Communities in Pandemic Preparedness and Response through Community Engagement (COPPER CE)

Desk Review Report

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BACKGROUND

Sierra Leone has faced numerous public health challenges over the past two decades. It is one of three countries in the Mano River Union to suffer from the worst recorded Ebola outbreak to date. The 2014/2016 Ebola epidemic resulted in over 14,000 infections and 3,956 deaths [1]. Consequent to this effect, the country faced severe economic, social, and health problems, which disproportionately affected vulnerable and marginalized communities. Sierra Leone addressed this challenge by developing a National Ebola Recovery Plan, which prioritized the rebuilding of its health, education, and economic sectors [2].

Sierra Leone started the development of a multi-year National Action Plan for Health Security (NAPHS) in October 2017. The aim of the 2018/2022 NAPHS is for Sierra Leone to better prepare and respond to public health emergencies by bolstering its collective efforts and enhance pandemic preparedness and response capabilities [3]. Some of the structures used in the fight against the Ebola epidemic supported the response against the COVID-19 pandemic in Sierra Leone, emphasizing the resilience of the health system to respond to the COVID-19 pandemic.

To achieve this goal, it is absolutely critical to deliberately integrate and thoughtfully include comprehensive health equity and diversity frameworks, as well as essential human rights domains, in pandemic preparedness and response strategies by building robust, resilient, and sustainable community structures, strengthening collaborative cross-sector partnerships, fostering trust among community structures, and ensuring culturally-sensitive and appropriate practices. As part of the Community Epidemic Preparedness and Response through Community Engagement (COPPER CE) project in Sierra Leone, a desk review was conducted to assess inclusivity of human rights, civil society organizations, communities, gender, and equity in the Sierra Leone pandemic preparedness and response and one health frameworks.

Methods: A desk review was conducted from March 1, 2025, to March 8, 2025, to assess how pandemic preparedness and response incorporated equity, gender, community, civil society organizations, and human rights, using a checklist outlined in Table 1. The desk review assessed the core human rights values, focusing on issues such as reducing stigma, discrimination, and social exclusion of those affected by the disease, safeguarding communities from human rights abuses during law enforcement, protecting them from violence, establishing a system for reporting human rights violations, and promoting mutual respect and engagement.

The desk review also evaluated and examined various gender-related aspects, including gender equality (equal representation of women and men), gender mainstreaming (integrating gender perspective into all stages of policy making and implementation), gender balance (treating men and women fairly in hiring and at pandemic preparedness and response work), gender analysis (analysis of ethnicity, culture, age, social class, and sexual orientation in the context of one health and pandemic preparedness and response), gender sensitization (understanding the differences, inequalities, and varying needs of people of all gender identities in pandemic preparedness and response) and empowerment (promoting equality through community initiatives and advocacy).

Reviewed documents: The documents reviewed included the NAPHS 2018-2022, the Universal Health Coverage Roadmap (UHCR) for Sierra Leone 2021-2030, National One Health Platform Governance

Manual (NOHPGM) 2023, National One Health Strategy (NOHSP) 2024-2028 and the Sierra Leone Joint External Evaluation (JEE) 2023 [3-5]. The draft NAPHS 2025-2029 was analyzed separately (Appendix 1). The findings and recommendations were forwarded to the NAHPS writing team for inclusion into the NAHPS 2025-2029.

Analysis: The documents were reviewed and the information was classified into equity, communities, civil society organizations, gender and human rights. The gender sub-themes included gender equality, gender mainstreaming, gender balance, gender analysis, gender sensitization and empowerment. The human right information was categorized into stigma, discrimination and social exclusion, protection of communities against human rights violations during law or regulatory enforcement, protection of communities against violence, a system for reporting human rights violations and mutual engagement and respect. Last mile communities such as traditional healers, local leaders, women, youths, communities affected by diseases (Ebola, tuberculosis, and HIV) and HIV key populations (female sex workers, men who have sex with men, people who inject drugs and people in closed settings) and other maginalized communities such as people with disability were subcategries of communities analyzed in this desk review.

RESULTS

A total of 5 strategies were reviewed. **NAHPS** 2025-2029 was reviewed separately and information recommendations were shared with the National Public Health Agency. Equity or equality were mentioned in only two documents: **NOHPGM** and **NOHSP**. The information on equity and equality only focus on the core values of these documents.

