



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



AFRICAN PEER REVIEW MECHANISM
MAIN REPORT NO 5

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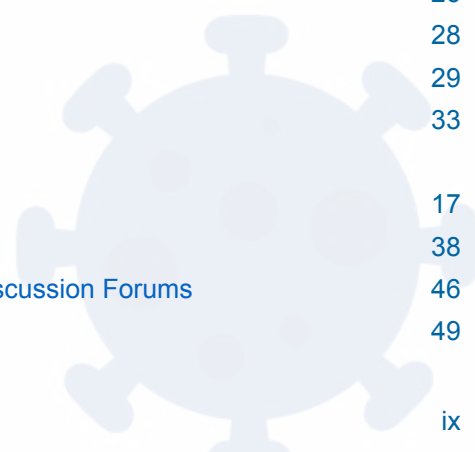




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ADMINISTRATIVE MAP OF SIERRA LEONE

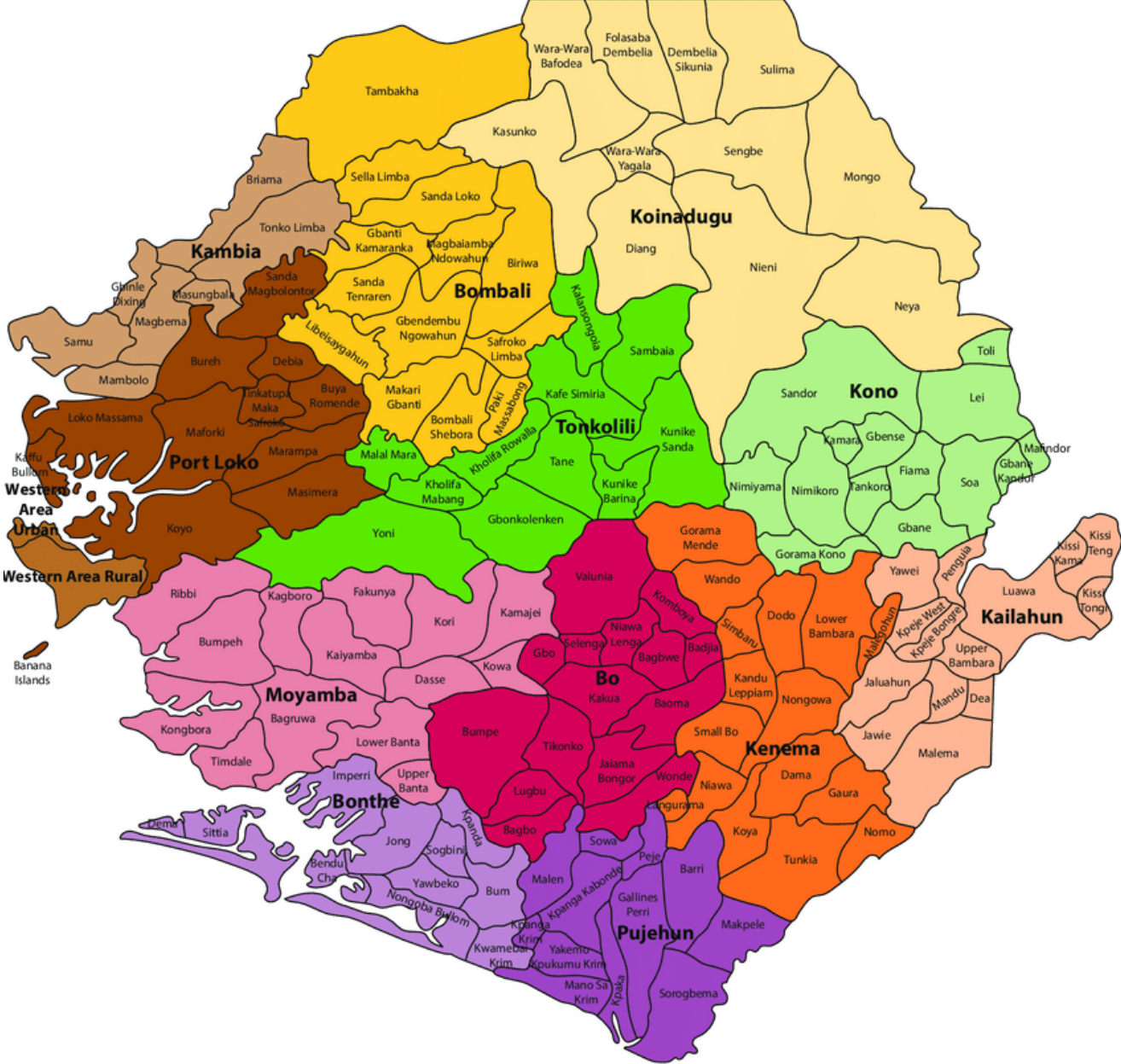
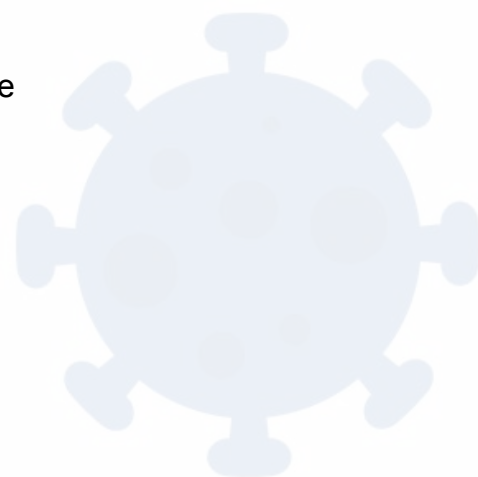


Figure 1: Map of Sierra Leone



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
WAEC:	West African Examinations Council



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.



Figure 2: H.E Dr Mohamed Juldeh Jalloh Vice-President of the Republic of Sierra meeting the head of delegation Ambassador Inonge Mbikusita Lewanika in Free Town

- 1 Statistics Sierra Leone, 2015 Population and Housing Census Summary of Final Results, 2016. 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 SHEET⁸

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. 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 classify the country as a low-income country.⁹ 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.¹⁰ Sierra Leone is amongst the poorest countries in the world

⁸ <https://www.oecd-ilibrary.org/docserver/aeo-2017-55-en.pdf?expires=1611273050&id=id&accname=guest&checksum=E04CF848F2A798C58C5EC8C2552FDE26>

⁹ World Bank 2019

¹⁰ National Health Sector Strategic Plan 2017 – 2021, pg. 11

as about two-thirds of the population are multidimensionally poor.¹¹ In terms of human development, the country currently ranks 181 out of 189 nations and territories.¹² 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 52.¹³



*Figure 3: HE. 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 Sierra Leone Medium-Term National Development Plan 2019–2023, pg. vii

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

13 World Bank, Development Research Group 2019

EXECUTIVE SUMMARY

This report 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 both through physical interaction and where possible electronic surveys.

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 impact on the country will 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 were to build and maintain an adequate stock levels 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 and 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 partnerships 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 scarcity 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 muddled with challenges in terms of eligibility.



The survey results conducted on the public health measures revealed that interventions such as handwashing stations, face mask to a large extent were to a large extent utilised by respondents, thus indicating effectiveness of these interventions. However, there is a need to further enhance and enforce measures such as Social distance and the use of hand sanitisers. Further results also showed that revealed that health care management and lockdown measures to a large extent had an impact on having a designated staff for compliance monitoring in place and proactive disclosure of information. The response rates for these were 30.8% and 38.5% respectively. To some extent there was some key interventions in respect of the following areas:

- Commute during peak periods – 50%
- Increased ventilation at work – 38.5%
- a designated staff for compliance monitoring – 46.2%
- Proactive disclosure of information- 53.8%

The results also revealed that 15% of the respondents depicted a neutral viewpoint in as far as increased ventilation in the workplace. This finding suggest more awareness be created on the use of proper ventilated working environment and this be part of health and safety guidelines in the workplace. The survey also revealed some of the unintended consequences of lock-down, respondents depicted the following adverse events that occurred which mainly affected the vulnerable groups such as children, women and elderly. Respondents depicted that:

- Several rape cases reported during the lockdowns and curfews.
- Forces violated women during enforcement of laws

Impact on the education system as a result of COVID-19 interventions was also evident. 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.



Figure 4: 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 is 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 globally¹⁴. The African continent accounts for over 52 000 deaths¹⁵. Sierra Leone, which is in West Africa, recorded 74 deaths¹⁶. 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 evident across the globe. However, for low-income countries, such as Sierra Leone the experience could be more devastating.

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 report 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 process¹⁷. 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.¹⁸

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

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

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

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

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



*Figure 5: HE. 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 of delegation at the Presidential Lodge.*

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 6 below depicts key stakeholders that were part of the engagements:

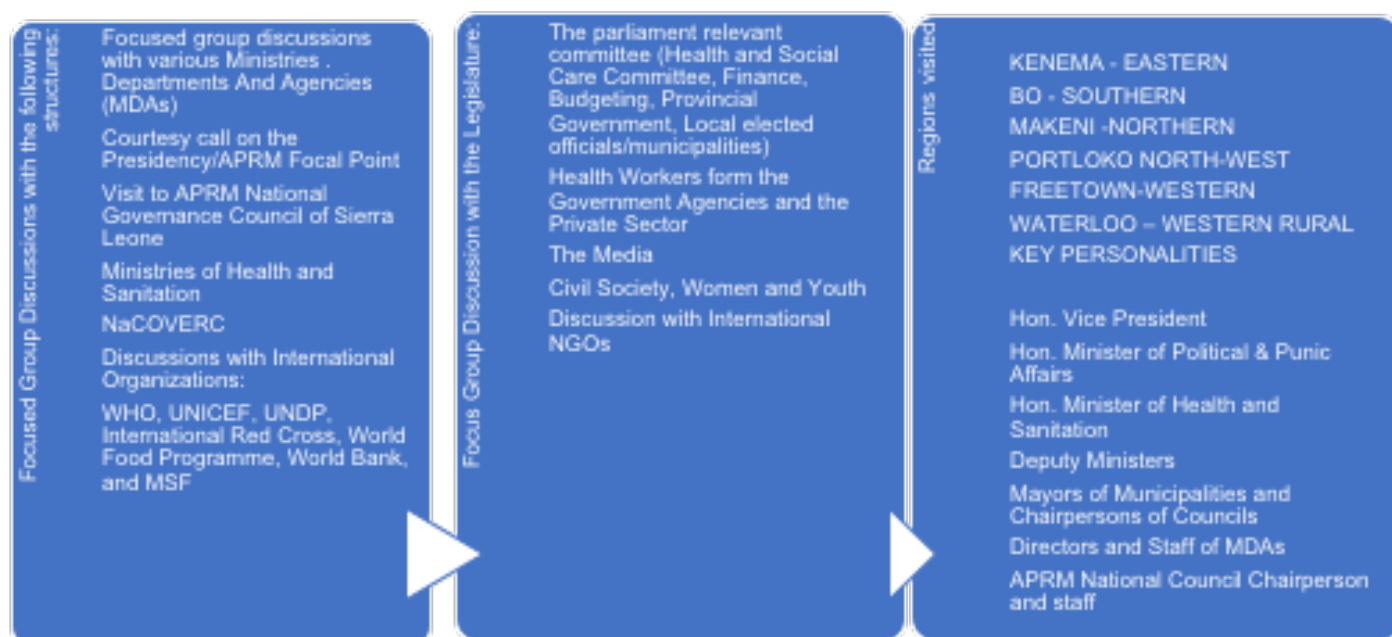


Figure 6: Stakeholders and Regions Visited

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 7 below. This framework was also employed to solicit input and feedback during the stakeholder consultation process of the Targeted Review.

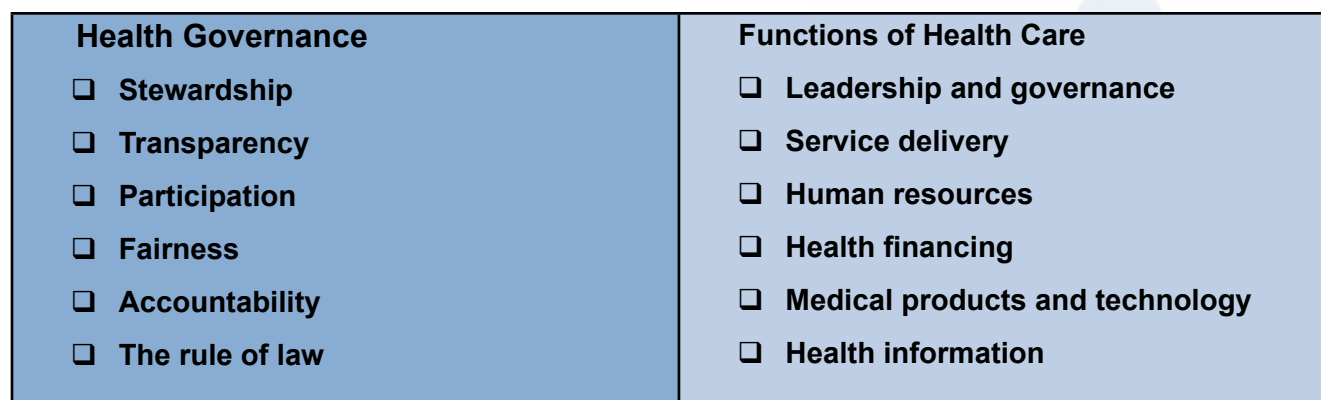


Figure 7: Governance Analytical Framework

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.



