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## **Maintaining Our Zero: Sierra Leone's Preparedness for CoVID-19**

### **EXECUTIVE SUMMARY**

*As of today (18 March 2020), Sierra Leone has no reported case of Coronavirus infection (CoVID-19) and still has the opportunity to prevent and/or control the outbreak. The government and its people are building on their experience of managing Ebola. Citizens' awareness of the pandemic and readiness to observe precautionary measures is a major strength. At the same time, government is taking leadership in coordinating an all-inclusive national response. The Ministry of Health and Sanitation (MoHS) has reactivated the Emergency Operations Center (EOC) instituted during the Ebola response, coordinated by the Republic of Sierra Leone Armed Forces (RSLAF) with relevant partners including the World Health Organisation (WHO), Sierra Leone Medical and Dental Association (SLMDA), Center for Disease Control (CDC) and Partners in Health (PIH) for coronavirus preparedness. On 16 March 2020, State House invited former members of the Ebola Response Centre including two former ministers of the opposition party to bring their experiences to the table and contribute to the engagement on Coronavirus preparedness.*



To assess the status of CoVID-19 preparedness in Sierra Leone and proffer recommendations on how to support the government in maintaining our zero, the Institute for Governance Reform (IGR) undertook a data collection exercise that consisted of expert interviews of MoHS staff, doctors, nurses and caregivers, as well as a citizen perception survey. The survey was conducted in Freetown, Western Urban and Western Rural and Lungi with key segments of the population identified as communities of interest. These include workers at Lungi Airport, Okada riders, public sector workers, students, traders, and frequent travellers at Guinea and Liberia boat harbours and lorry parks. A total of 500 interviews were conducted using electronic data capture. The survey data was used to triangulate government interviews.

While our interviews with MoHS staff and frontline healthcare providers noted that considerable steps have been taken toward maintaining zero, the response can be more effective if GoSL immediately addresses communication gaps, ensures timely information dissemination to healthcare workers and citizens, and swiftly mobilises key groups such as traditional leaders, parliamentarians, religious leaders,

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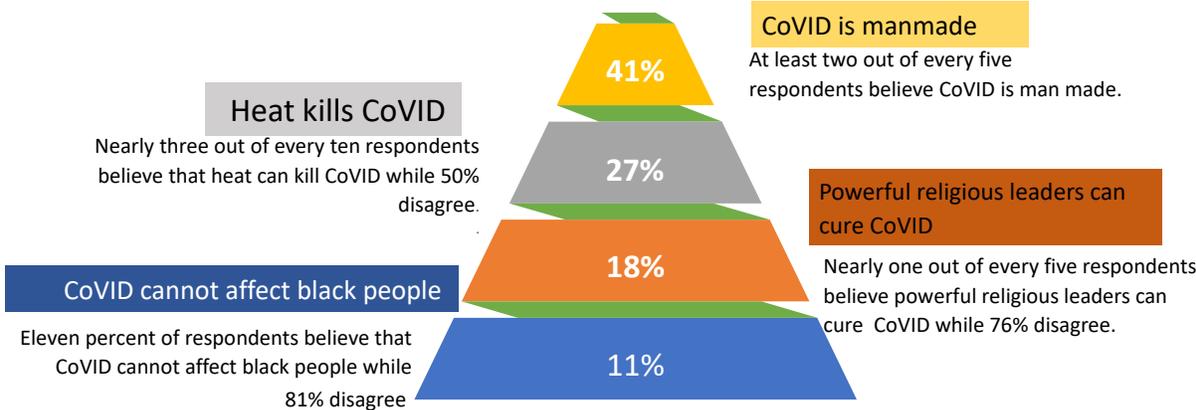
<sup>1</sup> This report was prepared by Andrew Laval, Fredline M'Cormack-Hale, Aaron Hale and Joel Kallon. IGR wishes to acknowledge and thank two independent technical advisors that greatly contributed to the information herein.

native herbalists, civil society and the media to join the response. An acute shortage of resources in the form of hospital and personal protective equipment and inadequate training of healthcare workers in case management of CoVID-19 were some of the troubling findings when developing this report. The EOC and partners should make deliberate efforts to operationalise directives such as quarantining, as well as provide the necessary infrastructure to ensure, for example, humane quarantine conditions and guarantee the readiness of hospitals to receive and treat cases appropriately.