Similarly, human right is mentioned only twice in the **NOHPGM** and once in the **NAPHS**. Communities were the most commonly mentioned: 15 times in the **NOHPGM**, thrice in both **JEE** and **UHC** and one in the **NOHSP**. Gender was mentioned thrice in the **NOHSP**, twice in the **JEE** and once in the **NOHPGM**. CSOs were mentioned only once in the **NOHSP**.

DISCUSSIONS

This desk review assessed the engagement of communities and civil society organizations in pandemic/epidemic preparedness and response. The review also assessed the integration of gender, human rights and equity in pandemic or epidemic preparedness and response in Sierra Leone. The results have revealed crucial gaps in the involvement of these entities in pandemic/epidemic preparedness and response in Sierra Leone.

First, there is a gap in integrating human rights values such as addressing stigma, discrimination and social exclusion of those affected by the disease into pandemic or epidemic preparedness and response. Furthermore, protection of communities from human rights violations and all forms of violence is absent from policy documents guiding pandemic preparedness and health. Mutual respect and participation are mentioned in the revised NOHPGM but not in other documents.

The gaps in integrating human rights domains contrast with the recommendation of article 12 of the Universal Declaration of Human Rights, which states that “Everyone has the right to a standard of living

adequate for the health and well-being of himself and of his family, including medical care and necessary social services, and the right to sickness, disability or other lack of livelihood in circumstances beyond his control'. Embedding human rights into pandemic preparedness and response and one health interventions is important to protect communities, prevention social exclusion and promote social justice.
Integrating a gender lens is critical to pandemic preparedness and response, yet the elements of gender are rarely considered in health security-related documents in Sierra Leone. The Gender Equality and Women's Empowerment Act of 2023 aimed at promoting gender equality and empowering women, through gender mainstreaming, introduction of gender-responsive budgeting, and expanding access of women to finance and appointive position. Embedding gender sub-theme such as gender equality, gender mainstreaming, gender balance, gender analysis, gender sensitization and empowerment into pandemic preparedness and response will mitigate the negative impact for women and girls who are often further marginalized during health emergencies.
Communities are extensively mentioned in the one health and pandemic preparedness and response policy documents in Sierra Leone, but the list is not exhaustive. These policy documents do not cover the role of last mile communities, such as people suffering from or affected by diseases such as tuberculosis, HIV or Ebola, and people with disabilities. Furthermore, community engagement in pandemic preparedness and response is through risk communication. It rarely reflects on the involvement of the communities in policy formulation and implementation. Additionally, community involvement fosters a sense of ownership and responsibility.
Community participation in decision-making processes and implementation related to health security increases the sense of responsibility for the ongoing success and sustainability of these programs, facilitates the mobilization of resources, knowledge and skills, and improves transparency and accountability. Community participation is important for monitoring and providing feedback to reduce resource mismanagement and corruption. Ongoing efforts are needed to address challenges with community involvement in pandemic preparedness and response, such as cultural shifts and resource allocation. Ongoing efforts are needed to address challenges with community involvement in pandemic preparedness and response, such as cultural shifts and resource allocation.
Finally, the acknowledgements section of the NOHSP recognizes civil society organizations as one of the entities involved in the development of the NOHSP. Apart from this information, there is no mention of civil society organizations in any other policy documents. Civil society organizations connect the health system with hard-to-reach populations, build the capacity of frontline workers, and can support the referral system. Therefore, it is important to engage civil society in pandemic preparedness and response.

CONCLUSION AND RECOMMENDATIONS

The integration of gender, human rights, communities and civil society organizations into the PPR and one health frameworks is important to protect the population.
However, the integration of these entities into PPR in Sierra Leone is limited. The following recommendations will improve the integration of gender, human rights, communities and civil society organizations into PPR and one health.

