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ONE HEALTH COMMUNICATION NEWSLETTER



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Ministry of Health and Sanitation, Ministry of Agriculture and Forestry,
Environment Protection Agency and the Office of National Security

RESPONDING TO COVID-19 THROUGH A ONE HEALTH APPROACH



Minister of Health and Sanitation giving a statement during the IMC meeting

Sierra Leone is the last country in the Mano River Union basin to record a positive case of the COVID-19 virus. The first case was recorded on the 30th March, 2020 and as of 30th October, 2020 the country has a total of 2,365 cumulative confirmed cases, 1,798 recoveries, and 74 deaths. *Ref: Sierra Leone Ministry of Health COVID-19 Sitrep 30-10 2020.*

Prior to the index case, the country's Ministry of Health and Sanitation (MoHS) implemented strategies that are largely regarded as proactive and innovative to prevent the pandemic from entering the country. This is attributed to lessons learnt from the Ebola epidemic in 2014/2015.

During Sierra Leone's prevention phase, as recommended by the 2016 Joint External Evaluation (JEE), the One Health (OH) Secretariat called Inter-Ministerial Committee (IMC) meetings comprising of the highest level multi-sectoral engagement to enhance collaboration, knowledge-sharing and informed decision-making among heads of key line- Ministries, Departments and Agencies (MDAs). The IMC reached the decision to quarantine travelers from countries whose local transmission had reached 50 cases and above, and shortly after, the MoHS put out a press release with the announcement. Incident Action Plans were developed by the Emergency Preparedness Response Team which focused on inter-institutional coordination, risk communication, active surveillance, contact tracing, case management, safe and dignified burials and enhanced lab testing.

Communication messages were developed on how to prevent COVID-19, the signs and symptoms and what to do if you or someone you know shows signs and symptoms. There was also prompt engagement with local leaders to enable the use of local structures for sensitization purposes. Community Health Workers were trained on COVID-19 prevention and deployed at unmanned crossing points to engage border communities and travelers.

The country made early moves by identifying quarantine facilities near major Point of Entries (POE) to enforce mandatory government-led quarantine. Need assessments were conducted to determine the distribution of IPC supplies and Port Health staff were oriented on COVID-19. Robust screening was done for all travelers coming into the country. Security sector personnel were sensitized and trained on COVID-19 and quarantine facility management, using a one health approach. The training covered personnel from Sierra Leone Police, Republic of Sierra Leone Armed Forces, Immigration and Office of National Security focusing on districts with key border crossing points.

Political commitment to preparedness and response efforts was immense from the inception as demonstrated by visits by His Excellency Julius Maada Bio, President of Sierra Leone, to two of the country's major POEs including Freetown International Airport to assess the readiness measures in place.



H.E. President Bio during his visit to Freetown International Airport

FOCUS GROUP DISCUSSION ON COVID-19



Participants during the FGDs

In May 2020, as the COVID-19 global pandemic continued, there was a need to increase awareness on prevention and control of the virus. For effective, evidence-based interventions, it is necessary to understand the knowledge, perceptions, and practices of community members. To gather this information and identify potential behaviors that can lead to the spread of the virus, the National COVID-19 Emergency Response Center (NaCOVERC) Risk Communication and Social Mobilization Pillar held focus group discussions in nine districts.

Participants included religious leaders, traditional healers, teachers, community health workers, farmers, chiefs, market women, 'okada' riders, representatives from community-based organizations and youths. Discussion topics covered false information and rumors, fear, complacency and religious beliefs among others. Key concerns from participants included the case definition of coronavirus, use of face masks, and conflicting messages.

The data from the focus group discussions were analyzed and used to inform the process of crafting risk communication messages related to COVID-19. Two major recommendations were to ensure the use of local dialects so that messages will be fully understood by all and that the government should reactivate all structures that were established during the Ebola outbreak as those structures worked well to ensure elimination of the virus.

STRUCTURE AND ROLE OF THE ONE HEALTH COMMUNICATION TEAM

Following the 2017 launch of the OH platform in Sierra Leone, communication representatives from human health, animal health, environmental health, national security, and partners began coming together to plan and carry out activities. In 2018, the One Health communication team was firmly established and meeting regularly and since then the risk communication and social mobilization arm of the OH platform has not wasted any time.

