



**TARGETED REVIEW
ON
HEALTH GOVERNANCE AND
COVID-19 RESPONSE IN
THE REPUBLIC OF SIERRA LEONE**



**African Peer Review Mechanism
Key Highlights Paper**

March 2021





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ADMINISTRATIVE MAP OF SIERRA LEONE

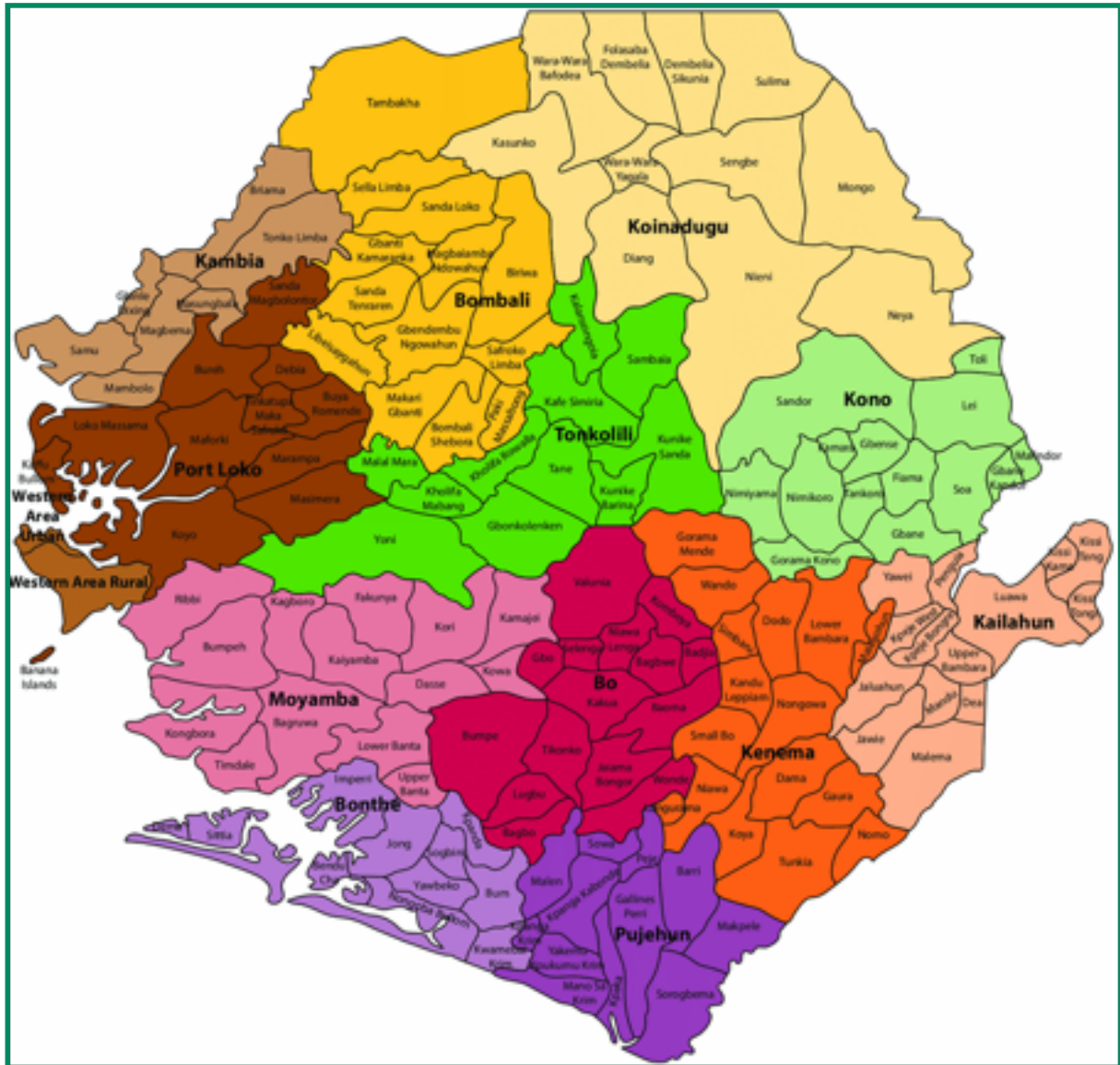
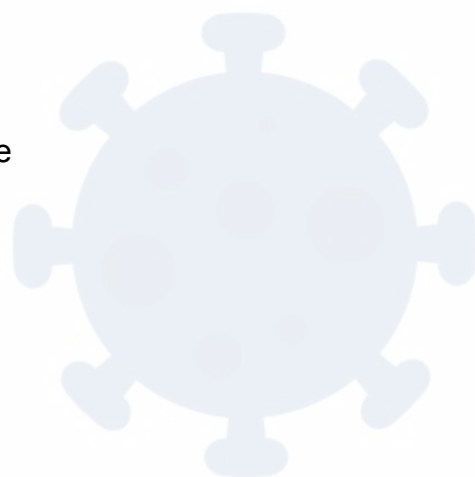


Figure 1: Map of Sierra Leone



ACRONYMS AND ABBREVIATIONS

AAD-SL:	Action for Advocacy and Development Sierra Leone
APRM:	African Peer Review Mechanism
CDC:	Centres for Disease Control and Prevention
CSOs:	Civil Societies
DICOVERC:	District COVID-19 Emergency Response Centre
EVD:	Ebola Virus Disease
FHC:	Free Health Care
FET:	Further Education and Training
FHC:	Free Health Care
IDRS:	Integrated Disease Surveillance and Response
IEC:	Information, Education and Communication
IPAU:	Integrated Project Administration Unit
IPC:	Infection Prevention and Control
NaCSA:	National Commission for Social Action
NACOVERC:	National COVID-19 Emergency Response Centre
NGOs:	Non-Governmental Organisations
NIC:	National Insurance Company
QAERP:	Quick Action Economic Response Programme
RSLAF:	Republic of Sierra Leone Armed Forces
SLMDA:	Sierra Leone Medical and Dental Association
SOE:	State of Emergency
SOPs:	Standard Operating Procedures
KII:	Key Informant Interviews
TSC:	Teaching Service Commission
UN:	United Nations
UNICEF:	United Nations Children's Fund
WHO:	World Health Organisation





BRIEF HISTORY

Geography and Administrative Structure

Sierra Leone is a small country of about 7.9 million people (with 51% female and 49% male) and located along the West Coast of Africa.¹ The population is generally young as 53% are below age 20 with adolescents (10-19 years) making up about a quarter of the population at over 2 million.² According to the 2019 Demographic and Health Survey, 44.4% of the population are aged under 15 years³, while about fifty-nine percent (59%) resides in rural areas. Sierra Leone is bounded on the North and North-east by Guinea, West by the Atlantic Ocean and South-east by Liberia. Sierra Leone has five administrative regions, namely: North with four districts, North-west with three districts, East with three districts, South with four districts and West with two districts including the capital city Freetown. The regions are divided into 16 Districts and 190 chiefdoms. With decentralisation since 2004, the country has been divided into 22 local councils that have been further sub-divided into 446 wards. An elected councillor heads each ward.⁴ According to the 2015 Population and Housing census, about 21% of people live in the Western region, 35% in the North and North-West, 23% in the East and 20% in the South. Sierra Leone has a high illiteracy rate as not more than half of the population older than 10 years are literate⁵ and life expectancy stands at 52 years (see table 1).⁶

Sierra Leone's landscape is characterised by topography that ranges from mountainous slopes in the northeast to low relief floodplains in the southwest. The country has two main seasons – the wet or rainy season that stretches from May to October while the dry season lasts from November to April. The rainy season has an average rainfall of 3,000 mm, with the coastal and southern areas receiving about 3,000 to 5,000 mm annually while the drier areas of the north-west and north-east receiving about 2,000 to 2,500 mm annually.⁷ The temperatures are consistently high throughout the year averaging about 25 – 27C.

1 Statistics Sierra Leone, 2015 Population and Housing Census Summary of Final Results, 201 https://www.statistics.sl/wp-content/uploads/2017/01/final-results_2015_population_and_housing_census.pdf

2 Statistics Sierra Leone (SSL), 2015 Population and Housing Census (pages 36 and 37). Population estimation at annual growth rate of 3.2%.

