

LESSONS FROM THE RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK IN SIERRA LEONE MAY 2014–NOVEMBER 2015 SUMMARY REPORT



A study initiated and conducted by the National Ebola Response Centre, with support from FAO, FOCUS 1000, UNAIDS, UNDP, UNFPA, UNICEF, UNOCHA, UN Women, WFP, and WHO



National Ebola Response Centre (NERC)

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Acronyms

DERC	District Ebola Response Centre
DHMT	District Health Management Team
EOC	Emergency Operations Centre
ERW	Ebola Response Worker
EVD	Ebola Virus Disease
GoSL	Government of Sierra Leone
IPC	Infection Prevention and Control
MoHS	Ministry of Health and Sanitation
NERC	National Ebola Response Centre
NGO	Non-Governmental Organization
ONS	Office of National Security
PPE	Personal Protective Equipment
UN	United Nations
WHO	World Health Organization

Foreword

The Ebola Virus Disease (EVD) outbreak was the biggest threat to the existence of Sierra Leone since Independence. Ebola was unknown to our region, unknown to Sierra Leone, unknown to our health personnel and it attacked us with a ferocity that stunned the world. It spread fear among the citizens; it devastated communities, disrupted social life and stalled our economy. But we soon learned that we must overcome our fears, confront the enemy and free our country from the virus. We learned and adapted as we fought on and eventually we overcame that strange virus. We achieved this victory through the bravery of our health workers, the resilience of our communities and commitment of our partners.

There are many lessons learned from this deadly epidemic; lessons that should make us wiser, stronger, and more capable to take our destiny in our hands and to deliver for our citizens; lessons that should not just fortify us against any future outbreak but that should also enable us to tackle our development challenges with renewed zeal and confidence.

One abiding lesson from this epidemic is that reinforcing trusting relationships between leaders and the citizens is key, as are community participation, ownership, and buy-in for any initiative to achieve its desired outcomes. As I assumed the role of Chief Social Mobiliser in the fight against the outbreak, I saw how all these played out

positively in defeating Ebola. It is therefore clear to me that one of my government's new tasks is to reinforce trust with the citizens of Sierra Leone through much-improved social service delivery, particularly in health and education. I am committed to continue and to deepen this relationship with the citizens of Sierra Leone.

We have made a good start already but the pact has to be with active citizens who take and share responsibility with government to improve their lives. And both the government and people of Sierra Leone require the active and continued support of our international partners to achieve these aspirations.

Therefore, as we put this calamity behind us, as we move forward with our recovery programme and as we reset our development agenda, we must reflect on those things that we now know no longer add value to our ways of doing things. We must reflect on those noble acts of sacrifice, of commitment to service that we must keep. As a people, we shall be known not by the calamities we face but by what we learn, how we respond and bounce back from such setbacks as Ebola.

This is why we must ensure that these lessons learned are not abandoned in the rubble of history or on some dusty shelf. We must endeavour to apply what we have learned in our personal and professional lives and we should share these lessons as a resource on how to overcome adversity.

I welcome this nationwide EVD lesson learned exercise and I am proud that it has been led by the National Ebola Response Centre (NERC) supported by our partners. Together they have handled this all-important exercise in the same spirit of collaboration and partnership with which they battled the EVD outbreak.

By involving all 14 districts of Sierra Leone; by involving formal response workers, frontline international staff, and community members, this lessons learning exercise is truly our story – told through the views of ordinary people who directly confronted Ebola, and through expressed views and experiences of our international partners who stood with us during those difficult times.

Once again, let me express my profound appreciation to all our 35,000-plus Ebola Response Workers (ERWs), the vast majority of them young Sierra Leoneans; to the ordinary citizens who responded in countless ways to the Ebola challenge; to our international humanitarian staff and employees of partner agencies who risked lives on the line of duty; the Sierra Leoneans in the diaspora who rallied to the cause. We owe this victory to the collective effort of everyone and we count on everyone's support in speeding up the growth and development of Sierra Leone.

Ernest Bai Koroma
President of the Republic of Sierra Leone

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Background

The first case of Ebola Virus Disease (EVD) in Sierra Leone was identified on 25 May 2014 in Kailahun district at the borders of Liberia and Guinea. A deadly outbreak swept the country in the following months. As many as 500 new cases were registered in a week at the height of the epidemic in November 2014.

