STAKEHOLDER CONSULTATIONS AND INTERVIEW REPORT

Introduction

This report highlights the information obtained from various stakeholder consultation and interviews on the inclusion of human rights, equity, gender, civil society and last mile communities in pandemic preparedness and response (PPR) and one health framework. This information provides recommendations for integrating these domains into the PPR and One Health frameworks, including the National Action Plan for Health Security (NAPHS) and the One Health Strategic Plan and Governance Manual.

Objective of the stakeholders' consultations

The consultation aimed to explore the status of the integration of gender, human rights, equity, civil society and last mile communities in PPR and One Health.

Methods

The Deputy National Coordinator of the One Health Secretariat and the Gender Desk Officer at the National Public Health Agency were consulted on the status of inclusion of human rights, equity, gender and last mile communities into PPR and one health. Community members, including chiefs, youth, religious leaders and civil society Interviews with activists were conducted through focus group discussions. The interview guide was developed based on the information from the desk review. Other stakeholders from civil society organizations participated in discussions on human rights, gender, equity, civil society and last mile community on PPR.

Key findings

Last mile community and civil society participation in PPR and One Health

- Community members and policymakers agree that engagement of last-mile communities and civil society is crucial for the effective implementation of One Health and PPR plans.

- There are various levels of last mile community participation in the one health and PPR platforms. "*We have a Health Coordination Committee in the district, which comprises community members and other stakeholders" says the National Deputy Coordinator of the One Health Secretariat*.
- Last mile communities such as chiefs, religious leaders and youths are engaged on PPR activities, including the ongoing mpox epidemic in different ways. "*Our chief invited us to meetings to discuss the measures and actions to prevent ourselves and our family from COVID-19", says a youth from a slum community in Freetown.* However, community and civil society members in the focus group discussions felt that the PPR did not take people with disabilities into account. One community member suggested that the government consider people with disabilities so that they would feel a sense of belonging or inclusion. "*I was expecting that we would have at least one or two people with disability", said another community member.*
- Selected civil society organizations participates in the development of NAPHS and One Health Strategic Plans.

Inclusion of human rights, gender and equity in PPR and One Health platforms

- The gender domains are not prominent in PPR and One Health. There are no systems for gender sensitive budgeting and gender empowerment. One community member suggested involving women and allowing them to play prominent roles in PPR and one health. The community members recommended awareness raising on gender issues. "*When people are aware they will feature the issues of women prominently", said one participant in the focus group discussions*. There is a gender desk at the National Public Health Agency, but its operations are not factored in the ongoing mpox response.
- Equity and social justice in PPR and one health: Social justice, and equity are less considered in the implementation of PPR and one health activities. The diversity of the population dynamics is never taking into consideration when policies are implemented. *Some of our people survive on what they get from their daily work. They don't have money in the bank…but they will ask them to stay home because of COVID-19. What will they eat? One participant in the focus group discussions asked.*
- Human rights and accountability mechanisms in one health. There is a human rights body called the Human Rights Commission of Sierra Leone, but the organization has not contributed to the Human Rights in PPR and One Health Platform. The Deputy Coordinator of the One Health Secretariat said that human rights and other areas will be taken into consideration when revising the One Health document. Sierra Leone has a system of accountability. The Office of the Ombudsman and the Anti-Corruption Commission are institutions that ensure accountability. One participant in the focus group discussion said that if you have any complaints about thefts, you can complain to the Sierra Leone Anti-Corruption Commission.

Implication of the findings and recommendations

- The inclusion of the last mile communities and civil society organizations into the PPR and One Health platforms is fragmented and uncoordinated. There is need to establish a coalition of civil society organizations on PPR and One Health.
- Gender inclusion into PPR and One Health is limited. This could probably be explained by lack of awareness about the relevance of integrating gender into PPR and one health platforms.
- The diversity of the population dynamics is critical to equity and social justice, but this is rarely considered in the implementation of PPR and one health platforms. Embed equity and social inclusion in PPR and one health strategies by mainstreaming equity, and ensuring disability inclusion and last mile community participation in NAHPS 2025–2029.
- All the domains of human rights should be integrated into the one health and PPR platforms.

Pictures

The consultant facilitating the focused group discussions among community members