3 SLDHS 2019 pg.13

4 (SL-Basic Package of Essential Health Services 2015-2020, pg. 10-11

5 Sierra Leone National Action Plan for Health Security 2018-2022, pg. 2

6 UN World Population Prospects, 2019

7 <https://www.harpi-si.sl/website/index.php/country-background>



SIERRA LEONE FACT SHEET

Area	71,740 km.sq (119th)
Population (2019)	7.901 Million
GDP Growth Rate (2013)	20.7% (Second fastest)
Life Expectancy (2019)	54.44 Years
Infant Mortality (2019)	75 deaths per 1,000
Population below Poverty line (2018)	57%
Literacy Rate (2018)	43.20%
HDI Value (2018)	0.438 & 181/189 countries
GINI Coefficient (2018)	37.30%
Inflation Rate (2018)	16.03%
Global Hunger Index (2019)	30.4 & 103/117 countries
HFA Progress (2011)	3.56 out of 5

The Economy of Sierra Leone

The economy of Sierra Leone has been heavily reliant on minerals. The mineral sector in Sierra Leone is comprised of two sub- sectors: (a) large-scale production of diamonds and bulk minerals (rutile, bauxite and iron ore); and (b) artisanal and small-scale production of diamonds and, to a much smaller extent, gold. GDP growth has been positive for almost two decades post- independence. However, Sierra Leone registered negative growth during the war years – from 1993 to 2001 – and recovered thereafter. The economy grew rapidly after the war years until 2014 & 2015 when it had its worst economic growth period – during the twin shocks of the Ebola Virus Disease and the drop in Iron Ore Prices. The economy has recovered again say the Corona Virus Disease. Sierra Leone has always been defined and characterised by its rich natural resource base comprising economically viable deposits of mineral resources like diamonds, gold, rutile, iron ore, and bauxite; as well as its relatively vast space of arable land for agriculture including the cultivation of crops including rice, cocoa, coffee, oil palm, sugar cane and vegetables. The mining and agriculture sectors continue to be the breadbasket for the economy of Sierra Leone. Over 50% of the government’s revenue comes from foreign aid and majority of the population is engaged in subsistence agriculture. The World Bank classes the country as a low-income country.⁸ It has had its share of instability and disaster prominent among them is the decade long civil war (1991-2002) and the Ebola epidemic (2014 – 2015), the largest of its kind in history. The after-effects of these catastrophes are still being felt today.⁹ Sierra Leone is amongst the poorest countries in the world as about two-thirds of the population are multidimensionally poor.¹⁰ In terms of human development, the country currently

⁸ World Bank 2019

⁹ National Health Sector Strategic Plan 2017 – 2021, pg. 11

¹⁰ Sierra Leone Medium-Term National Development Plan 2019–2023, pg. vii

ranks 181 out of 189 nations and territories.¹¹ As a developing country, the gross national income per capita is US\$500 while poverty headcount ratio at \$1.90 a day (2011 PPP) as % of population is estimated at 52.¹²



THE. Dr Julius Maada BIO (Rtd. Brgd) President of the Republic of Sierra Leone, H.E Dr Mohamed Juldeh Jalloh, Vice-President of the Republic of Sierra Leone, the head of delegation Ambassador Inonge Mbikusita Lewanika at the Presidential Lodge.

11 UNDP Sierra Leone Human Development Report 2019, pg. 2

12 World Bank, Development Research Group 2019



EXECUTIVE SUMMARY

This paper covers key highlights of the African Peer Review Mechanism (APRM) Targeted Review on Health Governance and COVID-19 Response by the government of Sierra Leone. The Field Mission was conducted from 18th November to 1st December 2020. The methodology applied included desktop review of relevant literature including government of Sierra Leone APRM documents and stakeholder engagements which included government officials, NGOs/CSOs, UN Agencies, and members of the media.

The findings of the current report show that the experience gained during the Ebola Virus Disease (EVD) outbreak in Sierra Leone in 2014/15, provided a good base for dealing with COVID-19. Some of the interventions used to fight EVD were quickly reignited, to inform Covid-19 response. The findings also revealed pro-active measures, prior planning, and preparedness of the public health system before COVID-19 hits the country could yield positive results. The first and pro-active measures employed seem to have contributed to the overall positive outcome of the response in Sierra Leone. Secondly, the multi-stakeholder approach, including the decisive leadership role, proved to have contributed positively in response to COVID-19.

As per best practice, enforcing preventive measures such as social distancing, wearing of face mask, restriction of movement and assembly, and international travel restrictions were implemented nationwide. However, unlike in many other countries around the world which generally implemented such national lockdowns without an economic recovery plan, the Government of Sierra Leone developed as part of the response, the short-term Quick Action Economic Response Programme (QAERP) during the preparedness and planning phases of the response strategy before the first case was reported.

The core objectives of the QAERP was to build and maintain an adequate stock level of essential commodities at stable prices; provide support to hardest-hit businesses to enable them to continue operations, avert lay-offs of employees and reduce non-performing loans; provide social safety net support to vulnerable groups; support labour-based public works and provide assistance for the local production and processing of staple food items.

The role of leadership and governance, trust and consistent messaging, awareness campaigns were indeed building blocks of positive response strategies to COVID-19. The administration, in particular visibility and constant engagement with the Sierra Leone citizens through various communicating channels-built trust and confidence in government operations.

In terms of system readiness and learning from the previous experience of Ebola, Sierra Leone entered into partnership with international donors to build capacity. Government trained local experts in the various needed fields for the fight against COVID-19, especially Epidemiologists and Laboratory Technicians. One of the critical lessons learned during the review was that the current remuneration philosophy of health practitioners is not adequate, including social protection. This was depicted as one of the reasons for the dearth of the health workforce in the country. Coupled with this, is the lack of social support to frontline staff. As a way of protecting frontline health workers, the government, in collaboration with the National Insurance Company (NIC) has introduced a Medical Insurance for health workers, especially during epidemics and pandemics. However, the administration of the fund is muddle with challenges in terms of eligibility.



The Targeted Review revealed an urgent need to set up a permanent structure to deal with a public health emergency. Such a structure would be beneficial in dealing with future emergencies and outbreaks, and it will eliminate the possibility of tensions among response teams due to misunderstanding of roles. Furthermore, such an agency could play the lead role in providing food assistance and nutrition structures during outbreaks and the coordination role and support of donors, which is very crucial in this regard. However, setting up such structures would need to be adequately resourced and would require long term funding commitment by both government and development partners. The report also revealed a need to analyse the management structure of health facilities across the country and the remuneration structure of health care workers as a retention strategy of the health care workforce.



*Targeted Review Team with HE. Dr Julius **Maada BIO** (Rtd. Brgd), President of the Republic of Sierra Leone, at the Presidential Lodge in the morning of November 30th, 2020.*



1. INTRODUCTION

The APRM is an instrument voluntarily acceded to by the Member States of the African Union as an African self-monitoring mechanism. The mandate of the African Peer Review Mechanism is to ensure that the policies and practices of participating states conform to the agreed political, economic and corporate governance values, codes and standards contained in the Declaration on Democracy, Political, Economic and Corporate Governance. The APRM is the mutually agreed instrument for self-monitoring by the participating member governments.

The objective of the Targeted Review is to identify critical issues in the Health Governance and COVID-19 Response in the Republic of Sierra Leone, as a way for the country to strengthen its local health systems. In other words, the Targeted Review Report will assess government efforts to manage any disease/infection outbreak or health challenges. It will give recommendations, where possible, for the improvement of Public Health Management and Disaster Management for the people of Sierra Leone.

1.1 Background

COVID-19 has been a tragedy, killing millions of people globally, in many respects, impacting adversely on the economy. The livelihood of many communities has also been brought to a standstill in many parts of the world. By end of November 2020, the pandemic had claimed more than 1,5 million lives globally¹³. The African continent accounts for over 52 000 deaths¹⁴. Sierra Leone, which is in West Africa, recorded 74 deaths¹⁵. The advent of the pandemic has impacted most of the health systems negatively. Policymakers globally have also responded to the COVID-19 pandemic differently. The level of uncertainty and anxiety caused by COVID-19; the decline in economic activity have impacted people across the globe. The business sector has been severely impacted, forcing many businesses to close, resulting in an increasing trend in the levels of unemployment. The impacts of COVID-19 have been consistent across the globe. However, for low-income countries, such as Sierra Leone the experience could be different.

1.2 Objectives

The primary objective of the report was to assess the health governance response by the Sierra Leone government and to assess whether its efforts have yielded any positive results in curbing the spread of the pandemic. Furthermore, the paper also evaluated some of the critical challenges that are notable and could potentially affect adversely the sustainability of the health sector. The secondary objective is to undertake a periodic review of the policies and the practices of Sierra Leone, including its participation in the APRM process¹⁶. In the main, the secondary objective of this report is to ascertain the progress made towards achieving mutually agreed goals as outlined in the APRM process.¹⁷

13 Worldmeter. COVID-19 CORONAVIRUS PANDEMIC. Deaths Globally. <https://www.worldometers.info/coronavirus/.20> October 2020.

14 Worldmeter. COVID-19 CORONAVIRUS PANDEMIC. Deaths Africa. <https://www.worldometers.info/coronavirus/.20> October 2020.

15 Worldmeter. COVID-19 CORONAVIRUS PANDEMIC. Deaths Sierra Leon. <https://www.worldometers.info/coronavirus/.20> October 2020.

