

Responding to Covid-19: Reflections from the King's Sierra Leone Partnership

SUMMARY REPORT



Background

The King's Sierra Leone Partnership was established in 2013 and works to strengthen the health system and improve the quality of care in Sierra Leone. In 2014-15, King's played a leading role in the Ebola response, treating 10% of all patients. The King's team is based at Connaught Hospital, the main tertiary referral hospital in Freetown, where we work alongside Sierra Leonean healthcare workers.

This paper summarises key lessons that we have distilled from our work during the Covid-19 outbreak in Sierra Leone from February 2020 to late September 2020, when the country faced the highest number of cases. We hope that our learning will be useful for health partnerships like ours, international NGOs and policy makers and may inform responses to future pandemics. Although this was a very different experience from the Ebola outbreak in 2014, there are also some parallels.

Key lessons learned

It is currently unclear how the epidemic will further develop in Sierra Leone. It is tempting to think that because of its young population the country will be spared the

worst, however, the experience in other African countries indicate that there is no room for complacency.

1) Fast and flexible funding in a health crisis will save lives. From our perspective, the main challenges of this epidemic lay in the constraints of having a small team with few resources, and prioritising needs in a fast-changing context. Flexible funding provided to us by King's College London early in the epidemic was hugely impactful, allowing us to increase oxygen capacity at the main treatment centre; prepare the IDU with basic equipment; protect staff through awareness raising and IPC training; and provide care to destitute patients. However, we struggled to secure additional resources from donors in-country or internationally.

2) Mitigating the impact on essential health services requires planning and additional resource. We knew from the Ebola response that more people had died from TB, Malaria and HIV than from the disease itself. Had we had more flexible funding available and a larger clinical team, we would have been able to offer more support to the clinical and nursing teams in the main hospital, thereby ensuring that patients and staff continued to feel confident to come to the hospital. We tried to do this through the training of healthcare staff and the daily Covid-19 communications, but it was not sufficient in the context of profound uncertainty.

Other areas we would have liked to support include: transitioning to telemedicine for non-Covid-19 care clinic consultations; providing support to smaller facilities feeding into Connaught to prepare and cope with Covid-19 presentations; enhancing mortuary communication and reporting of community deaths; supporting Connaught's management team to take a more active role in the national response so that they could stay involved, consulted and informed.

3) There is an ongoing need to strengthen connections between health facilities and the surrounding communities. Another gap that emerged was the lack of relationship that Connaught Hospital has with the patients in its surrounding communities. We would like to support Connaught to set up a patient advocacy group in the future, thereby creating a direct line of communication between patients and the hospital team so that decision-makers can fully understand the patient journey, attitudes and behaviours. It would likely be beneficial to consider similar roles in other facilities across Sierra Leone.

4) Communication across the health system, connecting facilities to national level decision making is critical to the effectiveness of any response. Our strengths as a team were: flexibility with our activities to meet needs on the ground on a daily basis; planning as far ahead as possible in order to be proactive rather than reactive; sharing information from national level discussions to inform facility planning, and feeding information back up from facility to national level – including staff experiences, stock outs, other challenges and realities.

5) Simple adaptations to health facilities can enable the safe management of Covid-19 in the future, and would benefit the care of patients with other infectious diseases. If there continues to be no surge in cases, the virus will likely become more holoendemic until vaccination is possible. In this context, to ensure the normal functioning of the healthcare system, the care of suspected and confirmed Covid-19 cases will need to become part of wider healthcare delivery. This would require an isolation room in each health facility to accommodate those waiting for testing. Once confirmed, patients would need to be cared for separately. This infrastructure is not in place in most facilities. If this infrastructure development were prioritised, it would also benefit the care of patients with other infectious pathogens, preventing nosocomial transmission and protecting staff for the longer term.

6) Progress towards Universal Health Coverage is urgently needed and would lessen the financial impact of care-seeking on the poorest. Sierra Leone does not yet have a well-functioning and reliable healthcare system. Epidemics like Covid-19 lay bare the enormous cracks in the system that are papered over in normal times: chronic underfunding, weak contingency plans, and few resources. Ultimately there is need for proper funding of the healthcare system through taxation alongside poverty-reduction strategies. Patients having to fund emergency care from their own pockets creates enormous inequality and delays in the delivery of care, and often has wide-reaching, catastrophic effects on an entire family for months, even years.

7) For external organisations providing support, relationships built on trust, respect, and active listening matter in times of crisis. Our historic relationship with Connaught Hospital and with national decision makers stretches beyond individual relationships and meant that we were trusted and listened to. We also made it a priority to listen to the diversity of opinions and needs at Connaught throughout the epidemic. Having a nuanced understanding of the people, the context, and the health system in this type of prolonged crisis makes a world of difference. In addition, our clinical skills, being able to work alongside local staff, not being afraid to don full PPE and role model the importance of safe working practices, and the practical or emotional support we provided, all made a difference to patients. Our gratitude extends first and foremost to our valued Sierra Leonean partners who have worked with us hand-in-hand to plan, prepare and confront this epidemic head on – their dedication and skill are inspiring.

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