- Design and implement a comprehensive package of activities to promote human rights, including activities to eliminate stigma and discrimination, improve social justice and reduce social exclusion. The package should also include interventions to protect communities from human rights violations and all forms of violence, system for reporting human rights violations and mechanisms for mutual engagement and respect between last mile communities and government functionaries during PPR.
- Government and its development partners should establish mechanisms to promote gender equality, gender responsive budgeting, gender mainstreaming, gender balance, gender analysis and gender sensitization and empowerment in pandemic preparedness and response and one health framework. The government should expedite the implementation of the provisions of the Gender Equality and Women's Empowerment Act, including establishing a functional gender unit in the National Public Health Agency.
- Adopt the recommendations from the review of the NAHPS 2025-2029 to integrate gender, communities and human rights domains into PPR and one health frameworks, including the NAHPS 2025-2029.
- Expand and revise risk communication and community engagement strategies to directly integrate last mile communities into the pandemic preparedness and response and one health framework.
- Engage civil society, vulnerable groups and “last mile” communities (e.g. people who are ill or affected by disease) in the development and implementation of One Health and Small Response prevention policies.
- The National One Health Governance Manual should be revised to add technical working groups for civil societies, last mile communities , human rights and gender.

Table 1: Checklist to guide desk review of documents on the integration of human rights, gender, equity, CSOs and communities

Domain	Theme/activity/action	Document	Description and sections in the policy were mentioned
Equity	Universal health coverage	**UHCRM**	1. Background: The provision of equitable access to quality health care for all without financial hardship to achieve Universal Health Coverage
		UHCRM	FOREWORD: For Sierra Leone, the concept of Universal Health Coverage has been translated into "All people in Sierra Leone having access to affordable quality health care service and health security without suffering undue financial hardship"
	Equity/Equality	**NOHSP**	5.1.2 Strong community participation; equality, equity, and inclusion is part of the key values of the NOHSP
		NOHPGM	2.1. Core Values: Strong community participation, equity, and inclusion;
		NOHPGM	Core values: Strong community participation, equity, and inclusion;
	Social justice	**NAPHS**	MISSION: Build national capacities for early detection and effective response to public health emergencies and other events of public health concern.
	Fairness	**JEE**	2.2 A safety net system is established, and mechanisms are put in place to support vulnerable groups through food and cash distribution in collaboration with the anti-corruption commission to ensure intended beneficiaries received the support
	Geographic coverage		
Human rights	Mutual engagement and respect	**NOHPGM**	The revised governance manual reflects vital developments and changes and emphasise community engagement and capacity building.
	Discrimination and social exclusion		
	Protection of communities against human rights violations	**NAPHS**	Foreword: It is acknowledged that the environment plays an important role in human health. Environmental degradation with increasing population pressure is steadily playing a role in the transmission of diseases and other public health threats to humans

	System for reporting human rights violations	**NOHPGM**	3.4.5. surveillance: Harmonization of one health reporting system
Gender	Gender equality	**NOHSP**	5.1.2: Promotion of gender equality is part of the key values of the NOHSP
			5.6 Conduct short and long-term training with gender equity
		NOHPGM	Fundamental values: Promotion of gender equality and cultural diversity;
		JEE	Executive Summary: Gender Equity and Equality in health emergencies
			Risk communication strategies are tailored to support gender specific messaging and communication
	Gender mainstreaming	**NOHSP**	5.7: Gender mainstreaming in surveillance activities across sectors
		JEE	1.2: Gender desk established across government offices (including the health sector) to support gender mainstreaming and ensure the efficient allocation of resources
			1.2: An assessment of gender mainstreaming gaps within the MOHS was conducted, with a specific focus on gender gaps in participation in the FETP/FELTP programme
	Gender balance		**Nil**
	Gender analysis		**Nil**
	Gender sensitization		**Nil**
	Empowerment	**NOHSP**	7.0: One Health document, includes a provision for a Gender Technical Working Group
CSOs	CSOs involvement	**NOHSP**	2.2: CSOs were involved in the development of NOHSP
Communities	CHWs/CAHWs	**NOHSP**	Conduct training for CLA approach for CHWs, CAHWs to develop a plan that fits into the OH RCCE message guide
			6.0: Training of CHWs in Enhancing Social listening/Infodemic management
		JEE	5.3: Integrate Community Lead Action (CLA) model into the Community Health Workers and Community Animal Health Workers recruitment training model and roll out rumor reporting and responding training for chiefdom level Risk Communication and Community Engagement staff
	General community	**JEE**	IHR Score card: RCCE system for emergencies
		NOHPGM	3.4.2. Immunization: Facilitate the achievement of "adequate immunisation