On the citizen front, notwithstanding the general perception that there has been little information officially disseminated about the country's readiness to address the virus or citizen behaviour, our survey showed that nearly all respondents (95 percent) had heard of the Coronavirus, with at least 90.3 percent able to correctly identify at least one symptom without being prompted. Similarly, over 90 percent of respondents were able to correctly identify a number of preventive measures such as regular handwashing and avoiding body contact with others. Nevertheless, information, education and communication (IEC) is needed as the report noted that there are myths in circulation also. A total of 41 percent of respondents believed that COVID-19 is man-made, while 27 percent believed that the virus can be killed by heat.

### Myths and beliefs CoVID

The research investigated myths or beliefs about CoVID-19. The following views were expressed on the statements below



In terms of preventive measures, respondents want stronger measures to limit exposure from other countries. A total of 75 percent of respondents want to stop all flights coming into the country, while nearly 90 percent want to close borders with neighbouring countries. Overall, citizens appear receptive to messaging and government leadership. Government would do well to capitalise on this readiness, building on citizen awareness and readiness to act by deepening community mobilisation efforts and targeting community influencers like male and female religious and traditional leaders, local council staff, parliamentarians and ordinary women and men. Particular attention must be paid to the inclusion of women's voices given that they often are more affected in times of health crises. Two-way communication is also key: 91 percent of citizens expressed a desire for a national reporting Healthline.

### **STATE READINESS AND CAPACITY**

This section presents verbatim the findings from interviews with MoHS and frontline healthcare providers in various stations in Freetown, Lungi, and Waterloo on the readiness of GoSL, using components of the WHO Building blocks/Ouagadougou Declaration on Primary Health Care Health Systems Strengthening Framework. The section also presents key recommendations proffered by frontline providers to enhance the response and maintain our zero.

#	Indicator	Current level of preparedness	Recommendations
1	What leadership and governance structures have been activated to address CoVID? Who is currently leading the response? How are they working together?	The Ministry of Health and Sanitation has activated The Emergency Operations Center (EOC) coordinated by the Sierra Leone Military to Level 2, to lead on the Emergency Preparedness and Response. The Case Management pillar is led by Dr. Vandy, the Director of Hospitals and Ambulances at the Ministry of Health and Sanitation. The response includes other development partners such as WHO, World Bank, UNICEF, CDC, China CDC, NGOs, Partners in Health, SLMDA, etc. with expertise being pooled together. The team holds weekly meetings with plans to increase frequency as the need arises.	Deepen and broaden the leadership of the response to ensure an all-inclusive national ownership. For example, community mobilization, as was done during the Ebola outbreak should be initiated with community leaders, and local stakeholders included in community preparedness and information dissemination activities.
2	Is there a national emergency plan in place for the Coronavirus? If yes, what is it? What plans are there for testing?	<p>A national emergency plan has been developed by the EOC, which includes activating disease surveillance and case management pillars. Experts reported that all main country entry points have been readied for disease surveillance and to ensure infection prevention and control (IPC). These IPC measures include handwashing and temperature checks.</p> <p>The surveillance team, which is responsible for disease surveillance and contact tracing, has been activated and is on standby since there have been no confirmed cases yet.</p> <p>Testing kits are currently available in-country and some are available in 34 Military Hospital, Connaught Government Hospital, Lungi Government Hospital, and Kambia Government Hospital. Current plans include referring suspected cases to the four hospitals, as mentioned earlier, for management.</p>	<p>Reports from Lungi suggests that mandatory quarantine needs to be better communicated, coordinated and equipped. Clear Standard Operating Procedures (SOPs) are needed to be properly implemented and enforced. Quarantined persons have made the following complaints:</p> <ul style="list-style-type: none"> <li>• A lack of adequate preparation at the holding hotel to receive passengers, with concerns raised about filthy rooms, lack of electricity and running water;</li> <li>• Lack of proper protocol for effecting quarantines, with officers at the holding hotel not wearing protective gear such as masks or gloves; placing passengers in one holding room without observing distance protocols; no continual health checks performed, and allowing some quarantined persons visitors.</li> <li>• Seemingly selective nature of quarantines, with some people allowed to leave the holding hotel with no explanation given to the others on the reason for the selection.</li> </ul> <p>Trusted flow of information to quarantined persons could help avoid panic and ensure compliance.</p>