16 African Union. The African Peer Review Mechanism (APRM). <https://www.aprm-au.org>

17 African Union. The African Peer Review Mechanism (APRM). <https://www.un.org/en/africa/osaa/pdf/aprm-basedoc.pdf>

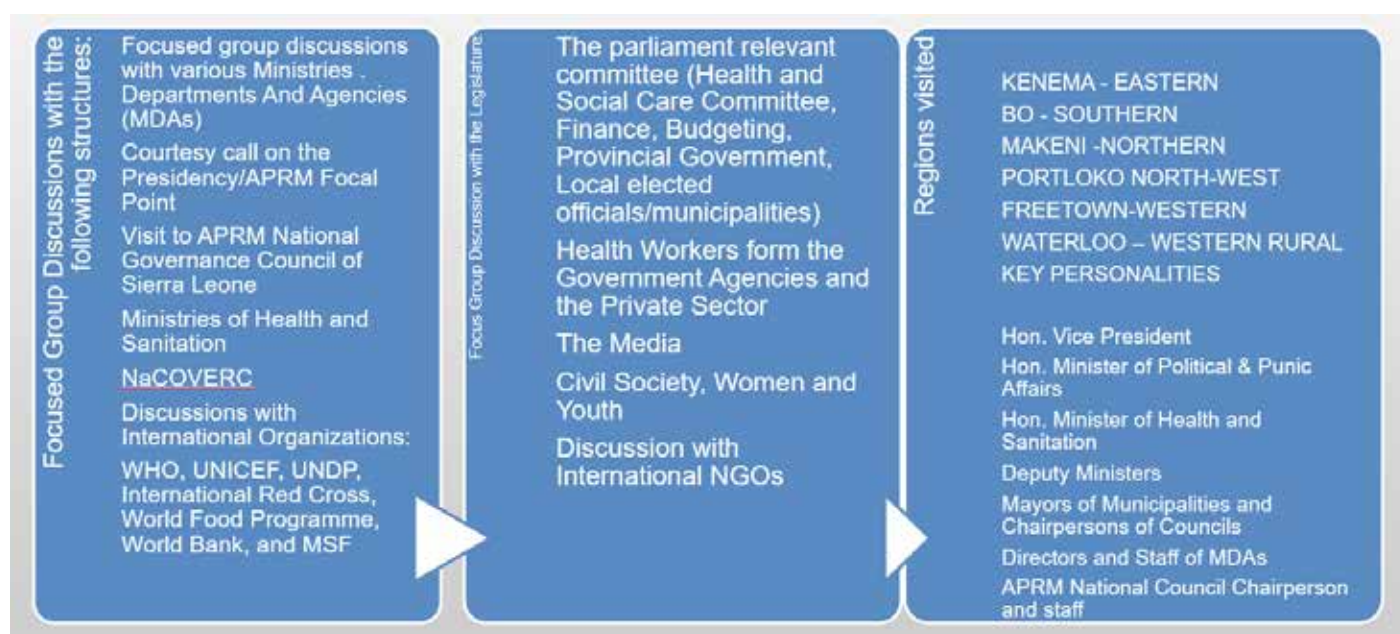




2. METHODOLOGY

This report followed a desk review of the existing literature on efforts and government approaches to dealing with and responding to COVID-19 by the Sierra Leone government. The literature also considered other pandemics that hit the Western African region, such as the Ebola outbreak in 2014 to derive some of the critical lessons. The study also included a review of the Base Documents of the APRM and the APRM Questionnaire. Existing documentation on specific information developed for Sierra Leone by the APRM Continental Secretariat was also reviewed to gain a better context of the country. Lastly, the administration of questionnaires and even did an engagement with stakeholders across the country. Figure 2 below depicts key stakeholders that were part of the engagements:

Figure 2: Stakeholders and Regions Visited



2.1 Data synthesis and governance analytical framework

The information collected was categorized into different functions of the health care system outlined in the figure 3 below. This framework was also employed to solicit input and feedback during the stakeholder consultation process of the Targeted Review.

Figure 3: Governance Analytical Framework

2.2 Ethical considerations

During the review, visits were made to the officials and regions where focused groups discussions were held. Study participants and all those who participated in the review were given a background and the objectives of the study and their participation was voluntary.





3. POLICY AND ENABLING ENVIRONMENT



3.1 Legislation, Policy, Rules and Regulations

The government of Sierra Leone is of the few countries that saw a need to anticipate the impact of COVID-19 and put measures in place. At the preparatory phase and even prior the first cases were reported in the country, the government declared State of Public Health Emergency for 12 months in March. The country is the only country to have declared a state of emergency for 12 months. The government employed some of the interventions that were applied during Ebola. These included guidelines and regulations were used as baseline tools in the preparatory stage of COVID-19 response. Other policy measures which also included putting, policies, procedures, and rules included the following:

- The Public Emergency Regulations
- The Financial Administrative Regulations
- The imposition of Curfew Order Act
 - * The imposition of a 9 pm to 6 am curfew
- COVID-19 Public Emergency Response Coordination (Protective Measures) Regulations, 2020
 - * Suspension of air travel to and from Sierra Leone, except for emergencies
 - * The imposition of inter-district lockdown
 - * Two three-day national lockdowns
 - * Limiting meetings and public gathering to not more than 20 people
 - * Mandatory wearing masks in public places

- Apart from national regulations, there are district and community by-laws that helped tremendously in the fight.



3.2 Policy enabling environment

The government of Sierra Leone was pro-active in responding to COVID-19. With lessons from the Ebola outbreak, the government has been very proactive by instituting critical measures that aided the timely detection and management of cases when they happen. Several policy options were put in place to prepare. The government developed a National Response Plan, prepared in consultation with key partners and following recommendations from WHO guidance documents. The plan organised the response effort into seven pillars of activity, with the following response activities:

- surveillance (quarantine management and point of Entry management,
- contact listing and tracing),
- laboratory systems (rapid results),
- case management, information, and communication,
- ICT,
- Logistics and security (enforcement of recommended public health interventions such as restriction on movement and quarantine).

The government-imposed travel restrictions as additional precautionary measure used to prepare for the COVID-19 adequately. The country implemented mandatory quarantine measures for passengers arriving from China. These measures were further expanded to include travel restrictions that lead people to suspend air travel to and from Sierra Leone, except for emergencies.

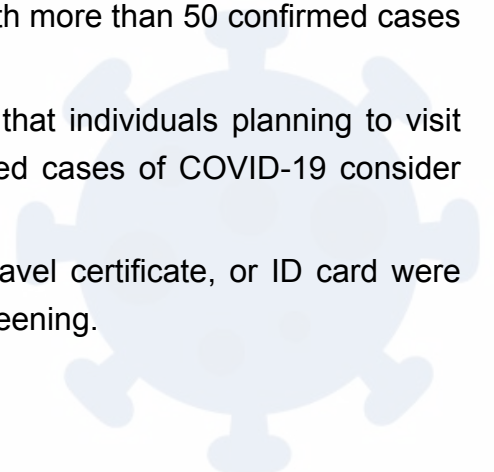


Mandatory quarantine of 14 days of all passengers coming from countries with more than 50 COVID-19 confirmed cases. Other travel restrictions included all travellers coming into Sierra Leone from countries with local transmission of more than 50 COVID-19. The following measures were put in place to create the enabling environment. Imposing the following strict standards and policies:

- All passengers arriving in Sierra Leone at any point of entry must fill out a passenger locator card that captures demographic information, travel history, and symptoms for COVID-19.
- Screening of all passengers for travel history and symptoms is in place at three significant points of entry: Screening includes a temperature and symptoms check for all passengers and identification of passengers who may be subject to quarantine because of their travel history.
- Travellers arriving at a point of entry who exhibit any of the symptoms were immediately taken into an isolation facility for investigation and management.
- Hand hygiene was mandatory at disembarkation and access to the airport.

Further interventions and guidelines were instituted concerning quarantine. The Government of Sierra Leone identified mandatory quarantine facilities near the three border crossings. Quarantine was made compulsory for any individuals who meet these requirements:

- All travellers arriving at any point of entry from a country with less than 50 confirmed cases of COVID-19 will be documented. Follow up with these arrivals will continue for 14 days by designated surveillance officers/contact tracers.
- All travellers arriving at any point of entry from a country with more than 50 confirmed cases of COVID-19, were quarantined for 14 days.
- The Government of Sierra Leone strongly recommended that individuals planning to visit Sierra Leone from a country with more than 200 confirmed cases of COVID-19 consider deferring their travel plans.
- All travellers arriving with a Laissez-passer, emergency travel certificate, or ID card were immediately taken to a quarantine facility for secondary screening.



Other strict measures included the closure of the Lungi International Airport to all passenger flights as of March 2020. When the first COVID-19 case was reported on the 31 March, the government put on the following additional measures put in place include:

- A robust social mobilisation drive that includes, Civil Society Organisations (CSOs), journalist, artists, religious and community leaders
- Limiting meetings and public gathering to not more than 20 people
- Virtual meetings are now the new normal
- The declaration of State of Public Health Emergency
- The imposition of inter-district lockdown
- The imposition of a 9 pm to 6 am curfew
- Two three-day national lockdowns
- Establishment of treatment centres for the management of positive patients and isolation centres for primary contacts of a positive patient as a way of containing the spread of the virus
- Promotion of handwashing in homes, communities, offices, and other public places
- Mandatory wearing masks in public places
- Apart from national regulations, there are district and community by-laws that helped tremendously in the fight.





3.3 Ebola Virus Disease (EVD) Learnings

One key lesson learned from the EVD that was the importance of strengthened health systems (Oleribe et al, 2015).¹⁸ Skilled human resources for health and national ownership of problems were also key to the effective management of outbreaks such as EVD. During the EVD pandemic, there was a crisis of lack of confidence in the messenger as opposed to now in the COVID-19 fight wherein people have faith in the messenger. Due to the experience of the EVD, government anticipated the possible devastating impact of COVID-19 and planned way ahead towards it. Involving the local community structures to fight any outbreak or disaster can bear great dividend based on the EVD experience. Another key lesson was the need to enhance the health care system, and realise a need to have an effective, strengthened cross-border system.¹⁹ The other vital lessons were to improve the education curriculum to encompass public health and civic education to broaden learners' knowledge and generate a pipeline or a well-trained workforce for the future. Both these recommendations were vital in building blocks of strengthening the health care system.