			coverage", especially for infectious animal diseases and zoonosis. Through stakeholder engagement, community sensitization, radio discussions.
		NOHPGM	3.4.3 Protection/Point of Entry TWG: Ensure the development of effective communication strategies and adequate community engagement and participation before, during and after during Public Health Events;
		NOHPGM	3.4.7 AMR: High level of awareness raising on AMR at the National, Regional, District and local/chiefdom level
		NOHPGM	3.4.13.Risk communication and community Engagement: Facilitate the development of effective risk communication and community engagement strategies to ensure robust community engagement and participation in One Health initiatives.
		NOHPGM	7. ANNUAL REVIEW AND PLANNING: Although the focus is on the national level, district and community level inputs are crucial to the successful achievement of a satisfactory level of preparedness and response for One Health emergencies
		NOHPGM	3.4.13. Risk communication and community Engagement Cultivate open, two-way dialogues with communities, taking into account cultural nuances and apprehensions for fostering meaningful engagement
		NOHPGM	8.2. PROCESS OF NOTIFICATION: This communication will include reinforcement of response measures at national, district and community levels, as outlined in the preparedness and response plans.
		UHCRM	2.4.1. Equitable Access: The health facility density is relatively high in Sierra Leone compared with other countries in the subregion, yet there are several hard-to-reach communities, in both urban and rural areas and challenging riverine communities that need quality and comprehensive health care services.
		UHCRM	Community Participation and Ownership: Communities shall be well mobilized and empowered to exercise leadership in participation and ownership in addressing the health needs of their communities, and individual empowered to be responsible for their own health.

		UHCRM	Assessment in Health Communication: The Roadmap focuses on Strengthening services and demand generation through innovative and appropriate health technology and approaches, particularly to underserved population, including the urban and rural poor.
	Rural populations	**NOHSP**	3.1: Regional, district, and chiefdom committees make up the National One Health Platform
		NOHPGM	2.2 FUNCTION of OHP: Evaluate the event and its operations; Generate post-event reports within a quarter for national and monthly for the district, and bi-weekly for chiefdom after the official declaration of the end of the event;
		JEE Sierra Leone	*2.2:* National RRT guidelines and SOPs were developed and RRT members were identified and trained at national and district levels to verify, investigate, and assess detected events in a multi-sectoral approach**.**
		NOHPGM	*Executive summary: District and Chiefdom Level Platforms*
		NOHPGM	*Background: Local-level committees that ensure implementation of the One Health approach at the grassroots level.*
		NOHPGM	*3.5.1. Terms and Reference of the OHS: Establish and/or strengthen ongoing coordination structure at district and community levels, including sector focal persons with needed logistics. o Support joint supportive supervision (national and district level teams).*
	Slum communities		
	Populations affected by the diseases		
	Community actors-chiefs, Local leaders, Youths leaders	**NOHSP**	3.1.2.3: The paramount chief is the head of the chiefdom coordinating committee
		NOHPGM	Foreword: The collaborative efforts behind this manual, from health professionals to policymakers, researchers, and community leaders, are a testament to the strength of Sierra Leone's commitment to safeguarding the health of its people and its environment
		NOHPGM	3.3.1 RCC Terms of Reference: Communication and Collaboration: The committee fosters communication and collaboration between regional

			stakeholders, including government agencies, NGOs, community leaders, and the private sector.
		NOHPGM	3.4.1. TWG at District Level: The overall responsibilities of all the TWGs include the development of operational plans; organization and provision of technical assistance to the district, facility and/or community implementing teams; production and dissemination of technical reports on lessons learnt; review and validation of guidelines and Standard Operating Procedures.
		NOHPGM	3.5.3.1. DOHS: Establish and/or strengthen ongoing coordination structure at district and community levels, including sector focal persons with needed logistics. o Support joint supportive supervision (national and district level teams).

***UHCRM**: Universal Health Coverage Roadmap, **NOHPGM**: National One Health Platform Governance Manual, **NAPHS**: National Action Plan for Health Security (2018-2022), **NOHSP**: National One Health Strategic Plan, **JEE**: Joint External Evaluation*

Appendix 2: Analysis of the draft NAPHS 2025-2029

Pages 16 and 17: 1.1.5 SWOT analysis of national health security

On page 16, the situation analysis does not report on strengths, weaknesses, opportunities, and threats -(SWOT) for gender, human rights, and equity issues. Reporting of community engagement is limited to community health workers (CHWs) and community animal health workers (CAHWs). The last mile populations, such as those affected by diseases (Ebola survivors, TB patients, and HIV-infected people) and other marginalized groups, such as people with disabilities, are not mentioned in the SWOT analysis.

