

From Reaction to Prevention: Rethinking Public Health Disaster Risk Governance in Sierra Leone

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Executive Summary

Sierra Leone faces frequent and overlapping public health and environmental disasters, ranging from the 2014–2016 Ebola epidemic and the COVID-19 pandemic to recurrent floods and the catastrophic 2017 landslide in Freetown. Despite recent progress in legal and institutional reform, including the 2023 Public Health Act and the creation of the National Public Health Agency (NPHA), governance remains largely reactive and fragmented. This policy brief calls for a shift toward preventive, risk-informed public health disaster governance, grounded in international frameworks such as the Sendai Framework for Disaster Risk Reduction and the International Health Regulations (IHR 2005). It proposes actionable steps to strengthen national resilience and mitigate future shocks.

Context and Problem Statement

Sierra Leone ranks among the most vulnerable countries to health and climate-related disasters, with limited capacity for early detection, preparedness, and coordinated response (UNDRR, 2021). Public health crises such as Ebola exposed major gaps in surveillance, legal mandates,

and community engagement (WHO, 2016). The recent Public Health Act 2023 has begun to address some of these challenges by mandating surveillance systems, multisectoral coordination, and rights-based response mechanisms (MoHS, 2023).

However, several key challenges persist:

- **Weak enforcement** of preparedness plans and risk assessments at national and local levels
- **Fragmented coordination (Institutional Fragmentation and Coordination Gaps)** among the Ministry of Health and Sanitation (MoHS), the National Disaster Management Agency (NDMA), the Environmental Protection Agency (EPA), and local councils
- **Inadequate early warning systems** for health and climate hazards
- **Limited investment** in prevention and risk education at the community level

Sierra Leone’s disaster management remains crisis-driven, characterised by emergency declarations and international aid mobilisation after the disaster strikes.

Why Prevention Matters

Evidence shows that investing in prevention saves lives and reduces economic losses. According to the World Bank, every \$1 spent on disaster risk reduction saves \$4 to \$7 in disaster response and recovery (World Bank, 2019). The Sendai Framework emphasises four priorities: understanding disaster risk, strengthening governance, investing in resilience, and enhancing preparedness. Meanwhile, the IHR (2005) obliges countries to build core capacities for detecting and responding to public health threats, with a focus on prevention (WHO, 2022).

For Sierra Leone, transitioning from reactive governance to a preventive model is essential to:

- Avoid the recurrence of large-scale epidemics like Ebola
- Strengthen local health systems before crises emerge
- Enhance trust in public institutions and emergency leadership
- Reduce urban vulnerability due to informal settlements and climate risks

Key Challenges

Legal Fragmentation: Although the Public Health Act 2023 and the NDMA Act exist, gaps remain in harmonising mandates and operational procedures (Law Reform Commission, 2023).

Siloed Governance: Agencies operate in parallel with minimal joint planning, undermining rapid, coordinated action.

Resource Constraints: Disaster preparedness budgets are underfunded and donor-dependent, leading to weak sustainability.

Urban Fragility: Over 35% of Freetown's population lives in informal settlements on flood-prone hillsides, yet land use planning and enforcement remain weak (FCC, 2020).

Low Public Awareness: Limited legal literacy and poor risk communication fuel misinformation during crises.

Policy Recommendations

1. Develop a National Public Health Disaster Risk Governance Strategy

- Integrate Sendai, IHR (2005), and One Health principles
- Assign clear roles to MoHS, NDMA, EPA, and local authorities
- Include risk mapping, contingency planning, and community input

2. Strengthen Institutional Coordination

- Establish inter-agency preparedness task forces and shared risk dashboards
- Mandate joint simulation exercises and reporting lines between NPHA and NDMA
- Integrate disaster risk governance into national development planning (GoSL, 2023)

3. Empower Local Government and Communities

- Institutionalize community-based risk surveillance via chiefdom councils and CHWs
- Train local disaster committees to lead localised risk assessments
- Provide budget lines for local preparedness plans in district development funds

4. Invest in Early Warning and Risk Information Systems

- Strengthen public health laboratories and meteorological services for integrated surveillance
- Develop SMS-based early warning tools for floods, disease outbreaks, and heatwaves
- Support public risk dashboards and radio-based health alerts in local languages

5. Secure Sustainable Financing for Risk Reduction

- Create a National Contingency and Prevention Fund
- Explore regional insurance mechanisms such as African Risk Capacity (ARC, 2022)
- Require line ministries to dedicate a percentage of their budgets to preparedness activities

Conclusion

Sierra Leone must break the cycle of disaster-response-dependence by embedding risk prevention and governance reforms at the heart of its public health system. Recent legal developments provide a strong foundation, but implementation, multisectoral collaboration, and sustained investment are essential. A forward-looking, prevention-based public health disaster governance model will protect lives, preserve development gains, and fulfil the country's global health security obligations.

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