In early 2019, a previously drafted but never finalized Risk Communication Strategic Plan was reviewed and revised, with support from USAID-funded Breakthrough ACTION, to integrate a OH approach and outline communication structures across OH sectors from national down to community level. The One Health National Emergency Risk Communication Strategic Plan was formally launched in August 2019 followed by an orientation of the plan for all district-level one health communication representatives.

Whether the threat is a small, local outbreak or a global pandemic affecting all Sierra Leoneans, the Strategic Plan serves as a guiding document for how OH sectors and partners should work together for emergency risk communication. It takes into account all stages of a possible health emergency or outbreak, starting with the period before any outbreak occurs and continuing through the outbreak to the recovery and post-recovery stages. When COVID-19 began to spread around the world, Sierra Leone's Emergency Operations Center and its Risk Communication and Social Mobilization Pillar sprung into action.

Effective, integrated risk communication and social mobilization are major contributors to national health security and thus critical to strengthening the government's ability to safeguard the health of its people. Coordination across and between response sectors has been key for delivering a consistent and united voice through multiple channels and at all levels. Early steps taken by the Risk Communication and Social Mobilization Pillar in the preparedness stage of Sierra Leone's COVID-19 response and the ability to swiftly adapt throughout an evolving pandemic have been essential to limiting the spread and negative impacts of the virus.

DISTRICT SUPPORTIVE SUPERVISION OF COVID-19 RESPONSE ACTIVITIES AND OPERATIONS

A team from the national COVID-19 Risk Communication and Social Mobilization Pillar which included representatives from the OH sectors carried out a nationwide supportive supervision from 3rd to 17th July 2020 for district Risk Communication and Social Mobilization Pillar leads. The visit allowed for space to discuss any issues limiting the pillar's and the leads' output and the national supervisors provided direct support in response. The national supervisors discussed with the district pillar leads on working together within the district structures to ensure that there are little or no friction and tensions. The link between the national and district pillars was also explained for ease of information flow and sharing of resources and materials.

Challenges limiting the coordination of COVID-19 activities between the various leads at district and national level were discussed. Among the challenges were irregular meetings and reporting from the districts and lack of clarity of the roles and duties among the pillar leads and how they should be working together

Discussions were also on the COVID-19 RSCM National Strategy, its objectives, and the importance of using it when planning district activities and budgets. It was agreed at that time that district teams should be meeting at least three times per week to plan activities, monitor progress and address gaps. The RSCM pillar was encouraged to attend the District COVID-19 Emergency Response Center (DiCOVERC) meetings where they can coordinate with other pillars at district level. The supportive supervision included training on how to use zoom so that the RSCM pillar could participate in meetings remotely. District teams created a partner database including names and contact details of partner organizations conducting COVID-19 RSCM activities in their districts. All active, funded community mobilizers of partner organization were mapped out by ward/chiefdom. The COVID-19 briefing pack and key documents were shared with the district teams.



Courtesy call by the team



District teams during the supervision visit

ONE HEALTH SECRETARIAT DISTRICT SUPERVISION

The OH platform in Sierra Leone is established and operating at the national level with several MDAs. However, the OH platform at district level is not fully operational even with prior trainings and supervision. Therefore, a district supervision was conducted to create OH coordination and cooperation within the districts, support joint-decision making and collaboration among relevant sectors in the districts, identify critical gaps in rapid response capacity and strengthen awareness about the OH concept at district level.

A team of national supervisors visited the districts in September 2020 and held group discussions with participants from different MDAs within each district. A supervisory checklist was used to capture responses both on paper and on mobile phones using the Open Data Kit (ODK) platform. Some districts demonstrated good practices of OH in action:

- ◇ Joint response to environmental hazard caused by soap production in Bo District
- ◇ Relocation of cattle from Kenema City to a rural area
- ◇ Joint Disaster Risk Mapping in Kono district
- ◇ District multidisciplinary Rapid Response Teams deployed to investigate suspected zoonotic disease outbreaks during the week of the assessment (Port Loko, WAU).

The supervision brought out the fact that partners operate in other platforms like District Security Committees and District Disaster Management Committees as opposed to Oh platforms. A few challenges were highlighted during the supervision including:

- ◇ OH structures and roles at district level unclear
- ◇ Limited resources to implement OH activities
- ◇ Lack of feedback and minimal support from national level on OH activities
- ◇ Lack of coordination and collaboration among partners in the districts

With the supervision highlighting lack of coordination as a major challenge at district level due to inadequate staffing, a request been made to Integrated Health Project Administration Unit (IHPAU) for support in the recruitment of OH District Coordinators to support the secretariat in coordination and interventions at district level.