Other key lessons learned from Ebol 978-0-620-94811-1 a that were used in the fight against COVID-19 included the following:

- One key lesson learned from the EVD that was used in the COVID-19 fight was the effective use of local/community structures which helped especially in the setting up and enforcement of by-laws
- The government recruited about 4,000 health care workers.
- Government trained local experts in the various needed fields for the fight against COVID-19, especially Epidemiologists and Laboratory Technicians which were lacking in the EVD fight.
- Donors were flexible and supported the fight holistically.
- Sierra Leone has a success story for NAPHS.
- The government instituted tracking implementation of disease threats.
- Government support for health has increased remarkably.
- As a way of protecting frontline health workers, the government, in collaboration with the National Insurance Company (NIC) has introduced a Medical Insurance for health workers, especially during epidemics and pandemics.

¹⁸ Oleribe OOS, Salako BL, Ka MM, Akpalu A, McConnochie M, Foster M, Taylor-Robinson SD. Ebola Virus Disease epidemic in West Africa: Lessons learned and issues arising from West African countries. *Clin Med.* 2015;15(1):54–7.

¹⁹ Lessons from the Response to the Ebola Virus Disease Outbreak in Sierra Leone, available at: <https://www.afro.who.int/sites/default/files/2017-05/evdlessonslearned.pdf>

4. INSTITUTIONAL MECHANISM



4.1 Emergency Response

One of the primary responses employed by countries when dealing with an unknown pandemic and drawing from historical experience is to declare a state of emergency. The WHO recognised the spread of COVID-19 as a pandemic on 11 March 2020 as Italy, Iran, South Korea, and Japan reported surging numbers of cases.²⁰ It is a best practice that a state of emergency is declared when faced with the risk that could potentially impact the public health system; this has been consistently applied across the globe²¹ Sierra Leone used the lessons learnt from the Ebola Virus Disease (EVD) epidemic and applied it to the COVID-19 situation. Sierra Leone had taken proactive measures and declared COVID-19 as a pandemic. To address the recurrent health threats, better planning, preparedness, and coordination were urgently needed. Some of the actions taken by government to address the challenges posed by COVID-19 and also show its preparedness are depicted in Box 1:

²⁰ World Health Organisation (WHO). WHO announces COVID-19 outbreak a pandemic? As of 12 March 2020. <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>. **232**

²¹ —library of Congress Law. Law Granting Government Special Authorities to Combat Novel Coronavirus Adopted. <https://www.loc.gov/law/foreign-news/article/israel-law-granting-government-special-authorities-to-combat-novel-coronavirus-adopted/>



Box 1: The Sierra Leone Experience in the COVID-19 response

There was a strong political will and leadership

- The establishment of the National Corona Virus Response Coordination (NACOVERC) office responsible for coordinating and overseeing the activities relating to COVID-19.
- The first task was to develop a COVID-19 preparedness plan three weeks before its index case, which enabled the Ministry of Health and other partners to quickly identify, test and quarantine most of the early primary contacts, thereby limiting the spread of the disease.
- Declaration of a 12 - month national state of emergency
- Lockdowns in the capital Freetown where at the initial stage the pandemic was
- Intensive public health awareness and campaign messages across the country
- Screening and other safety measures introduced at the airport
- Mandatory quarantine of 14 days of all passengers coming from countries with more than 50 COVID-19 confirmed cases
- Increasing surveillance measures at the border crossings
- Reactivation of the Emergency Operations Centre (EOC) that was established for the Ebola.
- Suspending air travel to and from Sierra Leone, except for emergencies
- Closure of religious places of worship
- Reduction in the number of passengers in vehicles – private or commercial
- Ban on functions like weddings, funerals (all funerals were held at funeral parlors and not more than 50 people should be present), night clubs and bars etc.
- Closure of schools and universities, clubs, and sport activities
- Social distancing involving the closure of schools, religious houses and reducing the working time.
- Preparation of the COVID-19 Health Response Plan and a Quick Action Economic Response Program (QAERP) to mitigate the shocks of COVID-19.
- We are limiting meetings and public gathering to not more than 100 people.
- Eventual closure of the airport and border crossings.



4.1.1 Organogram of the National COVID-19 Emergency Response Centre

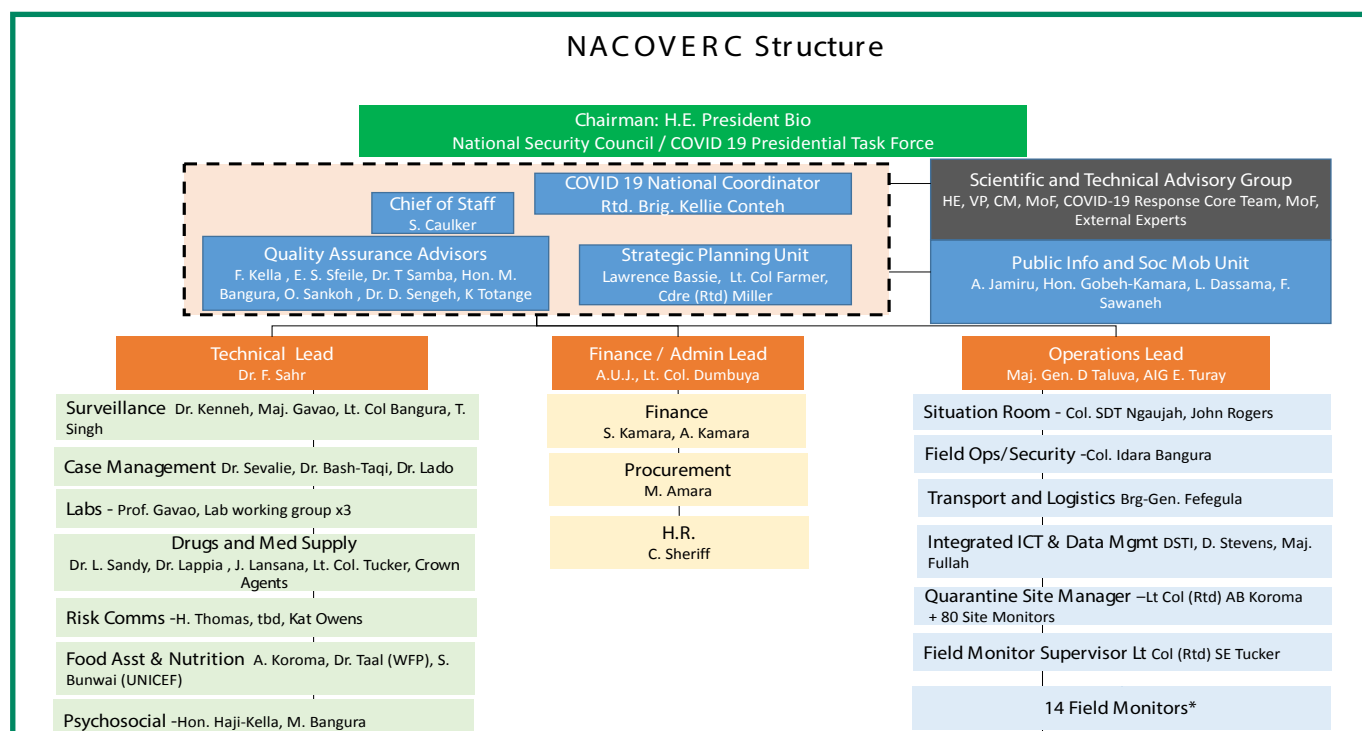
The Public Health National Emergency Operating Centre (PHNEOC) had been rebranded National COVID-19 Emergency Response Centre (NaCOVERC). The NACOVERC also had embedded Advisors field in by development partners including the World Health Organization (WHO) NACOVERC essentially had 3 Departments/Unit:

- The Technical Department-which is led by Ministry of Health-the Pillar activities range from surveillance to risk communication
- The Administration and Financial Management Unit - which is led by a Fiduciary Agent established by donor partners -the Health Integrated Project Administration Unit (HIPAU) and the activities covered included procurement, financial management, and human resources including recordkeeping for payment of allowances
- Operation Center, which is led by various advisors and experts and it comprised the Situation Room dedicated on data and other real time reporting such as the management of the 117 hotline; transport and logistics run by the NEMS; ICT; security and public engagement.