The Government of Sierra Leone (GoSL) responded immediately by declaring a state of emergency in Kailahun in June 2014 and in the neighbouring Kenema district in July, and setting up the Emergency Operations Centre (EOC) under the Ministry of Health and Sanitation (MoHS). This effort, however, did not stop the virus from spreading to other areas. By August, only two out of 14 districts in Sierra Leone had not been affected by the EVD outbreak. In October, the GoSL scaled up the response with support from the international community, and transformed the EOC into an independent coordination structure, the National Ebola Response Centre (NERC), at national and district levels (called District Ebola Response Centres or DERCs). The number of EVD cases gradually came down and on 7 November 2015, the World Health Organization (WHO) declared the outbreak over in Sierra Leone. On this day, the MoHS recorded a total of 3,589 confirmed deaths and 4,051 survivors.

This report presents the outcome of a nationwide lessons learned exercise led by the NERC, in collaboration with

the United Nations (UN) in Sierra Leone and FOCUS 1000, a Sierra Leonean NGO, from September to December 2015.

The significance of the lessons from Sierra Leone's experience in responding to the EVD outbreak extend beyond strengthening public health emergency management or disaster management in this country.

This exercise explored the extent to which the core modalities applied in the response (both through the establishment of entities such as the NERC and DERCs and through acts of local leadership and resource mobilisation at district level) represent new norms and practices that Sierra Leone should seek to apply and institutionalise for post-Ebola recovery and broader socio-economic development.

As President Ernest Bai Koroma noted in a *Wall Street Journal* op-ed on 26 November 2015, "The devastation caused by Ebola was symptomatic of wider problems." He noted "political systems and community organisations need to collaborate better. Public skepticism of government hindered the national response early on as warnings, guidance and advice went unheeded." In this regard, the President renewed his government's commitment to good governance and reform of institutions, "so that people might trust their political system and their representatives once again."

Trust is a strong foundation for successful social service delivery. In March 2015 in Brussels, President Koroma

unveiled a “New Social Services Delivery Pact” for Ebola response and recovery, stating: “The Pact emphasises delivering on four major priority sectors – first, health; second education; third, social protection; and fourth sustaining service delivery through expanding government’s fiscal space, and revamping the private sector.”

The lessons presented here can be seen within the context of these deeper systemic challenges and the opportunity and the imperative to renew the social contract between the government and its citizens.

Against this background, the purpose of this exercise is to extract key lessons from the response to the EVD outbreak from May 2014 to November 2015 and offer recommendations to contribute to improved social service delivery and governance in Sierra Leone. The intention is to also initiate deeper reflection and debate among Sierra Leoneans around what the lessons and takeaways are for them as individuals and what behaviours and cultural practices should endure post-Ebola.

The report captures key lessons in five thematic areas of **leadership and coordination, case finding and contact tracing, case management, community support and support services**. For the purposes of this report, the Ebola crisis in Sierra Leone is divided into three general response phases:

1. At the onset of the outbreak in May 2014 to 30 July 2014 when the GoSL declared a state of emergency nationwide;
2. From August 2014 when the EVD outbreak was declared a Public Health Emergency of International Concern, until October 2014;
3. From November 2014 when the NERC was operational, until November 2015 when the Ebola outbreak in Sierra Leone was declared over.

The exercise used several methods including desk reviews, focus group discussions, and in-depth individual interviews in all 14 districts. At least two focus group discussions were held in each district, with participants from affected communities, government institutions, civil society organisations, academia, the private sector, and cultural institutions, and including Ebola survivors and community leaders. In-depth interviews were organised with stakeholders at national, district, and community levels.

The lessons learned and recommendations are essentially drawn from the varied and multifaceted opinions delivered through reports based on the above-mentioned group discussions and interviews. The scope of the exercise was not intended to produce pillar-level results. Rather, the aim has been to identify cross-cutting themes in the form of concrete lessons learned during the respective phases of the EVD response in Sierra Leone.

Lessons Learned

Decentralisation, community engagement, innovation and adaptation, and voluntarism emerge as strong themes from the focus group discussions and key informant interviews at all levels. Within these major themes are the myriad stories of challenges, failures, camaraderie, partnerships, patriotism and successes interwoven in a historical tapestry of a country's fight against the world's most widespread and deadly EVD outbreak. The following are key lessons founded on the said themes.

