwig, 2016). In October 2016, the US Department of Homeland Security announced that West Africans' issued temporary migration protection at the height of the Ebola outbreak should leave the country by May 2017 (STAT NEWS, 2016, October 10). A US Immigration Official was quoted as saying that "…staying here to send money home is not the intent of the program…The standard for sending people back cannot be absolute perfection. Conditions are never going to be ideal in those countries. They weren't ideal before" (STATS NEWS, 2016, October 10). The same article stated that Americans are deprived of the jobs given to foreigners holding temporary protection status. Estimates indicate that 350,000 people have TPS

status in the US of which only 5,900 are from the three Ebola affected countries (STA NEWS, 2016, October 10).

In addition to their status and undetermined future, the American Public Health Association stated that “The recent Ebola epidemic and subsequent coverage in the media generated backlash and hostility against African immigrants livening the US…” (APHA, 2015, November 2). In her Chapter: *Thrust onto the Spotlight: Liberian Immigrants dealing with Ebola and other stigma*, Ludwig (2016) provides accounts of Liberians living in Staten Island, New York – an area believed to have the largest population of Liberian in North America (Ludwig, 2016) - forced to manage the negative consequences of the crisis in different ways including social; economic and psychological.

Testimonials included reports that children were turned away from schools to prevent the spread of Ebola. “They just said – they have to stay home…. because of the Ebola. We don’t want the other children to be sick” (2016:158)

Reports of job losses included the following:

> “People [are losing] their jobs; one of my friends told me that her sister just lost her job. Another Liberian woman [who works] in [a] nursing home talked about a memo written by the management of the company warning people [residents and other staff] of Africans, in particular of Liberians – they need to stay away- they carry that disease in their blood… How are we supposed to take care of our families in Liberia? They are starving, the government can’t take care of them’. (2016: 158)

Back in the affected countries, citizens were faced with forced school drop-outs, these are likely to affect future productivity in the affected countries; loss of public income despite expectations to continue to meet the public wage bill for civil servants to sustain themselves; stigma of the disease; banning of social engagements and cultural practices (UNECA, 2015); security implications and abuse of power by military entrusted to enforce quarantines and limit movement resulting in numerous human rights abuses, unwarranted

shootings and innumerable bribes paid by citizens seeking access in and out of quarantine zones (Butty, 1 September 2014).

According to Guineas' President: Alpha Condè, investors fled, boarders were closed and only two airlines continued to fly to Guinea (The Guardian, 2015, July 12). All the while the world was pre-occupied with ISIS in Iraq and Syria (Denkey, 2015); the June/July 2014 World Cup in Brazil (Fifa, 2014) and the January/February 2015 Africa Cup of Nations in Equatorial Guinea (CAF, 2015) – after Morocco withdrew as hosts for fear of the Ebola virus spreading into their country (AllAfrica.com, 2014, October 16; BBC, 2014, November 11).

This is the context; history and existing knowledge base, providing an overview of philanthropy in all its manifestations and African agency, through which the researcher approached this study,

CHAPTER 3
Research Methodology

Introduction

This research study included interviews with the African Union Support to Ebola Outbreak in West Africa; the African Private Sector; African philanthropists and the diaspora who supported the African response to Ebola in Guinea Liberia and Sierra Leone between December 2013 and January 2015. The research looked for points of intersectionality in philanthropy among the different actors towards determining philanthropy as a continental approach to social development in the 21st century. The research brought to the fore economic, social and psychological constraints that obstructed external citizens from acting including political factors. It determined that chief among the impediments were continental leadership and governance during the crisis, to absorb, direct and manage contributions. There is strong evidence of philanthropic support for development, but the challenges observed indicate that a continental approach to social development while possible, may be premature as work needs to be done to ensure that supporting structures and systems are in place first.

The adopted research approach for this study was phenomenological, of which the specific social phenomenon being described was philanthropy during the 2013/15 Ebola humanitarian crisis. The social reality under observation was the Ebola case study to determine if a Pan African approach to philanthropy can deliver social development. The Ebola case study provided a tangible example of African philanthropy as a prerequisite to a broader Pan African approach to social development.

According to the University of Texas (1997):

> Yin defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1984: 23).

The Ebola case study was adopted to appreciate the phenomenon beyond the individual borders of the three affected countries - Guinea; Liberia and Sierra Leone- the context. The research participants provided multiple sources of evidence and data from all three affected countries from their individual experience vantage points. The crisis could only be described by those who experienced it thus, the researcher engaged philanthropists; diaspora and members of the African Union Support for Ebola in West Africa (ASEOWA) team.

The use of multiple sources meant the use of multiple data collection techniques including interviews; questionnaires, journals and reports, in different locations which the case study approach permits (Soy, 1997). The researcher used interviews where it was possible – in person; via skype and on the telephone to gather data; open ended questionnaires sent via email where it was not possible to speak to participants; and document review of journals and reports on the Ebola case study as data gathering techniques.

These multiple data collection techniques mapped to the individual participants meet the minimum standards for construct validity. Reliability was then established as part of the design by adopting multiple sources reflecting on their experiences of the same event. According to Farquhar & Michels (2016) referring to findings by Bluhm et al. (2010); “In qualitative research, where two or more data sets are used for corroboration or claims for external validity or reliability, the study gains impact.”

Research Paradigm and Design

This research falls under the interpretive paradigm as the researcher served as the instrument through which data relevant to the study was collected (Wagner; Garner & Kawulich, 2012) and interpreted. Being an inductive study the researcher attempted to understand the social and cultural contexts which shaped the reality, drawing conclusions towards the development of theory and the establishment of internal validity by making causality links in the experiences shared by participants.

The research employed multiple triangulation in the design by working with multiple data sources towards the same results. This also served to reduce bias in the study, given the domineering force of participants such as the African Union and private sector players in their views and on account of their size as organisations. Barbar (2001); Jones and Bugge (2006) state that triangulation increases confidence in research results by providing in-depth data that provides meaning through an understanding of the problem from different dimensions. The research reflects on a Pan African approach to social development by considering numerous influences within the socio-economic and political reality of both groups – diaspora and philanthropy, to establish what was happening.

The study employed in part, Roberts & Taylors (2002) data triangulation division into the categories of time, space and person. This triangulation was achieved by conducting interviews and or administering questionnaires both after the 2013/15 Ebola crisis and at different times with different sources – not in one session. The collection of data from multiple sites – different countries and regions beyond the three identified countries; and from more than one category of person – the diaspora; philanthropists and Pan Africanists also provided perceptual triangulation – through the use multiple lens (Bonoma,1985; Denzin,1978; Erzburger & Prein, 1993; Flick,1992; Farquhar & Michels, 2016; Jick,1979; Miles & Huberman,1994).

The study was informed by critical theory adopting the understanding that the nation-state is diminishing in relevance (Kersting, 2009), while Held et al (1999), argue instead that the nation-state is being transformed and restructured by globalization. The complex social dynamics under observation between the nation state and their external citizens within the context of globalisation, demanded this critical reflection. This methodology and design allowed for a global view of the Ebola crisis, without the need to emphasise individual geo-political borders for each country -as informed by critical theory. It enabled research participants to amalgamate their experiences of the Ebola 2013/15 crisis into one global event that demonstrated both African philanthropy and African agency. Thus, the multiple cases contribute to a single case study.

As such, the research findings can be generalised beyond borders, and beyond the Ebola case study delivering on external validity of the research.

Sampling

The research adopted purposive sampling to enable the researcher to target relevant participants. This non-probability sampling method included snowballing to allow only those that were directly relevant to the African philanthropic aspects of the Ebola case study to be targeted. Snowballing was useful in that most participants were previously unknown to the researcher. For example, it was only through interviews with the ASEOWA that the researcher was led to the one diaspora volunteer from Nigeria.

As such the sample population encompassed those involved in the 2013/15 Ebola humanitarian crisis in West Africa, including those who were identified through referrals. The specific research sample that was approached to participant in the study and the final research participants were as follows:

Category	Organisation	Participants
Pan Africanist	ASEOWA	✓
	African Union	x
	African Union	x
Philanthropists + NGOs	Africa Against Ebola Trust	✓
	Africa Against Ebola Trust	X
	African Democratic Institute	X
	African Democratic Institute	X
	African Philanthropy Network	✓
	THINK Liberia	✓
	Sierra Leone War Trust for Children (SLWT)	-
African Diaspora	Africans In the Diaspora	X
	Africa Diaspora Youth Network (Europe)	X

	Minnesota African Task Force Against Ebola	-
	FaceAfrica (Sierra Leone)	-
	Sierra Leone, Liberia and Guinea Diaspora Taskforce	-
	Lunchboxgift	-
	ASEOWA Volunteer (Nigerian)	-
African Corporates	MTN	✓
	Safaricom (Kenya)	-
	Econet (South Africa)	X

From a sample of 20, a participant list of five (5) was secured. Consequently, a lot of time was invested in engaging the sample with limited results.

Introductions were made to the sample stating the name of the researcher; the purpose of the research – which was limited to academic purposes, confidentiality – where the information would not be shared with third parties without their expressed consent and an indication of the number of questions (15) they were being requested to respond to and, an indication of the time required to respond to the questions (no more than one hour).

Upon acceptance in writing, to participate in the research study, participant was then interviewed at their stipulated date and time preference or sent a questionnaire with the study questionnaires to complete.

Delays sending responding to the questionnaire affected project timelines. An additional eight (8) in the sample had agreed to participate but did not provide responses. Another seven (7) did not respond to the introduction and request from the researcher. The sample did not include national governments as the research adopted a continental lens. The sample also excluded international development communities as the research was primarily concerned with African agency.

