Government of Sierra Leone

ONE HEALTH NATIONAL EMERGENCY RISK COMMUNICATION STRATEGIC PLAN

Acknowledgments

This document is the result of a collaborative effort of the One Health platform and Breakthrough ACTION with the aim to strengthen multi-sector government coordination, collaboration, and communication for preparedness and response to emergencies and public health threats.

Each of the key One Health organizations and partners contributed their technical expertise and experience to outline and describe existing communication networks and the actions needed to employ those networks to deliver coordinated and systematic risk communication messages and activities before, during, and after an emergency.

The National One Health Coordinating Committee extends its gratitude to all that responded to requests for information, participation, creative thinking, and problem solving. Your commitment to collaborative coordinated action employing risk communication principles to prevent and respond to emergencies and human, animal, and environmental health threats has the potential to make Sierra Leone a safer and healthier country.
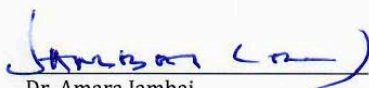
Foreword

This One Heath National Emergency Risk Communication Strategic Plan marks a new beginning of risk communication to prevent and contain emergency situations in Sierra Leone and the West African sub-region.

The 2014-2016 Ebola outbreak highlighted the crucial roles coordination and communication among government sectors and partners played along with community engagement to address social and behavioral norms in bringing an end to the epidemic. Recognizing the benefits of that collaboration and aiming to strengthen it further, the One Health platform was launched in Sierra Leone in June 2017 with the support of the Office of National Security. The launch of the platform laid the initial bricks of a foundation for establishing and strengthening coordination, collaboration, and communication between the human, animal, and environmental health sectors and partners for better health outcomes.

This One Heath National Emergency Risk Communication Strategic Plan contributes to Sierra Leone's preparedness and response efforts by proposing a standing One Health Risk Communication Multisectoral Coordination Mechanism (MCM) consisting of the lead persons tasked with communication from the three key One Health entities: the Ministry of Health and Sanitation, the Ministry of Agriculture and Forestry, and the Environment Protection Agency. A representative of the Office of National Security will also be a member. The purpose of this MCM is to facilitate consistent communication across partners and inform the design of messages and activities to raise awareness, promote healthy behaviors, and mobilize communities to take action during any emergency. Having credible communication developed prior to an emergency across the sectors not only aids in strengthening prevention and preparedness among communities but also, in the event of an outbreak or emergency, allows the government to quickly adapt existing messages to address the situation before it spreads.

This One Heath National Emergency Risk Communication Strategic Plan was developed, reviewed, and ratified by the One Health sectors and partners and is the property of the government of Sierra Leone through the National One Health Coordinating Committee. It is a fluid document and may be reviewed and updated as appropriate, based on available information on emerging human, animal, and environmental health concerns and emergencies in the country. It is believed that this Strategic Plan will be a useful document to guide and implement state of the art risk communication activities to promote safe and healthy behaviors before, during, and after any emergency in Sierra Leone.

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List of Acronyms

BBC	British Broadcasting Corporation
CHW	Community Health Worker
CMO	Chief Medical Officer
ConOps	Concept of Operations
CSO	Civil Society Organization
DEOC	District Emergency Operations Center
DFID	U.K. Department for International Development
DHMT	District Health Management Team
DPHC	Directorate of Primary Health Care
EOC	Emergency Operations Center
EPA	Environment Protection Agency
EPRR	Emergency Preparedness Resilience Response
ESO	Environment Social Officer
EVD	Ebola Virus Disease
GHSA	Global Health Security Agenda
HED	Health Education Division
IHR	International Health Regulations
IM	Incident Manager
JEE	Joint External Evaluation
JIC	Joint Intelligence Committee
MAF	Ministry of Agriculture and Forestry
MCM	Multisectoral Coordination Mechanism
MDAs	Ministries, Departments, and Agencies
MOHS	Ministry of Health and Sanitation
NGO	Nongovernmental Organization
NPDRR	National Platform for Disaster Risk Reduction

NSR	National Situation Room
NSSG	National Strategic Situation Group
ONS	Office of National Security
PHNEOC	Public Health National Emergency Operations Center
RRT	Rapid Response Team
SM	Social Mobilization
SMS	Short Message Service
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health Organization

Introduction

Sierra Leone suffered greatly during the 2014 to 2016 Ebola virus disease (EVD) epidemic, which had major human and economic impacts. While the nation was not well prepared then for such an outbreak, the lessons learned strengthened institutions and systems. The country is now better equipped, but more can be done. Sierra Leone continues to establish procedures and systems to build resilience into current thinking and future response.

Applying the lessons learned from the EVD outbreak to a national risk communication strategic plan will help ensure that future emergencies benefit from early and clear risk communication activities and that all partners understand their roles and responsibilities. Such improvements will lead to a more effective and harmonized response that can save lives. The One Health National Emergency Risk Communication Strategic Plan outlines overarching strategic objectives, communication aims, and actions to be taken for:

- The precrisis period, in support of prevention and preparedness.

- The time during an emergency, to support the crucial first 24 hours, 48 hours, and 1 week, onward, of a public health response.

- The recovery and postrecovery phase.

The Sierra Leone One Health partners are to use this document as a guide for the actions to be taken before, during, and after an emergency affecting humans, animals, or the environment.

The risk communication strategic plan is divided into two parts.

Part A, the strategy, contains the background and rationale of the effort and includes a situation analysis describing the mandates of the key agencies under One Health, the role of other partners and institutions, a description of the media landscape, strategic objectives, communication objectives, a set of risk communication approaches to keep in mind, and communication interventions by internal and external audiences.

Part B, the plan, expands on the strategic and communication objectives, and describes the actions to be taken at each stage of the crisis communication lifecycle. It lays out the mechanisms in place for the communication chain of command for each of the four key One Health partners, including organizational charts for the flow of information from the national level to grassroots and back up to the national level for each institution.

Part A: One Health National Emergency Risk Communication Strategy

Background

Given the health, economic, and environmental implications of the emergence and recurrence of certain pathogens, including zoonotic diseases on the African continent, strengthening collaboration between human, animal, and environmental health sectors is necessary. Previously, each of these stakeholders tended to work autonomously, and efforts were more concentrated on human health, with little collaboration with experts on animal and environmental health.

The World Health Organization (WHO) International Health Regulations (IHR) (2005) is an internationally recognized legal instrument developed with the aim of helping countries prevent, detect, and respond to acute public health risks that have the potential to become a global threat. Driven by population growth, wildlife encroachment, globalization, and climate change, viral outbreaks are an increasing threat. Risk communication is a core capacity countries need to implement IHR.

The EVD crisis in West Africa from 2014 to 2016 highlighted weaknesses and gaps and stretched the global community's rapid response capacity. It also underscored the importance of communication and community engagement in mobilizing the populations to halt transmission of the disease. Based on the lessons learned from the outbreak, Sierra Leone continues to strengthen preparedness and response capacity, including risk communication.

The Global Health Security Agenda (GHSA) is a partnership of over 64 nations, international organizations, and nongovernmental stakeholders. It aims to help countries accelerate progress toward the IHR. In early 2016, Sierra Leone became one of the partner countries to endorse the GHSA, undertaking a number of activities aligned to multiple action packages designed to build capacity in areas such as zoonotic diseases, linking public health and law enforcement, antimicrobial resistance, biosafety and biosecurity, risk communication, and so forth. Activities across the different action packages require the participation of the government of Sierra Leone, the Ministry of Health and Sanitation (MOHS), the Ministry of Agriculture and Forestry (MAF), the Environment Protection Agency (EPA) as well as the Office of National Security (ONS) and their development partners for implementation.

Each signatory country to the IHR routinely conducts a joint external evaluation (JEE) to measure its progress in achieving a number of core capacities needed to effectively prevent, detect, and respond to infectious disease threats. The JEE tool was developed to set a baseline "level of capacity" score and measure progress toward attaining the targets of the 19 technical areas that cover the GHSA Action Packages and IHR Core Capacities and Hazards. The JEE tool divides each technical area into a set of indicators with capacity scores ranging from 1 to 5. Completing the JEE process establishes a score for indicators for the 19 technical areas.

The JEE Scorecard includes five indicators to measure risk communication, stating that countries should have the capacity for risk communication that is a multilevel and multifaceted real-time exchange of information, advice, and opinion between experts and officials and people who face a

threat or hazard to their survival, health, or economic or social well-being so that they can take informed decisions to mitigate the effects of the threat or hazard and take protective and preventive action. It includes a mix of communication and engagement strategies including media and social media communication, mass awareness campaigns, health promotion, social engagement, stakeholder engagement and, very importantly, community engagement.