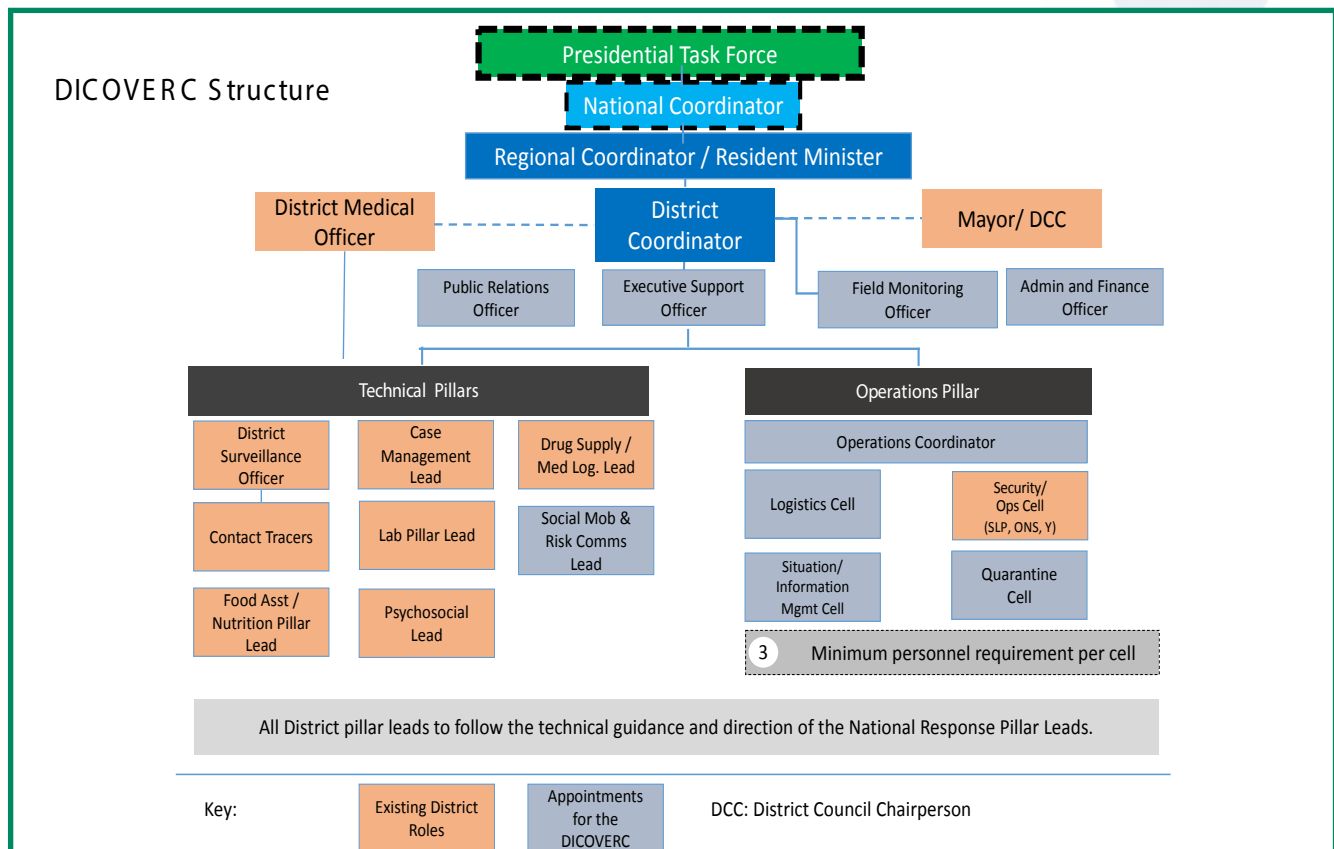


Figure 4: COVID-19 Response Governance Structure

NACORVERC STRUCTURE



It was realized that responding to the COVID-19 in Sierra Leone requires collective cooperation among government, development partners and non-governmental organizations. In this regard, District COVID-19 Emergency Response Center (DICOVERC) were established in all Districts outside Freetown to handle the response in the various districts. DICOVERC were headed by a District Coordinator who is under the direct supervisor of the National Coordinator. The Office of the Regional Coordinator was subsequently created where the Resident Ministers in each of the four regions, were automatically appointed to serve as Regional Coordinators in their various regions. The mandate of the Regional Coordinators was supervise the DICOVERC operations and provide general oversight and coordination of the Covid-19 fight in the regions. In May, Non-Governmental Organizations were brought on board to support government effort in all the districts in the fight against the virus.



4.2 Sierra Leone's Economic Response to COVID-19

In anticipation of damage to the gains made to the economy, the Government of Sierra Leone developed a COVID-19 Quick Action Economic Response Programme (QAERP) to absorb the shock to the economy from the pandemic. The economic response was hinged on the success of the public health response with three scenarios anticipated:

- Under Scenario 1**, the cost of the Quick Action Economic Response Programme (QAERP) is estimated at US\$166.5 million. Through the Government's 2020 budget, a total of \$16.1 million, representing 10% of resources is committed. However, this commitment is at risk as funding the budget is largely dependent on the domestic revenue situation. The Bank of Sierra Leone will also provide US\$50 million estimated at 30.1% of the total programme cost leaving a financing gap of US\$96.4 million.
- Under Scenario 2**, the cost of the QAERP is estimated at US\$199.7 million, with a financing gap of US\$115.7 million. The cost of the Health Response Programme will increase by 20 percent to US\$7.9 million. The contraction in economic activities will result in a loss in domestic revenue estimated at US\$96.5 million. For this scenario, the total cost of the Quick Action Economic Response Programme plus the Health Response under this scenario, therefore, amounts to US\$304.1 with a financing gap of US\$234 million.
- Under the worst-case Scenario 3**, the estimated cost of the QAERP will increase to US\$246.9 million with a financing gap of US\$144.6 million. The cost of the Health Response Programme will increase to US\$9.9 million. Total revenue loss will increase to US\$120.0 million. The total cost under this scenario is an estimated US\$379.5 with a financing gap of US\$309.4 million.



Government of Sierra Leone developed as part of the response, the short-term Quick Action Economic Response Programme (QAERP) during the preparedness and planning phases of the response strategy before COVID-19 index case. The core objectives of the QAERP was to:

- build and maintain an adequate stock level of essential commodities at stable prices; provide support to hardest-hit businesses to enable them to continue operations, avert lay-offs of employees and reduce non-performing loans;
- provide social safety net support to vulnerable groups;
- support labour-based public works and assist with the local production and processing of staple food items.

To mitigate the impact of the COVID-19 pandemic on businesses and the overall economic growth, the Monetary Policy Committee (MPC) of the Bank of Sierra Leone (BSL) decided on the following measures to ease the negative impact of the pandemic on growth:

- (i) reduce the monetary policy rate from 16.5% to 15%.
- (ii) create a special credit facility (500 billion SLL) to support production, procurement, and distribution of essential goods.
- (iii) extend the reserve requirement maintenance period from 14 to 28 days to ease tight liquidity.
- (iv) the central bank has been providing foreign exchange resources to ensure the importation of essential goods.





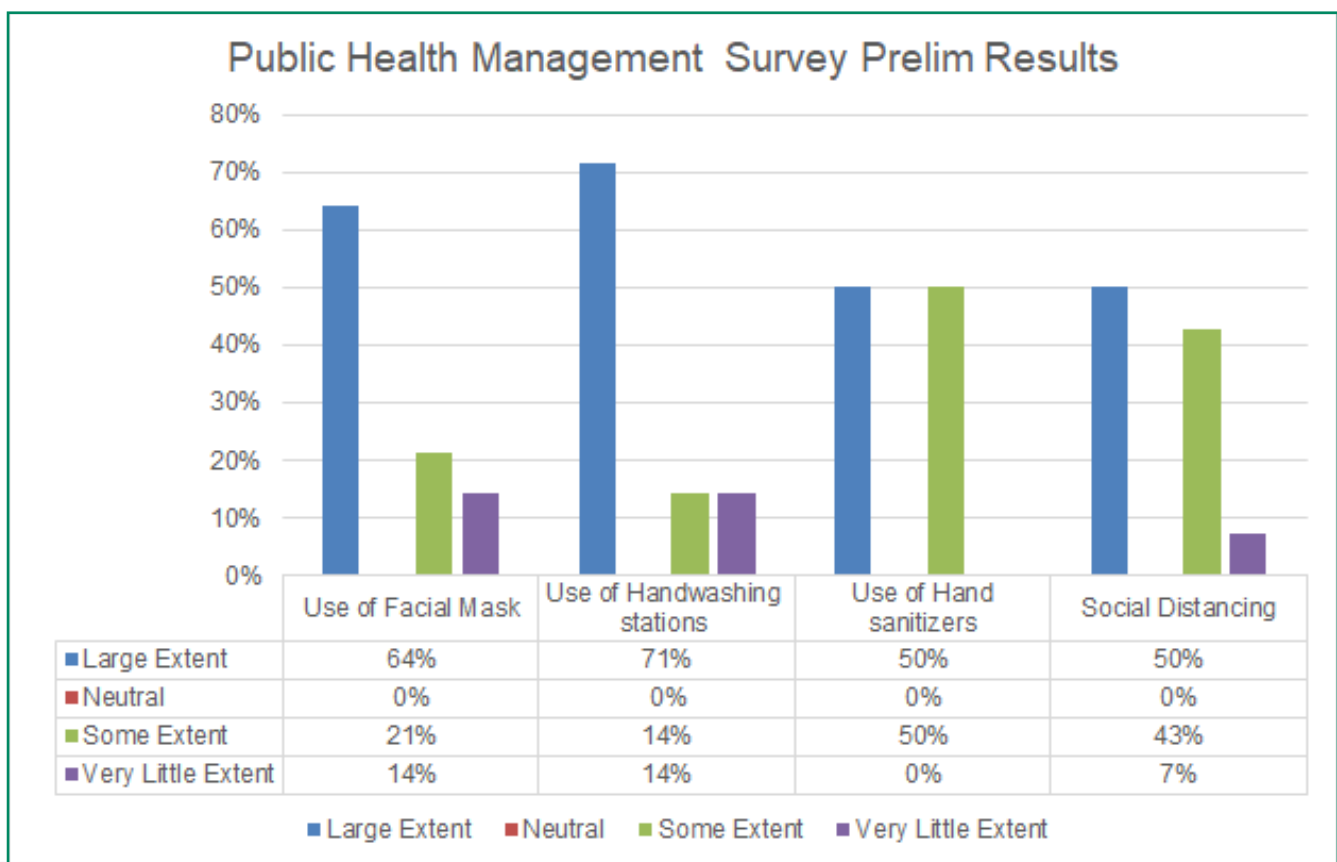
5. DATA ANALYSIS

The Targeted review also entailed survey that was sent out to stakeholders to solicit responses in as far as some of the measures are concerned. The survey entailed the following key focus areas, mainly:

- Disaster Management
- Health governance
- Public health management

The survey responses were very low for the disaster management and health governance. However, a reasonable number of responses was sought for the public health management perspective. Figure 5 below depicts preliminary results as at end of November. The data should be interpreted with caution and not generalised due to a low response rate. The preliminary results revealed that public health measures such as handwashing stations, use of mask to a large extent have been utilised by respondent. However, there is a need to further enhance and enforce measures such as Social distance and the use of hand sanitisers.