Data Collection and Analysis

The intent of the research was to adopt interviews as the primary data collection technique; with questionnaires used as a secondary method followed by the review of relevant reports; official records and journals as the sources of data. The emailed questionnaire was used once as was the telephonic technique for collection as indicated in below.

A distinct disadvantage of utilising emailed questionnaires as a data collection method was the inability to probe the respondents beyond the initial remarks. The ability to probe participants where voice enabled channels were used, meant that the researcher could pick up on non-verbal cues and obtain an explanation following the initial remarks. This delivered on the richness of the context and social experience that was ultimately shared with the researcher to assist in framing and providing an understanding of the reality.

The email questionnaire response was brief, without explanation and, void of emotion giving no insights into the lived social reality experienced during the 2013/15 Ebola caste study. However, as there wsa only one questionnaire completed and submitted as part of the study, this would not have impacted the results of the study in any significant way.

Data collection per participant was as follows:

Participate	Location	Data Collection Technique
1	Addis Ababa, Ethiopia	In Person Interview
2	Harare, Zimbabwe	Telephonic Interview
3	Johannesburg, South Africa	In Person Interview
4	Monrovia, Liberia	Email Questionnaire
5	Johannesburg, South Africa	In Person Interview

This interview approach assisted in the management of time; costs and spatial limitations related to the location of potential interviewees. Where the researcher conducted in person interviews, the researcher was physically present in that location therefore, the costs were not prohibitive.

Given that the African Union mission on Ebola was officially concluded in January 2016, it was anticipated that locating some of the respondents would be challenging. This was indeed the case but it was managed accordingly. Snowballing was a strategic intervention which enabled the researcher to tap into the African Union database and referrals from other participants. The potential bias of ending up with research participants all belonging to a specific network group (Harrell & Bradley, 2009: 32) was mitigated by the content requirements of the research that stipulated the relevance of participants based on their experience and involvement in the 2013/15 Ebola crisis in West Africa.

Inductive content analysis was utilised to establish patterns and codes from the raw data (Merriam, 1998).

The data collected was analysed by the researcher to establish common themes and patterns that answered the research questions. The identified thematic was aligned to the identified groups and or sub-groups of the participants represented.

Research themes:

1. Gaps that facilitated African philanthropy
2. Point of Convergence with African diaspora
3. Demonstration of African agency
4. Lessons for social development

Although the researcher had planned to seek follow up interviews with participants to address any information gaps and or to seek clarity on information provided, this was not possible within the timeframe of the research.

Semi- structured interviews

To capture the different dimensions of participant experiences, interviews were semi-structured. This enabled the researcher to exercise “some discretion about the order in which questions [were] asked”, but also collect “detailed information in a style that is somewhat conversational... to delve deeply into [the] topic and to understand thoroughly the answers provided’ (Harrell & Bradley, 2009: 27).

The interview questions sought to establish the involvement of each category of person in the Ebola crisis, the experience; challenges and outcomes of each towards establishing the potential for a Pan African approach to social development. The semi-structured option also enabled the interviewees to share their experiences as they deem appropriate. In turn, the researcher obtained as much data from each group to construct patterns and identify themes across categories.

Interview Questions:

15 interview questions were put to each interviewee with small variations subject to individual information needs. The interview questions are included in Addendum A of this report. To manage the volume of content, the interview questions were clustered for the purposes of this report as follows:

1. The success of the 2013/15 Ebola case study in demonstrating African philanthropy and African Agency
2. The contribution of the diaspora and African philanthropy during the 2013/15 Ebola case study
3. The difference during the 2013/15 Ebola case study between African philanthropy and International philanthropy
4. Lessons from the 2013/15 Ebola case study towards a continental approach to social development
5. Potential for a continental approach to social development beyond the 2013/15 Ebola case study

Research Limitations

1. Sample Size

The single most significant limitation of this research study was the number of respondents. Given the global locations and distance of the respondents from the researcher it was difficult for the researcher to follow up, where emails went unanswered. Where respondents had both confirmed and indicated their participation this was most disappointing, but beyond the researchers control.

2. Sampling Method

The researcher adopted non-probability sampling method which included snowballing to allow only those that were directly relevant to the African philanthropic aspects of the Ebola case study to be targeted. While snowballing was useful in that most participants were previously unknown to the researcher, it proved ineffective in securing participants as most did not respond to email correspondence and where they did, they did not follow through on their commitment to be part of the research study.

3. Triangulation

The research employed multiple triangulation in the design by working with multiple data sources towards the same results. As only one questionnaire was completed and utilised as part of the study, this impacted triangulation. This may therefore reduce confidence in the research results.

CHAPTER 4
Research Results

Introduction

This chapter provides a case study of the Ebola 2013/15 outbreak in West Africa including a report of the data collected over a six-month period (August 2016 – January 2017) as part of this research study. To avoid material bias in interpreting or coding the data, the respondents are referred to in neutral terms as follows:

Neutral Descriptor
Participant 1
Participant 2
Participant 3
Participant 4
Participant 5

The data collected is presented against each interview question to allow an aggregation of the responses towards the formulation of a research position. The research position will be adopted to respond to the research questions. Additional reports and journals secured as part of this research from the different organisations represented by the participants are available on request given the size and volume of the documentation.

Pan Africa Response to Ebola

In November 2014, Strive Masiyiwa, founder of Econet Wireless, led the African Union mobilisation engagement of the private sector and raised $32.6 million (ASEOWA, 2015; UNECA, 2015) for the fight against Ebola in West Africa. Pledges came from Kenyan, Nigerian, South African; Zimbabwean based businesses (African Union, 2014), complimented by contributions ranging from $1 to £100 from individuals across the globe and over $4 million from African millionaires from Nigeria; South Africa and Zimbabwe (Gundan, 2014) as part of the #AfricaUnitedAgainstEbola campaign, towards a target total

contribution of $200 million. This, over and above the $1 million funds released from the "African Unions' Special Emergency Assistant Fund for Drought and Famine in August 2014; [the] $100,000.00 released from the Special Fund Contributions – Internally Displaced Persons and Refugees in September 2014"; and $100,000.00 donated by staff and members of the African Union (ASEOWA Factsheet, 2015).

Sierra Leone diaspora based in the UK also raised £45,000 to ship equipment and supplies back home and consulted directly with the chief medical officer and the director of the National Ebola Centre to align their efforts to governments' priorities (World Policy, 2015). In Guinea- a country ranked 150 in Transparency International's 2013 Corruption Perception Index, ranking 177 countries (Forbes, 2014, May 11) - the diaspora "airlifted 4000 lbs. of medical supplies to Liberia in August 2014 (AllAfrica.com, 2014 September 22).

The world largely ignored Africa's contribution to Ebola amounting to approximately US$27 million per the African Union records illustrated in Figure 2. Some put this down to the fact that Africa does not own a global media platform like CNN or BBC (ASEOWA, 2015) however, a multi-stakeholder roundtable on Ebola held in August 2016 revealed that:

> …although public awareness and sensitisation were recognised as essential and expedient to preventing the outbreak of epidemics and to stemming their spread, this was unfortunately not carefully designed and executed in a systematic, culturally nuanced, and gender sensitive manner. (2016:5)

Known individual African nation-states contributed as follows: Egypt provided three tonnes of medical supplies; Ethiopia sent 200 volunteers and donated $500,000; Namibia provided $1 million; Nigeria sent almost 800 volunteers to affected countries; South Africa provided $330,000.00, health workers, vehicles, other resources and in kind contributions; Uganda sent 44 health workers with experience with Ebola; and Zimbabwe sent 20 health workers. Ghana served as the logistics centre for the United Nations efforts (UNECA,

2015 & Louw-Vaudren, 2015). These national, individual, philanthropic and other contributions were critical because as Louw-Vaudren (2015) states:

> A lot of the money never actually reaches those in need. The figures also reveal shamefully, that Africa is far behind other countries or institutions that are funding the fight against Ebola… The African Union, to its credit, took an unprecedented step of pushing the African private sector to fund a continental effort, but these companies only came up with a total of $32 million. This is dismal compared to the US$50 million donated by one individual – albeit the world's richest man, Bill Gates.

The extent of the epidemic resulted in calls for an "emergency resource fund" that could be rapidly deployed in the face of global health threats of such a magnitude (Louw-Vaudren, 2015). President Condè of Guinea stated at the UN meeting on Ebola in July 2015: "Ebola showed that the world was not ready to confront an epidemic this big…. the world must prepare to face other epidemics which will come and which could be catastrophic" (The Guardian, 2015, July 12).

By January 2015, 835 resources of 1,000 health workers target; had been deployed through the African Union Support to Ebola Outbreak in West Africa (ASEOWA) - a partnership with the United Nations which was launched in August 2014 under the African Union Peace and Security Council. Of these, at least eight health workers were killed in Guinea while attempting to educate locals on the Ebola virus (Washington Post, 2015 January 23). The African Union Peace and Security Council (AUPSC, 2015) took the lead in the Ebola intervention in line with its mandate to respond to all humanitarian crises. Citing article 15F of the PSC charter. The PSC deployed the ASEOWA on 19 August after Ebola was established by the WHO as a global threat to health on 8 August 2014 (ASEOWA, 2014). Being both a military and civilian mission the ASEOWA could make use of special military medical units, providing capacity to deal with the epidemics. The mission trained more than 20,000 people from international teams including China and Cuba (AUPSC, 2015).

The African health workers, all volunteers came from “Burundi; Cameroon; Congo; DRC; Ethiopia; Kenya; Niger; Nigeria; Rwanda; Tanzania; Uganda and Zimbabwe.” ASEOWA (2015, December) reflected on the role of these volunteers in their closing report stating that of the total deployed 26% were female and 74% male. “These volunteers played a critical role in re-opening hospitals that were closed, re-starting services that had been stopped and offering services in selected hospitals that were understaffed.” This intervention ultimately improved health services in the three countries.