Figure 8: H.E Dr Mohamed Juldeh Jalloh Vice-President of the Republic of Sierra



3. KEY HEALTH GOVERNANCE PRINCIPLES

There are a variety of conceptual frameworks that seek to identify the attributes of good governance. The principles of good governance create an enabling environment for the effective management of the law reform process so that it can best achieve its goal of realizing the right to health for all members of the population. This section draws on the attributes of good governance identified by the United Nations Development Programme (UNDP). The following six principles are key in building a legitimate public health function.

3.1 Stewardship

Stewardship refers to the “careful and responsible management of something entrusted to one’s care” Those who exercise the authority to make policy – the minister of health and others who work to reform public health laws – must exercise stewardship, putting aside personal desires and working to maximize the health interests of the people they serve. Unless law reformers approach the task of law reform with the public’s benefit in mind, public health laws cannot maximize their potential to assist countries to progressively realize the right to health for all members of the population.

3.2 Transparency

Transparency is “built on the free flow of information”. Transparency helps to build public understanding about the law, and confidence that legal powers will be exercised for the benefit of society. A variety of processes can help to ensure transparency during the law reform process. These include public forums, parliamentary debates and a political environment that permits media scrutiny and public reporting of government actions. Transparency supports the human right to participation because it allows members of the public to provide feedback on law reform proposals and draft laws. Once new laws have been passed, governments can enhance transparency by ensuring that legislation, regulations, executive orders, and other laws remain accessible to members of the public and to representative groups. This principle also applies to the judgements of courts and tribunals.

3.3 Participation

In cases where the law is intended to influence and alter behaviour, it is important that those who are directly affected by the law should be aware of it, understand it and appreciate the goals. Advancing the right to health: the vital role of law that the law is seeking to achieve. To achieve public support for a new public health law, lawmakers should consult affected communities, civil society groups, public health organizations and other stakeholders. There are a variety of other ways that governments and health ministries can ensure community participation in the law reform process. For example, by publishing discussion papers and making draft legislation available (including on the Internet), governments can ensure that members of the public and representative organizations can give comments and other feedback.



3.4 Fairness

The principle of fairness makes a significant contribution to good governance because it encompasses the related human rights of equality and non-discrimination. Discrimination entrenches health inequalities and undermines the capacity of governments to pursue the right to health for all members of the population. Governments have an obligation to take immediate action to eliminate discrimination; doing so will help to ensure equality of access to health services and to the resources needed to lead a healthy life.

3.5 Accountability

Accountability means taking responsibility for the success and failure of laws and policies and putting processes in place to ensure that changes are made to improve decision-making and the performance of public health functions in future. In the context of public health law reform, accountability requires that legislation should set out the responsibilities and functions of public health officials so that it is clear who is accountable for enforcing the law and for exercising powers to protect the public's health.

3.6 The rule of law

Good governance is based on the rule of law. The principle of the rule of law means that all persons, officials, and institutions, including the State itself, are accountable under laws that are publicly disseminated, equally enforced, independently adjudicated, and consistent with international human rights standards. The rule of law ensures that the law reform process itself is clear, fair and that it remains focused on the public interest.





4. SITUATION ANALYSIS

Sierra Leone recorded their first COVID-19 case on 31 March¹⁹. The number of cases started picking up in May, this is also the period that is associated with winter seasons. The number of recorded cases increased from eight recorded cases on 10 April 2020 to over 1000 cases by 10 June 2020. The number continued to grow exponentially and had surpassed the 2 000 mark by the end of October. The number of recorded deaths stood at 74 over the same period.

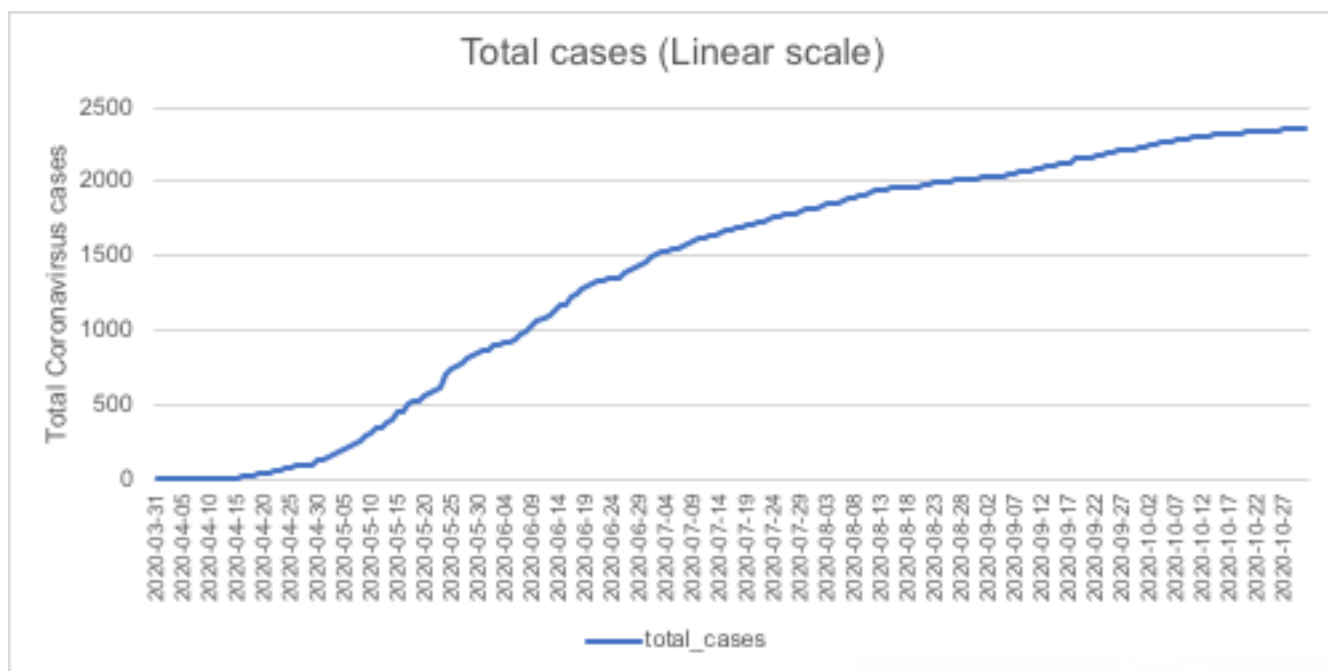
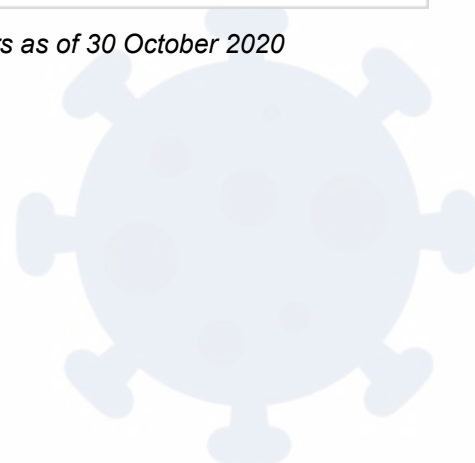


Figure 9: Total Coronavirus Cases in Sierra Leone, Source: Worldometers as of 30 October 2020



19 Worldometers. Total Coronavirus Cases in Sierra Leone. <https://www.worldometers.info/coronavirus/country/sierra-leone/>

5. POLICY AND ENABLING ENVIRONMENT



Figure 10: Cross session of participants in Freetown at Brookfields Hotel

5.1 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 that 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 against COVID-19.
 - * No lodging of strangers without knowledge of village chiefs in Kailahun; does not need parliamentary approval, but has consensus approval by village elders
 - * Travelling restrictions from communities and villages
 - * Enforced COVID-19 laws (no gathering, use of face mask) at community level.
 - * No public gathering, no initiation.
 - * Checking of body temperature



Figure 11: The Team with the Hon. VP at VP's Office in Freetown

5.2 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 as and 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 an additional precautionary measure 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 confirmed COVID-19 cases. Other travel restrictions included all travellers coming into Sierra Leone from countries with local transmission of more than 50 confirmed COVID-19 cases. 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 individual 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 officer's/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 100 people
- Virtual meetings encouraged and 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.



Figure 12: NYMPHS OF THE BUNDOO SOCIETY, Sierra Leone

5.3 Ebola Virus Disease (EVD) Learnings

One key lesson learned from the EVD that was the importance of strengthened health systems (Oleribe et al, 2015).²⁰ 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

²⁰ 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.

a need to have an effective, strengthened cross-border system.²¹ 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.

Some of the strategies that were employed in the fight against COVID-19 which were key lessons learned from Ebola 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.



Figure 13: Meeting Center in Bo, Southern Sierra Leone

21 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>



6. INSTITUTIONAL MECHANISM

6.1 Disaster management

The creation of a disaster management component in global health security, and Africa in particular, is an important antecedent not just to curtail the impact of natural disasters but also to achieving the Sustainable Development Goals 2030 and the African Union agenda 2063. With the advent of emerging diseases and the novel natural disasters in Sierra Leone, and quite recently, the deadly Ebola Virus Disease (EVD), the Freetown flooding, the Mortimer mudslide and the infectious coronavirus disease (COVID-19) that is disrupting people's health and causing social and economic sufferings, it cannot be business as usual. Policy research on health security and disaster management becomes an important activity to identify public health threats and close gaps through preparedness toward a world safe and secure from infectious disease and natural disaster threats.

Sierra Leone is a signatory to several international instruments and treaties dealing with disasters and disaster response. Sierra Leone has a National Disaster Management Policy and has established a National Platform on DRR, whose purpose is to mainstream disaster risk reduction into development. Disaster Management is under the auspices of the Disaster Risk Department within the Office of National Security for by Act No. 11 of 2002 of the Republic of Sierra Leone. There is also a National Disaster Preparedness and Response Plan whose purpose is to establish a comprehensive all-hazard approach to national disaster management that includes preparedness, prevention, mitigation, response and recovery. The capacity to manage disasters in Sierra Leone has been limited due to lack of both financial and material resources coupled with the lack of proper coordination, clear line of roles and responsibilities, poor national capacity to timely respond to national disasters and poor integration of civil societies into effective disaster management have all been highlighted as problems facing disaster management in Sierra Leone.

When disaster strikes, there are many things happening simultaneously. However, amid the chaos and panic, there is a need to prioritize the actions and be well-prepared in response to urgent needs and a variety of possible scenarios (SCORE 2020).²² A disease threat anywhere can be a threat everywhere. The ultimate result of disasters is that it leads to poverty, slow pace of human development, injury to people (more especially the poor), dis-organization of their otherwise normal activities and diminish their chances of improving their livelihood. Reports also show that about a third of global mortalities are being caused by some form of disaster. Now, however, given disaster trends, development-hazard linkages are increasingly being more regionally focused. This requires more than just complementary activities, but in many instances convergent and integrated programmes and projects which inevitably pose among other things challenging governance issues. Greater attention, too, must be given to the ways that conflict prevention and resolution relate to development-hazard linkages – not merely for obvious “complex emergency situations” but also for those situations in which disaster agents spill across borders or directly impact upon the resources of neighbouring states. Some of the challenges in Disaster Management in Sierra Leone includes the following:

²² SCORE (2020) Strengthening the capacity of local organizations to respond effectively in emergencies

- The ONS as the custodian of disaster management in Sierra Leone has very limited resources and little local presence to enact Disaster Risk Reduction (DRR)
- The enforcement of the laws is weak especially those dealing with DRR
- DRR is not seen as a priority for the government of Sierra Leone. It becomes important only when disaster strikes.

Sierra Leone like the rest of the world is current fighting the novel Corona Virus disease pandemic. The Corona Virus disease (COVID-19) is and continues to be a global pandemic that challenges the health, social, economic and every facet of the world at large. Statistics shows that globally, about 45.5 million people have been infected by the virus of which 30.6 million have recovered while over 1.1 million people have lost their lives.²³ All the infections worldwide are within all the age groups but prominent among them is the age group 65+ years and 20 – 29 years. Sierra Leone scored 38.2/100 (ranking of 92/195 countries in the 2019 Global Health Security Index).²⁴ Responding to some of the gaps identified in the assessment, the country developed its COVID-19 epidemic preparedness plan three weeks before its first case enabling MoHS, the Office of National Security (ONS) and other stakeholders to quickly identify, test and quarantine most of the primary contacts of the index case, thereby limiting the spread of the disease. Sierra Leone is applying the lessons learnt from the Ebola outbreak to manage the ongoing COVID-19 crisis. However, since its index case on the 31st March 2020, the number of cases has progressively grown with increasing fatalities. As at 30th October 2020, Sierra Leone has recorded a total of 2,365 cases cumulatively (see table 1). Partners are supporting the implementation of the National COVID-19 Preparedness and Response Plan 2020. Table 1 below gives a comparative analysis of COVID-19 in Sierra Leone and her neighbours as at October 30, 2020.

