

Health system resilience: Addressing mistrust in Sierra Leone

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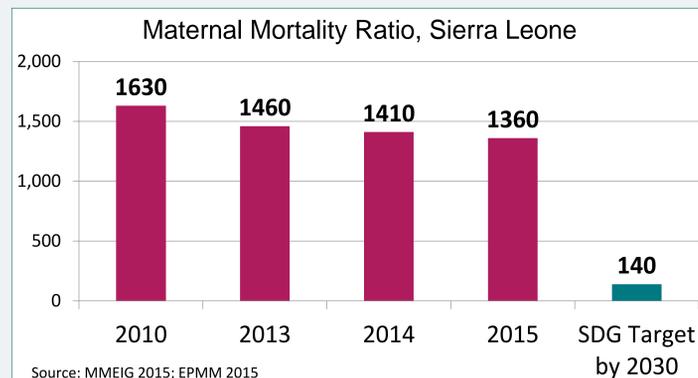
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1. BACKGROUND

Maternal health in Sierra Leone:

- 2010: Government launched the Free Health Care Initiative to improve access to care for pregnant and lactating women and children under 5 years
- Utilisation increased but was not matched with improvements in maternal and child health (MCH) outcomes (Evidence4Action 2013)
- Quality of services remained poor (MOHS FIT reports 2016)
- Maternal mortality ratio in 2014: 1,410 per 100,000 live births - the highest globally (WHO 2015)
- Under 5 mortality: 126 per 1,000 live births in 2014 (WHO 2015)



Challenges to MCH during height of Ebola outbreak (May – Nov 2014)*:

- * First Ebola case detected 24 May 2014; outbreak ended 07 Nov. 2015; flare up declared over 17 Mar 2016 (WHO, 2016).
- Fewer women accessed essential and emergency MCH care (UNFPA 2015; Jones 2015; Mendez 2015)
- More than 221 health care workers died during Ebola (WHO 2015; Evans 2015)
- Reports that women in labour or with complications were denied care (Black, 2014; Dynes 2015; Milland, 2015).
- Pregnant women at higher risk of mortality due to Ebola than non-pregnant women (Mupapa, 2000)
- Unborn and newborn babies have lower chance of survival to Ebola (Mupapa, 2000) ; an additional 3,100-3,300 deaths are estimated during this period (Sochas, 2016)
- The impact of reduced service uptake led to a 33% and 35% increase in estimated maternal and newborn deaths (UNFPA & Options, 2015).

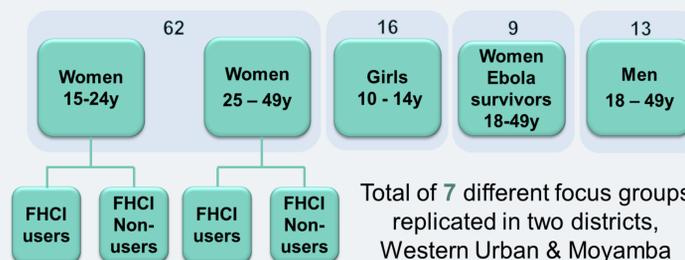
2. OBJECTIVES

To identify, in the context of the Ebola outbreak:

1. Challenges for health providers being able to provide quality RCH services;
2. Key behavioural issues that positively and negatively affected RCH-seeking behaviour or care practices of women and adolescent girls.

3. METHODS

- Qualitative approaches in 2 districts, one urban, Western Area, and one rural, Moyamba
- 14 Focus group discussions with **100** community members



- **28** In-depth one-to-one interviews with front line health workers
- Thematic analysis

4. KEY FINDINGS

Challenges to provision of services:

- Health workers feared contracting Ebola; health posts abandoned
- Some facilities closed including private pharmacies
- Routine diagnostic test services not available
- Children denied vaccinations
- Services and commodities not available (e.g.. family planning commodities, transport for onward referrals)

“We are their enemies for now they are afraid to come to care for fear of [us] infecting them” (Health worker)

Challenges to seeking care:

- Communities viewed health workers as potential ‘contaminants’
- Patients delayed (or ceased) seeking services
- Pregnant and labouring women turned away from health facilities
- Complaints of neglectful and disrespectful care e.g. health providers refusing to hold newborns confirmed
- Financial barriers e.g. unofficial requests for payments
- School closures resulted in loss of linkages with health services for adolescents via school-based reproductive health programmes.

As a result, women resorted to traditional healers or arrived at facilities with more severe complications.

Motivators to provision and seeking care:

- When implemented, Ebola screening and infection prevention control (IPC) training and measures viewed by communities as improvements in quality, instilling trust
- Community sensitisation improved trust compared to the start of the outbreak
- Health care workers who displayed dedication to practice, patients, and Ebola eradication acknowledged as champions.

“They failed to assist her [non-Ebola patient] and after she delivered by herself, these nurses came dressed like those in the Ebola burial team. They wrapped the baby with ordinary plastic without proper washing and they said that they are preventing themselves from Ebola..” (Female community member aged 15-24)



Credit: MamaYe-Evidence for Action

5. RECOMMENDATIONS

The health system initially failed to equip its’ workforce to safely continue caring for patients and convey a sense of security. This fractured the relationship between health workers and communities.

Achieving resilience and increased demand for MNH services requires re-building trust of the health system by both health providers and communities.

Key recommendations include:

- Community sensitisation addressing outbreaks (*shocks*) essential
- Need to involve trusted and influential figures and ‘satisfied clients’ in sensitisation efforts
- Engaging health providers and communities jointly to address issues of quality and availability of care (mutual accountability mechanisms).

Investment in strengthening Sierra Leone’s health workforce to respond, adapt and strengthen during future shocks is pivotal to achieve resilience (Campbell 2016).



Credit: AFP Photo/Kenzo Tribouillard

FURTHER INFORMATION

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