The African Union provided the below consolidated figures of contributions to the Ebola crisis as at December 2015.

Figure 2: International Donations to Help Fight Ebola (Source: ASEOWA, 2015)

No	Contributor	Amount pledged (USD)	Pledge received (USD)	Pledge uncollected (USD)
1	Special Emergency Assistance fund for Drought and Famine in Africa (MS)	300,000.00	300,000.00	-
2	AU Emergency Assistance fund(MS)	500,000.00	500,000.00	-
3	AU Special Funds for Refugees &IDP	100,000.00	100,000.00	-
4	AUC Staff association	100,000.00	100,000.00	-
5	Israel	3,500.00	3,500.00	
6	Canada	41,876.05	-	41,876.05
7	China	2,000,000.00	2,000,000.00	-
8	European Commission	5,421,532.00	5,421,532.00	-
9	Africa Development Bank (AFDB)	2,000,000.00		2,000,000.00
10	Japan	3,247,216.00	3,247,216.00	-
11	Kazakhstan	300,000.00	300,000.00	-
12	Norway	2,559,413.72	2,559,413.72	-
13	Sweden	2,640,799.86	2,640,799.86	-
14	Turkey	1,000,000.00	1,000.000.00	-
15	USAID	10,000,000.00	10,000,000.00	-
16	World Bank	12,244,171.78	12,244,171.78	-
17	Private Sector Support to ASEOWA	24,000,000.00	14,999,965.00	9,000,035.00
	Total	66,458,509.41	55,416,598.36	11,041,911.05

However; “The abrupt exist of ASEOWA, before the worst phase of the epidemic was over, generally drew the disappointment of participants at a multi-stakeholder roundtable on Ebola held in August 2016 as it left many loose ends unattended.” (2016:6)

Additional reflections from the same multi-stakeholder roundtable post the Ebola crisis included:

- Adopting lessons from the past for purposes of “cumulative experience – DRC, Sudan and Uganda all experienced Ebola outbreaks in the past but their experience was not utilised”
- Galvanising “human and material responses” - inadequate logistical support meant that even the resources availed were not always optimally utilised e.g. the deployment of volunteers was heavily delayed by bureaucracy
- Transparency and accountability – the role of the different role players (international; continental; local) was not always clear or carried through e.g. security agencies ensured law and order at critical points but were also guilty of gross human rights violations and abuse.
- Cultural practises and gender – the epidemic created tension in the cultural life of people in the affected countries, this was not always communicated in ways that made these changes acceptable. And due to “dominant patriarchy-prescribed roles” women often ended up being more at risk as e.g. caregivers etc.
- Non-traditional players – African diaspora; local small businesses; African private sector; youth-led organisation and others played a critical role but lacked coordination indicating the need for leadership at different levels
- External actors – divergent interests and competitive actions including competition for visibility, not only created unnecessary duplication but also frustrated efforts and ‘decision-making processes” but presented an “unanticipated risk’ through their involvement. (Roundtable Report, 2016, August 15)

Data Presentation

The data presented is the clustered aggregation of the data collected through interviews and questionnaires from the research participants. Each cluster is proceeded by a discussion to capture any additional and relevant information by way of participant responses.

Cluster 1 Focus:	The success of the 2013/15 Ebola case study in demonstrating African philanthropy and African Agency	
Respondent	Response	
Participant 1	✓	…the African private sector contribution to the fight against Ebola was the most important in terms of the revenue generated …. They contributed US$15 million…..
Participant 2	✓	Indeed, it was a success in demonstrating African Agency but…. If I were to scale it on a scale from 0-10, I would give Africa 3 because it took us too long to respond….
Participant 3	-	I'm not so sure that we can say it was a success example of African philanthropy because … there are many stories of African philanthropy that are undocumented... we still need to unearth them. However, I would frame it as the Ebola epidemic was one [where] ...besides the liberation struggle …. Africa had one voice and came together to almost respond immediately to a crisis with or without international Aid and here you had some leadership which was shown by different countries but also by different individual organisations such as the African Union. However, in all of this, the Ebola crisis was one of the biggest and it showed how philanthropy was coordinated by the African Union.
Participant 4	✓	Yes… the Ebola case brought out African philanthropy in several ways: a. The African Union sent teams of Doctors, Nurses and medical practitioners to assist the Liberian Government as did the ECOWAS organization at the national level.

		b. Neighbouring countries like Cote D' Ivoire and Ghana sent medical relief materials and supplies. Doctors came in from Uganda who had experienced and work with Ebola outbreaks in their country came and provided care and training. c. Non-profit organization based in the United States called Africans in the Diaspora, sent funding to my organization, THINK Liberia to conduct prevention awareness in communities.
Participant 5	✓	It was… [but the question] creates strategic ambiguity because people thing we are giving because it's good to give….the reality is that we are a for profit organisation, we look at the triple bottom line….it's more important for us to talk of the concept of shared value…our role is to deliver that shared value to enhance our reputation…and affinity for our brand…we are not even pretending that we are philanthropists.

All the participants believe that the 2013/15 Ebola case was a successful example of African Philanthropy and African Agency, it is important to note that the principle objective of Participant 3. Although not a substantive objection, it highlights the absence of a comparative case study of African philanthropy or African agency against which to evaluate this study. However, despite the initial reservation Participant 3 does go further to explain that the case study was a good example of solidarity and visibility of the African led intervention.

Later in the interview Participant 3 qualifies his reservations by introducing a cautionary lens to philanthropy and African Agency by over valuing external temporary interventions and contributions ahead of a local sustained response as follows:

> While philanthropy is supposed to be help for humanity, there are moments where it can actually be dangerous…. A lot of what you see in moments like this can be categorised as either philanthropy that kills; philanthropy that is transformative, philanthropy that is not celebrated but will continue after

these other groups have left.… The locals will continue to be there even after everyone has gone back to their reality.

All the participants provided qualifiers to their responses. Participant 2 provided a negative evaluation based on the scales introduced where Africa scores a three (3) out of ten (10) rating for the response. Participant 2 provides evidence based on the length of time it took for the response as follows: the Ebola epidemic began in December 2013, was declared an international emergency in August 2014 and the first team of ASEOWA volunteers was deployed in September 2014 – almost a year after the first case was reported and after more than one thousand deaths.

Participant 5 created a clear distinction between philanthropy and corporate social investment from a corporate perspective but qualifies the case study as a success because the African agency demonstrated by the African private sector. It is of interest that Participant 1 limits the success to the financial contribution of the private sector.

Cluster 2 Focus:	The contribution of the diaspora and African philanthropy during the 2013/15 Ebola case study
Respondent	Response
Participant 1	[Regards the] the private sector …. they did help, but their contribution came too late. When I was drawing down the mission, it came around in May [2015], when the mission was drawing down. They allowed us money to use during the mission, but as soon as it was over, they sent over some reps from PriceWaterhouse Coopers to come and audit. So they were the last to send money, but the first to audit. [Regards the diaspora] there was much shouting from the outside, but they were not really involved. There's not much we can say about the diaspora. We had one lady, a Nigerian based in the US, but that was about it in terms of contribution towards the fight. That's personally one of the problems I have with western doctors; they treat African doctors with condescension and air of superiority as though we are stupid and don't really know what we are doing.

Participant 2	[the African private sector contributed] over $33 million but there were others. I'll give an example of Ethiopia Airways which gave free tickets to health workers who were going to their designated places. We had companies like Amazon they gave cabins to the health workers on the ground. We also had mobile networks from about 53 countries opening up their network infrastructure for the sms campaign. That allowed ordinary Africans to give a dollar each towards the crisis. These are the examples that come to mind… [Regards the diaspora] there was no communication with regards to funding….there was so much ore that could have been contributed by the diaspora… [but] I do not want to underplay the role that the diaspora played.
Participant 3	. I think it was a question of at realising where you come from and giving back. And giving back here is not about giving money it's about understanding the different resources that can contribute to the resolution of a crisis. For example, one of the biggest crisis during the time was the amount of time it took to transport the blood samples from one Clinic to the laboratory ….What we saw with a lot of people in the diaspora, especially in the Silicon Valley area and some here in South Africa were the development of high tech methods of delivering blood samples…that is 1 elements of resources that wasn't financial….The second was … food provision…when you're taking medication and all of that nutrition is very important I am aware of some companies that then decided to develop ways of managing the situation.… The third part is the knowledge element that the diaspora contributed … a lot of knowledge came from people based outside...
Participant 4	I think (the role of) the diaspora [was] to serve as a catalyst to push national government to live up to commitments, protocols and instruments they all agree upon and develop.

Participant 5	Ebola for example, was one of those transformational activities that we gave the $10 million to. It was transformational because it was happening in West Africa an area where we operate. And if we have a strong community that are healthy and are educated and have disposable income and - we operate in many of those, countries or economies that were affected by Ebola - the sooner they recover, develop resilience and become robust in their support for those who suffer, or had been affected with Ebola the better it is for us for the recovery of our business. [But] many corporates were involved. I think that operators did their best in various sectors to help. With companies such as Shoprite, they [had] to close because it's a direct retail experience, whereas with most of our stuff, it's online. In that case, it's not fair to compare how we contributed. We were that fortunate interface that allowed us to give back….

The nature of the contributions cut across individuals -including non-elite; private sectors; civil society and other groupings. The perspective of Participant 4 on the role of the diaspora as a "catalysts to push national government' is of interest. Participant 4 also identified specific resources in Cluster 1 including doctors; nurses and medical practitioners that were deployed by the African Union, relief supplies and, the financial contribution an organisation in the diaspora.

