<table>
<thead>
<tr>
<th><strong>Sierra Leone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population 2015:</strong> 7.0 million</td>
</tr>
<tr>
<td><strong>Life expectancy 2015:</strong> 50.1 years <em>(Males = 49.3; Females = 50.8)</em> compared to average of 60.0 for the African region and 71.4 globally</td>
</tr>
<tr>
<td><strong>Healthy life expectancy at birth 2015:</strong> 44.4 years</td>
</tr>
<tr>
<td><strong>MMR (per 100,000 live births) 2015:</strong> 1,360 compared to average of 542 for the African region average and 216 globally</td>
</tr>
<tr>
<td><strong>U5M rate (per 1,000 live births) 2015:</strong> 120.4 compared to the average of 81.3 for the African region and 42.5 globally</td>
</tr>
</tbody>
</table>
The Ebola Outbreak 2014-16

EVD Epi Curve 2014 - 2016

Sierra Leone
The building blocks of the Ebola response

- Case Investigation
- Treatment
- Burials
- Lab
- Community Engagement
- Survivors
7 November 2015 – the end of the outbreak
Engaging with communities consistently and at scale remains a challenge for health programmes and planners.

The Panel is surprised and dismayed by serious gaps in the early months of the outbreak in terms of engaging with communities, some of these gaps still exist in the late phase of the outbreak......
Engaging with communities consistently and at scale remains a challenge for health programmes and planners

“Engagement with affected communities and families... is not simply about getting the right message across; we must learn to listen if we want to be heard.”

*World Health Organization, 2015, quoted in Smith and Upshur, p. 312*

“Where we have had success, it has developed from honest dialogue.”

*Beyond Ebola: From dignified response to dignified recovery; Report by the International Federation of Red Cross and Red Crescent Societies, p. 5.*

“The response works when communities—through their leaders—are in a position to “own” both the outbreak and the response, to plan for themselves and to implement their plans.”

*Making a Difference, Global Ebola Response Information Centre, 2015, p. 11.*

“At-risk communities and local actors must be the key drivers of change and at the core of a decision-making process that draws on local knowledge and capacities.”

*Alasan Senghoreerson, IFRC Africa Regional Director (Beyond Ebola: From dignified response to dignified recovery; Report by the International Federation of Red Cross and Red Crescent Societies, p. 5).*
The overall conclusion from the WHO scoping review was that a community engagement model that is sufficiently robust does not exist, one that takes into account existing multiple entry points for engaging with communities and which recognizes the relative levels of power, voice, impact and opportunity for knowledge-sharing and relationship-building inside health systems.

- the current design of CE interventions do not take into account that engagement and resiliency are dynamic processes - not states of existence;
- CE research generally ignores the community of health professionals;
- CE research generally focuses on education and information, not on emotions and feelings;
- insufficient attention has been given to the development of engagement processes that support effective sustainability of practices;
- the dynamics between geopolitical communities and communities of practice of health professionals need to be explored to achieve effective engagement; and
- the CE literature has not sufficiently investigated the impact of trauma histories on the quality of engagement.
What is the core essence of the community engagement for quality, people-centred and resilient health services?

1. Reflective, reflexive practitioners
   - Know and manage self
   - Know and manage context
   - Co-production of health and well-being

2. Skills in engagement

People-centred & community-competent health services and programmes
A resilient health system

“A health system’s resilience can be defined as the capacity of health actors, institutions and populations to prepare for and effectively respond to crisis; maintain core functions when the crisis hits; and, informed by lessons learnt during the crisis, reorganise if required.”

Lancet May 2015
### Summary report of Priority Diseases, Conditions and Events through IDSR
**Weeks 1 to 36, 2017**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Current Week : 36</th>
<th>Cumulative : Weeks 1 — 36</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>Acute Flaccid Paralysis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Acute Viral Haemorrhagic Fever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Acute Jaundice Syndrome</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Animal bite case (dog/cat)</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Suspected Cholera</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Diarrhoea with severe dehydration case under 5 years</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>Dysentery ( Bloody diarrhoea)</td>
<td>58</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Malaria</td>
<td>51,306</td>
<td>2</td>
</tr>
<tr>
<td>Malaria tested</td>
<td>50,989</td>
<td>2</td>
</tr>
<tr>
<td>Malaria tested positive</td>
<td>29,258</td>
<td>54</td>
</tr>
<tr>
<td>Severe Malnutrition in &lt;5s</td>
<td>377</td>
<td>1</td>
</tr>
<tr>
<td>Maternal death</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Suspected Measles</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Suspected Meningococcal meningitis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suspected Monkey Pox</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Severe Pneumonia</td>
<td>398</td>
<td>9</td>
</tr>
<tr>
<td>Suspected Typhoid Fever</td>
<td>1,788</td>
<td>0</td>
</tr>
<tr>
<td>Suspected Yellow Fever</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Key Highlights

- **3 suspected measles cases reported** from Bombali (1), Western Area Rural (1) and Western Area Urban (1).
  - **Bombali**: DRRT currently investigating
  - **Western Rural**: 1yr old boy, fever with rash, conjunctivitis, coughing. No sample collected
  - **Western Urban**: <5yrs case reported from ODCH, sample collected and sent to CPHRL for testing

- **58 cases of dysentery reported this week**, a decrease from an average of 62 cases in the past 3 weeks

- **95 cases of Diarrhea w/ severe dehydration in children <5yrs were reported**, a decrease from an average of 108 in the last 3 weeks

- **1,788 cases of suspected typhoid fever reported**, an increase from the average of 1,747 reported in the past 3 weeks, majority from Western Area Urban (554), Kono (411) and Bombali (264) districts

- **Decline in severe malnutrition cases**, from an average of 642 in the previous 3 weeks to **377 cases this week**

*No reported cases of Acute Cholera, Buruli ulcer, Chikungunya, Dengue Fever, Dracunculiasis, Plague, Influenza due to new subtype and Small pox*
A total 144 TOTs and 2,300 health facility personnel were trained in 2015-2016
96 hospital focal in 2017
832 clinicians being trained on their role in IDSR-2017
Community Based Surveillance (CBS) roll out

- 8,367 CHWs trained in 9 out of 14 districts
- ToT Conducted in remaining 5 districts

Completeness rate = 81%
WHO
Sierra Leone

Grade 1 Mudslide
Flooding Event
August 14, 2017

Map shows the extent of areas affected by the August 14, 2017 Grade 1 mudslide from the Sugar Loaf Mountain, Regent; Spatial distribution of health facilities within the affected areas; and locations of existing registration centres for affected persons.

Legend
- Settlements
- Damaged Buildings
- Major Settlements
- IDP Camps
- Registration Centres
- Damaged Bridge

District Health Facilities
- DHMT
- Hospital
- CHC
- CHP
- MCHP
- Clinic

Borders
- National
- Province
- District
- SL Chiefsdoms

Source
WHO ORS UNITAR. Copernicus. OpenStreetMap, INTEGEMS, Google, ESRI Basemap
Date Created: 31-Aug-17 Time: 12:52:21 PM
Document Name: WHO_ORS ثناء_8 Aug_cache_D36144_Mudslide_VA_V1

Produced by WHO. Contact WHO ORS Data Team if you have any queries or data updates which can improve future products.

The boundaries and names shown and the designations used on this map do not imply endorsement, acceptance or the expression of any opinion whatsoever on the part of the World Health Organization.

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Unit: Degree
Community engagement and behaviour change building on the experiences from the EVD response

Checking blood sugar

Theme Diabetes

Blood pressure test

Knowledge.....

Friskis......

Mini Marathon

World Health Organization
Sierra Leone