#	Indicator	Current level of preparedness	Recommendations
3	Have health workers undergone any training plans and procedures if there is an outbreak?	<p>There has been limited formal training on CoVID-19 response and disease case management for health workers in government hospitals. Officials of the Ministry of Health and Sanitation visited some government hospitals and briefed healthcare workers on the infection, but did not undertake any training on case management. However, three doctors, a doctor from 34 Military Hospital, Lungi Government Hospital, and the Ministry of Health and Sanitation, have been sent to D.R. Congo for training on CoVID-19 case management.</p> <p>34 Military Hospital has, however, trained their healthcare workers at the Infectious Diseases and Control Center on isolation, testing, and management of cases with the patient flow into the center distinctly explained.</p>	<ol style="list-style-type: none"> <li>1. All healthcare workers at all levels would like to be trained as soon as possible on recognition, isolation, and management of suspected coronavirus disease cases and referral procedures.</li> <li>2. Designating and creating isolation rooms and training healthcare workers on patient flow will minimize disease spread.</li> <li>3. Flow charts (as already developed by The Ola During Children's Hospital) could be developed in every hospital and health center and made visible around the hospital.</li> <li>4. Hospitals should give out notices (as already done by The Emergency Surgical Center) to staff on measures being implemented at the hospital to keep them safe, such as isolation of patients meeting the case definition, reduction of relatives visiting admitted patients, etc.</li> <li>5. Preparations should be made for retraining of staff to cater for the fluid nature of the outbreak and the rapid change in the case definition.</li> </ol>
4	Do we have funds set aside in the event that there is an emergency? How would the funds required be accessed?	<p>One billion Leones have been made available by the Ministry of Finance to the Ministry of Health and Sanitation for the Coronavirus Outbreak Prevention. No structures have been set up or, if set up, have not been communicated to doctors in hospitals on how to access said funding.</p>	<ol style="list-style-type: none"> <li>1. Learning from fund management in Ebola, clear standard operating procedures for accessing financial committed resources in emergencies should be developed and communicated to all agencies and institutions involved in the response.</li> <li>2. Funds made available to all actors including hospitals should be made public.</li> </ol>
5	How is information about the country's preparedness currently being disseminated? How is information about how to protect yourself from the disease	<p>The electronic Integrated Disease Surveillance Response (eIDSR), which was set up during the recovery phase of the Ebola outbreak, is supported by the CDC and is currently being used for all disease surveillance. It has been activated from routine disease data collection to disease outbreak emergency reporting. Surveillance Officers input information into the system that can easily be accessed by District Health</p>	<ol style="list-style-type: none"> <li>1. Proper channels of communication between the Ministry of Health and Sanitation, EOC, and healthcare workers in government and private health facilities should be established and better maintained to ensure trust in the government's preparedness by the healthcare workers who are frontline staff in disease outbreaks.</li> <li>2. Frequent and <u>accurate</u> up to date information should be relayed to the public using short message service (SMS), short videos for WhatsApp,</li> </ol>