It is of interest that while all the participants provide an external lens to the contributions made during the Ebola crisis Participant 5 provides an inward-looking perspective promoting the interests of the organisation. From the above, the contribution of the African diaspora and African philanthropists can be summed up as follows:

1. Financial
2. Technical (human resources; knowledge; technology etc.)
3. Non: financial: (food; travel; communication services; relief supplies etc.)

Cluster 3 Focus:	The difference during the 2013/15 Ebola case study between African philanthropy and International philanthropy
Respondent	Response
Participant 1	The US CDC took [worked from] a huge room [on the top floor of the Radisson Blu hotel]…. The people on the ground were not Americans, the people on the ground were West Africans… they came in with it [but the Americans were] safe [in the hotel]. But not so with us; we were always in and out. We were touching our people, treating them caring for them, rather than the guys who were waiting for the reports to give the bad news etc. …the real responders were Africans... What the MSF did when they were here was they would just take someone to a facility and leave them there to die without treatment. This is unethical, but when we arrived, we completely changed the face of Ebola. The contact listing was less than 20%. When we arrived there, the contact listing was 100%. As soon as we found out there were people with the symptoms we'd take them through for treatment immediately and we saved a number of lives in that manner. Before we arrived, when the person died, the family didn't know what was going on, and the deceased body could disappear. When we arrived, things changed completely. We worked directly under the supervision of the ministry of health and we were prepared because we took people from different countries who had experience and knew how to respond.
Participant 2	[This was an African initiative with] …three pillars, the first being the African Union, the second pillar … was the African Union Support for the Ebola Outbreak in West Africa. Then there was the Africa Against Ebola solidarity trust which was more like the major funding partner for the whole operation… Basically our involvement was to bring together the African private sector to mobilise resources... It was an initiative from entrepreneurs on the continent.

	The likes of Aliko Dagonte, Strive Masiyiwa and others. They came together after having realised that Ebola epidemic was becoming a problem on the continent. It was developing into a crisis epidemic and according to the WHO statistics, it wasn't looking good. [We assisted] …the African Union, with an ambitious plan to put 1000 workers on the ground. …
Participant 3	…philosophically African diaspora have an affinity with Africa and with their countries…. those groups and individuals who gave to the Ebola crisis already had initiatives in one form or another that they were using for giving back to the communities, …[such as] hometown associations that they belong to … [Africans] have a problem [and say] let's mobilise the resources and see how we can solve the problem. This is the difference between African philanthropy and international philanthropy. The West has a challenge of we have these massive resources how do we spend them but… [unlike] the international contribution [diaspora funds] …went directly to resolving the problem either through family members or collections sent directly to a local organisation so you have a direct impact but from very little. But … the international response …, I would even argue that it's close to 80% which was mobilised, did not get to the ground. It ends up in transaction costs …The point I'm making is that we should not underestimate the power of citizens responding directly to their issues and the model because the way they do it ensures that the money gets where it is needed, whereas International response and philanthropy has to go through several stages and at each stage they are transactional cost them by the time it gets the poor person ... it's the economics of distribution ... international philanthropy and international responses are traditionally once off whereas African philanthropy continues even after the event.…There was a cultural disconnect. Culturally people were challenged by protocol that prevented them from burying their people. The crisis continued because the locals would

	resist. For the diaspora this was a contradiction because they know what should be done but their contribution could not be seen to be supporting things that challenge and or contradict their culture. So they are likely to have funded things that were related but not directly linked to those challenging aspects.
Participant 4	the response from African diaspora was … even more quicker because Africans understand African culture and context. The health delivery system in Liberia was very poor and Africans could relate to that situation more readily than those from the West or East.
Participant 5	[As a corporate] we do the right thing, we pay our taxes, our licences are up-to-date etc. however we have gone further, and …. partnered with the African Union… This is how we return this value back to the communities. …the objective was to release that shared value to ensure the sustainability of those communities to ensure that our reputation was upheld and that we were seen as a good corporate citizen … And did we get return on those objectives given the amount of investment? Absolutely. You could very well argue that had it not been for such an investment, the perception of MTN as being this rogue like entity in Africa, south African multinational that is exploiting people [would have been perpetuated] ….

The responses indicated that key difference between the African and International response was centred around an appreciation of the culture; the environment and the need. While it appears that the international community understood the needs, they appear to have been operating outside of cultural and environmental beliefs and realities. The response of the West excluded local practices; beliefs and knowledge systems, demonstrated limited compassion and appreciation of the local dynamics within the context of a fragile state.

To explain in part, the reaction of the West and, in part the motivation of those countries that closed their borders during the crisis, Participant 3 refers to a response driven by fear explained as follows:

> Your first response is either fear, or just wanting to resolve the problem no matter what it takes and I think that is the response that you got from the majority…… because of the fears that it was going to affect even the furthest of the countries in the US, China and spread…..while Ebola evoked emotions of solidarity we also had contradictions and some of those contradictions are very important to note because if not addressed they can impede on the successes of this case study. For example, with the Ebola crisis there was a rush by neighbouring countries and also other countries in Africa to close borders because of the fear that Ebola would spread from the three countries to other countries. Rather than Promoting a notion of Solidarity and opening up we had countries looking in and closing of their borders… With such an epidemic, you are likely to get attention but also a response driven by the international community. And in the process, we missed paying attention to what the Africans were doing.

Cluster 4 Focus:	Lessons from the 2013/15 Ebola case study towards a continental approach to social development
Respondent	Response
Participant 1	the first lesson is that we have resources on this continent and we should count on our own resources rather than waiting for outside help, regardless of how generous they may be. We have seen the example with this unprecedented mobilisation from the Africans. These weren't public institutions that came to support the fight, but the African private sector and it shows that this whole private-public partnership is something that we ought to take to the next level on this continent and we have seen the contributions that they made.

Participant 2	I think there is an over reliance on the WHO, over reliance on Red Cross, over reliance on Medicin Sans Frontiers, there is an over reliance on outside sectors. The outside countries would come to help and they would appear on international TV and they'd say we were there to fight against Ebola, and Africa usually takes the back seat and they would be thankful for the gifts and the agencies would leave. This is the first time that Africa has had an initiative which was 100% home grown, and 100% executed by Africa.
Participant 3	[The lesson with] Ebola was the fact that it tended to almost repeat the same mistake of a pressing or discriminating against the marginalized. People who were affected most by Ebola were young people and women. The reason was because they are the ones that normally care for the sick and are normally involved in cross-border trade and so forth. The three countries really depend on informal trade. By having a situation where Ebola hit these three countries and having countries beginning to try and close borders that had an impact on the informal cross border trading. [It also had] a Humans Rights Dimension which needed to be addressed … Here in South Africa we felt very uncomfortable because of the situations where informal settlements were being labelled Ebola zones. There was no proof that Ebola was in any informal settlements but because there are a lot of foreigners, being a foreigner was the same as being an Ebola vector. These are some of the things that we need to look at as well in trying to celebrate the successes of Africa's response in the sense that there was one side that was successful in terms the mobilization of resources, the promotion of solidarity but it was contradicted by these instances that I'm talking about.

Participant 4	Many more deaths would have occurred and the crisis would have dragged on longer than it did and spread to other countries and continents as well. Liberia and the other two West African countries of Guinea and Sierra Leone, did not have the capacity to handle the crisis single handedly. Language would be a barrier (Liberian English is difficult for most Africans from the diaspora to understand at first). The younger generation is not as educated as the older members of society.
Participant 5	We have to respond faster and sooner and if we believe in shared value, we must live and breathe our citizenship. We need to identify instances of emergency and the impact on society much sooner and that only happens with a real connectedness with communities on the ground. That, I think is our biggest lesson, and we also need to be sincere in how we interact with agencies, governments who ask for that assistance and I guess that's another lesson; a lot of the administrative work of trying to coordinate across so many countries support can be minimised by interacting with multilateral and subnational agencies and bodies.

The participants' responses to lessons speak to the different vantage points of each research participant in assessing the capability of a Pan African response, to this, the first epidemic of its kind. As Participant 4 indicated "I don't know of any other crisis of this magnitude besides war that required such a rapid and thorough response."

The human rights considerations introduced by Participant 3 are of interest as are the realities of 'everyday life' through the eyes of the affected population and the poor – who make up the 'elephants share' of Africa.

Collaboration with the private sector towards development echoed by both Participant 1 and Participant 3 challenges the current status quo, as to who should play what role in development. This is further compounded by the assertion by Participants 2 of Africa's over reliance on international development partners like WHO.

Cluster 5 Focus:	Potential for a continental approach to social development beyond the 2013/15 Ebola case study
Respondent	Response
Participant 1	Ebola affected all sectors of the economy and the African progress was being affected. I think it's a reason why they should come together to support this fight. So far their contribution was major and it something that we need to take to the next level. We need to institutionalise it, rather than wait for another crisis to mobilise people to bring them together and fight again, or whatever situation we might be facing in the future. These weren't public institutions that came to support the fight, but the African private sector and it shows that this whole private-public partnership is something that we ought to take to the next level on this continent and we have seen the contributions that they made.
Participant 2	There are vast areas of collaboration, not only in the health sector, or when things are right. There are quite a number of areas that the private sector and the African Union can work together to the success and development of the continent.
Participant 3	Ebola was not the problem in my view, the problem really centred around the key issue that even after you remove Ebola there would still be a problem with the health system, education and the economy so forth. If these countries had an economy that was steady and infrastructure that was ready to respond we would not have had this huge calamity. we should go beyond looking at the specific description of giving to Ebola and look at the giving that the diaspora actually does on an ongoing basis and see how it addresses issues like this. It's very easy for institutions to say they are giving to Ebola because it's a once off but for the diaspora it's not whether it's malaria or whatever you call it. The fact of the matter is that it's a matter of life and

	death for those back home. So for the diaspora so you might find they've given more than what we have been led to believe.
Participant 4	The Ebola was a once off response. It was cost intensive but effective. [But] In areas of the health sector when it comes to immunizations, the SDGs in leaving no one behind, agriculture bringing in continental and cross border trade.
Participant 5	If I can answer that question a little differently, I would say that if you look at the continent, where is the greatest deficit? We all agree that is the issue which is infrastructure. Whether its basic infrastructure for water sanitation, other things that we are involved in energy for example. We have a power plant here on this campus so we are off grid and we increase weekly find that in a country like Nigeria where in order to deliver, I need we need to deal with the issue of pump energy. So, we are involved in different and various types of solutions to involve that power and energy is efficiently delivered so that the network can have Optimum Uptime. So, what is still required is infrastructure for the continent. In terms of shared value, the we can do is really to continue making those investments in Africa.