The five risk communication–related indicators measured by the scorecard are:

- Risk communication systems (plans, mechanisms, etc.)
- Internal and partner communication and coordination
- Public communication
- Communication and engagement with affected communities
- Dynamic listening and rumor management

In the 2016 assessment and a recent review exercise, Sierra Leone scored relatively high on these indicators, but more needs to be done. This strategic plan addresses—and is designed to address and improve—meeting all these indicators.

One Health is an integrated approach to health that focuses on the interactions between animals, humans, and their various environments. It encourages collaboration, synergies, and crossover enrichment of all sectors and stakeholders whose activities may have an impact on health-related issues. It aims to improve health and well-being by preventing risks and mitigating the effects of the crises that arise at the interfaces between humans, animals, and their ecosystems.

Sierra Leone has embraced the One Health concept, taking steps to establish a One Health platform and a One Health secretariat in 2017 to facilitate work across the action packages. (Appendix A) The country's One Health vision is "a healthy Sierra Leone with people and animals co-existing in a safe environment, achieved through effective One Health collaboration." The mission is "to create a resilient One Health system with efficient multisectoral coordination to prevent, detect, and respond to emerging and re-emerging health threats to humans, animals, and the environment."[1] In October 2017, the group prioritized zoonotic disease threats in the country. In addition, the National One Health Strategic Plan 2018 has been developed and validated and the *National Action Plan for Health Security* has been drafted.

The National One Health Strategic Plan 2019–2023 established strategic communication and advocacy as its third pillar. The first objective is to develop an integrated One Health communication strategy and action plan with harmonized messages for the One Health communication platform. The strategy is one of the core capacities required to meet the IHR guidelines and responds to recommendations in Sierra Leone's JEE report.

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[1] "Sierra Leone One Health National Strategic Plan 2019–2023".

Risk communication refers to the real-time exchange of information, advice, and opinions between experts, local officials, or political decision makers and the people who are at risk, as defined by WHO. Its goal is to enable people at risk to make informed and best possible decisions to mitigate the risks to their health and well-being.

Timely and accurate communication with stakeholders and the public is paramount in any emergency situation. The general public must be regularly informed about the situation and given advice on prevention and protective actions to take. Clarifications are also necessary in order to offset false information that can generate more uncertainty and fear in the population. A strong and united voice coming from various sources at the community level can determine whether an emergency spirals out of control or is brought into check as soon as possible. Coordination across and between response sectors is key to how appropriate and positive behaviors, beliefs, and trust can affect the spread of a disease. As evidenced during the 2014–2016 EVD outbreak, an effective response can depend on changes to behavior and social norms. These changes require robust, trustworthy communication and commitment to community engagement to support those affected by a health emergency to:

- Define the issue or problems affecting them.

- Reflect on the causes of the issues, including how their behaviors affect them.

- Identify their ability to improve the issue.

- Organize themselves to address the issue.

Risk communication should always make use of a range of social and behavior change communication and engagement tactics, including mass communication for public information; strategic partnerships, such as setting up working groups and committees with key stakeholders; and the leveraging of existing information platforms and information systems. The right message at the right time can save lives; however, risk communication is more than just delivering messages. Community engagement is a critical component of risk communication.

Engaging communities prior to an event can foster trust and strengthen feedback loops between communities and health facilities. It can also accelerate the community-led action needed to create a demand-driven response in an emergency situation. Community engagement helps to ensure that communities recognize the benefits of adopting the behaviors emergency response advocates and willingly cooperating with response teams.

Community engagement may sometimes be an afterthought. Systems that acknowledge the importance of community must be in place from the beginning. The primary goal of risk communication and social and behavior change communication should be to promote programs, campaigns, and messages that change the public's behaviors in a positive direction—before an emergency or outbreak occurs. Such measures can prevent outbreaks from happening. Once an outbreak occurs, strong emergency risk communication involves a process with an outcome (e.g., ending an outbreak), thus promoting dialogue for everyone involved in the response, beginning with affected community members. Effective listening and two-way communication can strengthen relationships, build trust, and enhance transparency. During a public health crisis, early,

coordinated, and effective delivery of life-saving messages through multiple channels that include community engagement activities can make a tremendous difference to the eventual magnitude of an outbreak or epidemic. Effective, integrated risk communication and social and behavior change communication can be major contributors to national health security and thus are critical to strengthening the government's ability to safeguard the health of its people.

The recently released *Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries* calls for a One Health multisectoral coordination mechanism (MCM) for zoonotic diseases. As the document states, "This may be construed as any formalized, standing group that acts to strengthen or develop collaboration, communication, and coordination across the sectors responsible for addressing zoonotic diseases and other health concerns at the human-animal-environment interface." An MCM would have routine, ongoing functions and guide coordination, leadership, and governance of efforts among the relevant sectors to achieve jointly determined shared goals.[2] The One Health National Emergency Risk Communication Strategic Plan proposes that a One Health risk communication MCM be formed. This MCM will comprise key persons with responsibility for risk communication from MOHS, MAF, EPA, and ONS. The following the mandates of these agencies:

- MOHS has the mandate, according to the Public Health Ordinance 1960, to prevent and control infectious diseases within the country.

- The Livestock and Veterinary Services Division, under MAF, has the responsibility to prevent transmission and control of diseases among animals. MAF, in collaboration with MOHS, works to prevent and control zoonotic diseases in the country.

- EPA is mandated to protect the environment. As stipulated in the Environment Protection Agency Act of 2008, and as amended in 2010, EPA has the overall responsibility and mandates on the formulation of policies on all aspects of the environment, including its sustainable management and keeping the ecosystem safe and secure from all hazards. EPA acts as the focal point for all issues concerning the environment.[3]

- ONS is responsible for all issues related to the safety of the country and its people, and is directly under the office of the president of Sierra Leone. It is responsible for the military and the police and manages district and chiefdom security committees.

Communication specialists from these four key agencies would be the core members of the proposed One Health risk communication MCM.

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[2] *Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries*, The Food and Agricultural Organization of the United Nations, The World Organization for Animal Health and the World Health Organization, 2019. http://www.fao.org/3/ca2942en/ca2942en.pdf

[3] "Terms of Reference for the National One Health Coordination Committee in Sierra Leone".

Situation Analysis

The following section outlines the key responsibilities and mandate of the four organizations (MOHS, MAF, EPA, and ONS) that will constitute the proposed One Health risk communication MCM. It includes other key development partners and an analysis of the media situation in the country. A timely and effective response requires an understanding of the mandates of each organization because numerous platforms/authorities/stakeholders/structures are involved in preparedness and response. The strength of communication systems and expertise geared to respond to an emergency from a risk communication and social and behavior change communication perspective and infrastructure varies from organization to organization.

One Health Platform

The following information is from the validated terms of reference (TOR) for the National One Health Coordination Committee in Sierra Leone.

Some functions of the One Health committees are to:

- Support training, research, education, and public awareness campaigns on risk reduction linked to human health, animal/wildlife health, and the health of the environment.

- Take measures to improve community-based surveillance, ensuring that a One Health approach is implemented at the community level.

- Facilitate and oversee multisectoral resource mobilization for prevention, detection, preparedness, and vulnerability reduction for priority public health events.

The One Health Technical Committee

- The One Health Technical Committee provides leadership to the technical working groups (TWGs) managing general concerns with prevention, detection, and response. The committee ensures attention to all issues of IHR, GHSA, and One Health and addresses any gaps it identifies. It is mainly composed of technical directors, program managers, and technical expertise from local and international bodies/partners.

- One function is to identify and monitor IHR/GHSA, One Health issues, provide threat alerts/early warnings for public health threats, and propose solutions to the coordination committee.

Protection Technical Working Group

The Protection TWG is composed of experts/program leads from MOHS, MAF, EPA, academic institutions, and others. The team is enhanced by the expertise of development partners, civil society organizations (CSOs), and nongovernmental organizations (NGOs). Its key role is to ensure that preventive efforts in the following areas are strengthened:

- Priority diseases under surveillance, including zoonotic diseases

- Antimicrobial resistance in the country

- Environment health situation

- Public health situation across IHR-designated borders

- Biosafety and biosecurity

- Environment protection

- Chemical events

- Radiation

- Medical countermeasures and personnel deployment

Surveillance Technical Working Group

- The Surveillance TWG will be composed of experts/program leads from MOHS, MAF, and EPA. The team will be enhanced by the expertise of development partners, CSOs, and NGOs.

- This TWG will address all types of surveillance, including animal and human health and environment health, including monitoring of data.

District-Level One Health Committees

Each district will have its own One Health technical committee.