Table 1: COVID 19 in parts of West Africa

Country	Cumulative cases	Recovered Cases	Deaths
Sierra Leone	2,365	1,798	74
Liberia	1,426	1,279	82
Guinea	12,072	10,514	72
Ghana	48,055	47,169	320
Nigeria	62,691	58,430	1,144
Sub-Sahara Africa	1,776,595	1,613,709	42,688
Rest of the World	4,500,000	30,600,000	1,190,000

Source: <https://www.who.int/emergencies/disease/novel-coronavirus/situation-reports>

From **table 1** above, apart from Nigeria and Liberia, Sierra Leone has the highest number of deaths as a proportion of the number of confirmed cases. In terms of absolute numbers, Sierra Leone has the second lowest number of COVID 19 deaths. This is attributed greatly to the measures undertaken by government in the fight against the pandemic. While the country has made significant improvement in its health and disaster management system performance post-Ebola and the flooding

²³ The figures are taken from the World Health Organisation website COVID 19 situation report.
²⁴ <https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf>



recovery period, the COVID-19 pandemic poses a huge risk of reversing gains already made in disaster preparedness and response. The novel corona virus has impacted negatively on disaster preparedness, response, and overall management especially for poorer countries like Sierra Leone.

6.2 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.²⁵ 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 globe²⁶. 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 show its preparedness are depicted in Box 1:



25 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

26 —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 detected
- Intensive public health awareness and campaign messages across the country
- Screening and other safety measures introduced at the Lungi International 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 epidemic.
- Suspending international 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 parlours and not more than 50 people to 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.
- Limiting meetings and public gathering to not more than 100 people.
- Eventual closure of the international airport and border crossing points.



Figure 14: Freetown City Center

6.2.1 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 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 Centre, 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 15: 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 Centre (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 to 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.

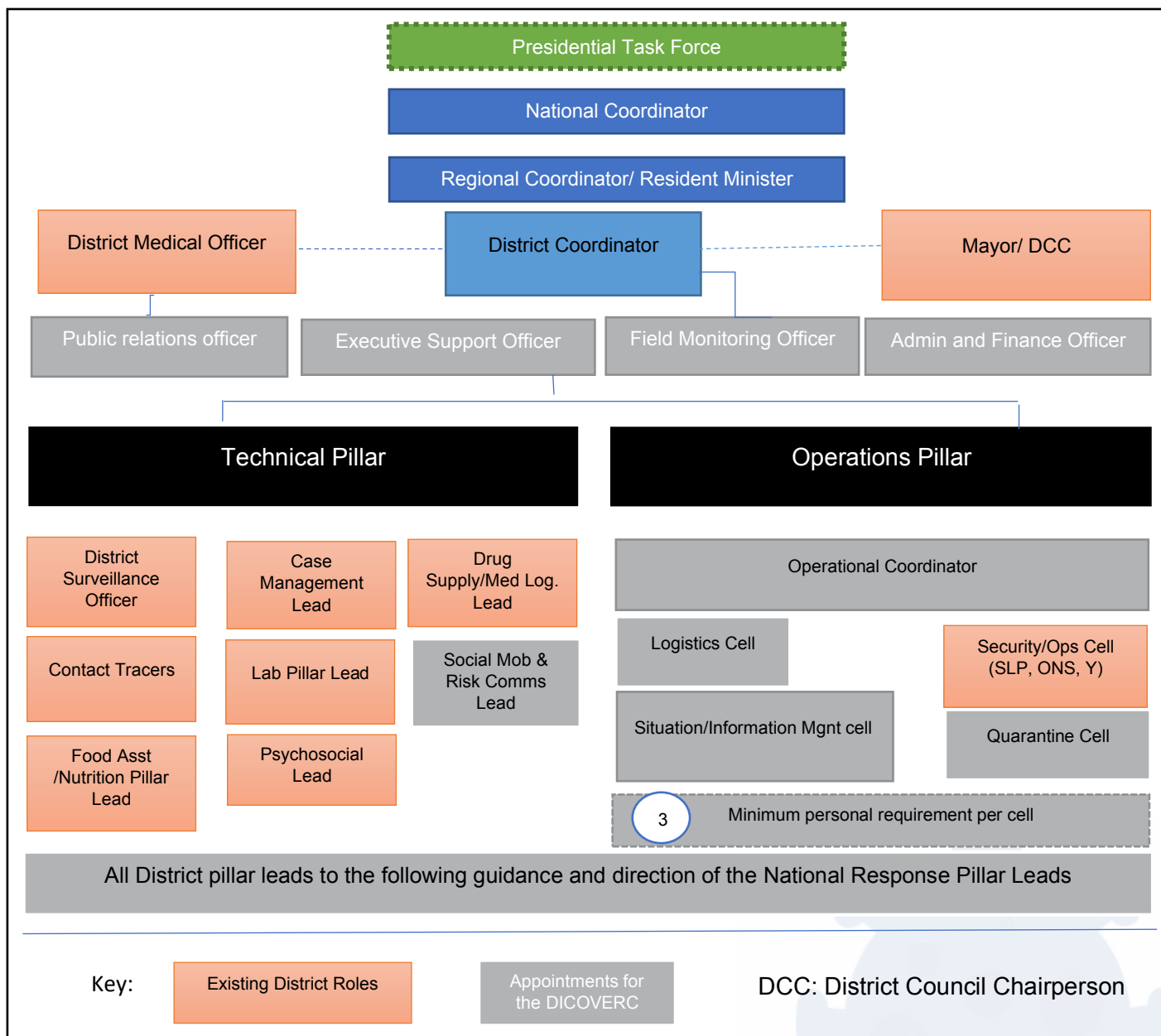


Figure 16: COVID-19 Response Governance Structure - DOCORVERC structure

6.3 Preparedness Plan

The response plan for the COVID-19 was divided into two phases: Phase I dealt with the pre-index case, while Phase II dealt with the response to the in-country outbreak and transmission of the virus

6.3.1 Preparedness Measures

As soon as Sierra Leone became aware of the COVID -19 outbreak in Wuhan, Hubei Province, China in January 2020, the Government began putting in place immediate preventive measures and began monitoring closely the development both in China and in other countries that had begun recording cases such as in Italy and Spain. When the World Health Organization (WHO) declared COVID-19 as Public Health Emergency of the international concern on January 30, 2020. The GoSL

wasted no time and immediately activated the National Public Health Emergency Operations Centre (EOC) at Level 2; and to further reassess the situation and raise the level when required. The Emergency Operations Centre (EOC) is the legacy the Ebola response being coordinated by the Ministry of Health and Sanitation (MoHS), in concert with the Centre for Disease Control (CDC), Republic of Sierra Leone Armed Forces (RSLAF), the World Health Organisation (WHO), Sierra Leone Medical and Dental Association (SLMDA), and an array of Non-Governmental Partners in Health (PIH) for coronavirus preparedness. Furthermore, the President invited to State House former members of the Ebola Response Team to bring their experiences to bear and contribute to the Coronavirus response.

The main aim of the phase I part of the response was to proactively prevent the virus from entering the country and to stay without a case throughout the pandemic period. The activities implemented during this phase I period ruing up to the 31 March 2020 include the following:

- conducted several readiness assessments on the national coordination, preparedness and response capacity as per the WHO's standard COVID-19 checklist; the H.E. President Bio even visited the Freetown International Lungi Airport and Gbalamuya border crossing points to have a first-hand assessment of the Country's readiness
- Activated the Health Inter Ministerial Committee (IMC), which has been meeting regularly to provide policy and strategic guidance.
- prioritized enhancement of surveillance at the three official points of entry (POEs), which are exposed to the highest risk: Freetown International Airport; Gbalamuya (border crossing Sierra Leone and Guinea); and Gendema (border crossing between Sierra Leone and Liberia);
- identified facilities for quarantine, anticipating several travellers from the high-risk countries.
- instituted mandatory quarantine for persons with the history of travel to epicentre countries first to China, but later revised and added Italy, France, and Spain, Iran, South Korea, and USA; for a period of 14 days.
- further revised the mandatory quarantine policy such that any country with a cumulative total of 10000 confirmed cases were subjected to mandatory quarantine period of 14 days
- developed standard operating procedures (SOPs) and protocols for quarantine, isolation, and case management, including SOPs for infection prevention and control (IPC);
- developed a risk communication strategy, information, education, and communication (IEC) materials and tailored messages for COVID-19 prevention.
- Laboratory testing capacity identified at two laboratories supported by the China Military and the China CDC.
- The 34 Military Hospital was identified as having testing capacity and some test kits available.
- Developed the preparedness plans/pillars.



In addition, drawing from the experience of the Ebola Virus Disease (EVD) outbreak, the President declared a state of public emergency on March 24, 2020 in response to the emerging global COVID-19 pandemic, despite not recording any confirmed cases in the country. The government argued that the Ministry of Health and other departments needed enough authority to be able to develop and enforce policies and laws within a short period of time to first prevent the virus from entering the country; and in the event the virus entered the country to fight it and contain its spread. This argument was even more valid given the fact that Sierra Leone has wide-ranging porous borders with its neighbours of Guinea and Liberia. The official traffic amongst the three countries is manned through the three major points of entry (POEs); the numerous other crossing points were manned in an ad hoc manner, thus putting the country at risk of contracting the disease through these other ad hoc crossing points since Guinea and Liberia had already reported cases, alongside with other ECOWAS Countries such as Burkina Faso, Cote d'Ivoire, Ghana, Mali, Nigeria, Senegal and Togo. This posed an immediate and constant threat to Sierra Leone.

6.3.2 Phase II of the Response Plan: containing the COVID-19 in the country

Since the first case was confirmed on the 31st March 2020, the response plan was put into action to contain the spread of the disease around the country. The National Public Health Emergency was raised to Level 3, which is the highest level. The main object of this phase includes the following:

- Limit human-to-human community transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events.
- Identify, isolate, and care for patients early, including providing optimized care for infected patients.
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, and treatment.
- Communicate critical risk and event information to all communities and counter misinformation; Minimize social and economic impact through multi-sectoral partnerships.
- This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travellers, awareness-raising in the population and risk communication.

A few weeks after the first case was confirmed on 31 March 2020, the country's Minister of Defence was appointed Interim Coordinator of the EOC, which was later renamed National COVID-19 Emergency Response Centre (NACOVERC), and its operations were quite a bit different from the 'traditional EOC. Similar structures were also established at district level known as DICOVERC, and District Coordinators for the districts outside the capital city of Freetown were appointed to coordinate the sub-national response. Subsequently the Regional Resident Ministers were appointed as Regional Coordinators to oversee operations of DICOVERC in their various regions. Having put these structures in place, additional measures were put in place to fight the disease; these measures include the following:

- A robust social mobilisation drive that includes, CSOs, journalist, artists, religious and community leaders
- Limiting meetings and public gathering to not more than 100 people
- Closing of all international borders, and enforcing the mandating quarantine for those visitors found in country
- Closing of all places of worship across the country
- Closing of all schools, colleges, and institutions of learning throughout the country
- Virtual meetings encouraged and are now the new normal
- The declaration of State of Public Health Emergency-to enable the government to take more proactive measures at a short notice
- Imposition of inter-district lockdown
- Imposition of a 9pm to 6am curfew
- Two three-day national lockdowns
- Closing of week markets throughout the country which serve as exchange centres for agricultural produce and inputs
- Reduction in the number of hours for official work now between 9am-4pm
- Alternating of working days for staff for all categories of employment
- Establishment of treatment centres for the management of positive patients and isolation centres for primary contacts of positive patient as a way of containing the spread of the virus
- Promotion of hand washing in homes, communities, offices, and other public places
- Introducing mandatory wearing of masks in public places including business places and offices
- Reducing the number of passengers in all public transport by around one-third
- Closing of cinemas, sporting activities and other entertainment activities and places
- Introducing mandatory hand-washing facilities in all public places and business centres

Some of these restrictions, were hugely criticized given their impact of the economy and basic human right and freedoms. However, experts agreed that despite the criticisms, some of the measures proved effective, as Sierra Leone became one of the last nations in the region to record its first confirmed case and has been able to quickly turn the curve of the community transmission of the virus around the country. It could have been far worse, if the government had not imposed tough restrictions, particularly the restrictions on overseas travel, on public gatherings, the closure of educational institutions and a state of public health emergency for a period of 12 months. All the pillars of the response plan were activated, which are discussed below:



Box 2: Pillars of the Covid-19 Response Plan

Surveillance Pillar

This pillar is meant to enhance early detection of any case of COVID-19 and any other infection disease of public health concern, using largely through the electronic Integrated Disease Surveillance and Response (eIDSR), electronic Case based Disease Surveillance (eCBDS), Community Based Surveillance (CBS) and national mortality surveillance platforms. In the case of combating CoVID-19, this pillar was required to enhance specific surveillance activities at the point of entries, communities, and health facilities in order to identify suspected cases, isolate them as we want for laboratory confirmation. The main activities of this surveillance pillar include:

Enhancing capacity for surveillance at national, district and POEs for COVID-19 through the training of surveillance officers, the provision of logistics for surveillance (internet connectivity, transportation, and) and gent support for local and international experts

Quarantine of travellers from hotspots including monitoring and review of facilities and circumstances to ensure conducive environment in all permanent facility/structures at POEs

Data management (Laptops, tablets and data management soft wear)

Electronic case-based disease surveillance (eCBDS) reporting platform

Case Management Pillar

This Pillar deals with the isolation of every positive case of COVID-19 to break the chain of disease transmission and to ensure that there are no ideal facility for isolation and treatment at the point of entry and the general hospitals such as Connaught and 34 Military Hospitals. Adequate training of clinicians and auxiliary staff is very critical for confidence building, as they have never managed a COVID-19 patient.