	being disseminated?	<p>Management Teams (DHMTs) and the Emergency Operations Center (EOC).</p> <p>Information dissemination to healthcare workers has been poorly managed with healthcare workers relying on social media like the rest of the population for information about the country's preparedness.</p> <p>Information on personal preparedness has been disseminated using social media such as WhatsApp, and conventional media such as radio and television.</p>	<p>radio, television, newsletters, and oral communication where possible to keep the population informed. A well-informed populace on the country's preparedness will prevent rumour-mongering, anxiety, and minimise suspicion in government's intentions and abilities as well as reduce risk-taking behaviour.</p>
#	Indicator	Current level of preparedness	Recommendations
6	<p>Do we have the necessary equipment to treat people in the effect of an outbreak? E.g., respiratory machines, testing kits?</p>	<p>Government hospitals are wholly unequipped to deal with patients affected by Coronavirus with available resources being focused on points of entry and the hospitals designated for case management. The supply chain for drugs and hospital equipment has always been a challenge with hospitals lacking essential supplies such as Personal Protection Equipment (PPE) - gloves, masks, boots, eye protection), oxygen concentrators, mechanical ventilators, etc. The limited availability of Intensive Care Units is also a cause for concern in the event of an increase surge capacity in needed.</p> <p>The Infectious Disease Center of the 34 Military Hospital with support from a Chinese medical team, including an intensive care specialist and an infectious disease specialist, seems to be the most prepared for case management of coronavirus, with oxygen concentrators and cylinders, but one mechanical ventilator. Connaught Hospital is reported to have two mechanical ventilators in their Intensive Care Unit. Hospitals have, however, been asked by the case management team of the EOC to provide lists of needed supplies.</p>	<p><i>The research identified the following issues around equipment and capacity to treat people:</i></p> <ol style="list-style-type: none"> <li>1. All hospitals to have isolation units with the essential equipment needed to manage patients infected by Coronavirus while ensuring the safety of health workers should be of the utmost priority</li> <li>2. Prompt referral to the four designated hospitals for the continuance of care to give patients a better chance of survival should be ensured.</li> <li>3. Plans must be made for scale-up to absorb surge capacity in at least two district hospitals per region.</li> <li>4. Procurement of mechanical ventilators should be done immediately with priority given to the four hospitals designated for case management of Coronavirus patients made a priority.</li> <li>5. As international flights have started adjusting their schedules to Freetown, efforts should be made to ensure that adequate supplies of essential logistics will be available when they are needed.</li> </ol>
7	What epidemic-related	The eIDSR, (electronic Integrated Disease Surveillance Response) being supported by the CDC, is a	All stakeholders interviewed would like GoSL to ensure that the data from the eIDSR is

intelligence activities are currently being carried out?	surveillance tool that was proven effective for collecting all relevant information on new cases and contacts, and information inputted can be accessed by relevant stakeholders in real-time.	effectively shared and the information acted upon.
How is data being shared with stakeholders?		

## PREPAREDNESS OF CITIZENS

From the information in the table above, it is clear that the government has already started to put measures in place to ensure that Sierra Leone is prepared to both detect and address any potential outbreak cases. However, communication, both with frontline hospital staff and staff at border entry points like Lungi is lacking, as well as engagement and awareness raising about government activities and preparedness with citizens, civil society and local leaders.

Notwithstanding issues raised around communication, our research showed that nearly all surveyed respondents (95 percent) had heard of the Coronavirus, with at least 90.3 percent able to correctly identify at least one symptom without being prompted. This appears to be one of the positive legacies of Ebola: citizens are highly aware about outbreaks and are able to readily self-mobilise in the absence even of official state communication. This was observed across all levels of the populace, from the low literate to the highly educated, and across professions, from traders, okada drivers, and teachers as well as hospital workers.

<b><i>Myths about CoVID</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>	<b><i>No opinion</i></b>
<i>CoVID-19 is manmade</i>	41%	33%	24.9%
<i>Heat kills CoVID</i>	27.4%	50.3%	22.2%
<i>Powerful religious leaders can cure CoVID</i>	18%	76.8%	5.2%
<i>CoVID cannot affect black people</i>	11.6%	81.7%	6.7%
<i>Witches and wizards are cause of CoVID</i>	1.48%	93.6%	4.9%

Data collectors noted Veronica buckets in interview communities, and many respondents were able to correctly identify potential measures to protect oneself from the disease. Over 90 percent of respondents believed that covering your nose with a sleeve/tissue, regular handwashing with soap, avoiding handshakes and close contact with others were potential ways to protect oneself. Nevertheless, 91 percent of citizens expressed a desire for a national reporting healthline and the report noted there are myths in circulation. A total of 41 percent of respondents believed that CoVID-19 is man-made, while 27 percent believed that the virus can be killed by heat. Other perceptions held by a small segment of respondents included that religious leaders can cure CoVID and that the disease does not affect black people.