Each district One Health technical committee is co-chaired by the district medical officer, the environment officer, and district agricultural officer. The committee meets at least monthly to analyze, make recommendations, and determine how to work together to address multisectoral issues in the district. The composition of the district committee varies according to the district's key issues.

- The existing district committees utilize chiefdom-level structures to coordinate activities at the village level.

- The paramount chief has the mandate to coordinate activities within his chiefdom.

- The village head is responsible for coordinating implementation of activities at the village level, utilizing existing village coordination structures.

While each of these structures combines some aspect of monitoring and managing potential disease outbreaks, no coordinating body is tasked with risk communication in these TWGs and committees.

One Health Key Partners' Roles

One Health partners with four key ministries and agencies, MOHS, MAF, EPA, and ONS, the core organizations tasked with dealing with any critical incidents, emergencies, or outbreaks across the sectors.

Ministry of Health and Sanitation

NATIONAL LEVEL

Health Education Division

As a division within the Directorate of Primary Health Care (DPHC), the Health Education Division (HED) serves as a national partner for health promotion and social and behavior change communication activities.

- The HED oversees and manages the implementation of all health promotion activities in the country.

- The HED is supported by numerous NGOs and CSOs.

- Coordination mechanisms to share best practices include the Health NGO Forum, the International Health Forum, and the Health and Nutrition Civil Society.

- Donors such as the United States Agency for International Development (USAID), the United Kingdom's Department for International Development (DFID), Irish Aid, and others meet at regularly scheduled donor partner meetings to ensure efforts are coordinated.

- United Nations (UN) country team (United Nations Children's Fund [UNICEF], WHO, United Nations Population Fund) are active partners as well.

Public Health National Emergency Operations Center

The Public Health National Emergency Operations Center (PHNEOC) is MOHS's focal point for emergency planning and execution. In fulfilling these responsibilities, MOHS provides national leadership and coordination for the public health elements of the health sector's emergency preparedness resilience response (EPRR) system. In addition, it provides risk analysis and assessment of emerging diseases, including evaluation and review of the public health effect of naturally occurring extreme events, chemical and radiological incidents, and deliberate release threats, including chemical, biological, radiological, or nuclear explosives, to inform ONS and other stakeholders.

Rapid Response Teams

A rapid response team (RRT) is a unit placed through WHO's Integrated Disease Surveillance and Response system for the African region and is intended to ensure that outbreak response is prompt—from investigation, verification/confirmation, and management of cases through to reporting.

The RRT is the proactive arm of the Emergency Operations Center and is expected to report back to the incident manager at all levels of operation. The Integrated Disease Surveillance and Response strategy adopted by WHO AFRO member states for improving public health surveillance and

response provides for the establishment of RRTs at all levels of the health system. The function of an RRT is to capacitate, investigate, and provide technical leadership in the response to outbreaks and other public health events.

The MOHS district and national levels, institutions (private and public), and other relevant sectors designate experienced technical personnel who can respond immediately when an outbreak is suspected. RRTs are established at national and district levels. RRTs are composed of scientists and specialists, including risk communication specialists and an EPA officer.

The RRT has links with all the response pillars. The District Emergency Operations Center incident manager (IM) shares an operational plan with both the district and national RRTs in affected areas to enhance resources coordination.[4]

Incident Management

All incident management decisions are led by an IM, appointed by MOHS, who is supported by relevant specialists and teams, as appropriate. These people constitute the Incident Management Team. The team will operate according to an agreed-upon daily schedule or battle rhythm (an operational tempo set by the IM) to coordinate the MOHS operational response and support other operational partners.

The chief medical officer (CMO) is responsible for public health EPRR arrangements. The CMO focuses on responding to a national incident as set out in the Public Health Incident and Emergency Response TOR in collaboration with other government ministries, departments, and agencies (MDAs). (From Concept of Operations [ConOps] document)

National Social Mobilization Pillar

Throughout the EVD response, the national social mobilization (SM) pillar was the principal coordinating body for health promotion activities. It continues to serve in this capacity post EVD to ensure that SM and community engagement efforts harmonize at all levels.

Supported by district SM pillars, the national SM pillar is the principal coordinating body for ensuring the harmonization of SM efforts, providing technical support on materials development and dissemination, review and approval of health promotion messages, evidence generation, and data usage for making decisions. The manager of the HED serves as the cochair of the SM pillar Secretariat with a designated UNICEF focal point as the other cochair. The HED participates in key pillar and hub meetings to ensure harmonization of activities.

The pillar was reactivated during the EVD outbreak, but it has since evolved to include a variety of health areas, such as maternal and infant mortality, preparedness and response to disease outbreaks (e.g., malaria, measles, EVD, and cholera), and disaster management (e.g., flooding and famine).

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[4] "Operational Guidelines and Procedures for Rapid Response Teams in Public Health Emergencies, 2017".

A TOR document serves as a guide for the national SM pillar, which:

- Sets the agenda and leads regular meetings.

- Assigns and monitors tasks emanating from action points.

- Reports to external parties and ensures minutes from all meetings are circulated to members.

- Selects panelists for material design and reviews materials.

- Maintains an active database of partners for broad-based information sharing and coordination.

The MOHS HED and pillar must vet and approve all developed messages and materials before production, as stated in the MOHS health promotion policy.

Communications Pillar

As part of the PHNEOC, the communications pillar is designed to develop and implement emergency communication preparedness plans, with a focus on media and public information. A health promotion officer from the HED attached to the MOHS Directorate of Health Security and Emergencies serves as the communications pillar lead and chair, and a TOR document serves as a guide for the pillar. The communications lead works closely with the information technology team to ensure current/relevant information is posted in a timely manner.

Representatives from the communications pillar and the SM pillar meet during scheduled meetings, and an HED health promotion officer attends pillar meetings to ensure harmonization.

DISTRICT LEVEL

District Health Management Team
- Is responsible for operationalizing health policy, which includes liaising with respective local councils and central-level ministries for resource allocation and budget requests

- Initiates quarterly community meetings with local stakeholders to identify gaps in the health system and propose solutions

- Mobilizes resources for health promotion and other health services activities allocated by the district council

- Coordinates activities of both local and international partners

District Council
- Mobilizes resources for health and other development activities

- Distributes resources across the public sector district pillars; MDAs, and councils

- Ensures that national-level priorities related to the community health worker (CHW) program are implemented at the district and local level

- Participates in district SM meetings

Each district has its own SM pillar linked to the national SM pillar that is responsible for implementing and overseeing district-level SM activities for health.

Further, to aid in disease surveillance and coordination of health promotion activities, each district has a surveillance pillar; a district health coordinating committee; a district infection, prevention, and control committee; a district AIDS committee; a district health management team; a district RRT; and other related committees that work closely with the district CHW TWG, which includes a district CHW focal person.

MOHS mandates that at least one CHW serves as the link between the health facility and the community they serve.

COMMUNITY LEVEL

Peripheral Health Units

- Peripheral health units are delivery points for primary health care in the country.

- CHWs are attached to the units to serve as social mobilizers.

Health Management Committees/Facility Management Committees

- Health management committees, also known as facility management committees, oversee the functioning and supply of the peripheral health units at the district level.

- Each district has a health management committee or a facility management committee, which is composed of seven to 11 members appointed by the community.

National CHW Hub

Under the DPHC, health promotion is the key role for the nation's CHWs. Under the DPHC, the National CHW Hub is responsible for the National CHW Program, which provides guidelines on policy, strategy, financing, and implementation as well as guidance related to CHWs. The National CHW Hub also facilitates the CHW steering committee and a CHW TWG. These national structures, which serve to ensure implementation of the CHW strategy and advise on coherence and complementarity, also link with district-level CHW TWGs and CHW focal persons. Membership includes all MOHS directors and program managers whose programs are implicated in the National CHW Program, including the HED.

Village Development Committees

- Oversees all development initiatives in communities, including health services and health promotion, environment, leadership, education, and other issues. CHWs are members of the village development committees (VDCs).

- A TOR document serves as a guide for the VDCs.

- CHWs and representatives from a variety of community groups are attached to the VDCs in each community and are regularly employed to promote health and sanitation issues.

- This group must include, but should not be limited to, traditional leaders, ward councilors, societal heads, traditional healers, religious leaders, women's secret societies, men's secret societies, women's leaders, youth groups, women's clubs, market women, community health

clubs, school health clubs, school management committees, and mother-to-mother groups. These representatives are instrumental to health promotion activities, and efforts to strengthen or, where necessary, revitalize them will be critical.