Leadership and Coordination

Leadership

- **Leaders' active involvement in the emergency response is crucial to provide guidance, mobilise resources and build the community's trust and sense of ownership, in order to achieve the two main objectives of stopping and preventing the spread of EVD.** As Chief Social Mobiliser, President Koroma epitomised some of the demands on leadership for social mobilisation through regular broadcast of EVD messages and road trips to affected areas. In Kono district, the appointment of a paramount chief as the District Ebola Response Centre (DERC) Coordinator enhanced the relationships between the formal district response through various government and community-based structures, and ensured community cooperation

and compliance with Ebola containment measures enacted in local bye-laws.

Social mobilisation

- **Social mobilisation is successful when there is mutual trust and respect between the leaders and their communities, which increase public participation and boost their sense of ownership.** The surveys show that correct messaging and the leader's involvement in field activities contribute to increasing community participation in the fight against EVD. Paying close attention to getting messaging right in order to deepen understanding and secure ownership is critical in addressing diseases or engaging communities in national development.
- **The involvement of local leaders and key community members in social mobilisation builds trust and collaboration.** The district surveys show that financially supporting political leaders to conduct social mobilisation at the districts did not work well. Communities showed greater acceptance and cooperation when the paramount chiefs, religious leaders and other traditional leaders (e.g. from secret societies) were spearheading the campaigns at the district, chiefdom and household levels. Many respondents recommend provision of resources to paramount chiefs at the beginning of an emergency response.

Coordination

- **The relevant government ministries should take the lead in developing policies on emergency preparedness, response and mitigation, and ensure policy coherence across sectors and departments.** A lesson from the EVD response in Sierra Leone is the risk posed by the absence of a national disaster risk management policy or contingency plan to tackle public health epidemics. The lack of policy coherence and actions when the EOC was in charge resulted in the rapid spread of the virus across the country.
- **An independent coordination structure such as the NERC proved effective when there is an evident lack of operational capacity to mount an emergency response of the scale and magnitude demanded by the EVD outbreak.** Its effectiveness is attributed to – among others – high-level political commitment and involvement, and technical expertise in operations and logistics; strong human and financial support from the international community; and sound leadership and management practices. Some survey respondents recommend using the existing structures and building the capacity of the MoHS or the Office of National Security (ONS), which is mandated for disaster risk management, for future emergencies.
- **The NERC and DERCs’ command and control structure is at the core of effective coordination at all levels by providing the**

guiding principles for ground operations and facilitating information exchanges. The command and control structure incorporates various critical emergency response functions such as strategic planning, incident monitoring and reporting, information management and communications.

- **The NERC’s pillar approach set coordination priorities on service delivery and cross-cutting issues.** Five pillars – child protection and psychosocial support, case management, safe burials, surveillance and food security – provide needs-based services to the affected individuals, households and communities while the remaining four – communications, logistics, social mobilisation and coordination – are supporting other pillars and sectors. All pillars worked with implementing partners that included community groups and international organisations.
- **A decentralised command and control structure through the DERC bridges the gaps in response activities between the central government and the districts.** The DERC provided timely response to an incident at the districts and chiefdoms, improved and streamlined information systems and cross-pillar coordination. However, district surveys show that some DERC Coordinators relied on decisions from the NERC, which often delayed implementation on the ground.

Civil-military coordination

- **The military support is crucial for instilling discipline and providing security and a sense of order in the communities affected by the outbreak.** There is a strong need to further clarify at policy level the deployment of military assets to public health emergency response, including civil-military relations, reporting hierarchy and other principles. The Republic of Sierra Leone Armed Forces and Sierra Leone Police were deployed during the second and in the third response phases as part of the DERCS.