In terms of preventive measures, respondents were clear that they wanted to limit exposure with countries that currently have incidence of the virus. A total of 75 percent of respondents wanted to stop all flights

while nearly 90 percent want to close borders with neighbouring countries. Domestically, however, many respondents seemed to favour less restrictions: just over ¼ thought the government should adopt a total two-week lockdown, 71.6 percent felt that worship sessions (churches/mosques) should continue and around 58 percent of respondents wanted schools to remain open.

*To prevent the Coronavirus from coming to Sierra Leone, which of the following measures do you think the government should take?*

<b>Action</b>	<b>Agree</b>	<b>Disagree</b>
<i>Institute hotline</i>	91%	6.9%
<i>Stop all flights from coming into Sierra Leone</i>	75%	18.5%
<i>Close borders with Guinea and Liberia</i>	87.4%	11.3%
<i>Ban all music concerts</i>	69.3%	21.4%
<i>Ban all crusades</i>	44.69%	42.7
<i>Ban all church/mosque worship sessions</i>	20.25%	71.6%
<i>Close schools and colleges</i>	31.8%	58.3%
<i>Two-week lockdown</i>	27%	61%

Personally, citizens were able to also discuss steps they were actively taking to protect themselves. While knowledge of preventive activities was high, in some areas corresponding behavioural practices lagged behind knowledge. This was particularly the case regarding handwashing. Although nearly all respondents mentioned that this was a key way to minimise the spread of the virus, only 77 percent said that they currently wash their hands regularly; however, this corresponds to availability of water, with 31 percent of respondents stating that they lacked access to regular sources of water. While 77 percent is still a high number, it is important to note also, that the survey was conducted in the relatively more affluent and educated regions: western area and Lungi. These numbers could be considerably less in a nationally representative survey, given lower overall education levels and water access.

<b>Which of the following is closest to what you do?</b>	<b>Grand Total</b>
<i>I wash my hands with soap when preparing to pray</i>	77.28%
<i>I wash my hands with soap before and after eating</i>	34.81%
<i>I don't have easy access to water so I don't wash my hands frequently</i>	31.11%
<i>I wash my hands with soap any time after I use the toilet</i>	94.81%

In addition to hand washing, survey respondents mentioned a number of relevant activities that they engaged in to stay safe: 85 percent noted that they have spoken to family and friends about the disease and 84 percent said they avoid touching others. Some avoid travelling abroad (67.4 percent), and attending meetings with more than 50 people (45.93 percent).

**What steps are you taking to prevent yourself from being infected?**

<b>Action taken</b>	<b>Respondent %</b>
<i>I wash my hands regularly</i>	77.04%
<i>I avoid going to church/mosque</i>	10.37%
<i>I have spoken to family and friends about how to avoid being infected</i>	84.94%
<i>I avoid attending meetings with more than 50 people</i>	45.93%
<i>I avoid travel to neighbouring countries or Europe/US</i>	67.41%
<i>I have installed a handwashing bucket outside my home</i>	32.35%
<i>I avoid touching people like through handshakes, hugging</i>	84.44%
<i>I have stopped my kids from going to school</i>	8.40%

Overall, citizens appear ready to support measures to address the disease, and to adjust their behaviours accordingly. Government would do well to capitalise on this readiness, building on citizen awareness and willingness to act by deepening community mobilisation efforts targeting community influencers like male and female religious and traditional leaders, local council staff, parliamentarians and ordinary women and men. All efforts have to be made to make sure that there is genuine inclusion of all voices, across all spectrums and that gender is mainstreamed with particular attention paid to the inclusion of women's voices in light of the gendered implications of the virus (CARE 2020).<sup>2</sup>

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<sup>2</sup> CARE International. March 2020, "Gender Implications of CoVID-19 Outbreaks in Development and Humanitarian Settings."