Ministry of Agriculture and Forestry

Extension Services in MAF

Functions and Characteristics

- Extension services have been an active feature of agricultural development in Sierra Leone since the early 1970s. Since independence, Sierra Leone has experimented with various approaches to agricultural extension under the cooperative movements, church-related development schemes, and a number of donor-assisted projects. Several scattered extension initiatives involve government organizations, international organizations, and NGOs. The major function of Agricultural Extension Services is to strengthen agricultural support services in terms of research and extension, marketing, and storing fertilizer and seed.

- Approximately 250 extension officers operate at the district, chiefdom, and community levels under MAF in Sierra Leone. The extension officers are capable of providing handouts, bulletins, magazines, and so forth on animal and environment health issues to communities. They have the capacity to carry messages from top management to farmers and other environment resource users as well as to channel information to the national level. Such officers have the capacity to use periodic radio and TV slots, audiovisual equipment, agricultural shows, Farmer Awareness Days, study tours, and so forth.

Environment Protection Agency

Current Policy on the Environment

Apart from the Council of Chiefs, all institutions have a policy on the environment. District and local councils have environment and social officers (ESOs) charged with monitoring and supervising activities that are likely to degrade the environment. They may also contribute to forming by-laws on the environment and issue notices and licenses for monitoring waste management in various councils. In 2011, the European Union, through the World Bank, determined that all councils should have an environmental unit.

Each region has EPA regional head officers whose responsibilities include:

- Assisting in planning, monitoring, and enforcement operations country-wide with an emphasis on the regions.

- Preparing weekly status report of all licensed and nonlicensed environmental projects.

- Developing the schedule for submission of quarterly environment and social management reports.

- Assisting the assistant director in the preparation of the monitoring schedule.

- Coordinating preliminary assessment of the monthly monitoring report.

- Developing a database for all environmental projects submitted by proponents.

- Investigating areas of environmental degradation and pollution, where necessary, in collaboration with other relevant departments.

- Determining and reporting cases of environmental emergencies at the regional and district level.

- Assisting the assistant director in the needs assessment process with provisional offices and district and local councils.

- Assisting the local councils and ESOs in planning and implementing activities related to environmental and natural resource management.

- Ensuring that logistical support is provided for the regional officers.

- Fulfilling any other duties that may be assigned in accordance with the mandate of the agency.

Local Councils' Functions and Characteristics

Local councils are the institutions closest to environmental problems because they are the custodians of local environment resources. These councils are mostly headed by elected and appointed representatives of communities who live with the people and experience the same problems. They are the highest political and administrative body in the district, and they coordinate several decentralized departments. They have extensive human resources and express official goodwill toward the environment. They include ESOs, ONS, police, army, and CSOs, among others, and maintain policies on the environment.

EPA liaises with the Ministry of Information, Sierra Leone Broadcasting Corporation, Sierra Leone Association of Journalists, Mass Communication Department Fourah Bay College, Women in the Media Sierra Leone, Media Reform Coordination Group, Sierra Leone Environment Journalists Association, and other media production institutions in its programs.

The media EPA works with can be divided into the following groups:

a. Sierra Leone Broadcasting Corporation (Public Service Broadcaster)

b. Private and commercial TV stations

c. Radio stations and newspaper publication houses

d. Community radio stations

e. Commercial radio stations

f. Print media—private newspapers, magazines, and so forth

g. EPA websites and social media, including Facebook, YouTube, WhatsApp, and Twitter

EPA partners with the following institutions: MAF, Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, Sierra Leone Chamber for Agribusiness Development, and all other MDAs and UN partners.

Office of National Security

ONS reports directly to the president of Sierra Leone, who is the chair of the National Security Council. Under the NSC is the National Security Council Coordinating Group, consisting of permanent secretaries from concerned ministries chaired by the National Security Coordinator. Below the NSCCG is the Strategic Situation Group, a small think tank of key subject matter specialists drawn from the sector relevant to the nature of the emergency.

The Joint Intelligence Committee (JIC), forms a "situation room" in the event of an emergency. It directs the day-to-day operations and provides daily situation reports during any emergency. The situation room consists of ONS plus relevant ministries and the communication and SM pillars.

A network and committees under the aegis of JIC reach down to the village and chiefdom levels. One function of the JIC is to channel information and communication to officers at the local levels, including district and chiefdom security committees, on down to village level. JIC's other function is intelligence overseeing individuals from the police and military at the district, chiefdom, and village levels.

Other Partners and Institutions

Traditional Rulers and Opinion Leaders

This sector comprises chiefs, elders, household leaders, and opinion leaders. They mobilize the community to undertake communal labor, settle disputes among members of the community, impose sanctions on people whose behaviors they consider inimical to the development of the community, and in general monitor the activities of the people in the community.

Institutions for traditional rulers and some opinion leaders include:

- Ministry of Local Government and Rural Development

- District and Local Councils

- Council of Chiefs

Sierra Leone Association of Journalists

The Sierra Leone Association of Journalists is the umbrella organization overseeing the media houses and the independent radio networks, which themselves extend to the country's credible local radio stations. As such, it is a key resource and partner in ensuring that approved messages are printed and broadcast in a timely manner to reach the largest number of people.

Universities and Academia

Communication and public health departments of higher education and universities may be sought for advice and input on message design and pretesting and disseminate messages throughout institutions of higher learning.

All local and international NGOs and development donors and agencies are part of both the support network and key channels for the dissemination of messages and policy decisions.

Religious groups and clergy and imams have ready-made audiences for preventive health and other messages in their weekly services. They have the advantage of being credible sources of information for members of their communities.

This cadre of providers often serves as the first source people consult for health information and treatment. Traditional healers are key partners for disseminating information about the best risk-prevention behaviors both before and during an emergency.

Teachers are a key audience for information as well as a channel through which messages can be rapidly disseminated down to the grassroots level in all corners of the country. As respected persons in their communities, they also are credible sources of information.

Youth councils and their networks and branches, down to the grassroots level, are another key group to engage because they have the ability to rapidly mobilize their members in the event of an outbreak or emergency to spread messages and engage communities.

Media Profile

Geographic location and gender determine access to media.

- A survey conducted by BBC Media Action indicates that radio remains the most widely accessed broadcast platform in Sierra Leone; 81% of Sierra Leoneans had access to radio, and 47% listened to it daily. By contrast, just under half of Sierra Leoneans (45%) could access TV or DVD content, and 13% could access newspapers.

- The results of four surveys during the EVD outbreak revealed that over 90% of respondents received their information on EVD from radio. Further, respondents overwhelmingly rated radio as their preferred source for information about EVD.

- Access to media varies greatly by rural and urban areas and by gender. Overall, 9% of people reported having access to no forms of media and, of this group, more than half (58%) was women. Women were also less likely to own a phone (44% of women versus 62% of men). Women listened to the radio slightly less frequently than men.

- Access to mobile phones was high; 83% of people reported having access to a mobile phone through their household, and 53% owned a mobile phone, with 52% of owners having phones with basic features without Internet or app capacity.

- Use of social media in Sierra Leone is a growing phenomenon but still small—only 13% of those with phones reported using them for social messaging. Social messaging use was also limited to specific demographic groups—notably, young people (those ages 15 to 24) and those in the western area.

- Internet usage was 16% and dominated by young people.[5]

Strategic Objectives

- Establish a risk communication MCM within One Health that ensures consistent, accurate, and clear message dissemination for increasing knowledge and prevention behaviors before, during, and after human, animal, zoonotic, and environmental emergencies across national and district levels.

- Establish core coordination teams within MOHS, MAF, EPA, and ONS under One Health as the leading sources of emergency information in Sierra Leone.

- Establish credible and trusted spokespersons in MOHS, MAF, EPA, and ONS under One Health at the national and district levels to share timely and accurate information using risk communication principles in the event of an emergency.

- Provide clear and actionable communication on steps people can take to stay safe and healthy before, during, and after health emergencies.

- Engage and coordinate key internal and external partners, providing leadership and guidance with risk communication and social and behavior change communication objectives, messages, and activities.

- Encourage a timely end to health emergencies by using risk communication and social and behavior change communication methods to increase public confidence and community ownership of health protection strategies, including channels and mechanisms for feedback loops from the community.

- Ensure consistency in government, partner, and private sector communication before, during, and after public health emergencies.

- Ensure culturally appropriate and gender-sensitive risk communication messages and activities, employing communication channels that reach down to village and household level and ensure feedback loops to the national level.

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[5] "Communication in Sierra Leone: An Analysis of Media and Mobile Audiences, BBC Media Action, May 2016". http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/research/mobile-media-landscape-sierra-leone-report.pdf

Communication Objectives

- Increase knowledge and awareness of protective health measures by sharing accurate information about infectious diseases, zoonotic diseases, and other public health threats and how to prevent their spread.

- Increase self-efficacy and resilience at national and district levels by strengthening the ability of communities to respond to public health threats.