The potential for a continental response to development based on the responses of the participants is largely in addressing challenges related to infrastructure; health and education. The responses indicate a willingness on the part of the various role players to play an active role in addressing the challenges.

Given the above case study and insights from the interviews the overall research findings, starting with the secondary research questions are as follows:

Research Findings

The below provides responses to the primary and secondary research questions of this research.

What lessons can be drawn from the Ebola case study towards diaspora philanthropy as a Pan African approach to social development?

The 2013/15 Ebola case study demonstrated for the first time beyond the liberation struggles for independence, as highlighted by Participant 3, that Africa is capable of leading and directing its own interventions. Granted, it also demonstrated that no single African country can resolve a crisis of that magnitude on its own – but neither were the liberation struggles won as a single country effort.

By pulling together resources, that were beyond financial, the world could stop an epidemic with Africa leadership. This is not say the leadership was not without its glaring inadequacies, but as most scholars and commentators on the Ebola crisis will attest, the situation unfolded rapidly and required decisions to be made swiftly without the luxury of testing the logic or solution to ensure they were sound.

Much of the reporting on the interventions during the 2013/15 Ebola crisis ignored the local interventions at community level. More focus has been channelled towards the stories of them as victims, which denies the world the learnings of appreciating what worked at grassroots level. Similarly, the effects of the disruption in the lives of the communities at a cultural level would allow for learnings to be incorporated and provide insights into such effects for future use. The dominant narrative even within Africa appears to exclude the story of the majority poor populations who also lived through the crisis. This reflects further global inequality and the marginalisation the ensues.

Being a continent with a majority rural population, 59.6% in 2015 (United Nations, Department of Economic and Social Affairs, Population Division, 2014.) solutions to

African problems need to include the greater percentage of the continent or be bound to fail. The marginalised in the context of the 2013/15 Ebola case study included women and children.

The 2013/15 Ebola outbreak was first detected in Nzerekore region in the South of Guinea. The celebration of the contribution from Africa's private sector suggests that Africa's leaders are more interested in the financial contributions of those in the economy of the 1% (Oxfam, 2016), at the expense of the bottom 99%. Evidence of this is the lack of investment into critical infrastructure that would meet the needs of the people, such as public health, education and infrastructure.

It is interesting that the same celebrated elites have themselves noted the need. As Participant 3 stated, "Ebola was not the problem… even after you remove Ebola there would still [have been] a problem with the health system, education and the economy so forth". These systems would consequently improve accountability, transparency and contribute to greater governance across Africa – including curbing human rights abuses - a challenge which makes donors and even philanthropists weary of working with the continent even in times of crisis.

The emphasis on the failings of the WHO and others cements the notion that it was indeed their crisis to solve – granted by the time the International community stepped in, it was out of fear because the virus had spread to their countries. In contrast the fact that Africa's contribution to the crisis went largely ignored by the global was because the size of the total financial contribution – which was less than half the contribution of one individual from the West.

What is the role of the diaspora in the African development agenda in the 21st century?

The 2013/15 Ebola case study presented the following insights into the role of the diaspora in the African development agenda:

1. Remittance

The traditional role of remittance to family and others back ‘home’ in the country of origin remains firm given the extent of the levels of poverty characterising a continent with a predominantly rural population. Rapidly increasing inequality also means that the rich are likely to get richer, as the poor get poorer (Oxfam, 2016). Civil society were entrusted with the provision of social services for the community, but the resources to support even local organisations came from the diaspora.

2. Technical Skills & Knowledge

In the 2013/15 Ebola case study, much of the success of the African response is attributed to the medical staff and volunteers that were deployed from the 20 African countries that sent staff to assist in the effort, in the three affected countries (Africa Against Ebola, 2015). The value of the team from Uganda was clearly articulated, based on their previous experience of having dealt with Ebola outbreaks in their own country. And, the contribution of the diaspora in developing technology based and other interventions was evident during the study.

3. Catalysts to push government

The idea of the role of the diaspora as a catalyst was introduced by Participant 4 during the data collection phase of the research. Upon reflection, the diaspora also pushed for action from global entities such as the FDA and others.

Where the government was unable to ensure food because the state of emergency, the diaspora stepped in with initiatives such as Lunchbox, to feed people. Participant 1 however, defined his experience of the diaspora as that of ‘noise’ with very little actual support.

4. National Ambassadors

The 2013/15 Ebola case study revealed through an interview with Participant 3, the role of citizens in mobilising funds globally, utilising their networks and, personal and business platforms. These calls added to the voices of national leaders, and Western organisations,

providing a neutral perspective on the crisis. A neutral perspective was important given the competing agendas of the Western organisations that responded to the crisis, seeking visibility, recognition and media coverage (Roundtable Report, 2016, August 15).

Does the relationship between African governments and their diaspora influence social development?

This study found that the relationship between African government and their diaspora influence the involvement of the diaspora in social development in different ways. The study determined that the relationship is characterised by mistrust, of the diaspora by their governments on the one and of the government by the diaspora on the other.

The result in the 2013/15 Ebola case study was that diaspora shy away from using national public structures for remittances in favour of personal and or informal channels such as hometown associations. The impact of these activities is that these resources fall outside of the official remittance records depriving the state of much needed revenue for development and other national projects. The resources however, go directly to the point of need and therefore it could be argued that they still benefit the nation, just not at the level of the elite.

The absence of transparency and accountability on the part of the government in the 2013/15 Ebola case study also created another dimension where Diaspora organisations channel funds for developmental projects through local NGO's instead of making those contributions through the government. This elevates the NGOs to a developmental organisation- usurping the 'national order of things".

Given that diaspora investments are frowned upon by the political elite suspicious of their political intensions, it is possible that the NGO space will continue to shrink in years to come to prevent them from gaining what may be 'political clout'.

Another dimension of the diaspora relationship with their governments revealed through the 2013/15 Ebola case study, was the discrimination that the diaspora experienced in the countries to which they immigrated. The relationship with their governments in their countries of origin left them exposed without their government to come to their defence – as did the governments of those international respondents who succumbed to the virus while in West Africa.

What are the strengths and weaknesses of a continental approach to social development?

The strengths and weaknesses of a continental approach to social development as determined by this study, in no order are as follows:

Strength	Weakness
Understanding of the culture and the environmental challenges	Over reliance on the West to provide solutions including financial support
Global reserves of technical knowledge and skills	Limited financial resources
History of collaboration and evidence that no one country has the capacity to resolve a major crisis alone.	The option for countries to choose to close their borders
Potential for timeous response	Poor infrastructure in public health, education etc.
Coordination structures across the continent through the African Union	Poor governance; accountability and transparency
Ability to shape interventions to fit the crisis	No track record for successful interventions

Both the strengths and the weaknesses provide an opportunity for learning.

CHAPTER 6
Conclusions & Recommendations

The overarching research question that this study attempts to answer, is can a Pan African approach to diaspora philanthropy deliver social development? The 2013/15 Ebola crisis in West Africa showcased the failings of the international community through the actions of the WHO and the slow mobilisation of resources to fight the outbreak. It highlighted the exclusion of Pan African agency in the reporting of the global North, the role of self-preservation in the response of the international community to humanitarian crises and, the financial limitations of Pan African agency in comparison to the global North.

It also highlighted the inability of any one nation-state or stakeholder to manage a crisis such as the Ebola outbreak. Given the insignificance of national borders in times of crises, it is plausible therefore that philanthropic agency should be adopted at a continental level. Thus, safeguard the interest of all Africans, ensuring that available resources benefit more than just Africa's political elite. Ultimately, the Ebola case study motivates concretely for philanthropy to serve as a point of convergence between the diaspora and African governments – both being invested in the needs of Africans. It simultaneously demonstrates the politically weak status of external citizens living abroad when faced with political and other issues such as stigmatization in the countries to which they migrate to.

The Ebola crisis provides a basis to respond to the second research question on the role of the diaspora in the African development agenda in the 21st century. Contributions from African philanthropists to global initiatives such as the Giving Pledge and local African development programmes, illustrate that Africans are more than able to collaborate and contribute to Africa's broader social development priorities. The Ebola crisis demonstrates the pool and influence of African citizens both within and without Africa. Co-opting philanthropic partners to participate in social development across the continent, has the potential to deliver capacity and innovations in the 21st century - characterised by digital citizenship enabling immediate participation in global and local events as they unfold.

By limiting the type of diaspora between historic and contemporary and classifying philanthropy as a function of the wealthy, Africa is inevitably depriving itself of a strategic resource with a spending potential that both exceeds international aid and foreign direct investment. However, the governance challenges related to corruption and unethical practices present a stumbling block for development, fostered by weak public financial management systems.