Discussion during the supervision in Moyamba District

ONE HEALTH REVIEW MEETING

The OH Secretariat, with support from WHO, conducted a national OH review meeting as a follow up to the supervisions visit, to review the OH coordination and collaboration at both district and national level. The review intended to identify issues limiting OH operationalization, stimulate initiatives for sustainable solutions, and to identify critical gaps/challenges in the operationalization of OH in the country.

The meeting was held in Makeni on 29th and 30th September 2020. Participants were drawn from the core One Health MDAs, MoHS, MAF, EPA, and ONS from both national and district level, Universities (Njala University and University of Makeni) and partners such as WHO, Breakthrough ACTION, GIZ, and Red Cross.

Several presentations were made including the status of OH coordination in Sierra Leone, findings of One Health Secretariat District Supervision, and updates from the OH Pillars. On the second day, there were update presentations from the implementing partners including Njala University, University of Makeni, West African Virus Epidemiology (WAVE) and the Lassa fever program. Other partners (Breakthrough ACTION, International Federation of

Red Cross, Sierra Leone Red Cross Society, WHO and GIZ) also presented updates on the activities they have been supporting. These presentations highlighted among others, cooperation among sectors, resource sharing, collaboration and challenges.

The group had discussions based on the presentations, more challenges came out during the discussions and key initiatives were highlighted. Examples of solutions included establishing a research wing in the OH Secretariat and including OH activities in the annual work plan for allocation of budget.



Rep. of EPA making a statement

RESPONDING TO BRUCELLOSIS IN KOINADUGU DISTRICT

Brucellosis is a disease, caused by bacteria, which affects many animals including sheep, goats, cattle, deer, pigs, and dogs. However, it can also cause a disease with flu - like symptoms in humans. Symptoms can appear within five to sixty days after exposure. The most common way people get the disease is by drinking or eating unpasteurized, contaminated milk or cheese, and by breathing in the bacteria.

Between January and February, 2020, sheep and goat stillbirths were reported in 5 communities in Koinadugu district. On the 10th July, 2020, the District Livestock Officer (DLO) and a team responded by collecting 31 samples from affected animals and sent them to the laboratory for diagnosis. It was confirmed on the 17th July, 2020 that eight out of the 31 samples were positive for Brucellosis (three sheep and five goats).

Responding to the outbreak, the Public Health National Rapid Response Team (PHNRRT) arrived in Koinadugu on the 21st September, 2020, and held discussions with the Koinadugu and Falaba DLOs and the Koinadugu District Health Management Team. The objectives of the visit



Member of the PHNRR team

were to support the district team: to determine the magnitude of the outbreak, undertake active case search within communities, determine possible spillover into human population which included reviewing health facilities records, determine risk factors and undertake community engagement. After the discussion, members of the team were dispatched to verify reports and further investigate the incident. During the team's investigation, they were informed that two cattle had died and had been eaten, however none of the individuals who had eaten the meat showed signs of the disease. A radio discussion was also held by the PHNRRT on Brucellosis stating the seriousness of the disease, its economic impact on farmers, possible transmission to humans putting animal owners at higher risk, and advice on isolating positive animals and precautions when handling products from affected animals.

REVIEW OF THE ANIMAL DISEASE ORDINANCE ACT OF 1949 AND THE ANIMAL CRUELTY ACT OF 1960

To achieve sustainable livestock-based food production, the health management of animals is critical. In line with that, many countries in the world enacted effective laws in order to protect and promote animal health to prevent the spread of infection and other zoonotic diseases of socio-economic importance. Furthermore, the overall welfare and the right of animals had gained prominence in the world since early 19th century, and more communities and nations now appreciate the fact that the welfare of animals are about best practices. On that note, many countries have enacted laws on animal welfare and their rights to co-exist.

In 1949, Sierra Leone enacted the Animal Diseases Ordinance Act and in 1960, the Animal Cruelty Act was also enacted. Today, these two laws are now absolute and not effectively promoting animal production, productivity and their welfare. After almost 136 years collectively, these two laws have been reviewed as follows;

- ◇ The Animal Diseases Ordinance Act of 1949, reviewed and now Animal Health Bill of 2020.
- ◇ Animal Cruelty Act of 1960 reviewed, and now Animal Welfare and Protection Bill of 2020.