Figure 5: Public Health Management preliminary results





6. KEY FINDINGS

The Targeted Reviewed revealed that specific measures such as quarantines, social distancing, lockdowns, curfews, and restrictions on inter-district travels, together disrupted economic activities and resulted in negative socio-economic consequences. This was worse for those in the informal sector, who constitute about two-thirds of the workforce. Income from such activities is earned daily on a hand-to-mouth basis. Therefore, any interruption in such activities affects livelihoods and ability to meet bread and butter needs. This underscores a significant impact on poverty levels of countries which ultimately manifest to an increase in food insecurity, high levels of indebtedness, both of which plunge households deeper into poverty.

The challenges are still enormous as the country keep alert to forestall any second wave of the disease. One important lesson is the need to assess these adverse effects of the disease, real-time monitoring and evaluation are also vital in this regard. Table 1 gives a summary of sentiments from

the stakeholder engagements by healthcare functions. The result shows the role of leadership and governance in managing crisis and providing direction during the COVID-19 pandemic.



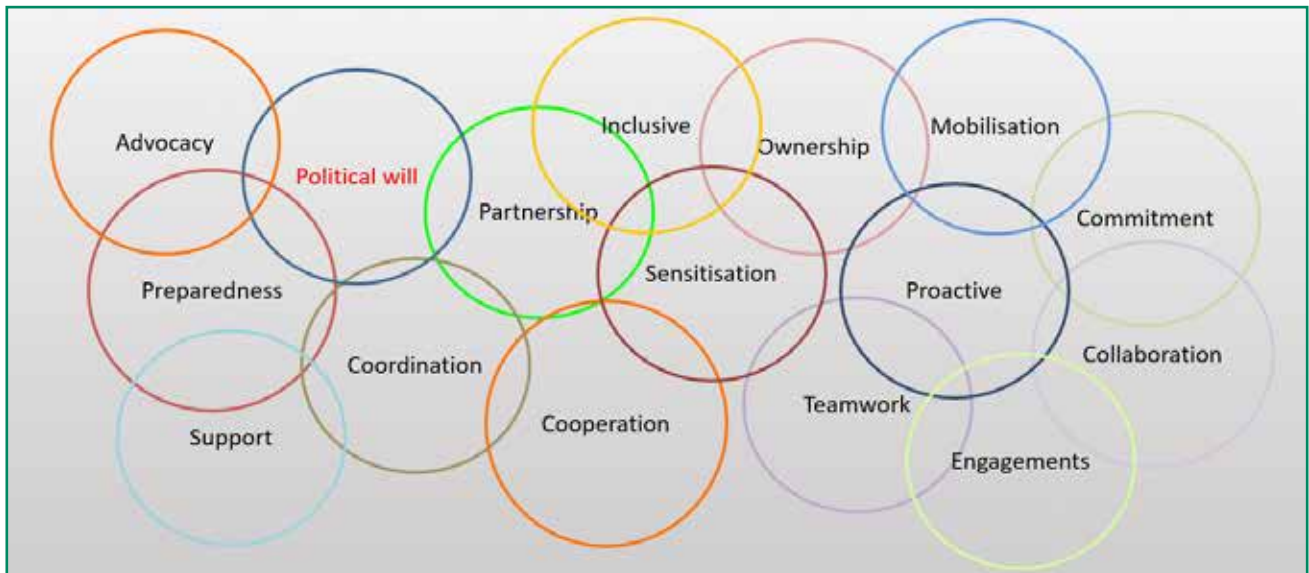
Table 1: Key findings by healthcare function - Targeted Review Group Discussion Forums

Health care function	Sentiment
Leadership and governance	Building a strategic relationship with partners can help in the fight against epidemics and pandemics.
	The government listened extensively and heeded to the advice given by the professionals.
	The government should be seen taking the lead in the fight, and that can be reflected in the amount of money it expends
	The government saw the COVID-19 pandemic providing an opportunity for the future of health care delivery, taking into consideration the management of hospitals in Sierra Leone.
	A strong political will can help in the fight against an outbreak.
	In an emergency like COVID-19, when properly planned with partners, there can be huge re-direction of funds to speed up the fight against the outbreak.
	A multi-sectoral messaging approach and the involvement of the local communities can go a long way to help in the fight against any outbreak.
	Apart from national regulations, we had district and community by-laws that helped tremendously in the fight.
	The government made the work of the frontline staff safe and relaxed: if you don't feel safe, don't come to work.
Human resources	Saw the dire need to develop the capacity of the health workforce
	Many frontline health workers are dying from the disease.
	A large health workforce can help in the fight effectively.
	The government reduced the number of hours of work to minimise the risk of exposure
Health information	That the use of data and technology can be very effective in tracking people
Medical products and technology	Leadership was shown on every front and level.
Service delivery	COVID-19 introduced fear among citizens and were afraid of visiting health facilities, hence low uptake of health care leading to an increase in non-COVID-19 cases
	In the initial stage, there was a loss of confidence between the community and health care providers.



Figure 6 below depict some of the emerging concepts that consistently came out throughout the targeted review. These depict a holistic and multi-sectoral response approach to COVID-19.

Figure 6 : Emerging concepts during the key stakeholder engagements





7. PLANNED AND CURRENT PROCESSES

The following issues that are currently being implemented as part of responding to COVID-19, some are sustainability issues with potential long-term effect

- Use of local technology in responding to COVID-19 – manufacturing of local alcohol-based hand sanitiser
- Government is supporting about 30% in the purchase of the Free Health Care (FHC) drugs albeit was 0% support in the past
- Government has formalised most of the training and have also introduced mentorship programs including training of trainers
- Government has introduced a Medical Insurance for frontline workers
- To minimise the shortage of health care personnel, the government has recruited 4,000 health workers
- Government has reviewed the Public Health Ordinance of 1960 and has tabled a bill for the establishment of a Public Health Agency
- Government has initiated and held an inaugural cross-border meeting with Liberia to plan for future outbreaks
- Have increased the number of COVID-19 test laboratories
- The country will participate in the rolling out of Vaccines, this includes participation and collaboration with donors



**Table 2: Planned and Current Processes**

Key Performance/ Thematic Areas	Good Practices and Challenges	Commitments
Leadership and governance		
<p>Oversight, policy development and guidance, health regulation, financial management,</p>	<p>Implemented health regulations without the efficacy of law</p> <p>The quarantining process was without the necessary support and was led by the military who were heavy-handed in the process.</p> <p>Lack of adequate funding at the preparedness stage as partners are interested in investing at the response stage.</p> <p>The politicisation of every issue in Sierra Leone is a setback.</p> <p>Notice on lockdowns was too short. Lockdowns were not scientifically informed.</p>	<p>A strong political will can help in the fight against an outbreak.</p> <p>The government listened extensively and heeded to the advice given by the professionals.</p> <p>Apart from national regulations, there were district and community by-laws that helped tremendously in the fight.</p> <p>A multi-sectoral messaging approach and the involvement of the local communities can go a long way to help in the fight against any outbreak.</p> <p>Leadership was shown on every front and level.</p> <p>Building a strategic relationship with partners can help in the fight against epidemics and pandemics.</p> <p>Establishment of Health Emergency Bill to be submitted to parliament for long term sustainability.</p> <p>Close monitoring of cross border through structures set up between Liberia, Guinea and Sierra Leone</p> <p>Increase epidemic planning and resources and funds, employ proactive than reactive.</p> <p>Build adequate quarantine or isolation as some of the facilities did not qualify to be quarantine facilities.</p>



Human resources		
<p>Trained healthcare professionals, staff morale, attrition rate, inequities and distribution of providers, scarce skills such as specialists, scarce equipment such as ventilators/oxygen?</p>	<p>A shortage in the number of specialised health workers</p> <p>The grip of fear in frontline workers as many are dying (10% of the COVID- 19 cases)</p> <p>Implementation of Group life Insurance at beta phase</p> <p>The quarantining process was without the necessary support and was led by the military who were heavy-handed in the process.</p>	<p>The government made the work of the frontline staff safe and relaxed: if you do not feel safe, don't come to work.</p> <p>The government reduced the number of hours of work to minimise the risk of exposure</p> <p>The government saw the COVID - 19 pandemic as an opportunity for improving health care delivery, taking into consideration the management of hospitals in Sierra Leone.</p> <p>During COVID-19, the government recruited about 4,000 health care, workers.</p> <p>The government had an ambulatory service in place to move patients during the emergency.</p> <p>Government trained local experts in the various needed fields for the fight against COVID-19, especially Epidemiologists and Laboratory Technicians.</p> <p>As a way of protecting frontline health workers, the government, in collaboration with the National Insurance Company (NIC) has introduced a Medical Insurance for health workers, especially during epidemics and pandemics.</p>
Service delivery		
<p>Access to facilities, quality of care, referrals, community and home-based care, laboratory services, inequities</p>	<p>COVID-19 test and turnaround times.</p>	<p>In the initial stage, there was a loss of confidence between the community and health care providers.</p>