This study shows that the relationship between African governments and their citizens does influence diaspora but, it does not prevent them from contributing to social development in Africa. It more particularly influences the ways and channels in which that contribution is made. Making the question on the strengths and weaknesses of a continental approach to social development relevant. The delayed response to the Ebola crisis from African citizens, philanthropists and the corporate community, only coming to the party in November 2014, strengthens the need for broader inclusion of Africans beyond national governments in Africa's social development. Notwithstanding the challenges in the relationship between African governments and their citizens based on the struggle for political power and resources, the role of the diaspora in the Ebola crisis was altruistic, providing expedient interventions based on sound local knowledge utilised to save lives.

The prioritisation of remittances over and above skills and the knowledge of African diaspora compartmentalises the contribution of the diaspora into a single category whose values is measured simply in financial terms. African diaspora can deliver social and cultural capital and commitment, which incorporate indigenous African knowledge systems, global sensitivities and an appreciation of the history that has shaped the continent, which neither the international community nor foreign investors can provide.

However, the case study demonstrated the inability of Africans to mobilise large scale resources in comparison to what the international community can provide over and above their technological input and advancements, often required in combating crises. It could therefore be argued that what is required, is not a simple case of one over the other, but

a balance between African leadership through Pan African agency and, having the support of the international community.

All of the above was drawn from the research in the form of patterns of evidence, and identified themes as follows:

Gaps that Facilitated African Philanthropy

1. Slow response to the outbreak

Both the literature review and the 2013/15 Ebola case study provide evidence of the slow response to the epidemic which increased only after cases and casualties were identified in the global north. Both collaborate the slow response of the WHO and other international organisations. Participant 1 clarified the facts as follows:

1.1 The delay was first and foremost within the country in identifying the virus due to an initial misdiagnosis of the virus as Lassa Fever and, in part to absence of surveillance, to enable authorities access to the relevant information to obtain the necessary response to contain the disease.

Participants provided the following qualifiers beyond the surface issues:

A. Ebola was new to West Africa and although medical staff received training on it much of it was theoretical having never come into contact with the actual virus in the ‘real world’.
B. The virus first broke out in a small forested remote area where the medical reporting was weak and inefficient, thus the failure to alert national structures

This was the direct result of inadequate domestic investment in the public health sector, identified in the literature review as having emanated from the time of the civil war that gripped the region from 1990. In adequate investment in public health is identified as a

continent-wide challenge stemming back to colonialism and the period of the SAPS where health was not understood as a development priority for the continent. A trend adopted by African countries given the identified average figured of spending on health across Africa at 9.7% in 2014 by the WHO.

1.2. The second delay was between the country and the WHO – while Participant 1 does not expand on this point further, this failing was on the part of the national government in each of the countries. The implication is an of administrative error. Participant 2 however, clearly defines the challenges associated with what he defined as "red tape and bureaucracy" that may have resulted in this delay.

It was therefore a failing of the country before it was a failing of the WHO and the International community.

In an interview with Infectious Diseases News (2015, April) Piot states that "There was denial on the side of government and in-action from the international community". D'Harcourt (2015) in the same interview stated that:

> WHO has been a very convenient scapegoat, but… the truth is, everyone involved made mistakes…WHO's failings are the only ones getting widespread attention…it makes no sense to speak about the international response if you don't have the basic ingredients locally.

1.3. The third and most pronounced delay was with the WHO in declaring a state of emergency and acting accordingly - herein lies the failing to deliver on its mandate articulated in Article 2 of its Constitution first signed into effect in 1946, as illustrated in the literature review. Participant 1 brought to the fore the little-known fact that:

> In August when WHO declared Ebola a matter of international concern, they had to give [the African Union] the mandate to go in and assist

> because it is not our mandate to respond to these kind of crisis. But because they were overwhelmed, we had to send through an Ebola mission to the three African countries. It was just a nightmare.

Based on this evidence, the failings of the WHO were more pronounced because they in turn impeded the ability of the continent and the international community to respond timeously to the epidemic, which could have been the difference in the spread of the virus and ultimately, in the number of lives lost and people affected by the epidemic.

2. Trickle down Aid

Both the literature review and the 2013/15 Ebola case study provide evidence of the failings of aid. These included what is defined in the literature review as the 'recycling of pledges' (Louw-Vaudren 2015). Furthermore, some of what was publicly committed was never received.

Participant 3 expanded on both elements as follows:

> Transactional costs which consume up to 80% of the funds as aid, go from one structure to another before arriving at the point of need;

Participant 3 cites the example of President Johnson stating that her country never saw the funds that there allocated to Liberia because of the administrative process which resulted in very little actually being received in the country.

Participant 1 focused more on the amount of time it took for the pledged funds to be received. Participant 1 glorifies the contribution of the African private sector, despite acknowledging that given that amounts, any international donor could have easily doubled the contribution. However, although not included in the transcripts, two of the participants also referred to funds pledged by even the African private sector that were never received. Participant 3 acknowledges as does the literature review that while it went directly to the point of need by bypassing official channels in some instances in

favour of their own networks, the African contribution palled in comparison to that of the West.

3. Poor Transparency and Governance

Both the literature review and the 2013/15 Ebola case study provide evidence of human rights abuses; corruption and poor financial management due to poor infrastructure. Participant 1 raised an interesting dimension to the question of accountability regarding the African private sector. Participant 1 stated that the African private sector were the last ones to contribute and the first ones to dispatch auditors to account for the funds. This alludes to a difference in the culture of the public sector versus that of the private sector.

4. Insensitivity and the Absence of Basic Services

Both the literature review and the 2013/15 Ebola case study provide evidence of the absence of cultural sensitivity in the intervention. Participant 3 states that there was a clear need for respondents to work with local structures to obtain buy-in from the community and reduce resistance from the people they are trying to assist.

Participant 1 unpacked the insensitivity displayed in the medical response, where treatment was issued at arm's length to avoid touching people and, bodies were unaccounted for due to the absence of proper controls. Participant 3 also refers to the closure of borders limiting trade and, the absence of food provisions during the crisis. The literature review provides evidence of the dependence on civil society for basic services among other things.

All the above gaps and more facilitated African philanthropy as a response to the Ebola epidemic.

Points of Convergence with the Diaspora

1. Affinity for Africa and the country

Both the literature review and the 2013/15 Ebola case study provide evidence of the ties between the diaspora and the communities. On one level this speaks to identity. The layered definition of the diaspora as identified in the literature review is problematic in that it conflates and complicates the concept of identity. The question of identity is central to philanthropy. Moyo & Ramsamy (2014) point out that “African philanthropy, by its definition and practice, Is the foundation of development…. because the identity of an African is premised on philanthropic notions of solidarity, interconnectedness interdependencies, reciprocity mutuality and a continuum of relationships” (African philanthropy, Pan Africanism and African development (2014).

Ones’ identity is interwoven into their individual history; the history of their community; society etc. (Moyo, 2016), this includes social, economic and political history. Thus, the role of colonialism, and the civil war in the three affected countries is understood to play a central role in the identity of the current generation of African citizens internal and external. It is in part, this identity that demanded that African diaspora in Staten Island and elsewhere respond to the crisis in Liberia, despite the stigmatization described by Ludwig (2016) in Chapter 2.

The research by Ludwig (2016) for the book *Psychological Aspects of a Deadly Epidemic: What Ebola Taught Us*, showed how despite being a continent removed, Liberians had to navigate the negative consequences of the crisis, but were still compelled to help because they identify as Liberians and were conscious of the inability of the government to adequately respond and protect citizens. An assertion supported by Sayegh (2014) in the paper *Ebola and the Health crisis in Liberia* published in the Cultural Anthropology Journal (2014). All the while being subject to the decisions of the Department of Homeland Security with regards to their refugee status in America (STATS News, 2016).
One of these refugees provided this explanation of their experience:

> When I hear that [word “refugee”] I feel like an outcast, like somebody that has nothing. And most of us when we came, we had something but we lost it. But when they use that word [refugee] you feel worse than a homeless person (Ludwig, 2016: 152).

Loshitzky (2010) explains how migrants, whom he refers to as “strangers”, are a “threat’ (2010) to the identity and the need to neutralise this threat by assimilating the new arrivals into the dominant culture. The resulting “hybridized” (Loshitzky, 2010:4) identity in terms of the existing identity left behind and the new assimilated diaspora identity referred to in the literature review, adopted to be accepted may be the root of conflict. Within the layers of the definition of diaspora are connotations of the foreigner, thus referring to one who is outside the culture and does not belong.

Participant 3 expands on how once one is part of the diaspora they will never have the same level of intimate knowledge about the country and local events as those who live there. However, African Philanthropy affirms one’s roots which addresses the premise of this study, Chapter 1 states that, ‘external citizens are often neither here nor there, problematic to their country of origin and denied by their host country.’ Philanthropy is therefore a point of convergence in meeting the need to belong and be part of something greater than one’s self.

The 2013/15 Ebola case study also established that the distinction in the categorisation of diaspora is not superficial. It brought to the fore a dis-harmony/ incongruence between internal and external citizens. Despite acknowledgement from all research participants of the critical role of Africans in responding to the 2013/15 Ebola crisis, the tension between external and internal citizens was clearly captured by Participant 1 in his description of the superior attitude of Doctors and others from the West. The case study findings, did not reveal similar tensions with citizens from other countries within the continent, such as the volunteers from the different African countries and the doctors from Uganda whom Participant 4 states were part of the response effort but the Roundtable Report (2016 August 15) states were not.

2. Long term commitment

Participant 3 identified a commitment to the country beyond an epidemic as a key differentiator between African and International philanthropy. Participant 3 spoke to the 'ties' (family etc.) and "affinity" to a place that is otherwise "home' and thus the diaspora are invested beyond a particular crisis. The UBS/TrustAfrica (2014) report confirms the nature of African philanthropic investments (health education, infrastructure) and is supported by the evidence given by Participant 5 of private sector investment in infrastructure across Africa. This is clearly why China and India value their diaspora (Lum, 2014).