Laboratory Pillar

Looks after establishing functional public health lab system, specimen management system

Infection, Prevention and Control (IPC) Pillar

Encourages local production of Alcohol Base Hand Rub (ABHR) sanitizer & liquid soap; develop capacity for liquid soap production; this is to ensure that there would be a guaranteed supply source, local content promotion, cheaper, readily available and to avoid stock out.

Communication Pillar

This pillar deals with risk communication, media monitoring, press conferences, and community engagement, to ensure that the people and communities are well educated and aware of the COVID-19 risks factors and prevention measures.

Medical Counter Measures (MCM) Pillar

This deals with the safe storage of equipment and supplies given limited capacity at CMS, strategic prepositioning of supplies, appropriate storage conditions to maintain quality and shelf life of medicines and consumables. Bad road conditions and rough terrains necessitate storage of items in strategic locations.

Point of Entry PILLAR

There are 9 dedicated POEs but only 3 with modern infrastructure. There is strong need to construct remaining 6 for effective POE functions.

6.4 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 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 were 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.



7. ANALYSIS OF POLICY POSSIBILITIES FOR HEALTH GOVERNANCE AND COVID-19 RESPONSE IN THE REPUBLIC OF SIERRA LEONE

7.1 Human Resources – Health workforce

Human resources are one of the key pillars of the health system, particularly those that provide services. The scarcity of skills in the health sector is a global challenge. African countries are hard hit in this area. Health care shortages are usually prevalent across the country – before an outbreak. Robinson estimates of over 30 000 health professionals in Sierra Leone that are needed to meet health needs of the country.²⁷ Furthermore, Robinson argues that the ration of the healthcare worker to 10 000 populations as significantly lower compared to the global average, at 1.4 compare to the global rate of 9.3. Chersich et al (2020)²⁸ argue that there are major gaps in response capacity, especially in human resources and protective equipment in African countries. Furthermore, Chersich et al (2020) puts emphasis on ensuring that there is adequate protection of health care works as one of the key priority areas in dealing with COVID-19, this insight is also coupled with limited health facilities and hospital beds on the African continent. This is one of the key challenges that could harm response strategies to a pandemic such COVID-19. Box 3 below depicts interventions to protect healthcare and prioritise health workers in the fight against COVID-19.

Box 3: Interventions to protect healthcare

- International support with personnel and protective equipment, especially from the international community, could turn the pandemic's trajectory in Africa around and many other affected countries.
- Telemedicine holds promise as it rationalises human resources and reduces patient contact and thus infection risks.

Source: Chersich et al (2020)

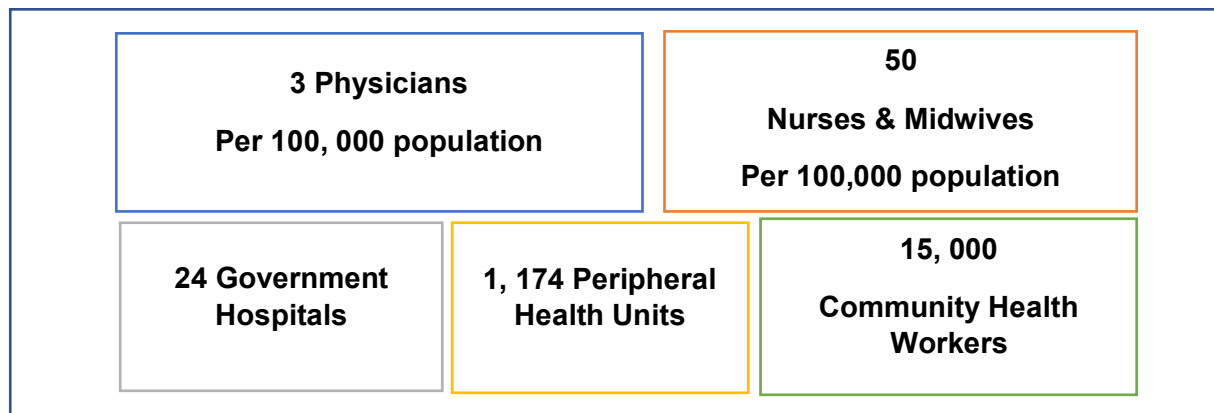
According to the APRM Country Review Report (2012), the critical shortage of human resources seriously undermines efforts to improve health service delivery in Sierra Leone²⁹. One of the attributes is the legacy issues that were brought about by the lag in the training of health professionals during the War. Box 4 further depicts human resource indicators in Sierra Leone³⁰. The Strategy report further depicts that, even though there were significant gains in health outcomes since the end of the civil war in 2002, however Sierra Leone has some of the worst health indicators in the world and ranks among the lowest, globally, for density of skilled birth attendants relative to the population.

27 Robinson, C. (2019). Primary health care and family medicine in Sierra Leone. *African Journal of Primary Health Care & Family Medicine*, 11 (1).

28 Chersich, M.F., Gray, G., Fairlie, L. et al. COVID-19 in Africa: care and protection for frontline healthcare workers. *Global Health* 16, 46 (2020). <https://doi.org/10.1186/s12992-020-00574-3>

29 APRM. 2012. Country Review Report No15. Republic of Sierra Leone. <https://www.aprm-au.org/publications/country-review-report-no-15-sierra-leone/>

30 <https://www.afro.who.int/sites/default/files/2017-05/hrhstrategy2017.pdf> 08/Sierra%20Leone%20Health%20Sector%20%20Performance%20Report%202016.pdf

Box 4: Health Human Resources indicators: Sierra Leone-2016³¹

Source: Evans, Goldstein, & Popova (2015)³², Ministry of Health and Sanitation, Sierra Leone-Human Resources for Health Strategy 2017-2021³³

Lessons learning from the Ebola outbreak resulted in a concerted effort by the Ministry of Health and Sanitation to recruit more health workers. The ministry has already recruited over 4000 health workers to beef up capacity. According to the minister of health confirmed a political will from the president in strengthening the health sector with massive recruitment of healthcare workers. The ministry of health and sanitation further indicated the following interventions³⁴:

- On the job training programs of health care workers on COVID-19
- Employed more health care workforce on COVID-19
- On March 28 and 29, 2020 a total of 176 field epidemiologists were trained on case searching, contact tracing, screening, and detection of COVID-19 in the country at the Emergency Operation Centre (EOC) building 2 in Cockerill Freetown³⁵.
- A further 3000 health personnel to be recruited over the next 3 years commencing in 2021

7.2 COVID-19 Infection Rate Amongst Health Care Workers

The infection rate of health care workers in Sierra Leone is among the top ten when adjusting for the numbers of confirmed cases. The WHO estimated over 10 000 health workers in Africa that were infected with COVID-19 as of July 2020³⁶. One of the contributing factors to the increased number of infections in health care facilities is the lack or shortage of protective gear and the lack

31 Health worker to population ratios includes only government employees and is based on data from the 2016 MoHS payroll verification and the 2015 Population and Housing Census (Statistics Sierra Leone) Total population in Sierra Leone: 7,092,113; Population of under-fives: 938,453 (13.2%)

32 Evans, D. K., Goldstein, M., & Popova, A. (2015). Health-care Worker Mortality and the Legacy of the Ebola Epidemic. *Lancet Global Health*.

33 Ministry of Health and Sanitation, Sierra Leone- Human Resources for Health Strategy 2017-2021. Available at <https://www.afro.who.int/sites/default/files/2017-05/hrhstrategy2017.pdf>

34 APRM Ministry of Health and Sanitation Discussion Forum.21 November 2020

35 MOHS (2020c) 176 Field Epidemiologists days effective training on case searching, contact tracing, screening and detection to respond to COVID-19 pandemic. Available at: <http://dhse.gov.sl/176-field-epidemiologists-days-effective-training-on-case-searching-contact-tracing-screening-and-detection-to-respond-to-covid-19-pandemic/> (Accessed: 27 October 2020).

36 WHO. Over 10 000 health workers in Africa infected with COVID-19. 23 July. <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>



of infrastructure. Some of the underlying factors that impact on the increase in the infection rate of health care workers are³⁷⁻³⁸:

- Inadequate access to personal protective equipment.
- Weak infection prevention and control measures increase the risk of health care worker infections.
- Exposure to patients who do not show signs of the disease and are in health facilities for a range of other services.
- Health personnel are repurposed for a COVID-19 response without adequate briefing.
- Heavy workloads which result in fatigue.
- Burnout and possibly not fully applying the standard operating procedures.
- Inadequate training on COVID-19

A significant number of health workers have been affected by COVID-19, with 6 066 (20%) being infected in 38 countries since the beginning of the outbreak³⁹. The report further depicts a total of 155 health workers in Sierra Leone had been infected by COVID-19. There has been a global concerted effort to reduce the infection rate of health care workers. According to the WHO⁴⁰ the infection rate of health care workers infected with COVID-19 between May and June was 16 percent and this number reduced to just under 10 percent in July. According to the ministry of health, 10% of the confirmed cases in Sierra Leone are health care workers, a recent report depicts a total of 236 (10.2%) COVID-19 cases are among health workers in Sierra Leone⁴¹. The ministry of health further attribute this to non-COVID-19 facilities⁴². The ministry further depicted training programs were introduced to train health care workers in all facilities irrespective, both COVID-19 and non-COVID-19 facilities.

7.3 COVID-19 Testing capacity

Testing capacity is a global challenge facing many healthcare systems, this is because of the shortage of testing equipment. Many African countries, chiefly those that have 'weak' health systems are finding it difficult to cope with the pandemic. Testing was a great problem. There was a limited number of labs: three in the Western Area, One eventually in the North and one in the East without a lab in the southern region. This meant that all samples from the four districts of the Southern province had to first be transported on ice to mostly the lab in the East or Western Area. As a result, the tests could not all be done within 24 hours as anticipated. There was also a challenge of overload on lab staff doing tests and potential room for error in testing. Donor support has had a significant role in assisting African countries with equipment and laboratories. The WHO recently supported the Sierra Leone government with COVID-19 testing molecular laboratory⁴³. This move was to facilitate the scaling up

37 Nguyen, L. H. et al. Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. *Lancet* [https://doi.org/10.1016/S2468-2667\(20\)30164-X](https://doi.org/10.1016/S2468-2667(20)30164-X) (2020).

38 WHO. Over 10 000 health workers in Africa infected with COVID-19. 23 July. <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>

39 WHO. 2020. COVID-19. COVID-19. Situations update for the WHO African Region. 1 June 2020. Available at https://apps.who.int/iris/bitstream/handle/10665/332929/SITREP_COVID-19_WHOAFRO_20200701-eng.pdf.

40 WHO. Over 10 000 health workers in Africa infected with COVID-19. 23 July. <https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>

41 Sierra Leone Ministry of Health and Sanitation. (2020). Corona Virus Disease (COVID-19) Situational Report Report No.200 Date of Issue 16th October, 2020, 3pm

42 APRM Ministry of Health and Sanitation Discussion. 22 November 2020.

43 WHO. (2020). A new COVID-19 testing laboratory commissioned in rural Sierra Leone supported by WHO. As at 30 August 2020. Also available at: <https://www.afro.who.int/news/new-covid-19-testing-laboratory-commissioned-rural-sierra-leone-supported-who>

of testing capacity for the disease in the country making this the 6th COVID-19 testing site in Sierra Leone. The average number of daily tests for COVID in Sierra Leone is less than 600. The scaling up of the current levels by the ministry through donor support could achieved more than 1000 tests per day.

7.4 Child Health and Mortality

One of the unintended consequences of COVID-19, due to lockdown restrictions, and the prioritisation of COVID-19 related symptoms and treatment is the slipover effect on other illnesses and diseases including those related to sustainable development goals such as child health and maternal health. In most countries, most patients fear visiting health care facilities. People worry about cross-contamination from health care facility environments and prefer to seek alternative treatment. This negatively impacts the health-seeking behaviour and prognoses of patients. In certain countries, including South Africa, elective surgeries have also been postponed easing the burden on health care providers to COVID-19 patients.