Risk Communication Approaches

1. **Employ the risk communication roles and responsibilities of One Health partners and other relevant partners and agencies, both at the national and district levels, and within the structure of the Public Health National Emergency Operations Center and the District Emergency Operations Center.**

   Based upon the particular public health emergency, utilize the established pathways for communication flow (around emergency operations center [EOC] alert levels 1, 2, and 3, Appendix B) and steps to be taken in predetermined timeframes (i.e., 24 hours, 48 hours, 1 week, etc.). Establish in advance who the "lead" will be for each element of communication during public health emergencies, both at the national and district levels, and how partners at the national and district levels support the leads in their specific roles. Because communication pathways and channels in Sierra Leone involve multiple government MDAs and international partners, an established, written, and mutually approved plan is necessary. It is also necessary to develop a "notification" mechanism, whereby all communication partners can receive information on a new public health emergency.

2. **Develop and maintain national and district-specific communication channels for prevention and preparedness that will enable early contact with appropriate leaders in the event of an outbreak.**

   People are more likely to believe and act upon messages delivered by people they know and trust. Extensive experience in outbreak, epidemic, and development communication indicates that local leaders are pivotal in changing the course of events. Communication channels to paramount chiefs, religious leaders, societal heads, VDCs, and youth organizations and networks must be maintained at all times.

3. **Develop risk communication plans to cover a range of scenarios for public health emergencies.**

   Some public health emergencies can and should be anticipated due to the endemic and seasonal nature of disease cycles in West Africa. These might include the outbreak of cholera, Lassa fever, severe malaria seasons, yellow fever, novel or severe influenza, measles due to poor immunization coverage, and the resurgence of polio.

4. **Establish and maintain relationships with external communication partners, and include them in the planning process.**

   Radio, newspapers, mobile phones, posters, and flyers are all common tools for sharing messages within Sierra Leone. There is a need to have ongoing agreements relationships

with radio stations, mobile phone providers, and printers to be available before emergencies and be responsive during national public health emergencies including establishing mechanisms for payment (if any) through an advance memorandum of understanding.

5. **Prepare early communication material templates and established timelines for delivery.**

Advance preparation of some emergency communication materials is possible. Situation-specific information can be inserted into templates as the emergency unfolds and more information becomes known. Examples of products that should be prepared in advance include templates for press releases during the first 24 and 48 hours of the emergency as well as templates for "briefing reports" that can be used for daily or weekly briefings after the first week. Communication products geared toward specific audiences can be developed (e.g., women, children, workers). Slide sets on potential health issues (e.g., cholera, Lassa fever, severe malaria seasons, yellow fever, influenza, measles, and polio) can be created and maintained in advance.

6. **Identify and train national and district spokespersons.**

A crisis is not the ideal time to introduce a new spokesperson or someone who has not been trained in risk communication. If they are not effective communicators, subject matter experts may not be the most credible spokespersons. For a public health emergency, the ideal spokesperson is someone the responsible partner ministry or agency has already established as a trusted and credible resource. This individual must be poised and comfortable with media as a result of their day-to-day activities and experiences.

7. **Prepare district risk communication plans.**

While some districts will have specific needs (due to special populations, unique circumstances, etc.), in general, district plans should replicate and build upon the national communication strategy as much as possible so communication is standardized within and across districts. Identify mechanisms for two-way communication, from village and chiefdom levels to district to national levels, in order to enhance rapid response to confusion, rumors, and miscommunication.

8. **Hold national and district partner meetings for ongoing planning and coordination of prevention and preparedness activities as well as to mobilize and test the system on a regular basis.**

Planning will do little to prepare the country for an effective response if the system is not tested and regularly evaluated. Once plans are established, a national communication strategy should include the capacity to hold an exercise to test response capabilities at 24 hours, 48 hours, and 1 week, and so forth, into a response.

Communication Interventions

Engaging Internal Audiences

Consultative Meetings

In addition to holding the regular One Health risk communication MCM meetings, regular intragovernmental meetings should occur among agencies affected by the public health emergency to share information; identify trends; harmonize messages; organize, track, and measure activities; and monitor results.

Where feasible, chiefdom-, district-, or regional-level meetings should take place with leadership and outreach personnel to enable information gathering about local issues, identify message and communication needs, and have prompt awareness of issues or barriers.

Debriefing Sessions

It is important to convene debriefing sessions, provide briefs, and share regular reports with primary audiences to document actions completed and progress realized since the last report. Reports should include a section for cumulative information, which may be shown in the form of graphs, charts, or illustrations. The report should also include a description of progress against stated goals, acknowledgment of gaps or delays, and explanation of steps being taken to address communication issues.

Engaging External Audiences

Press Conferences and Press Releases

Regular, proactive media updates, including press conferences and news releases, should describe actions the government has completed to address the public health threat. Public service announcements and other relevant promotional materials can present information from survivors, traditional leaders, government officials, health care workers, and others who serve as trusted communicators.

Programming or public service announcements should fulfill the latest information needs as assessed by media tracking, call center input, and feedback from field personnel.

Community Engagement

Community engagement aims to connect with all sectors of the community to prompt individual, family, and community action. It uses a variety of approaches to raise awareness and empower individuals and groups toward those actions, creating an enabling environment and effecting positive change. Community engagement includes activities, such as door-to-door outreach, public meetings, health fairs, and participatory theater. Importantly, mobilization efforts are community driven, and community members are active participants in defining the problem, generating solutions, and evaluating the outcomes of those solutions.

The use of person-to-person communication methods ensures message dissemination to the village and household levels. Community influencers (paramount chiefs, religious leaders, society heads, VDCs, facility management committees, etc.) should be invited to share feedback, including rumors, misconceptions, or barriers that community members are facing, and to assist in message and

material development. Influencers may also be encouraged to share messages during meetings at district, chiefdom, and community levels and through house-to-house campaigns, social mobilizers, and so forth. Regular contact with and presence in communities is key, keeping leaders and community members regularly informed of new developments and encouraging them to share the messages from person-to-person.

Information, Education, and Communication/Social and Behavior Change Communication Outlets

Develop, share, and monitor information needs and adapt them to fit billboard and point-of-contact advertisements (e.g., posters in gathering places) to respond to messaging needs.

Social Media

Text messaging is a means of targeting information to population groups. Applicable social media (e.g., WhatsApp, Facebook, YouTube, Flickr, Twitter, Tango) can be used to create more personalized communication, including photos from different parts of the country and stories from workers, survivors, and leaders. Consider designating an administrator from more than one agency while ensuring consistency in social media posts.

Internet

It is in the TOR of One Health to establish a website under the One Health Secretariat to aggregate action information for the needs of citizens, domestic and international partners, media, the Government of Sierra Leone, and other governments.

Audiences

INTERNAL	EXTERNAL
Primary	
Governmental	*Nongovernmental and International*
Government of Sierra Leone • State House-Strategic Policy Unit • Office of National Security • Republic of Sierra Leone Armed Forces • National Legislature • Ministry of Information and Communications • Ministry of Social Welfare and Gender Affairs • Ministry of Education • Ministry of Agriculture • Environment Protection Agency • Ministry of Water Resources	**International Partners** • United Nations • UNICEF • U.S. Agency for International Development • DFID • Médecins Sans Frontières (Doctors Without Borders) • IRC • Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation) • Irish Aid

INTERNAL	EXTERNAL
Primary	
Governmental	*Nongovernmental and International*
- Ministry of Internal Affairs - Ministry of Local Government and Rural development - Ministry of Finance - Ministry of Youth - Ministry of Foreign Affairs	
Ministry of Health and Sanitation - Directorate of MOHS - District Health Management Team Officials - Peripheral Health Units - National Community Health Worker (CHW) Hub	**International Public Health Partners** - World Health Organization - U.S. Centers for Disease Control and Prevention - China Centers for Disease Control - Public Health England
	Community Leaders - Traditional leaders - Paramount chiefs - Section chiefs - Religious leaders - Imams - Christian leaders - Youth/women's associations - Leadership associations - General public
	News Media - Sierra Leone Association of Journalists - BBC Media Action - Radio stations, including community radio - National newspapers - International broadcast

INTERNAL	EXTERNAL
Primary	
Governmental	*Nongovernmental and International*
	• Television
	International Public Health Nongovernmental Organizations • International Federation of Red Crescent • International Federation of Red Cross and Red Crescent Societies • Save the Children
	Private Sector • Telecom Companies
Secondary	

• Ministry of Internal Affairs
 	
• Ministry of Foreign Affairs
 	
• Ministry of Finance
 	
• Ministry of Transportation
 	
• Ministry of Trade and Industry
 	
• Other government ministries
	• International workers
	    ○ Health care workers
	
	• International business entities with interests in Sierra Leone
	    ○ Airport and airlines
	    ○ Mining companies
	    ○ Import/export concerns
	    ○ Contractors, infrastructure developers
	    ○ Fuel distributors and shippers
	    ○ Seaport and shipping agencies

	• Civil societies and volunteers

Part B: One Health National Emergency Risk Communication Plan

The One Health National Emergency Risk Communication Plan takes into account all stages of a possible health emergency or outbreak, starting with the period before any outbreak occurs and continuing through the outbreak to the recovery and postrecovery stages. Sound preparation, planning, risk communication, and social and behavior change communication around risks before an event or emergency happens can minimize or even prevent an outbreak from occurring in the first place. Having systems in place well before a crisis and having a clear chain of response with designated partners with specific roles is imperative to dealing with a health emergency or outbreak.