Resource mobilisation

- **An emergency fund should be set aside in the state budget and shared with the districts and chiefdoms.** One of the major challenges in the beginning of the EVD outbreak was procuring critical medical supplies such as ambulances and Personal Protective Equipment (PPE) and mobilising people for surveillance and contact tracing, in the absence of funds. On the positive side, this contributed to the rise of voluntarism and community-driven resource mobilisation. Some survey respondents agreed that emergency funds should be prioritised for and disbursed to local leaders such as the paramount chiefs to enable quick response.
- **Transparent and accountable use of emergency funds build public trust and therefore encourage further support from domestic and international communities.** Both the EOC and the NERC appointed fiduciary

agents for monitoring and reporting of Ebola funds. However, in the first two phases of the response, the funds utilisation was not properly monitored and reported in the absence of a strong and reliable payment system, resulting in unaccounted spending. The incentive payment of Ebola Response Workers (ERWs) is an example where improving the system by using mobile phones to transfer salary speeds up the process and reduces the risk of double payments. Kono district provides an example of a good practice in transparency and accountability by announcing donation and fund utilisation in the media.

Media communication

- **A crisis communication plan is needed to ensure that a crisis communication structure is active during an emergency, with key messages crafted and delivered to target audience in order to inform and encourage desired behaviours.** At the start of the outbreak the local media reportedly spread information on Ebola infection which caused confusion, mistrust and chaos. Survey respondents point out the need to distribute the correct messages on Ebola infection based on evidence and use the preferred channel such as radio to reach out to communities in remote areas. Media and editorial trainings in emergency response and Ebola epidemic are recommended. A crisis communication plan should also include

emergency hotline service such as the Ebola Hotline 117.

Case finding and contact tracing

- **Stand-by rosters of healthcare specialists such as epidemiologists and phlebotomists should be developed for quick deployment to emergency response.** Healthcare specialists play crucial roles in the EVD response but not all can or should remain on the payroll during normal times.
- **Ebola diagnostic laboratories should be set up at regional and district levels and perform routine tests as part of a disease surveillance measure.** The first phase of the response saw only one lab being set up in Kenema. All samples were taken to the district, delaying the diagnose and further contributing to the rapid spread of the infection.
- **A comprehensive database of contacts is critical to track the number of EVD cases from contact lists and provide meaningful analyses of the epidemic trend.** The database was only available after February 2015, a national respondent describes the absence of it as “a major failing of the response”.
- **Contact tracing mentorship provides on-the-job training and monitoring of the tracing activities.**
- **Successful surveillance and contact tracing involve local stakeholders including**

traditional and religious leaders, women and youth groups.

- **Cross-border surveillance is effective when all stakeholders invest resources in joint activities.** A good practice was when the government of Guinea and Sierra Leone, donors and international development partners signed a Memorandum of Understanding and established a working group on either side, shared surveillance and contact information and so on. Other districts with international borders carried out cross-border activities on a lesser scale.

Case management: isolation centres, Ebola treatment centres and safe and dignified burials

- **Isolating suspect cases based on their risk level – low, medium and high – effectively reduce new infections in quarantine.** In some districts, separation was done in isolation centres and the Ebola treatment centres.
- **An “enhanced quarantine” ensures that those being isolated have a pleasant experience, reduces the risk of stigmatisation, compensates or provides solutions for ongoing livelihood needs.** The improved quarantine prevents the desire to “escape” from isolation due to lack of food and other basic necessities.
- **See-through fences and psychosocial support centres built within the perimeter of an Ebola treatment centre facilitate family reunions and**

other psychosocial needs while avoiding physical contacts.

- **Safe and dignified burial is effective in preventing the spread of the infection when it is endorsed locally through a bye-law, the team equally comprises men and women, team members are well trained and sensitive to cultural aspects of the burials, and religious leaders are involved.**

Community support: provision of food and non-food items, water and sanitation, psychosocial support and education

- **Food and non-food items should be pre-positioned at strategic points for fast distribution to the affected communities during emergency response.**
- **Local welcome committees that comprise paramount chiefs, faith leaders and Ebola survivors effectively reduce stigmatisation and psychological distress.** The formal welcoming of survivors facilitates their reintegration into the community.
- **Social protection programmes are needed to support the livelihoods of Ebola survivors, while orphans are registered, cared for, and provided with free education.** As an example, the Ministry of Social welfare, Gender and Children's Affairs and UNICEF provide cash

support to survivors through the Rapid Ebola Survivor Safety Net programme.