Health systems globally have seen a decline in the general utilisation of health services. According to the Kabala Government Hospital in northern Sierra Leone⁴⁴, the decline in the rate of visits is as high as 50 percent. *“Patients are refusing to come to the hospital. We must go out to surrounding homes to encourage them to visit health centres. Before the virus, we used to get close to 100 percent turnout, but now, we’re struggling to hit 50 percent.”* A decline of patients visits for treatment concerned with maternal matters and childbirth is worrying. Sierra Leone has one of the highest infant and maternal mortality ratios in the world and remains one of the riskiest places to give birth. According to Trend Micro⁴⁵ data, Sierra Leone has the second-highest infant mortality rate when compared to similar countries.

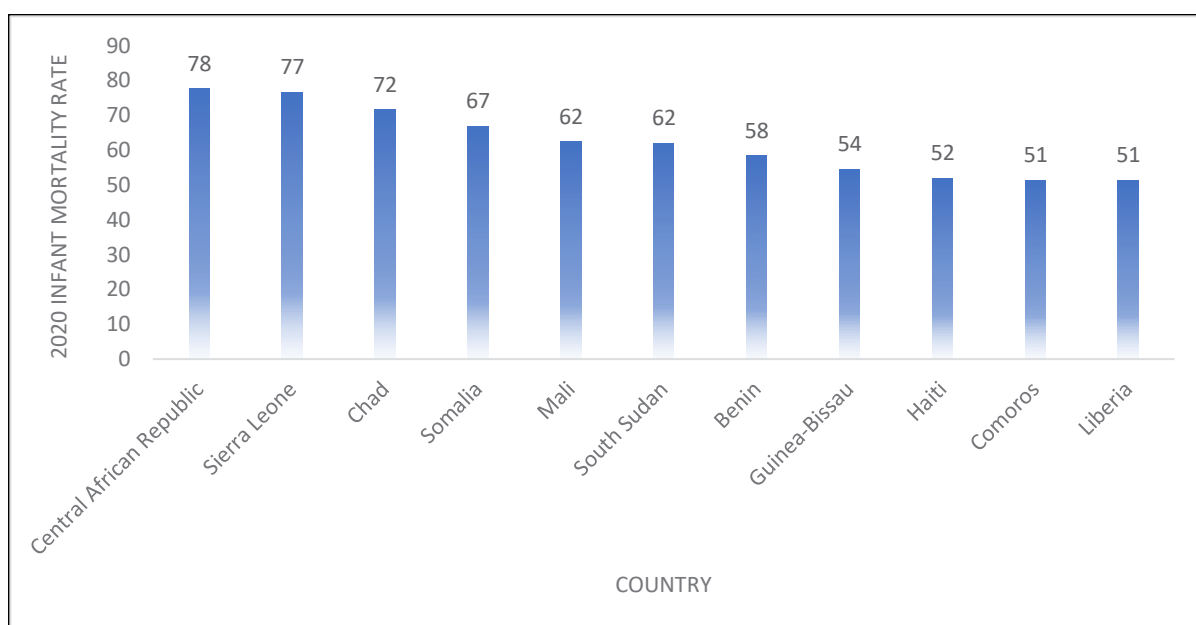


Figure 17: Infant mortality rates, Source: Trend Micro Data

44 Brima (2020) available at: <https://mg.co.za/africa/2020-08-20-covid-19-puts-sierra-leones-expectant-mothers-at-further-risk/>
 45 <https://www.macrotrends.net/countries/SLE/sierra-leone/infant-mortality-rate>



More and more mothers lose their lives because of pregnancy or childbirth every year, approximately 810 women died from preventable causes related to pregnancy and childbirth⁴⁶. According to the UN, in Sierra Leone, 1 in 17 mothers has a lifetime risk of dying in connection to childbirth⁴⁷. Furthermore, the country has one of the highest maternal mortality rates in the world, with an estimated 1,165 deaths per 100,000 live births.

7.5 Communication and advocacy

Communication is also one of the most important aspects of health care management. Communication strategies and government plans must be clearly defined and consistent. Inconsistent messaging and communication from policymakers could lead to a lack of trust and confidence in governments. This is also a trend noted in Sierra Leone, where communication between health authorities and communities has had a significant impact in the fight against COVID-19. One of the most effective outcomes of effective communication in a health system, during an outbreak is information sharing. A crisis communication plan is to ensure an active communication structure during emergencies, with key messages crafted and delivered to a target audience to inform and to encourage desired behaviours. The Action for Advocacy and Development Sierra Leone (AAD-SL) amongst others used various communication channels to raise awareness of COVID-19. This involves:

- Broadcasting radio discussion programmes about COVID-19 prevention. These radio programmes lasted for 12 weeks.
- Airing radio jingles in 5 local languages that lasted for 12 weeks.
- Supplying public address systems for district health vehicles for street-to-street and village awareness-raising campaigns.
- Establishing hand washing facilities in 59 communities and 30 public places. Visual posters and leaflets were also provided.

Communication could also be used to enhanced other strategies that are related to Testing and tracing. Technology could potentially be optimised to reach out to a wider audience. Thus, robust communication system including the use messaging in local languages, songs in local languages, door to door sensitizations, the role of various community groups, government organisations and NGOs/INGOs has been shown to be one of the most effective strategies and responses to pandemics such as COVID-19.

7.6 Information asymmetry and Fake news

Research has shown that myths still exist even among health workers regarding COVID-19 infections, especially with regards to the methods of transmission, signs and symptoms and preventions. Asymptomatic cases also caused a serious challenge. Persons testing positive but without symptoms fuelled conspiracy theories about the existence of COVID-19 as a hoax. Some

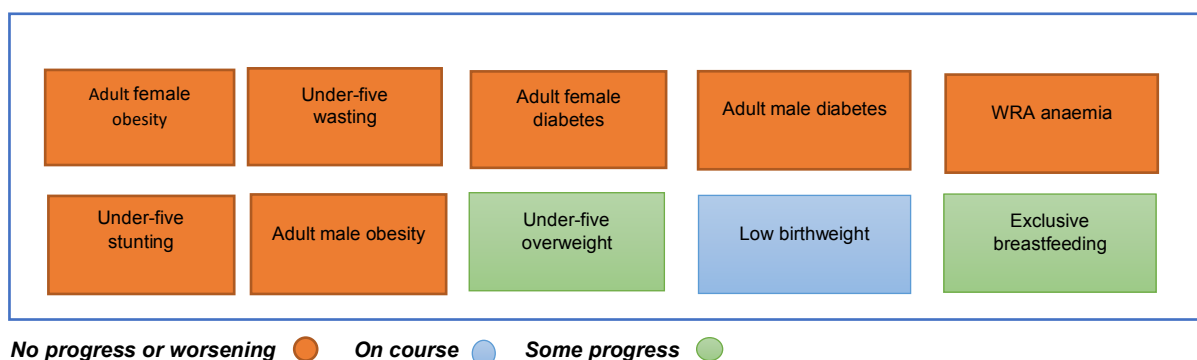
⁴⁶ WHO.(2020).Maternal Mortality. Geneva. Available at approximately 810 women died from preventable causes related to pregnancy and childbirth
⁴⁷ WHO. (2020). Maternal death Surveillance and Response. Ministry of Health and Sanitation. Sierra Leone. available a <https://www.afro.who.int/sites/default/files/2017-06/mdsreport.pdf>

asymptomatic patients were aggressive and created problems for care givers. There are others who still believe that COVID-19 is a money-making venture, and this is undermining confidence in the government and the response. It is worth investigating further the perception and knowledge of the population and stakeholders of COVID-19 and the response measures to put in place to limit the spread of the virus.

7.7 Malnutrition

There is currently no study that depicts malnutrition as one of the risk factors of COVID-19, however good nutrition is indeed a necessity to maintain a high level of immunity. According to Headey, Heidkamp, Osendarp, (2020)⁴⁸ the COVID-19 pandemic poses grave risks to the nutritional status and survival of young children in low-income and middle-income countries (LMICs). Thus, there seems to be an indirect association between socioeconomic factors and COVID-19. The impact of lockdown has been felt by many industries and has adversely impacted the economies of many countries. Interruptions in food security industries because of the COVID-19 pandemic potentially produced execrable malnutrition. According to the Global Nutrition Report, countries such as Sierra Leone have high malnutrition rates, these are most prevalent in children and adults, particularly women. The report further depicts underperformance concerning a global comparison of malnutrition. The country performed well in only three (3) of the 10 indicators (See Box 5). Mainly Under-five overweight, Low birth weight and exclusive breast feedings which are the indicators that the country performed well. There is certainly a need to improve in the other seven global nutritional targets.

Box 5: Progress against global nutrition targets 2019



Source: Global Nutrition Report (2019)⁴⁹

48 Headey D, Heidkamp R, Osendarp S. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. Lancet. 2020; (published online July 27)

49 The Global Nutritional report. 2019. <https://globalnutritionreport.org/events/nutrition-2019/>



7.8 Disease Surveillance

Disease surveillance is one of the most prevalent strategies in managing a pandemic. According to Wilkinson (2020)⁵⁰, epidemic response units have strengthened expertise in disease surveillance, case management and risk communication. Ihekweazu and Agogo (2020)⁵¹ argued 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, Yoti, Bakyaita, Gaturuku, Katz, Fischer and Perry (2013)⁵² further depicted that 93 percent of the 46 countries in the World Health Organization's (WHO) African region (AFRO) are implementing Integrated Disease Surveillance and Response (IDSR) guidelines. These guidelines assist by improving an operator's abilities to detect, confirm, and respond to high-priority communicable and non-communicable diseases. With the support of various partners, including the CDC, and the WHO the Sierra Leone Government was one of the first countries to implement a paper-based IDSR system in 2014 when the Ebola outbreak sparked⁵³. Furthermore, Sierra Leone is the first country in the World Health Organization's (WHO) African region that has fully 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 success key learning during the Ebola outbreak. Thus, the Ebola experience has accelerated digital transformation, specifically in disease surveillance. The following were some of the strategies that were employed by Liberia, Sierra Leone, and Guinea to deal with COVID-19. These were also linked to key lessons learnt from the Ebola outbreak⁵⁴:

- They isolated everyone who tested positive — regardless of symptoms.
- People who were very sick went to hospitals.
- Those with no symptoms or mild illness were sent to special facilities until they tested negative.

Some of the key lessons learnt from the Ebola outbreak are inconsistent when comparing Liberia, Guinea and Sierra Leone. Typically, West African countries that were affected by Ebola are currently depicting varying experiences. This indicates that some of the hard lessons taken from the Ebola pandemic are possibly not effective or have not been implemented adequately or these countries have employed distinct response strategies. The figure depicted below shows that Guinea is experiencing challenges in the number of new infections being reported. This can be seen in the upward slope that was most prevalent in the period 13 to 19 April. Delamou, Sidibé and Camara (2020)⁵⁵ reported that Guinea showed several failures and deficiencies in the national control response to the pandemic and that this merits further attention. In terms of public health governance and response, Guinea seems to have had less public health preparedness in place from the number of cases recorded but they had a better case management than Sierra Leone and Liberia as they had a CFR less than one. On the other hand, Liberia seems to also have better preparedness than

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

51 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>

52 Kasolo, F., Yoti, Z., Bakyaita, 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>

53 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>

54 Nature. Ebola prepared these countries for coronavirus — but now even they are floundering. 21 July 2020. <https://www.nature.com/articles/d41586-020-02173-z>

55 Delamou A, Sidibé S, Camara A, et al. Tackling the COVID-19 pandemic in West Africa: Have we learned from Ebola in Guinea? *Preventive Medicine Reports*. 2020 Dec; 20:101206. DOI: 10.1016/j.pmedr.2020.101206.

Sierra Leone to limit the number of cases, but their case management pillar seems to perform least causing a higher CFR for Liberia of 5.75. The increasing number of cases in the neighbouring Guinea is important in motivating and tightening the border controls to contain the spread of the pandemic in Sierra Leone.