Health financing		
Inadequate budgets, accessing donor funding model thereof, allocation of health sector resources, affordability	The intervention was slow as procurement took longer than expected.	In an emergency like COVID - 19, when properly planned with partners, there can be huge re-direction of funds to speed up the fight against the outbreak. The government should be seen taking the lead in the fight, and that can be reflected in the amount of money it expends
Medical products and technology		
Policies and guidelines for medicines, medical supply, vaccines, health technology and equipment, surveillance system,	Interruption of the international supply chain system especially in the provision of the PPE materials	Recruitment of trainers in hospitals Recruitment of clinical pharmacists in hospitals
Health information		
Data analysis, dissemination of information, ICT infrastructure, Health Information systems and patient records	Data integrity	Data protection and stringent measures to protect COVID-19 data

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8. GOOD PRACTICES

8.1 Leadership role during a crisis

One of the unique response strategies that have been employed by the country was the Emergency Alert and Early warning systems by the government. Preparedness and a response plan followed this. The government put all the intervention prior COVID-19 was declared as pandemic by WHO²³. Early sensitisation and awareness programs by the government were filtered down to districts, chiefdoms, and villages. The following response from the government were evident:

8.2 Disease Surveillance

Disease surveillance is one of the most prevalent strategies in managing a pandemic. According to Wilkinson (2020)²⁴, epidemic response units have strengthened expertise in disease surveillance, case management and risk communication. Ihekweazu and Agogo (2020)²⁵ argue that African countries have leveraged and adopted the Integrated Disease Surveillance and Response (IDRS) framework, as an ideal approach to intensive surveillance and case-finding missions. Kasolo et al (2013)²⁶ further depicted that 93 percent of the 46 countries in the World Health Organization's (WHO) African region (AFRO) are implementing IDSR guidelines.

These guidelines assist by improving an operator's ability to detect, confirm, and respond to high-priority communicable and non-communicable diseases. Building a strategic relationship with partners can help in the fight against pandemics. With the support of various partners, including CDC and WHO, the Sierra Leone Government was one of the first countries to implement a paper-based IDSR system in 2014 when the Ebola outbreak sparked.²⁷ Furthermore, Sierra Leone is the first country in the World Health Organization's (WHO) African region that has thoroughly transformed its national disease surveillance system from a paper-based to a health facility-level, web-based electronic platform. This is also considered as a blueprint and best practice globally with successes during the Ebola outbreak. Thus, the Ebola experience has accelerated digital transformation, specifically in disease surveillance.

8.3 A multi-sectoral messaging approach to the utilisation of health services centres

In the initial stage of the pandemic, there was a loss of confidence between the community and health care providers. There was also fear of visiting facilities due to fear of contracting the infection at these facilities. The country employed strategies and created a parallel system of services deliver, one for COVID-19 and non-COVID-19 provisions of services. Further to COVID-19 training provided to frontline works, the government trained all health facilities (public and private) on COVID-19 related issues also done to prepare these facilities better. Strategic funding from Development Partners, for instance, it was used to recruit additional laboratory personnel.

There was strong political will as the President himself was seeing encouraging citizens to go to health care facilities for treatment. A multi-sectoral messaging approach and the involvement of

23 World Bank. Sierra Leone COVID-19 Emergency Preparedness and Response Project (P173803). Available at <http://documents1.worldbank.org/curated/en/581931585084324295/pdf/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Sierra-Leone-COVID-19-Emergency-Preparedness-and-Response-Project-P173803.pdf>

24 Wilkinson A. Local response in health emergencies: key considerations for addressing the COVID-19 pandemic in informal urban settlements. *Environment and Urbanisation*. 2020;32(2):503-522. doi:10.1177/0956247820922843

25 Ihekweazu, C., & Agogo, E. (2020). Africa's response to COVID-19. *BMC medicine*, 18(1), 151. <https://doi.org/10.1186/s12916-020-01622-w>

26 Kasolo, F., Yoti, Z., Bakayaita, N., Gaturuku, P., Katz, R., Fischer, J. E., & Perry, H. N. (2013). IDSR as a platform for implementing IHR in African countries. *Biosecurity and bioterrorism: biodefense strategy, practice, and science*, 11(3), 163–169. <https://doi.org/10.1089/bsp.2013.0032>

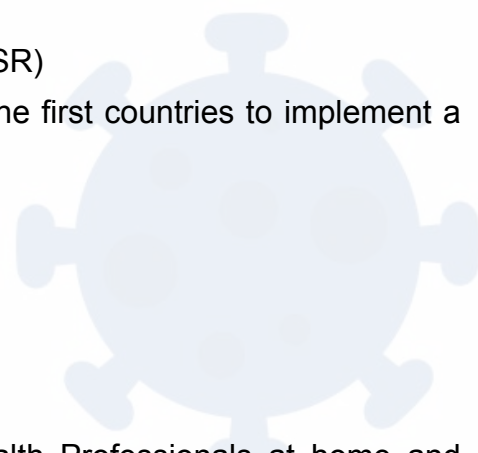
27 CDC. Ebola Outbreak Sparks Disease Surveillance Transformation in Sierra Leone. Fall 2019, Issue 29. <https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/fall-2019/sierra-leone-surveillance.html>



the local communities can go a long way to help in the fight against any outbreak. Through local community mobilisation structures, awareness campaigns, there was a very high sensitisation for people to continue accessing health care services. Other forms of support were through donor support like, the UNFPA supported the Ministry of Health and Sanitation to preposition reproductive health commodities and supplies to the last mile.²⁸ UNFPA also worked to sensitise and promote the utilisation of reproductive health services, through the provision of mama-baby packs to encourage institutional deliveries. The following are key good practices that were observed in Sierra Leone as response mechanism to COVID-19:

Lessons learned during EVD were reactivated and built-on in the COVID-19 response

- COVID-19 Emergency Preparedness and Response
 - * Appraisal Environmental and Social Review
 - * Environmental and Social Commitment Plan (ESCP)
 - * Stakeholder Engagement Plan (SEP)
 - * Early development of NACOVERC and DICOVERC
 - * Declaration of State of Public Health Emergency for 12 months
- Structures and Decentralization
 - * Decentralization, structures and sensitization at all levels including all stakeholders at all levels i.e. Chiefs, etc.
 - * A multi-sectoral messaging approach and the involvement of the local communities
 - * A robust social mobilisation drive that includes, Civil Society Organisations (CSOs), journalist, artists, religious and community leaders
- Data, Technology and Innovation
- Use of Integrated Disease Surveillance and Response (IDSR)
- According to World Health Organisation (WHO), One of the first countries to implement a paper-based IDSR system
- Use of data and technology:
- Health Management Information (HMIS),
- 117 toll free lines,
- 116 Gender Based Violence (GBV) toll free call lines etc
- Directorate of Science, Technology and Innovation
- Scientific advisory board comprising Sierra Leonean Health Professionals at home and abroad
- Implementation of policies, guidelines at airports and borders controls
- Surveillance measures/Quarantine facilities/Screening services
- Quality assurance structures within laboratory services
- Listed by Centre for Disease Control (CDC) as one of only 4 countries in Africa where travel and health risk due to COVID-19 is rated as low



²⁸ World Bank. 2020. Putting the brakes on COVID-19: safeguarding the health and rights of women and girls as at 23 July 2020. Available at: <https://sierraleone.unfpa.org/en/news/putting-brakes-covid-19-safeguarding-health-and-rights-women-and-girls-3>



9. CHALLENGES

The following long-term challenges were identified and need immediate and long terms of government attention; these further need to be monitored and evaluated for the desired long-term effects in the public health system:

Leadership and governance

- Initial challenges in transitioning the response from MoHS/EOC led to NaCOVERC
- Parliamentary approval of key regulations of the State of Emergency was delayed

Human resources

- Lack of COVID-19 test laboratories at district level
- Lack of adequate funding at the preparedness stage as partners are interested in investing at the response stage
- Intervention was slow as procurement took longer than expected
- Interruption of the international supply chain system especially in the provision of the PPE materials
- Delay in accessing emergency funds at district level

Health financing

- Lack of adequate funding at the preparedness stage as partners are interested in investing at the response stage
- Intervention was slow as procurement took longer than expected
- Interruption of the international supply chain system especially in the provision of the PPE materials
- Delay in accessing emergency funds at district level





10. RECOMMENDATIONS

The NACOVERC should apply more efforts to strengthen the good strides accomplished so far and embark on the improvement of existing gaps and areas that need improvement. Development partners should continue fundamental support to the Sierra Leone Government, especially in terms of logistical support for the response and funds to prevent the economy from tanking.