- **Psychosocial support should address the mental health of an Ebola survivor, such as distress, depression and anxiety.**

Support services: logistics and supply chain and hazard payment

- **Logistic hubs set up at the districts and jointly used by all partners during emergency response significantly reduce storage costs.**
- **A transparent incentive payment for ERWs should include valid lists of beneficiaries, a reliable cash transfer system, regular monitoring and timely reporting.** The incentive payment for ERWs underwent major improvement during the third phase of the response. The NERC, with UNDP support, developed a list of beneficiaries based on selection criteria, and contracted mobile phone service providers to facilitate cash transfer and vendors to provide cash to beneficiaries. The cash transaction was recorded online and in the NERC's financial report.

Conclusion and Recommendations

There are five common threads from the lessons learned.

1. **Community ownership, participation, and engagement to social mobilisation efforts** are widely recognised, accepted, and affirmed through this exercise. The implications extend far beyond the public health domain.
2. This exercise reinforces the **importance of decentralising leadership, responsibility, power, and resources close to affected communities**. The method of decentralisation also matters. Working through and strengthening existing structures and institutions are preferable to creation of parallel structures at district or national levels. This implies building the capacity of MoHS and ONS to fulfil their respective leadership functions in replicating the NERC/DERC functions and building the capacity of other ministries, departments, and agencies along similar lines to improve strategic and operational performance. A further implication is the need to ensure that any emergency fund is managed accountably and with transparency, with funds available at decentralised levels accessible to paramount chiefs, district councils, and other local leadership structures.
3. The response has been characterised by **considerable innovation**. Examples include the introduction of Observation Interim Care Centres; provision of coconut water to sustain and nourish EVD patients; use and display of healthcare workers' nametags to help patients identify them; widespread involvement of EVD survivors throughout the response; use of transparent fencing in treatment facilities; development of a SitRoom Academy to build

information and management analysis capacity across Sierra Leone; and mobile payments for ERWs. Some of these innovations are response-specific and applicable in particular contexts, while others have much wider applicability. Apart from the specific innovations, nurturing and sustaining a culture of innovation as a process itself matters greatly for Sierra Leone's future development.

4. Whether the challenge is the implementation and operationalisation of Sierra Leone's obligations under the International Health Regulations, or the realisation of the country's development agenda, **successful service delivery depends on an effective, efficient, and modernised public service.** Hence public sector reform is critical. Some of the response modalities at different stages of the crisis demonstrate that circumstances do exist under which it is possible to achieve strategic and operational effectiveness. The challenge lies in recreating some of those enabling circumstances and conditions to avoid further crisis as severe as the EVD outbreak. First and foremost, this has to be a leadership priority at the highest political level to generate and sustain the required political will to maintain a sense of urgency and focus on key priorities and pave the way for a replication of response modalities to achieve change.
5. Throughout the EVD crisis, **Sierra Leone benefited from a "volunteer army" of responders, both formal and informal.** Apart from their pivotal role in helping to protect communities and individuals and getting the country to zero, this is a phenomenal

resource for the country's future, not just in terms of maintaining a resilient zero but also in driving the country's development.

Key recommendations from the lessons learned exercise are as follows:

1. Strengthen **decentralisation processes, existing leadership and decision making structures** to create robust, legitimate institutions that are well-placed and resourced to respond to future challenges.
2. Leverage on the **exceptional role of the military** by providing appropriate training and clarifying protocols on their roles in civil affairs during emergencies.
3. Strengthen communications by training journalists and editors to provide factual, quality information and guidance to the public in future crises and events.
4. The **education curriculum should encompass public health and civics** to broaden learners' knowledge and generate a pipeline of a well-trained workforce for the future.
5. Develop a **tripartite cross-border surveillance body or facility** based on the close social, political, economic, and cultural ties between Guinea, Liberia, and Sierra Leone with the aim to deepen regional integration and cooperation.
6. **Incorporate lessons learned from the EVD response into the public sector reform program.** It is recommended to prioritise focus on the Presidential Delivery Unit responsible for the six-to-

nine-month and 10-24-month post-Ebola recovery programmes.

7. **Mobilise and harness the energy of Sierra Leone's volunteer army of formal and informal Ebola responders as changemakers.**

Finally, given the evidence of how important leadership is, it is recommended that President Koroma continue serving as Sierra Leone's Chief Social Mobiliser to drive significant change in the country and to provide the much-needed sense of focus and urgency around key national priorities.