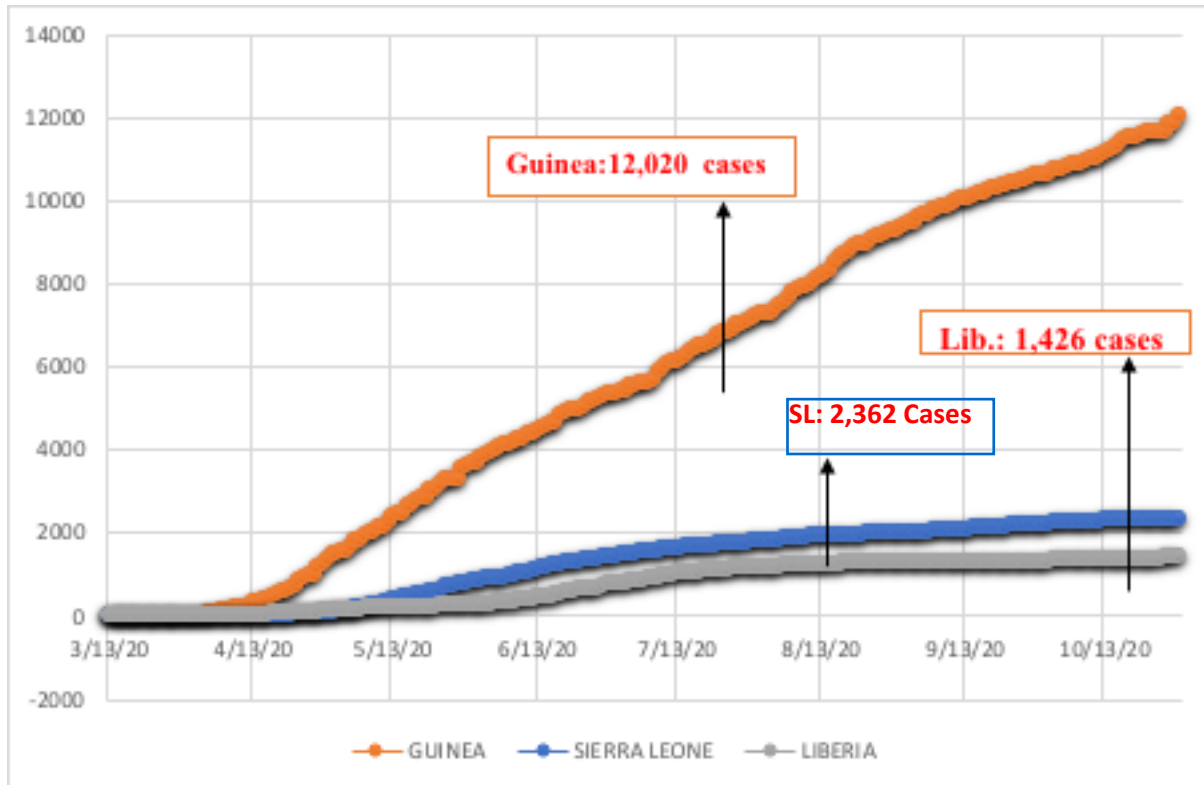


Figure 18: Cumulative Covid-19 Cases, Sierra Leone, Liberia And Guinea, OCT. 29, 2020, Source: Delamou et al. (2020)

7.9 Additional Measures

- A robust social mobilisation drive that includes, CSOs, journalist, artists, religious and community leaders.
- Limiting meetings and public gatherings to not more than 20 people.
- Virtual meetings are encouraged and now the new normal.
- The declaration of a State of Public Health Emergency.
- The imposition of an inter-district lockdown.
- The imposition of a 9pm to a 6am curfew.
- Two three-day national lockdowns.
- Establishment of treatment centres for the management of positive patients and isolation centres for primary contacts of positive patients, 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.



7.10 Management of COVID-19 Funds

The APRM (2012) country report on Sierra Leone highlights corruption as a major stumbling block retarding democracy and political governance in Sierra Leone. Regrettably, corruption has also been noted as one of the prevalent stumbling blocks in the health sector. This is however a global phenomenon which also emerges even during a pandemic such as COVID-19. In South Africa, COVID-19 has exposed greed and spurred long-needed action against corruption.⁵⁶ In the main corruption is because of weaker procurement and supply chain management systems, which are also coupled with self-interest or a conflict of interest. The rapid and emergency purchases of educational equipment to meet the immediate transition to online education due to national lockdowns, as well as health care equipment to address the pandemic, has exposed vulnerabilities in procurement systems that were already prone to fraud and corruption.⁵⁷ The Sierra Leone government has included the fight against corruption as one of the strategic goals. In 2020, the country launched the Anti-Corruption Commission, launched the COVID-19 Response Transparency Taskforce to ensure integrity, accountability and transparency in the use and management of funds. The government also established a COVID-19 account to focus on delivering the emergency response effectively. In this regard, we have already begun regular reporting on the use of these emergency funds.

7.11 COVID-19 Education Response

A COVID-19 Education Response Plan was proposed. The use of distanced learning, TV, radio and e-learning and teaching methods were piloted without reasonable success. The education calendar for universities has been altered seriously and certain graduations were not held and the students who have finished degree programs are yet to get degree certificates for employment and scholarship. Some of the challenges that were identified in providing support for continued learning are as follows for TV/Radio Teaching and Learning:

- Not all children had access to TV or radios at home to watch or listen
- Not all homes were electrified or had power to facilitate radio or TV classes
- Not all pupils could learn effectively on radio or TV (for example nursery level pupils)
- There was no possibility of accurate assessment to determine if teaching and learning took place correctly

e-Teaching and e-Learning Platforms

- The system was introduced in all tertiary institutions in the country, but less than 50% success was obtained
- Not all lecturers uploaded their lecture materials on the platforms for students to access
- Many students did not have smart phones or computers to use online platforms
- Some students from hard-to-reach areas without internet network could not attend
- The data costs to carry out the teaching and learning/ logistics for effective e-learning were not adequate

⁵⁶ Transparency Internationals. In South Africa, covid-19 has exposed greed and spurred long-needed action against corruption. <https://www.transparency.org/en/blog/in-south-africa-covid-19-has-exposed-greed-and-spurred-long-needed-action-against-corruption#>

⁵⁷ OpenOwnership. Corruption, procurement and COVID-19 in Africa. June 2020. <https://www.openownership.org/blogs/corruption-procurement-and-covid-19-in-africa/>

- There was general frustration with the platforms or the lack of needed resources and know-how to utilize them

Amid some of the challenges outlined above, the review revealed that donor support and multi-stakeholder approach was employed as one of the strategies to assist low-income countries such as Sierra Leone. Donors such as UNICEF-supported the education department through various national radio programming and provided daily lessons for children from pre-primary to senior secondary levels, including life skills programming; Distance and digital teacher training programmes are also currently being developed in partnership with the Teaching Service Commission (TSC).⁵⁸

7.12 Religion and Community

During the early phase of the COVID-19 response in Sierra Leone all religious places were closed while night clubs and bars were running in some places. Religious communities found this repugnant since they were deprived of places where psychosocial care and counselling and earning was possible.

7.13 Impact of COVID-19 on Gender

Sierra Leone has the lowest gender development index⁵⁹ with high levels of sexual assaults and gender-based violence. Restrictions that characterized the enforcement of public health measures to combat COVID-19 such as lockdowns, night curfews could have created an avenue for unwarranted sexual and gender-based violence both at home and by forces enforcing the measures. According to UN data⁶⁰, 70 per cent of health workers and first responders are women, there is evidence that frontline workers are mostly effected by the epidemic and in the main its women frontline workers that are hardly hit. The review revealed several initiatives that were employed by the Sierra Leone government to support women healthcare workers during the fight so that there is adequate support provided to women health workers during COVID-19. According to the Health Ministry and Sanitation, Targeted training programs of health care professional⁶¹ are conducted. This was further supported in one of the discussion forums with Civil society and Media health on the 21 November 2020.⁶²

7.14 Donor support

UN organisations provide technical support and fund key health activities in the country. Some work through government institutions and other coordinating bodies in the country. The UN 20 agencies working with health sector are, UNAIDS, UNDP, UNFPA, UN-Women, UNICEF, WHO. Learning from the Ebola outbreak, the Sierra Leone government optimised on donor support and partnerships built over the years and during the Ebola outbreak. The continued existence of these structures seems to have contributed to the containment of infections. The table below depict some of the donor supports to the Sierra Leone government during COVID-19.

58 UNICEF.2020. Situation Overview and Humanitarian Needs. UNICEF SIERRA LEONE COVID-19 Situation Report – #2 18th April – 1st May 2020. Available at : <https://www.unicef.org/media/82561/file/Sierra-Leone-COVID19-SitRep-1-May-2020.pdf>

59 UNDP. *Human Development Report 2019: Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century.* (2019).

60 <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-wome>

61 APRM Discussion with the Ministry of Health and Sanitation. Sierra Leone. on 20 November 2020.

62 APRM Discussion Forum with Civil Society and Media. 21 November 2020.



Table 2: Donor support matrix on Sierra Leone COVID-19 response

UNFPA	The UNFPA supported the Ministry of Health and Sanitation to preposition reproductive health commodities and supplies to the last mile. UNFPA also worked to sensitize promote the utilisation of reproductive health services, through the provision of mama-baby packs to encourage institutional deliveries.
UNICEF	Supports the welfare of mothers and children through the MoHS. UNICEF's major programmes include water, sanitation, and hygiene (WASH), Expanded Programme of Immunisation (EPI), maternal and child health, maternal and child nutrition, HIV/AIDS and health policy and advocacy
WHO	Supports the country's priorities of reducing infant and maternal mortality and contributes to the response against malaria, HIV/AIDS. They provide technical assistance to the MoHS for health systems strengthening and nutrition promotion.
World Bank	Funds the restoration of essential health services at the primary and secondary level. It funded the construction of one modern referral hospital in Makeni, and the rehabilitation of three existing district hospitals.
EU	EU is a funding agency. Funding ranges from general budget support to total funding of bilateral programs/projects. In recent years EU supported the rehabilitation of sixteen PHUs in four districts and four district hospitals in the country. They also funded three national technical programs (malaria, TB/leprosy and environmental sanitation).
MSSL	MSSL is carrying out family planning outreach activities in all 13 districts in Sierra Leone. They have static centres at each district. The Freetown static centre is also an emergency obstetric care centre.
IDB	Supports the rehabilitation and equipping of hospitals and PHUs throughout the country in the form of loans
ADB	Is a funding organisation. From 2002 to 2005, the bank funded the construction of PHUs, three district hospitals and rehabilitated the PCM hospital, Connaught hospital and five CHCs in the Western Area. ADB also provided funds for the training of 21 health staff and the purchase of medical equipment, drugs, and vehicles.



8. DATA ANALYSIS

8.1 Background

The Targeted review also entailed an electronic survey that was sent out to stakeholders, other than the stakeholders that participated in the physical interactions, 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 Health Governance Statistical Analysis Questionnaire was designed as part of the APRM Targeted Review on Health Governance and Covid-19 Response in Sierra Leone to collect information from stakeholders and citizens. It was designed to understand the level of knowledge, attitude, and perceptions that people have towards the coronavirus disease. The electronic questionnaire's link was shared with a wide number of people to both government officials and non-state actors. Basically, the respondents were those officials from the following organizations who were participants of our MDA/regional meetings: Organizations that were contacted and the survey link sent to include the following:

- UNDP
- WHO
- Other CSOs
- Ministry of Health and Sanitation
- Ministry of Finance
- Ministry of Planning and Economic Development
- Local Council Officials
- NACOVERC
- DICOVERC
- Media

In addition, the link was shared with Private persons in over 10 WhatsApp's groups. In essence the link was shared with more 100 people both through email and WhatsApp platforms.

8.2 Sample achieve

The low response rate could be due to the relatively new strategy of administering questionnaires through email and WhatsApp or social media platform as well the lack of consistent internet supply across the country. However, the responses received are nationally representative.



8.3 Analysis

8.3.1 Health governance

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 19 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 do however reveal key insight in terms of areas that need improvement in as far as regulations, policies and COVID-19 guidelines are concerned. The data revealed that public health measures such as handwashing stations, use of mask to a large extent have been utilised by respondents. However, there is a need to further enhance and enforce measures such as Social distancing and the use of hand sanitisers.

Figure 19 below depicts on how some of the public healthcare management guidelines, policies and regulations have impacted the way of work or the working environment. The results certainly depict that there has been an impact, particularly with regards to the fact that most employees have had to work from home, however this did not seem to be significant. This could be attributed to the fact that lockdown was only declared for a maximum of 3 days. The results depict that half of the respondent did not have to work from home during lockdown.