Strategic Objectives

Establish a risk communication MCM within One Health that ensures consistent, accurate, and clear message dissemination for increasing knowledge and prevention behaviors, before, during, and after human, animal, zoonotic, and environmental emergencies across national and district levels.

Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries (published in February 2019) calls for the establishment of an MCM for communication within the One Health structure. This MCM should be made up of the four key organizations under One Health in Sierra Leone that have responsibility for risk communication before, during, and after any human, animal, zoonotic, or environmental emergency: MOHS, MAF, EPA, and ONS.

The National One Health Coordinating Committee will be responsible for formally establishing the risk communication MCM, ensuring that the key persons from each organization are tasked with communication along with representatives from the Directorate of Health Security and Emergencies, Health Education Division, representatives from the Communication, SM, and Surveillance pillars.

The One Health risk communication MCM will have the responsibility to:

- Meet on a regular basis with all members to monitor, on an ongoing basis, the status of human, animal, and environmental health in the country.

- Use existing messages and message guides, Knowledge Gateway materials, health message banks at the regional levels and, when needed, develop and share prevention messages on best practices in the human–animal–environment interface to prevent and respond to outbreaks.

- Establish clear lines of communication down through their organizations in the event of an emergency and support multisectoral collaboration and coordination of communication.

- In the event of an emergency, make the immediate decision as to which one of the four organizations will have the prime responsibility to manage public communication about the event, based on the nature of the emergency.

- Support each other in all possible ways in message dissemination—regardless of which institution has the lead role—to ensure the broadest possible reach for the greatest impact.

Establish core coordination teams within MOHS, MAF, EPA, and ONS under One Health as the leading sources of emergency information in Sierra Leone.

The One Health risk communication MCM will be responsible for ensuring that each of its organizations has its own dedicated communication team within the organization from the national level, through the district to the village level, and that messages are consistent across all organizations and media.

Establish credible and trusted spokespersons in MOHS, MAF, EPA, and ONS under One Health at the national and district levels to share timely and accurate information using risk communication principles in the event of an emergency.

Well before any emergency occurs, it is necessary to identify and train the key person or persons at the national and district levels who will speak for that organization before, during, and after an emergency. They should be known and trusted persons whom the public will listen to for information about prevention and preparedness as well as find credible during an emergency. They should be trained to be articulate and presentable, be comfortable with broadcast media, and have solid working knowledge of the subject matter for which their agency is responsible.

Provide clear and actionable communication on steps people can take to stay safe and healthy before, during, and after health emergencies.

Messages and information provided before an emergency happens are the best means of prevention. Waiting until an outbreak is already underway is risky and irresponsible. Messages—before an emergency—promoting behaviors to prevent outbreaks are the most effective and time- and life-saving interventions. Developing and regularly updating message guides for various health emergencies (such as the *Message Guide for Zoonotic Diseases* and the *Consolidated Message Guide for Ebola Communication in Sierra Leone*) ensure the readiness of approved, ready-to-use messages for prevention and preparedness activities as well as for quick roll-out or adaptation in the event of an emergency. Messages before and during an outbreak must be direct, clear, and simple; include a call to action; and be feasible in the local context.

Engage and coordinate key internal and external partners, providing leadership and guidance with risk communication and social and behavior change communication objectives, messages, and activities.

Once messages are developed, they must be shared and widely disseminated to all ministries, international development partners, NGOs, media partners, schools, religious organizations, and the private sector to achieve the greatest reach and to ensure that everyone is on board and on one page with the same message and intended behaviors.

Encourage a timely end to health emergencies by using risk communication and social and behavior change communication methods to increase public confidence and community

ownership of health protection strategies, including channels and mechanisms for feedback loops from the community.

Establishing feedback loops between and among communities up to the central level helps to identify and quell rumors and misinformation as well as aids in early detection of potential health emergencies. Feedback should be used to inform and modify communication to address communities' needs on an ongoing basis before, during, and after an emergency, and enables the community to be a key, driving part of the process. Going to the community to gather more information and understand the social, economic, and cultural norms will help communication teams design credible messages and use appropriate and effective channels of communication that reach intended audiences.

Ensure consistency in government, partner, and private sector communication before, during, and after health emergencies.

The One Health risk communication MCM will be responsible for ensuring that all approved messages from any one of the organizations are timely, clear, and consistent. Consistency is key to improving recall and reducing misinformation and rumors before and during an emergency situation. Vague or conflicting messages can confuse and alienate the public and lead to a loss of credibility of the content and sources of messages. Build capacity in risk communication among key partners and establish relationships with external communication partners, and include them in the planning process.

Ensure culturally appropriate and gender-sensitive risk communication messages and activities employing communication channels that extend to village and household levels and ensure feedback loops to the national level.

Use existing message guides and, where gaps exist, develop other messages in advance for a range of scenarios while remaining sensitive to local cultural and gender norms. Gender-based and cultural barriers often limit women's access to information, and media access may be a barrier for women. Women have less access to digital resources, and men may control their access to television and radio. Employ the appropriate and trusted channels and types of media that will reach the widest audience, including women, down to the most remote grassroots level, and ensure that messages are in the appropriate language or dialect for the intended communities. It is important to develop or strengthen capacity in local women's and community groups to capture and share indigenous knowledge and to identify and support local women and men as community risk educators.

Communication Objectives

Increase knowledge and awareness of protective health measures by sharing accurate information about infectious diseases, zoonotic diseases, and other public health threats and how to prevent their spread.

This objective is important both before an outbreak or emergency (to prevent it from happening) and during an emergency (to contain the spread of a disease and bring it to a swift end).

- Prepare district communication plans.

- Prepare early communication material templates and established timelines for delivery

- Provide national and district health officers, local leaders, traditional leaders, and respected community resources (e.g., teachers) with health and progress information they can share with others. Keep them informed of new developments.

- Identify key information and behaviors to develop health protection messages.

- Engage key internal and external partners with communication objectives and messages.

- Find the places people gather most frequently and place information there.

- Reinforce communication through multiple channels.

  - Use these messages in radio broadcasts, news releases, speeches, public service announcements, posters, dramas, community education, text messaging, and social media.

  - Use social media (e.g., text messaging) and local/traditional leaders to microtarget messages.

  - Use radio to share consistent information widely, quickly, and regularly.

Increase self-efficacy and resilience at national and district levels by strengthening the ability of communities to respond to public health threats.

Fostering trust and belief in information and communication about risks requires prior work in communities to promote and engage their commitment. Establishing a community-based network of trusted intermediaries is an essential part of this work.

- Engage with communities on the potential risks and the means of prevention.

- Visit the communities to meet and exchange views on risks.

- Leverage existing local structures and feedback loops to inform/guide prevention and preparedness activities.

- Listen to communities to understand the context as well as their concerns and needs.

- Identify the social practices through behavioral research and analyze their reasons.

- Analyze and prepare the messages in line with the observations and conclusions drawn from the field.

- Afford the opportunity to the communities to participate in the message development and testing process and take ownership of the evidence-based messages.

- Define and test communication materials for behavior change.

- Lead a community engagement effort by identifying the key people (influencers) and involve them on behalf of their communities.

- Select and train trusted community spokespeople and social mobilizers.

- Prepare people to take action when needed.

Crisis Communication Lifecycle

The following diagram highlights the stages involved in a health crisis event and the recommended actions at each stage.

Precrisis	Initial	Maintenance	Resolution	Evaluation
▪ Prepare ▪ Foster alliances ▪ Develop consensus recommendations ▪ Test message ▪ Evaluate plans	▪ Express empathy ▪ Provide simple risk explanations ▪ Establish credibility ▪ Recommend actions ▪ Commit to stakeholders	▪ Further explain risk by population groups ▪ Provide more background ▪ Gain support for response ▪ Empower risk/benefit decisionmaking ▪ Capture feedback for analysis	▪ Educate a primed public for future crises ▪ Examine problems ▪ Gain support for policy and resources ▪ Promote your organization's role	▪ Capture lessons learned ▪ Develop an event SWOT ▪ Improve plan ▪ Return to precrisis planning

Emergency Risk Communication Interventions by Stage of Emergency

Based on this graphic, the following information is a step-by-step recommendation and guide to the stages, the steps to follow, and the actions to be taken at each stage of the emergency.