The Roundtable Report (2016, August 15) refers to the "erosion of trust and social contracts between governments and citizen". Participant 3 gave evidence of the politicisation of diaspora interventions across Africa, with questions raised about their political intentions ahead of their philanthropic ambitions. Malkki (1992) describes this as the disruption to the "national order of things." The 2013/15 Ebola case study provides evidence that instead of being viewed as opposition, the diaspora should be seen a complimentary development partners with the potential to liberate Africa from her development challenges (Cussons, 2000).

One way of restoring that trust as indicated by Participant 3 is the example of Rwanda where the government like the African Union, as outlined in the literature review, has started courting citizens outside of the country and harnessing all the elements identified in Chapter 2 as value of the diaspora philanthropy – agents of economic development; goodwill ambassadors and; resources of knowledge and skill (Turner, 2013).

All the above aspects of diaspora philanthropy were realised during the 2013/15 Ebola case study and included initiatives for the provision of food - *Lunchbox* fed 2,600 and provided 50,000 meals (The Guardian, 2014, October 9), technological interventions; skills and experience from neighbouring and other countries; lobbying to secure action from global entities such as the US Food and Drug Administration – the FDA – (World Policy, 2015).

Demonstration of African Agency

1. Resource mobilisation

Both the literature review and the 2013/15 Ebola case study provide evidence of successful resource mobilisation from Africans, be they led by the African Union or independent initiatives. There is broad based consensus that the financial resources mobilised from Africa cannot compete with the resources mobilised from the West.
However, resources as determined in this study extend beyond financial contributions and all the different interventions including technological, technical and other, are still evidence of African Agency.

Beyond philanthropy, the case study acknowledges the agency of the African Union and individual African governments, working both under the African Union and independently. Participant 3 spoke of Ghana hosting the UN base, this is supported by documented evidence by the UNECA (2015) and Louw-Vaudren (2015). Ordinary citizens contributed anything from a $1 through the sms campaign established by the network of Mobile Network Operators across Africa and at least 800 medical staff (ASEOWA, 2016) volunteered their services at their own peril.

An additional aspect of African Agency is the support that local civil society organisations got from the diaspora. Participant 4 gave evidence that THINK Liberia received funding from the Africans in the Diaspora – a non-profit organisation based in the United States.

Lessons for a Pan African Approach to Social Development

The following are among the lessons for a Pan African approach to social development:

1. Over-reliance on the International community to solve continental problems is as much an issue for the continent as it is a perception of Africa – of the West.

The delays in responding to the outbreak due to poor public health infrastructure due in part to the civil war in the region (Barka & Ncube, 2012:1) and in part to a lack of adequate investment in public health (Tomori, 2014), left the affected countries vulnerable to the epidemic. Tomori (2014) states that: “Health facilities and services are wholly inadequate. For example, Liberia has 0.1 physicians, 1.7 nurses and midwives, and eight hospital beds for every 10 000 people”. As disclosed by Participant 1, even the African Union was unable to respond until the WHO had given them the mandate to respond. This impeded what could otherwise have been a swift response.

2. Mobilising Resources – Participant 1 celebrates the fact that Africa could pull together its own resources to respond to the crisis and deliver what Participant 2 describes as a “100% home grown initiative”.

The limitations of continent to mobilise adequate resources calls to mind the history of the continent and the targeted efforts of the global North to impoverish the continent through colonialism, SAPS etc. as identified in the literature review. The celebration of the African effort is therefore not out of place. In addition to the financial an additional lesson would be to understand resources to include more than just financial resources. Furthermore, resource mobilisation needed to include governance; accountability and transparency. The literature review establishes that US$14 million went missing (Sierra Leone Telegraph, 2016, February 27). This money could have gone towards saving lives.

Philanthropy is an intrinsic part of African and other cultures, as established by Aina & Moyo (2013) and others throughout this study. However, African philanthropy is in its relative infancy in the formal sense prescribed by the West. As such, the findings of this study will contribute to the work and understanding of African philanthropy.

At the onset of this research study, the concept of a Pan African approach to social development appeared quite daunting. Yet, concluding the study, it seems not quite so far out of reach. It is a concept still ahead of its time in Africa but one fully deserving merit

and consideration of those who have been tasked with the responsibility of charting the future of the continent.

The study provides a limited perspective of the 2013/15 Ebola crisis based on the experiences of those interviewed, a review of documents and reports relevant to the study. An area of further study would be on local interventions in response to and reactions to Ebola, to prevent those from the outside being deemed heroes of the crisis when the ‘real’ heroes were those who dealt with it in ‘real terms’ and were directly affected by the crisis- the locals, more precisely women and children who were at the coalface of the crisis as primary care givers in homes.

African Philanthropy needs to better understand the channels and specific forms of giving e.g. hometown associations etc. This will enable the quantification of funds given to the Ebola and any other future crisis. A better understanding of the potential of the continent to fund future interventions will strengthen the argument for both African philanthropy and a continental approach to social development.

This study established that it is probable that the contribution from the diaspora and philanthropists, despite being done without media publicity, are likely to have continued beyond the Ebola crisis and, that way may add up significantly over time. What is missing is empiric evidence to that effect. The absence of knowledge materials on African philanthropy and its manifestation at different points in history, mean that there are no substantive comparative studies on African philanthropic interventions and responses, especially those involving the diaspora, to define whether the African intervention was a success.

None-the-less, the 2013/15 Ebola case study provides an opportunity for African leaders to re-evaluate global agreements and protocols on how and when to respond to crises on the continent. The current WHO protocol was cited as a reason why the African Union, and therefore Africa, did not react to the Ebola crisis sooner. The epidemic highlighted that it does not make sense for the continent to have to wait for the global community to

determine in isolation when to intervene. This needs to be researched further to assist in the re-evaluation of such agreements.

The Ebola case study in insolation of other similar crises for comparative study also indicates the need for more comprehensive disaster management planning that anticipates the roles of all stakeholders in a multi-stakeholder intervention. Such a plan would anticipate communications needs and enable a more proactive communications planning process that includes more broadly community leaders and those affected.

It was an honour and a privilege to have been able to contribute to the existing knowledge.

References

African Union. (2011). *Report of the Technical Experts Meeting on the African Diaspora, Pretoria, South Africa, 21-22 February,2011*. Addis Ababa, African Union

African Union. (2014) *Ebola Business Roundtable.* Retrieved April 20, 2015 http://africansmatter.org/africanbusinessroundtable/

African Union. (2005). *Report of the Meeting of Experts from Member States on the Definition of the African Diaspora*. Addis Ababa: African Union.

African Union Support to Ebola outbreak in West Africa. (2015). *Factsheet: AU Reponses to the Ebola Epidemic in West Africa, As of 1/26/2015*. Retrieved April 20, 2015 from http://www.au.inthttp://psges.au.int/ebola

Aina, Akin, Tade & Moyo, Bhekinkosi. (Eds). (2013) *Giving to Help, Helping to Give The Context and Politics of African Philanthropy*. TrustAfrica

Ali, A. A. G. (2002) *"Structural Adjustment Programs and Poverty in Sub-Saharan Africa: 1985-1995."* In African Voices on Structural Adjustment: A companion to our Conitient, Our Furute, (Eds). Mkandawire, T. and Soludo, C.C. CODESRIA

Ake,Claude. (1996). *Democracy and development in Africa*. Washington DC: Brookings Institution.

AllAfrica.com (2014, October 16). *Morocco: Ebola Fears Forces Morocco to Pull Out of Hosting 2015 Afcon.* Retrieved April 12, 2015. http://allafrica.com/stories/201410170179.html

Andreasson, Stefan. (2005). *Orientation and Africa Development Studies: The Reductive repetition motif in theories of African Underdevelopment*. Third World Quarterly. 26:6.

BBC News. (2015). Retrieved April 12, 2015. http://www.bbc.com/news/world-africa-28755033

Bluhm, D., Harman, W., Lee, T. & Mitchell, T. (2011), Qualitative Research in Management: A Decade of Progress, Journal of Management Studies, 48(8) 1699–1923.

Brown, William. & Harman, Sophie. (2013). *African Agency in International Politics*. Routledge Studies on African Politics and International Relations

Brubaker, Rogers. (2005). *The diaspora' diaspora*. Ethnic and Racial Studies, 28,

Byusa, Vincent. (2012). *The Gospel of Foreign Aid: A theoretical Note*. Rwanda Journal. Volume 26, Series B, 2012: Social Science

Chattu, Vilay Kumar. (2015) *Corporate Social Responsibility in public health:* A case study on HIV/AIDS epidemic by Johnson and Johnson company in Africa. Journal of Natural Science, Biology and Medicine. 61 219-223

CNBCAfrica News Special Report. (2015). Retrieved April 12, 2015. http://www.cnbcafrica.com/news/special-report/2015/03/02/forbes-african-billionaires-on-rich-list/

Cohen, R. (1997). *Global Diaspora:* An Introduction. UCL Press London

Cussons Calistus Anopue. (2015). *Diaspora in Africa's Development Agenda: Tracing the Contours*. An international Multi-Disciplinary Journal, Ethiopia.

Dalberg Global Development Advisers. (2012) *Impact Investing in West Africa*. Dalberg. New York.

Ellis, Stephen. (1996). *Africa After the Cold War: New Patterns of Government and Politics*. Development for Change. Vol.2. Institute of Social Studies. Blackwell Publishers.