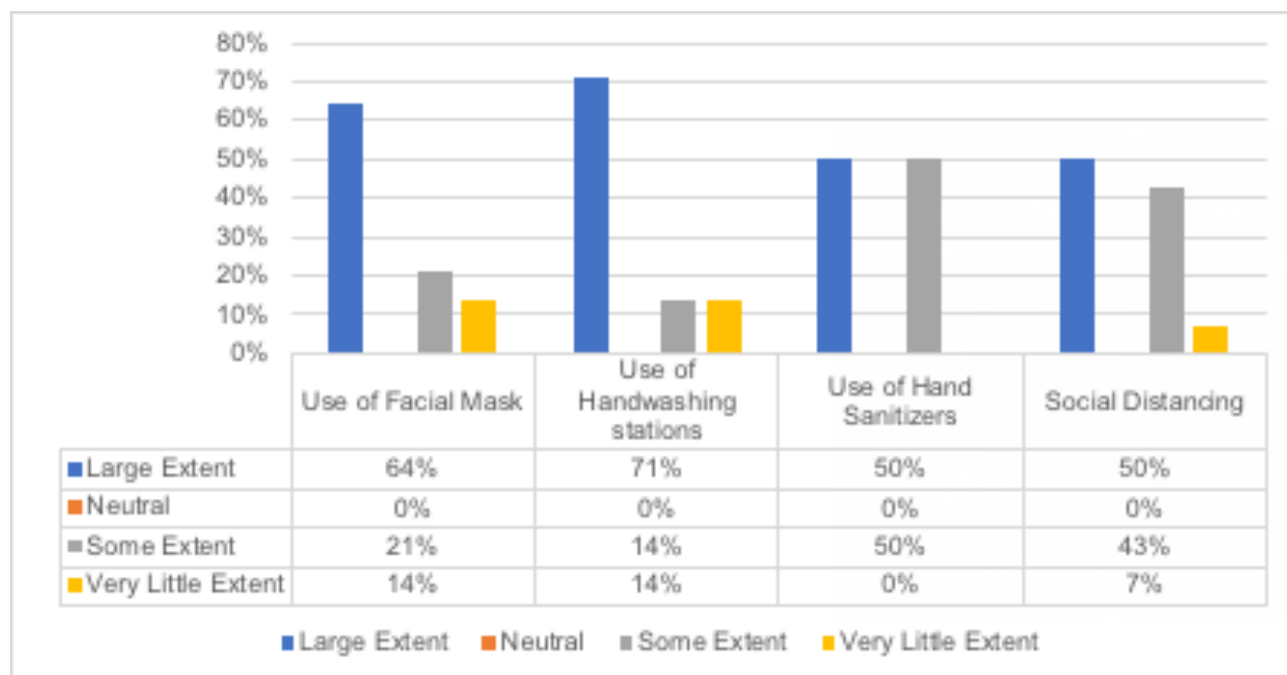


Figure 19: Public health management preliminary results



Figure 20 : Cross session of participants in Bo, Southern Sierra Leone

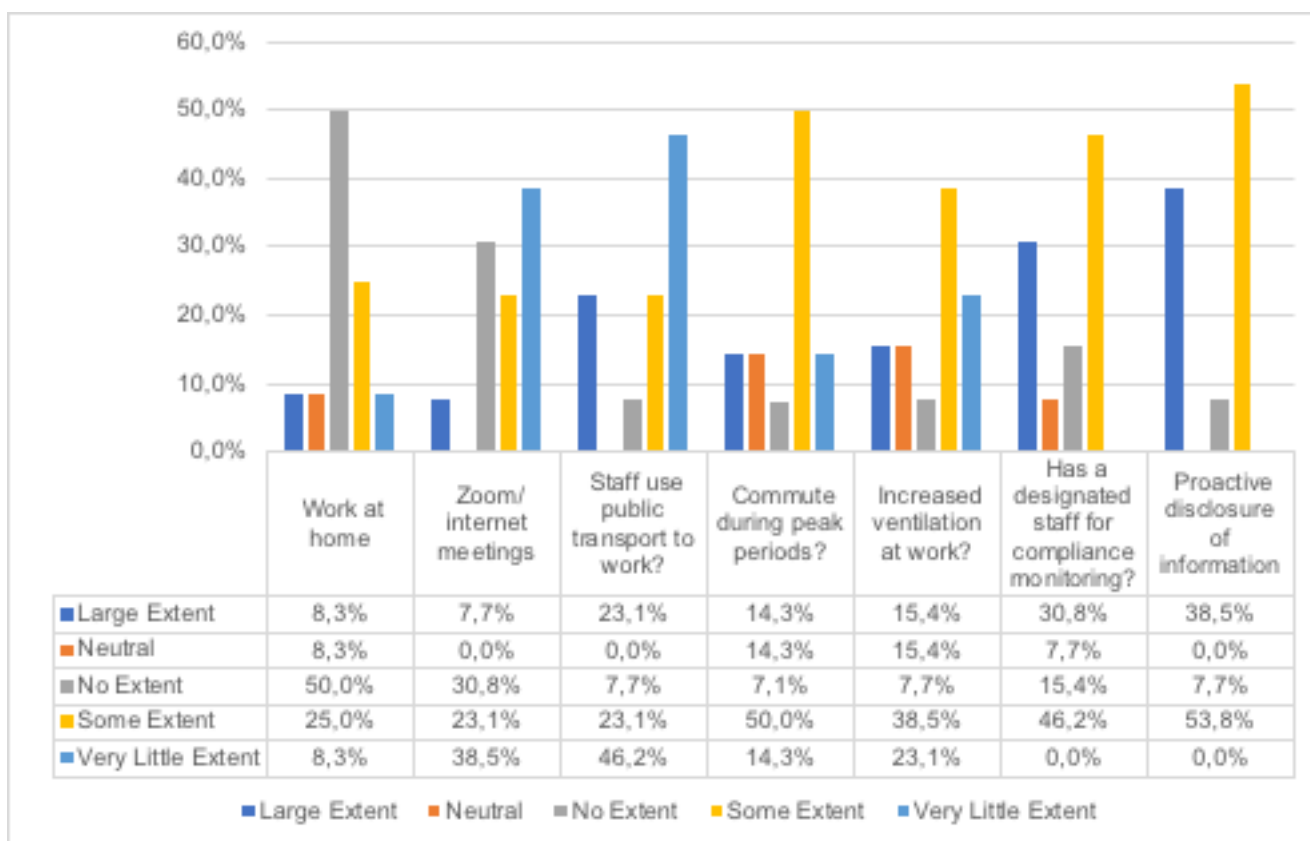


Figure 21: Impact of Public health management guidelines on the new normal or way of work.

Figure 21 above further revealed that health care management and lockdown measures to a large extent had an impact on having a designated staff for compliance monitoring in place and proactive disclosure of information. The response rates for these were 30.8% and 38.5% respectively. To some extent there was some key interventions in respect of the following areas:



- Commute during peak periods – 50%
- Increased ventilation at work – 38.5%
- a designated staff for compliance monitoring – 46.2%
- Proactive disclosure of information- 53.8%

The results also revealed that 15% of the respondents depicted a neutral viewpoint in as far as increased ventilation in the workplace. This finding suggest more awareness be created on the use of proper ventilated working environment and this be part of health and safety guidelines in the workplace.

8.3.2 Sentiment analysis on public health directives and laws that have been used in COVID-19 governance and response in Sierra Leone

Some of the sentiments included that were provided by some of the stakeholders as follows:

- Regional and local religious leaders have high levels of influence and community-organising capabilities. They can help frame approaches that will make them more likely to succeed. Governments should build trust with faith-based organisations (FBOs) and integrate them into planning, decision making and implementation at every level of their COVID -19 response.
- Religious leaders can lend their reputation and communications reach to governments to support behaviour change and compliance with social distancing and other mitigating measures. Governments should enable this through the provision of factually accurate communications.
- Counter-messaging: A minority of religious leaders may promulgate religiously grounded misinformation that promotes practices that put their communities at risk. Governments should educate and encourage influential religious leaders to actively counter these narratives.
- Welfare provision: Religious communities are the dominant provider of non-state welfare provision, including nutrition and Water, Sanitation and Hygiene (WASH). Governments, FBOs and humanitarian organisations should coordinate with religious leaders to provide practical, spiritual, and psychosocial support to communities in crisis, and especially to the vulnerable.

The respondents depicted the following gains of the public health laws and directives in the governance of COVID-19 response.

- The impact of the laws helps us to be fully aware about hygiene issues.
- The spread was handled quickly and carefully!
- The COVID-19 pandemic in Sierra Leone disrupted the health system, especially the delivery of routine services. As infection prevention and control measures are being practiced and monitored, the implementation of routine services has commenced in order to ensure the gains made over the years are maintained. In this regard, capacity building on Baby Friendly Hospital Initiative has commenced for maternity staff in the regional hospitals.

There were however other intended consequences of lock-down, respondents depicted the following adverse events that occurred which mainly affected the vulnerable groups such as children, women, and the elderly. Respondents depicted that:

- Several rape cases were reported during the lockdowns and curfews.
- Forces violated women during enforcement of laws

Some of the negative effects of public health laws or directives meant for COVID-19 responses on communities that were depicted by the respondents included:

- Human rights violations
- Poor information
- Lack of prevention of basic needs of resources for the victims
- The loss of export earnings and lower foreign direct investment inflows, coupled with the need to sustain essential food and medical imports, add up to a substantial gap in financing the balance of payments
- The use of facemask by Asthma patients as some directives for COVID-19 was risky to their health condition.
- No social interaction
- Stigmatization of patients that test positive

Impact on the education system because of COVID-19 interventions was depicted as follows by the respondents:

- The impact of COVID-19 education is negative as most pupils lose sense of reading and even become pregnant.
- The closure of Universities for a period was a great threat posed by COVID-19 which adversely affected the academic calendar.
- The children were greatly negatively impacted as they did not attend school for over 7 months.
- Poor West African Examinations Council (WAEC) results show that less than 6% met university requirements, this was largely driven by:
 - * Poor teaching environment
 - * Reduced time to cover syllabi
 - * Microwaved semesters and degree programmes
- Services were not available to home quarantined persons
- Most services were also closed during the crisis period
- Schools and institutions were locked down for consideration period and pupils spread out in classrooms to maintain social distancing



Respondents depicted the following steps that could be employed to improve access to education during lock-down:

- Working with community leaders and civil society to promote radio teaching programs and protection of girls and girls' learning via radio programs or comic books
- Developing distance learning content through radio, television, mobile and other digital technologies
- Pre-loaded devices for students with special needs, girls from disadvantaged backgrounds, children in rural remote areas and low-income families
- Printed educational packets for students without access to technology and students with special needs.
- Training teachers to improve digital literacy and delivery of lessons through innovative platforms.
- Essential WASH supplies for schools and refurbish school facilities as needed.
- Working with partners to design and implement community outreach campaigns to support girls, vulnerable children, and other students at risk of dropping out
- Psychosocial support to children by upgrading training materials, providing training to teachers, and ensuring parents are provided relevant information.





9. 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 3 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 3: 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 was used in the fight against the 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 22 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.

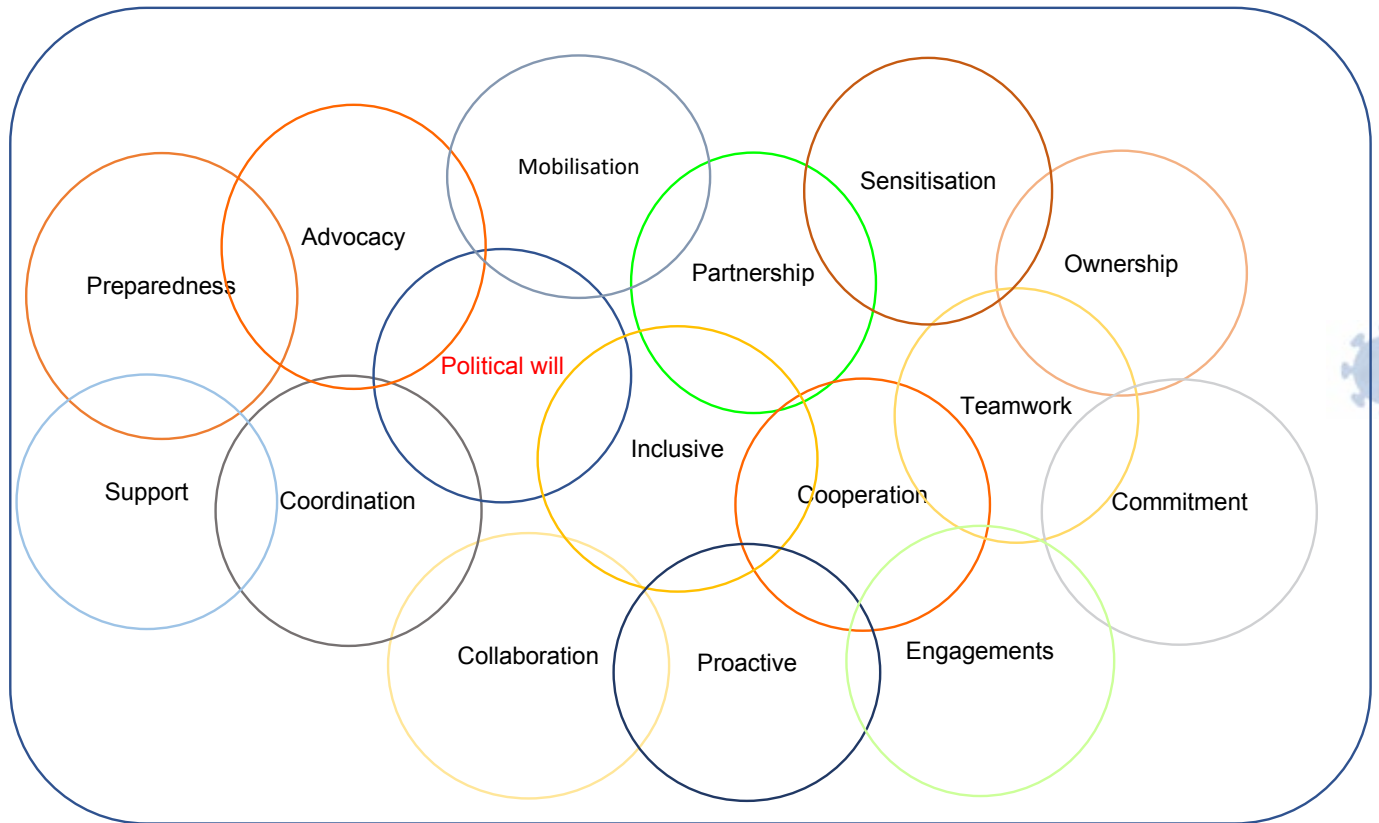


Figure 22 : Emerging concepts during the key stakeholder engagements



10. PLANNED AND CURRENT PROCESSES

The following issues that are currently being implanted 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.