Recommendations:

1. The SWOT analysis should capture the current status of equity, gender, and human rights in the national health security framework.
2. The SWOT analysis should be expanded to understand the involvement of marginalized populations in epidemic or pandemic preparedness and response.

Pages 28 and 29: Guiding principles and core values

Equity, gender, human rights, and community involvement were included in the guiding principles and core values of the NAHPS 2025-2029, as shown below.

- **Guiding principle 3: Gender, Equity, and Human Rights integration:** The impact of health emergencies and other health outcomes is determined by the social situation of affected populations, including their socioeconomic status, level of education, place of residence, and social constructs such as gender. NAPHS will ensure that gender, equity, and human rights are integrated in designing interventions to prepare, respond, and recover from emergencies to ensure that no groups are disadvantaged.
- **Guiding 6: Community involvement**: Community-oriented implementation of NAPHS is key to improved outcomes. The implementers will seek the aspirations, concerns, and values of communities and incorporate them into the decision-making processes.

Recommendations: The team's efforts further underpin significant improvements in the national health security framework and are to be commended.

Page 33: Strategic partnerships for planning

The NAHPS 2025-2026 emphasizes the importance of partnership between the government and other structures in developing, implementing, monitoring, and evaluating the NAPHS using the One Health approach. However, the NAHPS did not mention communities (Ebola survivors, people with disability, people affected by TB, etc.) and civil societies in the planning and implementation of health security in Sierra Leone. In summary, the document does not emphasize grassroots-led oversight mechanisms.

Recommendations

-The planning and implementation of the national health security agenda should include last-mile communities and civil society organizations.

Ensure key populations and affected communities are formally represented in health security governance structures.

Integrate civil society-led task forces within the NAPHS implementation framework.

Page 34: Strategic actions/Strategic interventions by technical area

JEE indicator 1.2: To integrate gender equity and equality within all IHR. This indicator aims to integrate gender equity and equality principles in the national health security framework.

Recommendations: Additional activities-

- Raise awareness and build gender equality competencies to equip leadership and staff with the necessary knowledge and skills that can lead to changes in attitude and behaviours and contribute to the effective implementation of gender equality. This activity modifies activity 1.2.4.1.

MAJOR GAPS IN THE NAHPS ACTIVITIES

The main gaps in the NAHPS activities include the absence of equity and human rights activities and the focus on community activities to only risk communication and community engagement.

Recommendations: add budgeted activities on human rights, equity, and last mile community participation

Human rights:

- Conduct human rights assessment gaps
- Develop an action plan to address gaps in human resources across one health platform
- Raise awareness and build human competencies to equip the leadership and staff with the necessary knowledge and skills that can lead to changes in attitude and behaviors and contribute to the effective implementation of human rights
- Develop and implement a system for accountability and monitoring and evaluation of gender action plans
- Establish mechanisms for monitoring human rights situations and reporting on violations of people affected by diseases such as Ebola
- Collect data on human rights violations in healthcare.
- Ensure that healthcare facilities are accessible to people with disabilities
- Train healthcare workers on stigma and discrimination of people affected by diseases
- Establish a complaints mechanism for patients to report human rights violations, including stigma in health facilities.
- Align NAPHS with existing human rights frameworks to protect vulnerable groups. recommendation?

Equity:

- Conduct a comprehensive assessment of disparities in access and utilization of services, and determine outcomes across different populations
- Develop and implement a comprehensive evidence-based action plan to address gaps in health disparities.
- Evaluate the impact of implemented interventions on health equity in pandemic preparedness and response
- Develop and implement a sustainability plan on equity initiatives, including securing funding and building local capacity.

Last mile communities:

- Conduct an assessment of the involvement of the last mile communities in pandemic preparedness and response
- Develop and implement a strategy to involve last mile communities in pandemic preparedness and response
- Involve community members in the planning and implementing of pandemic preparedness and response initiatives.
- Provide social safety for vulnerable communities, including those affected by diseases

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