Farquhar, J. and Michels, N. (2016), Triangulation without Tears, Marketing Challenges in a Turbulent Business Environment, in (eds) M. Groza and C. Ragland, Springer, Heidelberg, 325-330.

Foster, Emily. (2014). *Ebola Whose Responsibility, Is It?* Retrieved May 10, 2015. http://www.cause4.co.uk/2014/10/ebola-whose-responsibility-is-it/

Greenhill, Romily., Prizzon, Annalisa., & Rogerson, Anderson. (2013). *The age of choice: developing countries in the new aid landscape.* Working Paper 364, ODI, London

Gundan, Farai. (2015). Retrieved May 10, 2015. http://forbes.com/sites/faraigundan/2014/11/10/billionairesaliko-dagonte-strive-masiyiwa-patrice (etc.)

Harrell, Margaret C. & Bradley, Melissa A. (2009). Data Collection Methods: Semi-Structured Interviews and Focus Groups. RAND Corporation, Pittsburg.

Infectious Disease News. (2015) Retrieved November 10, 2016. http://www.healio.com/infectious-disease/emerging-diseases/news/print/infectious-disease-news/%7Bfe74aef0-c04d-4cc5-9a01-0ff8f50c472f%7D/ebola-1-year-later-hard-lessons-learned. Healio Special Report, April 2015

Kebede, Messay. (1999). *Development and the African Philosophical Debate*. Journal of Sustainable Development. Vol 1. No.2, Summer, 1999.

Kersting, Nobert. (2009). *New Nationalism and Xenophobia in African- A New Inclination.* Africa Spectrum. 44

Kioko, Ben. (2003). *The right of intervention under the African Union's Constitutive Act: From non-interference to non-intervention*. IRRC December Vol. 85, No. 852

Leke, Acha & Lund, Susan & Roxburgh, Charles, & van Wamelen, Arend. (2010) *What's driving Africa's growth?* McKinsey Quarterly. Retrieved June 30, 2016 http://www.mckinsey.com/global-themes/middle-east-and-africa/whats-driving-africas-growth

Lief Manger & Munzoul A. M. Assal. (Eds). (2006). *Diaspora within and without Africa Dynamism, heterogeneity, variation*. Nordisla Afrikainstitutet, Uppsala

Lopes, Carlos. (1999) *Are Structural adjustment programmes an appropriate response to globalisation?* UNESCO, Blackwell Publishers, UK

Loshitzky, Yosef (2010) Screening Strangers: Migration and Diaspora in Contemporary Europe. Indiana University Press. Bloomington, Indiana

Ludwig, Bernadette. (2016) Psychological Aspects of a Deadly Epidemic: What Ebola taught us. Retrieved November 30, 2016. http://ebookexprees.com/1/?book=1440842302

Lum, Kathryn. (2014). *Operationalizing the highly skilled diasporic transnational family: China and India's transnational governance strategies*. Diaspora Studies, 8:1

Macleans, Geo-Jaja., & Mangum, Garth. (2001). *Structural Adjustment as an Inadvertent Enemy of Human Development in Africa.* Journal of Black Studies. Vol.2 No. 1 Sep., 2001 30-49

McLean, Bethany; Levinstein, Joan. (2006). *The Power of Philanthropy*. Fortune 9/18/2006, Vol.154 Issue 6, 82-98

Merriam, S.B. (1998). *Qualitative Research and Case Study Applications in Education*. Jossey-Bass Publishers: San Francisco.

Møller, Bjørn. (2009). *The African Union AS Security Actor: African Solution to African Problems*. Danish Institute for International Studies, Crisis States Working Paper no. 57.

Muchie, Mammo. (2014). *A theory of an African as a Unification Nation: A Rethinking of the Structural Transformation of Africa*. African Sociological Review. 8 (2), 2004, 136-179

Murisa, Tendai. (2015). *A watershed moment for African philanthropy.* Alliance Magazine, August 2015. Retrieved June 30, 2016 http://www.alliancemagazine.org/article/a-watershed-moment-for-african-philanthropy/.

Murithi, Tim. (2007). *Institutionalising Pan-Africanism Transforming African Union Values and principles into policy practice.* Institute for Security Studies Paper 143.

Mwagiru, Makuni. (2012). *The AU's diplomacy and the diaspora context, challenges and prospects.* African Journal on Conflict Resolution. Vol.12. No. 2.

Neocosmos, Michael. (2006). *From 'Foreign Natives' to 'Native Foreigners', Explaining Xenophobia in Post -apartheid South Africa. CODESRIA Monograph Series*

Newland, Kathleen, Terrazas, Aaron, & Munster, Robert. (2010). *Diaspora Philanthropy: Private Giving and Public Policy*. Migration Policy Institute

Ng'etich, Peter. (2015). *Kenya: Diaspora to Vote in 2017*. Retrieved April 16,2014. Allafrica.com

Nielsen, Dan. (2004). Diaspora philanthropy: a potential to be realized. Retrieved June 30, 2016. http://www.alliancemagazine.org/feature/diaspora-philanthropy-a-potential-to-be-realized/

Nkhalamba, Mcbride. (2016) "*Redefining Philanthropy in Africa".* Southern Africa Trust. Retrieved June 30, 2016. http://www.southernafricatrust.org/redefining-philanthropy-africa/

Oluwaseyi, Oyekan Adeolu. (2013). *Poverty and the Philosophy of Aid in Africa: Beyond Odera Orula's Theory of the Right to a Human Minimum, Thought and Practice*. A Journal of the Philosophical Association of Kenya, Vol. 5, No. 2 19-37

Reference.com Retrieved June 30, 2016. https://www.reference.com/world-view/definition-social-development-25739017229f3632

Rouse, Margaret. (2005) IT Encyclopaedia Retrieved June 30, 2016. http://whatis.techtarget.com/definition/convergence

RoundTable Report (2016, August 12) *Governance Issues in the Multi-Stakeholder Response to the Eboal Virus Disease (EVD) in West Africa*. African Union Commission, Addis Aba University, SSRC; Oxfam; UNDP.

Samuel, Leah. (2016). *With the end of an immigration program comes Ebola fears for West Africans in US*. STAT News

Scott, A (Eds). (1997). The limits of Globalisation: Cases and Arguments. London: Routledge

Sheffer, Gabriel. (2013). *Integrated impacts on Diaspora-homeland Relations*. Diaspora Studies, 6:1, 13-30

Shikwati, James. (2015) African Agency to Act or to be Acted Upon. Retrieved June 30, 2016. https://www.modernghana.com/news/657854/african-agency-to-act-or-to-be-acted-upon.html

Sierra Leone Telegraph (2016, February 27) *Sierra Leone government has failed to recover millions of stolen Ebola funds.* Retrieved April 16,2016. http://www.thesierraleonetelegraph.com/?p=11760

Skosireva, K. Anna. &, Holaday, Bonnie. (2010). *Revisiting Structural Adjustment Programs in Sub-Saharan Africa:* A Long-Lasting Impact on Child Health. Clemson University Vol. 2. Iss. 3 Article 5

Slim, Hugo. (2000). *Not Philanthropy but Rights Rights-based Humanitarianism and the Power Politicisation of Humanitarian Philosophy in War*. Centre for Development and Emergency Practice. Oxford University

The Economist. (2013). *The Origins of the Financial Crisis: Crash Course*.

The Economist. (2015). *Ebola Crisis.* Retrieved May 14, 2015 http://www.economist.com/blogs/graphicdetail/2015/05/ebola-graphics

The Herald. (2014). *Editorial Comment: Dual Citizenship: Letter, spirit of law supreme*. 28 June 2014

Tomori, Oyewale. (2014) *Ebola in an unprepared Africa.* Retrieved June 21, 2015 http://www.bmj.com/content/349/bmj.g5597.full

Turner, Simone. (2013) *Staging the Rwanda Diaspora: The Politics of Performance*. Journal of Africa Studies. Vol. 72, No.2.

Turner, Simon. & Kleist, Nauja. (2013). *Introduction: Agents of Change? Staging and Governing Diaspora and the Africa State*. Journal of Africa Studies. Vol. 72. No. 2.

Soy, Susan K. (1997). The case study as a research method. Unpublished paper, University of Texas at Austin.

United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: 2014.

Wagner, C. Garner, M. & Kawulich, B. (Eds.). (2012). *Doing Social Research: A global context.* Berkshire: McGraw-Hill

World Bank (2011). *World Development Indicators 2011*. Washington, DC. World Bank

Yorke, Gosnell. (2012). *Africa and its Diaspora: The principal reciprocal benefits to be derived for the amended Constitutive Act of the African Union*. International Journal of Africa Renaissance Studies, Vol.7.

Addendum A – Interview Questions

1. Was the Ebola case a successful example of Africa's ability to intervene in times of humanitarian crisis?
2. What were the lessons from the Ebola case study for African social development?"
3. What were the total funds secured from the different sources for the Ebola crisis?
4. What were the total in kind contributions from Africans to the Ebola crisis?
5. This was the first time the African private sector collaborated with the African Union to intervene in a humanitarian crisis, what is the potential for similar future collaborations?
6. How is the African Union collaborating with African philanthropists beyond the Ebola crisis?
7. Has the African Union collaborated with the diaspora beyond the Ebola crisis?
8. Is the diaspora interested in contributing to broader African social development?
9. Which areas of social development have attracted the greatest commitment?
10. What is the role of the diaspora in social development beyond the Ebola crisis?
11. What are the impediments if any, at national level, to diaspora participation in social development?
12. Would working with the African Union increase diaspora participation in the social development of the continent?
13. Would the Ebola effort have been successful without the monetary and otherwise contributions from Africans' globally?
14. What would potentially have been effect of the absence of these contributions?
15. What would be the effect of greater African diaspora and Africa philanthropic participation to social development?