Precrisis

In emergency risk communication, the best action for preventing an outbreak is to ensure that risk communication behavioral messages and campaigns as well as community engagement/dialogue/action planning occur throughout the year to remind the public to practice safe behaviors that will keep them and their families healthy. The One Health risk communication MCM will establish a chain of communication and an interagency system to coordinate communication to the public on an ongoing basis about the various risks in their sectors—such as animal bites, eating bush meat, killing and eating dead or sick animals, living in proximity to bats, foot and mouth disease, and so forth.

All available communication channels and spokespersons following the actions listed under each of the communication objectives should be employed in this process—from mass media to

interpersonal and community engagement—in order to raise awareness of risk and behaviors to prevent diseases that are preventable.

Initial

Immediate actions to take in the event of a public health emergency.

First 12 hours

- Pillar lead (or officer in charge) to share initial alert and call a meeting of the One Health risk communication MCM and pillar to discuss an initial press release and update key messages

- Media monitoring to begin with information shared across the response pillars

- Approved spokesperson to brief media on the event and the response

- Beginning to engage community networks and feedback loops to gather real-time information from the field

First 24 Hours

1. **Activate and engage internal communication pathways at national and district levels.** Within the first 24 hours of the response, the lead organization notifies the communication partners, sharing the information that will be provided to the public and activating the various previously established roles and responsibilities. Mechanisms of sharing information internally at the national and district levels might include:

   - Email distribution lists that can be quickly activated during an emergency (Appendix D)

   - Partner meetings

   - Short message service (SMS) text messages or phone trees

   - Other technology applications (e.g., Facebook posts, websites, WhatsApp groups set up within the ministries)

2. **Establish credible and transparent initial information about the emergency.** In the first 24 hours of a response, trust in leaders can be established or destroyed depending on how communication efforts are perceived. Principles of risk communication that are important to convey are (a) be first, (b) be right, (c) be credible, (d) express empathy, (e) promote action, and (f) show respect. Share what is known as soon as possible. The perception that information is being withheld erodes public confidence and can end up costing lives due to distrust of messages. Being open and transparent is key to winning trust.

3. **Utilize trusted and trained spokespersons on the front lines of communications.** Spokespersons should be individuals who were identified and trained during the planning and preparedness stage.

4. **Share initial information with the public quickly.**

- Press conference with spokesperson

- Press release

- Radio newscasts with spokesperson

- SMS text messaging

- Social media posts (WhatsApp, Facebook, Twitter)

- Toll free hotline 117

- Contact with SM pillar to share information on activities and approved messages

- Identify capacity within the pillar for communication activities

- Circulate key messages on social media and websites of pillar partners and PHNEOC

First 48 Hours

1. **Continue to engage internal communication pathways.** By 48 hours, an initial in-person meeting of the One Health risk communication MCM and all response partners should have occurred at the national and district levels, for purposes of information sharing and planning. Ensure district communication plans have been activated to impart information to village levels.

2. **Continue to share emergency information with the public.**

- Press conference with spokesperson

- Radio newscasts with spokesperson

- Begin to establish rhythm of daily briefing in EOC

- Continue to use SMS

- Continue to use social media

3. **Activate targeted communication to thought leaders and influencers.** By 48 hours, the direct communication channel to community influencers (paramount chiefs, religious leaders, secret society leaders, VDCs, and extension workers in all relevant ministries) that was developed during the planning phase should be activated, and these individuals should receive messages, training, and guidance to pass on to their followers.

4. **Develop top-level messages that will serve as a strong foundation during the ensuing public health emergency response.** Short, clear messages are easier for both spokespersons and audiences to understand, recall, and repeat. Messages at the district level must reflect approved national messaging.

   Examples of top-level messages:

- We know how to stop the spread of the outbreak.

- Stopping this epidemic is our top priority.

- When we work together, more people can survive the outbreak.

- You can take steps now to protect yourself and your family.

5. **Evaluate new data and revise messages according to risk communication principles.** In the first 24 to 48 hours of a health crisis, new information will be coming in constantly. Initial messages may need to shift according to new data. It is important to make sure new information is credible and to have a plan (i.e., daily briefings) to deliver new information quickly.

6. **Share initial messages for the public quickly.**

   - A press conference to brief media with the CMO/IM/head of key partner agencies/ministries

   - After the press conference, there should be follow up with media houses to ensure intended messages are published and broadcast by media houses.

   - Press release

   - Radio newscasts with spokesperson

   - SMS text messaging

   - Social media posts (WhatsApp, Facebook, Twitter)

First 72 hours
- Develop communications materials on the response to highlight current situation and actions to be taken.

- Identify key audiences.

- Contact international media to facilitate interviews and visits.

Early Stage and Maintenance

Week One and Beyond
1. **Continue to engage internal communication pathways at the national and district levels.** Given the complexity of risk communication for public health emergencies, keeping internal government and nongovernment partners apprised of plans, next steps, and progress is critical for a harmonious response. By week one of the response, the One Health risk communication MCM should be meeting regularly to provide updates and plans. Daily meetings should include assessing effectiveness of district communication plans and social mobilizers to disseminate messages and discussing feedback regarding rumors, myths, and misconceptions that must be addressed through new messages, media coverage, and so on.

2. **Continue to engage targeted communication to thought leaders and influencers.** Community influencers (paramount chiefs, religious leaders, secret society leaders, VDCs) should be in communities sharing messages through meetings, door-to-door campaigns, town criers, and so forth, via the district communications plan.

3. **Design and deliver concise, consistent, actionable messages.** Identify key behaviors and reinforce them through multiple channels. Modify messages as surveillance indicates changes may be needed. Ensure government and partner organizations are consistent in key messaging.

4. **Use multiple channels and methods to layer consistent messages and information.**

   - Radio (shows, newscasts, commercials, jingles) and print media (provide visuals, when possible, photos, drawings to accompany news articles)

   - Posters

   - SMS text messaging

   - Dramas

   - Social media

   - Daily situational briefings

   - Press conferences for new, critical information

   - Media statements for less urgent information

   - Community outreach and person-to-person message sharing

5. **Via the district-level communication plans, work with the SM pillar and its networks to ensure messages reach the village and household level.** A key lesson from the EVD outbreak is that village-level person-to-person conversations are urgently needed during public health emergencies. While this mechanism may not be easily organized in the first 24–48 hours of a health crisis, it should be utilized by week one and beyond. The SM pillar has established networks for the delivery of health information, including district social mobilization coordinators with connections to VDCs/facility management committees and other sector extension workers. The One Health risk communication MCM will have established communication networks in each of its organizations ready to be activated.

6. **Emphasize person-to-person communication methods**, and provide district media officers, local leaders, traditional leaders, and respected community resources (e.g., teachers) health and progress information they can share with others. Keep them informed of new developments. Where possible, arrange community meetings with national-level leaders to link government more closely to people.

7. **Solicit feedback and use it to change messaging strategies.** To know if the messages are working, it is critical to understand the questions, frustrations, and needs of those affected by a public health emergency. Use messaging channels to ensure a two-way dialogue. Collect reports and information from village-level communicators (VDCs) and share the feedback with communication partners through internal mechanisms, so that new plans and strategies to address needs can be created.

8. **Provide regular updates (e.g., weekly)** on actions taken to combat the disease. Use the Internet as a means of sharing progress information with international audiences.

9. **Celebrate and share victories.** Create a series of stories from those whose actions saved lives, and share these stories through multiple channels—from worship services to text messages. Capture, record, and share stories and images of local innovations and successes in fighting the disease. Provide an easy method for community leaders and volunteer workers to share information and observations with county and national leaders. Report achievements widely through multiple channels.

10. **Monitor messaging impact.** Although it can be difficult to quantify the impact of messaging, monitoring key measures is important—as is doing so quickly, so that weaknesses and needs can be identified and addressed and messages modified, as needed based on feedback. Ways to assess "message penetration" and "audience understanding" might include:

- Analyzing feedback received through SM channels (VDCs).

- Examining text messages received by radio stations for content .

- Utilizing SMS technology to deliver small "surveys" to cell phone users that they can respond to via phone.

- Tracking questions and concerns received on the 117 hotline.

- Media monitoring (radio, print) and summarizing content.

- Actively monitoring social media (reach and response to official Facebook posts, etc.) and analyzing trends.