The positive impact of the two essential bills once enacted will not only be felt by farmers (improved production and productivity of livestock-based food), but the general public. The bills will also prevent the spread of animal diseases, putting in place sanitary and quarantine measures, and restrictions on the movement of animals, animal products, biological products and other miscellaneous objects responsible for transmission of diseases to the animal and human population. The two bills once enacted will provide the following benefits to both animals and humans:

- ◇ Formulate, enforce and implement policies, regulations and programs to promote animal health, animal welfare and animal production.
- ◇ Ensure food safety and protect the health of consumers against risk caused by food- borne illnesses and meat-borne infections.

The bills have been tabled in parliament for deliberations and anticipated enactment.



Reviewing of the two Acts

WORLD RABIES DAY CELEBRATION

Sierra Leone joined countries all over the world to observe this year's World Rabies Day on the 28th September, 2020. World Rabies Day (WRD) is an annual event where actors in animal and human health, together with the OH communication team working closely with multi-stakeholder rabies task force to plan the day and highlight the gains made. This year's theme was: **END RABIES: COLLABORATE, VACCINATE TO ELIMINATE.**

Celebrating this day is an opportunity to recognize progress made in Sierra Leone like the development of a strategic plan to eliminate rabies by 2030, the rabies and dog bites communication campaign, and testing ability to confirm rabies in dogs through lab tests.

Against this background, events marking this year's celebration included week-long nationwide awareness raising and education activities through community stakeholder engagements, jingles broadcast, and radio and television discussion programs. The public participated in the discussions through phone-in and SMS and the panelists responded. The activities were carried out by the OH teams from national and district levels and supported by various partners.

The celebration was climaxed by a symposium held on WRD in all districts and in Freetown which attracted Government Ministers, representatives of MDAs, international partners, and people from all walks of life and concluded with dogs' vaccinations.



Vaccinators team in the Western

Area Rural



Dog Vaccination in Kambia District

KNOW YOUR PARTNER—GIZ

GIZ is supporting Sierra Leone's Public Health Emergency Management capacity building efforts as part of the Regional Programme Support to Pandemic Prevention in the ECOWAS region (RPPP). This is with funding from the German Federal Ministry for Economic Cooperation and Development (BMZ) and the European Union (EU) through technical advisory to the regional institutions in the ECOWAS region (WAHO/RCSDC/RAHC) and National Coordination Institutions at selected ECOWAS Member states levels (Liberia, Sierra Leone, Guinea and Togo).

The project is designed against the backdrop of a public health landscape dominated by outbreaks of emerging and reemerging epidemic-prone diseases in the ECOWAS Region such as measles, meningitis, viral hemorrhagic fevers including the most devastating Ebola outbreak in West Africa between 2014 and 2016 and the recent COVID-19 pandemic. These diseases highlight the need to pursue International Health Regulations (IHR) core capacity building within the ECOWAS region. The IHR also highlight the need to foster unity and solidarity and build a safer, healthier, wealthier and more resilient global society under the umbrella of OH.

RPPP focuses on four fields of intervention: 1. improved communication of health risks taking into account gender aspects and the OH approach, 2. strengthened communication and inter-institutional coordination, 3. capacity building of human resources, and 4. solidify digital surveillance system and epidemic management.

Since the appointment of the technical adviser to the EOC in early February 2020, the project has contributed to the training of 46 journalist and health reporters on COVID-19 related risk communication; supported a nationwide district EOC training on COVID-19 emergency preparedness and response in collaboration with United States Center for Disease Control (CDC) and WHO; subsidized the local production of 240 gallons of alcohol based hand rub with the IPC Pillar and procured various logistic equipment and materials to support the response to COVID-19 in Sierra Leone, to name but a few.

The RPPP will focus on supporting the OH platform, Rapid Response Team and the EOC in the foreseeable future, as the project extends into its second phase next year.



Dr, Amadu Traore



PHOTO NEWS



Focus Group Discussion on COVID-19



Focus Group Discussion on COVID-19



Dog Vaccination in Kenema



Radio Discussion on Dog Bites in Bombali District



Dog Vaccination during World Rabies Day celebration



Stakeholder's engagement in Kailahun District



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