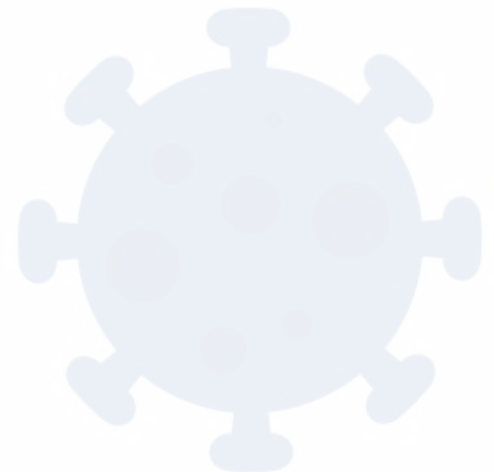
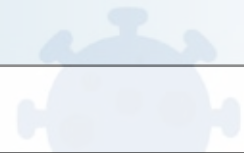


Table 4: Planned and Current Processes

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.</p> <p>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 was one of the approaches that was used 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





11. GOOD PRACTICES

11.1 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 intervention in place prior COVID-19 was declared as a pandemic by WHO.⁶⁴ Early sensitisation and awareness programs by the government were filtered down to districts, chiefdoms, and villages. The following response from the government were evident:

- Leadership was shown on every front and level
- Building a strategic relationship with partners can help in the fight against epidemics and pandemics
- Government listened extensively and heeded to the advice given by the professionals
- 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.

11.2 Disease Surveillance

Disease surveillance is one of the most prevalent strategies in managing a pandemic. According to Wilkinson (2020)⁶⁵, epidemic response units have strengthened expertise in disease surveillance, case management and risk communication. Ihekweazu and Agogo (2020)⁶⁶ 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)⁶⁷ 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.⁶⁸ 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

64 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>

65 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

66 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>

67 Kasolo, F., Yoti, Z., Bakyaita, 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>

68 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>

during the Ebola outbreak. Thus, the Ebola experience has accelerated digital transformation, specifically in disease surveillance.

11.3 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 the local communities was one of the success factors in the fight against any outbreak. Through local community mobilisation structures, awareness campaigns, there was a very high sensitisation for people to continues 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.⁶⁹ 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

⁶⁹ 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>

- 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



Figure 23: Sand Beaches at Number 2 River, Western Area, Freetown



12. CHALLENGES

The following long-term challenges were identified and need immediate and long term 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





13. 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 experts in the health sector such as clinicians or medical service providers
- Improve processing and payment of healthcare / remuneration philosophy
- Establishment of an emergency fund

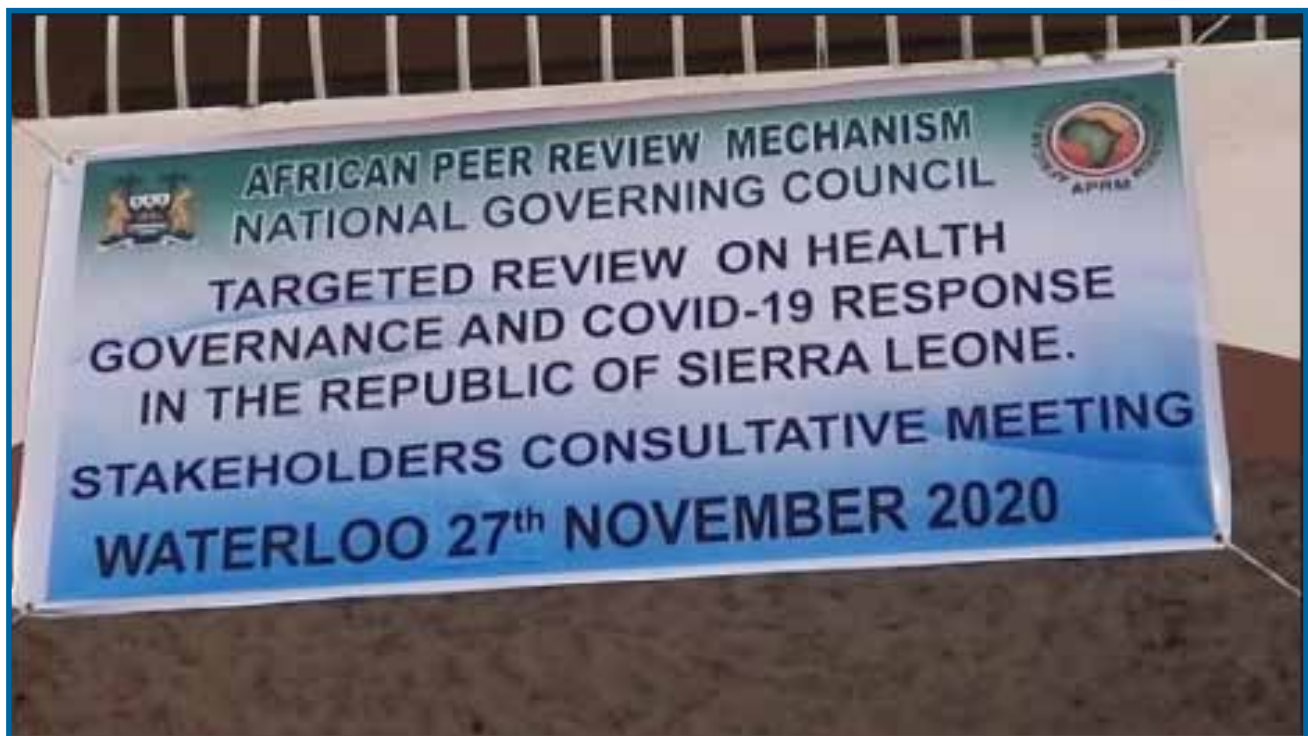


Figure 24: Cross session in WATERLOO, Western Area of Sierra Leone

Certainly COVID-19 responded impacted negatively on many sectors such as tourism, education, and others. The Education systems was largely hit mainly from the access point of view.

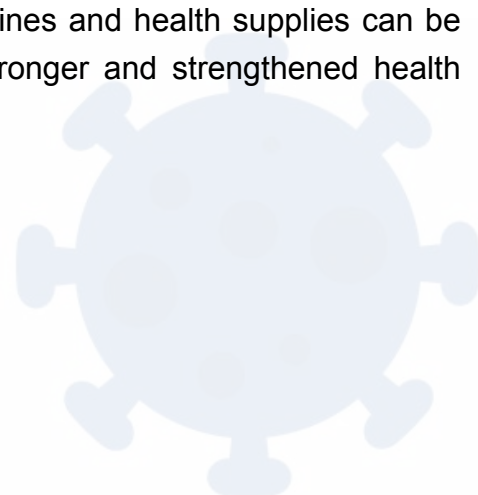
Some of the key recommendations that could certainly improve access to education during COVID-19 response include the following:

- Working with community leaders and civil society to promote radio teaching programs and protection of girls and girls' learning via radio programs or comic books
- Developing distance learning content through radio, television, mobile and other digital technologies
- Pre-loaded devices for students with special needs, girls from disadvantaged backgrounds, children in rural remote areas and low-income families
- Printed educational packets for students without access to technology and students with special needs
- Training teachers to improve digital literacy and delivery of lessons through innovative platforms
- Essential WASH supplies for schools and refurbish school facilities as needed
- Working with partners to design and implement community outreach campaigns to support girls, vulnerable children and other students at risk of dropping out
- Psychosocial support to children by upgrading training materials, providing training to teachers and ensuring parents are provided relevant information.



There is lack of institutional capacity to manage disasters, some of the recommendations with respect to disaster management, taken the COVID -19 into consideration includes the following:

- Government to incorporate emergency response mechanisms in her strategy and policies
- Government to improve training of health and disaster workers before and during emergencies.
- Government to have a working emergency preparedness plan to further strengthen the emergency response capacities and to contribute to locally led responses
- The government to be conducting a rapid vulnerability assessment of the 16 districts of the country
- As disease outbreaks have been the most serious kind of disasters threatening Sierra Leone, government should introduce stronger policies and better investments in the health workforce and disaster management team to be better prepared for outbreaks.
- Government to strengthen emergency preparedness and surveillance
- Government to put premium on Community Health Workers (CHW) and strengthen community systems.
- Premium should be placed on CHWs because they are the first point of call in a community and their role was distinct during the EVD outbreak.
- Traditional authorities should be incorporated into the DRM team at both the national and district levels because of the sensitivity of their roles. This was evident also during the EVD outbreak.
- During emergencies, as in COVID 19, shortages of medicines and health supplies can be disastrous, hence the need for government to have a stronger and strengthened health supply chain system.





14. 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.

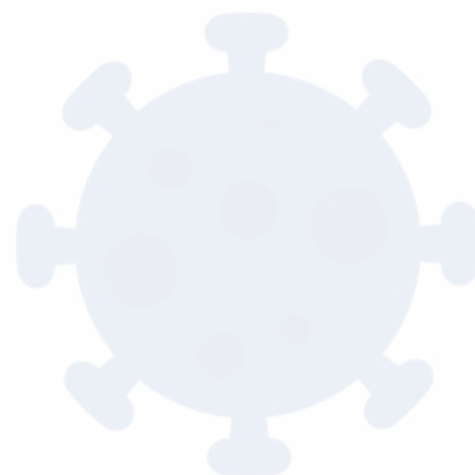




ANNEXURE 1: NATIONAL PLAN OF ACTION FOR IMPLEMENTATION OF THE RECOMMENDATIONS

OBJECTIVE/RECOMMENDATION 1: (IMPROVE GOVERNANCE AND LEADERSHIP)

SPECIFIC OBJECTIVES RECOMMENDATIONS	ACTIONS	EXPECTED OUTCOMES	OBJECTIVELY VERIFIABLE INDICATORS	VERIFICATION MEANS	EXECUTING AGENCY	OTHER STAKEHOLDERS	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

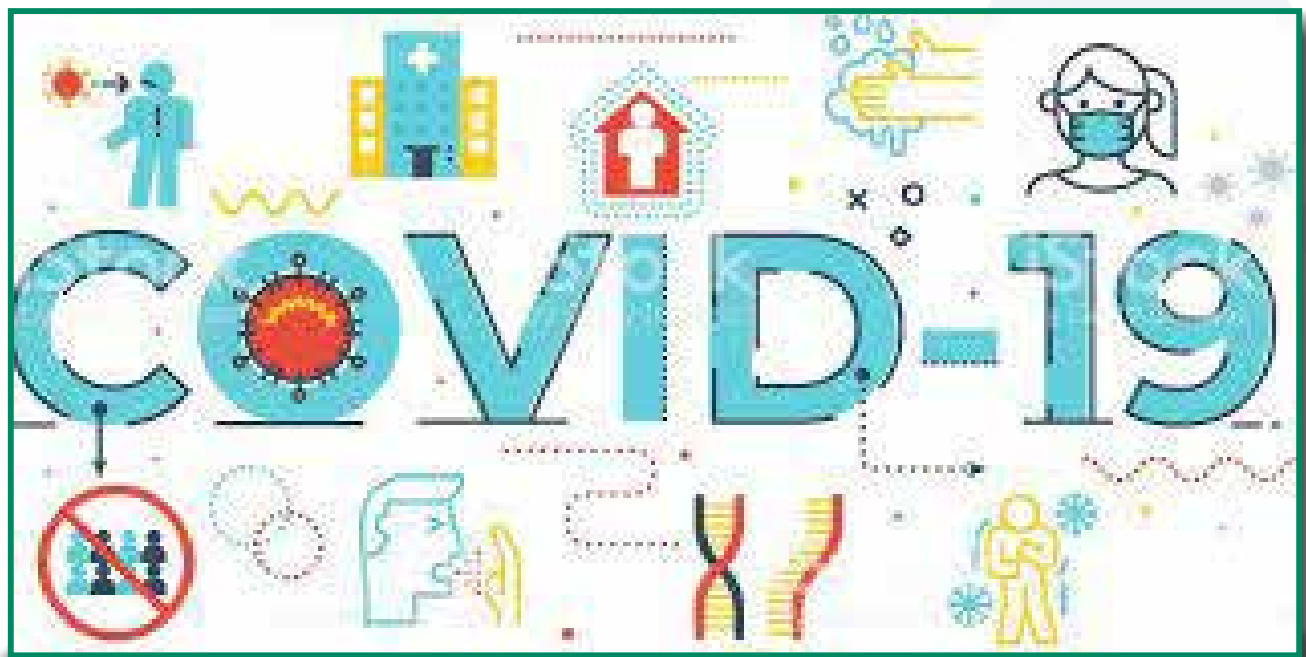




OBJECTIVE/RECOMMENDATION 2: (IMPROVE HUMAN RESOURCES ALLOCATION)

SPECIFIC OBJECTIVES/RECOMMENDATIONS	ACTIONS	EXPECTED OUTCOMES	OBJECTIVELY VERIFIABLE INDICATORS	VERIFICATION MEANS	EXECUTING AGENCY	OTHER STAKEHOLDERS	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 STAKEHOLDERS	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	



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

