

SIERRA LEONE GOVERNMENT NATIONAL COVID-19 EMERGENCY RESPONSE CENTRE (NACOVERC) FREETOWN

Wednesday, October 21, 2020 FOR IMMEDIATE RELEASE!!!

COVID-19 WORKFORCE RATIONALIZATION CONFERENCE

The National COVID-19 Emergency Response Centre (NaCOVERC), has organized a three (3) day Conference at the Golden Tulip, Aberdeen, and Freetown from Monday 19th to Wednesday, 21st October, 2020. The Conference brought together

- Sixteen (16) District Coordinators
- Sixteen (16) District Medical Officers
- Four (4) Regional Coordinators (Resident Ministers)
- Two (2) Representatives from each pillar
- NaCOVERC Coordination (Operations, Technical, Admin& Finance)
- BDO (the Fiduciary Management Consultants)
- Field Monitors

The goal of the Conference was to examine and review the current COVID-19 personnel strength, and achieve a manageable workforce that is effective and sustainable for the rest of the Response and reflects the current epidemiological data and trend of the disease nationwide. A minimum of forty (40%) scaling down of the workforce in the Response, should have been achieved effective 1st November, 2020.

The Conference considered some key assumptions and factors that may inform the rationalization process; impacts that any scaling down might bring to bear on the Response; and what should be the strategy in the event of any surge in cases.

Update and Key Considerations

Sierra Leone announced its index case on 31st March, at a time when the entire country could boast of only a thirty (30) bed isolation center at 34 Hospital,



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Freetown, for COVID-related cases. Today, there is about a thousand bed capacity for Community Treatment Centers (CTCs) and Community Care Centers (CCCs) combined, and currently, not up to 5% of the capacity is occupied.

Six WHO-certified COVID-19 Laboratories have been established in the course of the Response (four in the Western Area, one in Makeni and one in Kenema); with plans to broaden the scope of Laboratories nationwide. A lot of personnel across the wide range of pillars (medical and non-medical) have been trained to support the Response; and they will be invaluable both for any eventual surge or a recurrence of any outbreak in the future.

As at 21st October, 2020, Sierra Leone has recorded 2,337 cumulative confirmed positive cases; 73 deaths; 493 active cases in isolation or treatment centers; 1,771 cumulative recoveries; 161 persons in Quarantine; and 11,747 persons discharged from Quarantine.

This is the 30th epidemiological week (from 1st April to date) in the Response, and the epi-data indicates a general downward trend in cases. The last three months have seen a considerable decline in cases nationwide, as well as limited number of persons in Quarantine (all of whom are in home-quarantine). With total bed capacity for CTCs and CCCs at 997, only 39 beds are occupied; with the bulk of active cases in home isolation.

It is very obvious that the large workforce (over 9,000) that has been maintained for the duration of the Response to date, has contributed immensely to COVID19 disease prevention and control, ensuring that cases have not spiraled out of control. However, given the epi-data, it is clearly not prudent and fiscally sustainable to maintain the current workforce. As COVID-19 has had significant impact on all sectors of our society, rationalizing the current workforce would relieve Government's fiscal space tremendously, and make room for a good percentage of the funds directed to payment of risk allowances to personnel to be repurposed and refocused on other priority areas (including health and emergency systems strengthening). Notably, personnel affected by the



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rationalization exercise are already largely employed and receiving remuneration from government.

The rationalization however, does not mean that the COVID outbreak in Sierra Leone is over, as evidence across the world indicates that the virus is still very active and could resurge in Sierra Leone. Consequently, the workforce is being rationalized with this factor very much in mind and the strategy being put in place makes provision for rapid upscaling should the need arise.

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