The report revealed that there is an urgent need to prioritise the setup of a permanent structure that deals with public health emergency; which could be beneficial in dealing with future emergencies and outbreaks, and it will eliminate the possibility of tensions among response teams due to misunderstanding of roles. Furthermore, such an agency could play the lead role in providing food assistance and nutrition structures during outbreaks and coordinate the part and support of donors, which is very crucial in this regard. However, setting up such systems would need to be adequately resourced and would require long term funding commitment by both government and development partners. The setup of a permanent funding model for emergencies is also vital; it is thus recommended that the government set up an emergency fund to deal with future pandemics. The report also revealed a need to review the management structure of health facilities across the country and the remuneration structure of health care workers as a retention strategy of the health care workforce. Other key recommendations from the Targeted Reviews include:

Leadership and governance

- Fast-track the establishment of the Health Emergency Agency to handle all health-related emergencies to strengthen continuity and institutional memory of staff
- Enhance coordination with Parliament, political leaders and other stakeholders to enhance community ownership of the response at all times

Human resources

- Increase the number of COVID-19 test laboratories at district level
- Recruit clinical pharmacists in hospitals setting as a mentor and on the job training program.
- Review the management structure of healthcare facilities
- Expand capacity at district level

Health financing

- Reprioritisation financial support for vulnerable groups
- Gradual increase in government's overall health budget though still shy of the Abuja Declaration of 15%
- Rapid procurement of PPE, equipment other clinical items to include clinicians
- Improve processing and payment of healthcare / remuneration philosophy
- Establishment of an emergency fund



11. CONCLUSION

The advent of COVID-19 has indeed placed an unprecedented strain on public health systems and decimated economies, lives, and livelihoods in many countries globally. Countries have responded well to the epidemic; however, the epidemic is far from over as the vaccine is yet to be found. Sierra Leone, which is one of the three countries in West Africa that experienced the Ebola outbreak, employed some of that experience to deal with COVID-19. COVID-19 has impacted the economic climate and the overall health care systems adversely, and it will take time to revive.

The country's health care capacity was already limited and under-capacitated to serve the population. It is clear from the current review that measures employed were able to contain the infection rate. Other critical health issues, including maternal and child health, are likely to be impacted negatively. The findings from the literature conducted and stakeholder engagements revealed that the utilisation of health services had declined initially due to the fear of contracting the disease at the health facility. However, interventions such as health promotion programs, including community dialogues, seem to assist in encouraging patients to seek care in health facilities. It is alarming that frontline worker such as nurses continue to be infected and do not seem to have adequate medical insurance cover. COVID-19 has also exposed some governance weaknesses in as far as procurement systems and acquiring equipment from overseas-based firms. Procurement structures for equipment and protective gear such as masks have been reviewed, the government proposed has resolved to create the capacity of producing and distributing masks and sanitisers. This will undoubtedly generate employment opportunities and positively impact the economy.





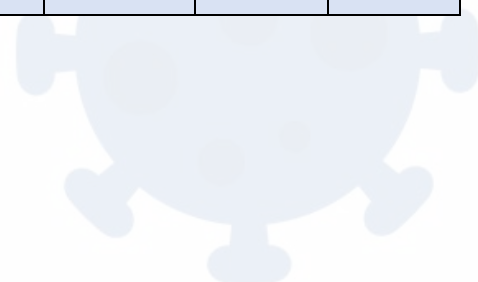
ANNEXURE 1: NATIONAL PLAN OF ACTION FOR IMPLEMENTATION OF THE RECOMMENDATIONS

OBJECTIVE/RECOMMENDATION 1: (IMPROVE GOVERNANCE AND LEADERSHIP)									
SPECIFIC OBJECTIVES/RECOMMENDATIONS	ACTIONS	EXPECTED OUTCOMES	OBJECTIVELY VERIFIABLE INDICATORS	VERIFICATION MEANS	EXECUTING AGENCY	OTHER STAKE-HOLDERS	MONITORING AND EVALUATION AGENCY	EXECUTION TIMELINE	ESTIMATED COSTS IN US\$
Fast-track the establishment of the Health Emergency Agency	Promulgation of the ACT	Act of parliament and establishment of Health Emergency unit.	Act of parliament	An Act, Government gazette	House of parliament	National Security Council, COVID-19 National Task Force Other ministries, Civil Society, etc	National Security Council	2021	N/A
Enhance coordination with Parliament, political leaders, and other stakeholders	Enhance stakeholder engagement plan which is inclusive of parliament as a key stakeholder	Improve co-ordination and stakeholder mobilisation	Number of engagements held per quarter Targeted engagement with key stakeholder groups	Monthly meetings, radio/tv discussions, reports	National Security Council	Traditional rulers, councillors, members of parliament. government ministers and civil society groups.	National Security Council	2021-2022	N/A



OBJECTIVE/RECOMMENDATION 2: (IMPROVE HUMAN RESOURCES ALLOCATION)

SPECIFIC OBJECTIVES/RECOMMENDATIONS	ACTIONS	EXPECTED OUTCOMES	OBJECTIVELY VERIFIABLE INDICATORS	VERIFICATION MEANS	EXECUTING AGENCY	OTHER STAKE-HOLDERS	MONITORING AND EVALUATION AGENCY	EXECUTION TIMELINE	ESTIMATED COSTS IN US\$
Increase the number of COVID-19 test laboratories at district level	Launch district laboratories	Increase in number of COVID-19 laboratories at district levels Increase in the number of tests conducted per day per district	Number of COVID-19 laboratories launched per year per district Number of tests conducted	Human resources strategy Monthly Reports	Ministry of Health and Sanitation	Ministry of Finance Donors	Minister of Health and Sanitation National COVID-19 Emergency Response Centre (NaCoVERC)	2021-2023	N/A
Recruit clinical pharmacists in hospitals setting as a mentor and on the job training program.	Onboarding of clinical pharmacists in hospitals setting	Increase in number of pharmacists in hospital settings	Number of pharmacists employed at hospital settings per year.	Human resources strategy Monthly and Quarterly Reports Annual reports		Regulatory bodies such as Pharmacy Council Training providers Donors		2021-2023	
Review the management structure of healthcare facilities	Training of facility managers Increase training of social and mental health workers on COVID-19 awareness.	Improved management of facilities Improved training and awareness social and mental health workers on COVID-19 awareness.	Recruitment strategies for facilities managers. Skills matrix of facility managers	Strategic and operation plans				2021-2023	
Expand capacity at district level	Onboarding of health care workers at districts	Increase in the number of facilities at districts	Number of new facilities build per district	Monthly and Quarterly Reports Annual reports				2021-2023	





OBJECTIVE/RECOMMENDATION 3: (IMPROVE HEALTH FINANCING)

SPECIFIC OBJECTIVES/RECOMMENDATIONS	ACTIONS	EXPECTED OUTCOMES	OBJECTIVELY VERIFIABLE INDICATORS	VERIFICATION MEANS	EXECUTING AGENCY	OTHER STAKE-HOLDERS	MONITORING AND EVALUATION AGENCY	EXECUTION TIMELINE	ESTIMATED COSTS IN US\$
Reprioritisation financial support for vulnerable groups	Verification and validation process of vulnerable groups	Improve access and financial support to vulnerable groups	Monthly report on number of vulnerable groups beneficiaries receiving by financial support	Independent audit reports	Ministry of Finance Ministry of Social Welfare National Commission for Social Action (NaCSA)	NGOs, the private sector, and other civic groups to support programs on Gender, Women, Children, the Disabled and the Aged. Donors	Ministry of Social Welfare National COVID-19 Emergency Response Centre (NaCoVERC)	2020-2023	N/A
Gradual increase in government's overall health budget though still shy of the Abuja Declaration of 15%	Reallocate more budget items to health	Increase in health budget from current level to 15% of the overall budget over the next three years	Health budget as a percent of the overall country budget	Monthly expenditure reports National health accounts	Ministry of Health and Sanitation	House of Parliament Ministry of Finance Government ministers Donors	Ministry of Health and Sanitation National COVID-19 Emergency Response Centre (NaCoVERC)	2020-21 and beyond	
Rapid procurement of PPE, equipment other clinical items to include clinicians	Identification of long-term partners and suppliers of PPE and formalise the partnerships Develop PPE procurement guideline and SOPs. Adequate contingency PPE plan like preparedness to meet the unexpected need of PPEs Establish plans to localise and create capacity of manufacturing PPE, Equipment and other clinical items. Set up working groups set up to manage PPE Increase funding available for critical medical supplies and equipment	Expansion and strengthening of PPE supplies Strengthened supply chain process of PPEs and equipment that will improve efficiencies Better management of supplies	Number of contracts and agreements signed and formalised correctly. Number of PPEs supplied per month Number of workshops or meetings to test, assess and strengthen PPE availability in all parts of the supply chain on an ongoing basis	Independent audit reports Monthly reports on the consumption of PPE for health and social care	NaCoVERC Ministry of Finance Ministry of Health and Sanitation	NaCoVERC Ministry of Finance Ministry of Health and Sanitation Manufacturing sector Donors	NaCoVERC	2021-21 and beyond	



Improve processing and payment of healthcare / remuneration philosophy	Review the remuneration structure and philosophy of healthcare workers Develop a statutory guidance on addressing fair work practices of healthcare workers, including the living wage	Improved job satisfaction and working environment Reduced turnaround times in processing payment for healthcare workers Increase wages of COVID-19 frontline health workers to demonstrate government support.	Staff turn over Reduction in the number health workers infected due to improved and safe working environment	Salary benchmark reports Job satisfaction survey Work and environmental safety survey	Ministry of Health and Sanitation	Ministry of Finance	Ministry of Health and Sanitation	2020-21 and beyond	
Establishment of an emergency fund	Establish an independent emergency fund	Emergency Cash Transfer Scheme	Fund performance reports financial statements	Independent audit reports on the utilisation of the funds	NaCoVERC Ministry of Finance Ministry of Health and Sanitation	NGOs, the private sector, and other civic groups to support programs on Gender, Women, Children, the Disabled and the Aged. Donors	Ministry of Health and Sanitation National COVID-19 Emergency Response Centre (NaCoVERC)	2021-2021 and beyond	