- Investigate, collect, and analyze rumors, and develop new messages as needed to address them.

- Plan for and respond to message fatigue.

- Focus group discussions with key audiences and stakeholders.

- Knowledge, attitudes, and practices surveys.

- Rapid behavioral assessment surveys.

Resolution (Postcrisis)

Revisit the One Health National Emergency Risk Communication Strategic Plan and determine where improvements are needed.

- Lessons learned should be used to revise the risk communication strategic plan and develop new communication systems if necessary.

- Strengthen communication systems based on lessons learned.

- Share findings with all stakeholders, including affected communities.

Evaluation
Evaluate problems and review lessons learned at both the national and district levels.

In spite of advance planning, problems will arise. It is important to:

- Take time after a crisis to review what worked, and review and document the lessons learned.

- Assess the new landscape as a result of the emergency.

- Ensure that all communication partners take part in a postemergency information-sharing evaluation meeting.

Return to Pre–Public Health Emergency Planning and Testing

- Test the system regularly

- Ensure a continual feedback loop with communities, which will again feed into preparedness before an emergency

Risk Communication Response Authority and Chain of Command by Organization

One Health Risk Communication MCM

The One Heath risk communication MCM will meet regularly, and its members will monitor the animal, human, and environment health situation in the country during their attendance at the weekly EPRR group meetings. The MCM consists of the key communication staff of MOHS, MAF, EPA, ONS, and the Communication and SM pillars. If an emergency is declared, the MCM will assess and determine, based on the nature of the emergency, which ministry or ministries are affected and make a decision as to which organization will take the communication lead to address the situation. They will determine, with the CMO of MOHS and the National Security Coordinator of ONS, the level of the response to the emergency according to the Emergency Preparedness, Resilience and Response Concept of Operations (ConOps) Public Health Emergency Incident Response Levels matrix (Appendix B). The chart below shows the makeup and representatives in the MCM. A description of each organization's TOR and emergency communication-related structure, including a communication flow chart, follows.

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                    ┌─────────────────────┐
                    │  One Health Risk     │
                    │  Communication       │
                    │  Multisectoral       │
                    │  Coordination        │
                    │  Mechanism (MCM)     │
                    └─────────────────────┘
          ┌──────────────┬──────────┴───────┬──────────────┐
   ┌────────────┐ ┌────────────┐ ┌────────────────┐ ┌────────────────┐
   │    ONS     │ │    MAF     │ │     MOHS       │ │     EPA        │
   │Communication│ │Communication│ │Communication and│ │Public Relations│
   │   Lead     │ │   Lead     │ │Social Mobilization│ │Officer/Head IEC│
   │            │ │            │ │    Leads       │ │                │
   └────────────┘ └────────────┘ └────────────────┘ └────────────────┘
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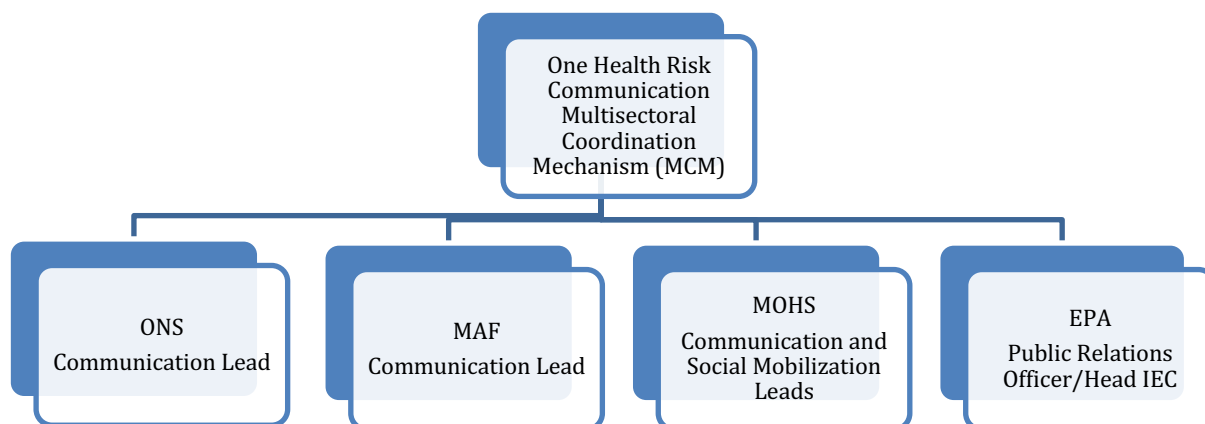
Ministry of Health and Sanitation

The CMO has overall responsibility for the PHNEOC and is the approval authority for the stand-up and stand-down of the ConOps Public Health Emergency Incident Response Levels chart at Levels 2 and 3 (Appendix B).

- The CMO represents MOHS at the Gold Level with respect to public health information when the ONS Situation Room and the National Strategic Security Group are activated.

Initial Actions

- Inform the PHNEOC and ensure it is aware of planned response and time to meet.
- Notify external partners, including WHO under IHR, if applicable.
- Convene and chair the first meetings of the One Health risk communication MCM and PHNEOC.
- Collect as much information as possible
    - What has happened?
    - Who is affected?
    - Where is the incident located?
    - What time did it start?
    - What are the immediate consequences?
    - What is being done to mitigate the effect/impact?
    - Are any resources required, including mutual aid requests?
- Review the risk assessment, undertaken by the technical team, providing clarity on the required incident response level.

- Give directions on immediate lines of action.

- Provide resources for initial response.

- Identify resource needs and engage international partners for resourcing.

- Ensure that a situation report is produced on a regular basis for incidents at Levels 2 and 3.

- Ensure that all communications from MOHS regarding the event are disseminated to the general population.

The nominated IM has delegated authority from CMO to act on their behalf. In such cases, the IM is the ultimate decision maker for actions to be taken by the EOC. The IM has the same responsibilities as those outlined above for the CMO in terms of managing the response.[6]

RRTs under the IM are deployed per the following guidelines:

District-Level Deployment

- All RRTs deployed shall be under the Unified Command of the IM, who shall be responsible for deployments

- The RRT leader shall be in charge of dispatch of all teams at all levels.

- Daily field mission findings shall be reported to the IM.

- The RRT leader shall provide updates on daily investigations and proceedings to the IM.

- The district RRT leader shall direct field operations.

The process for rapid response to the affected areas must be coordinated to ensure the safety of the public and responders, protection of property, and effective response of the numerous organizations and jurisdictions involved. Partner support to all RRT-related interventions shall be coordinated through the PHNEOC IM.

Social Mobilization Pillar

- Establish community-based social engagement.

- Help response team gain community entry trust.

- Ensure and deepen extensive and intense community engagement.

- Engage traditional and religious leaders.

  o Secret societies

  o Women groups and youth

  o Influential indigenes

  o People with special needs

  o Traditional healers

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[6] "Ministry of Health and Sanitation: Emergency Preparedness, Resilience and Response, Concept of Operations (ConOps)".

- Use surveillance data to inform messaging.

- Ensure regular and coordinated home visits by social mobilisers.

- Conduct monitoring and supportive supervisory visits.

- Reinforce key messages in high-risk settings.

- Identify gaps to intensify social engagement activities.

- Monitor feedback on response to messaging and activities as well as rumors and misinformation from social engagement channels, including CHWs, VDCs, and traditional and community leaders.

- Conduct follow up visits to ensure surrounding areas are aware of risks.

Communications Pillar

Disseminate decisions and actions from MOHS/PHNEOC to the public through the media. Ensure correct and agreed-upon messages from the MOHS/PHNEOC and partners on public health event are disseminated to the public in a coordinated manner through the media. Develop a holistic MOHS/PHNEOC communication and information dissemination strategy. Ensure targeted messages are disseminated in a coordinated manner in order to reach those targeted. Convey a transparent image of the MOHS/PHNEOC and its activities in the international and local media.

Command and Control
- Serves as the point group for all communication during the pandemic crisis

- Manages the release of information to the public and the media

- Knows incident-specific policy, science, and situation

- Provides technical support to spokesperson(s)

- Reports on a daily basis to the leadership team, or the highest authority in the respective municipality, during an emergency

- Serves as a liaison to government agencies in the production of press releases with regard to public health event and scheduling of news conferences and meetings

- Determines the operational hours and days, and reassesses these throughout the pandemic response

- Ensures that communications resources are available (including human, technical, and mechanical supplies)

Direct Media and Public Information
- Manages inquiries and requests from the media and coordinates logistics for interviews and conferences with media representatives

- Develops all internal and external crisis-related communications

- Oversees media and public information monitoring systems and reports

- Reviews and approves materials for release to the media and the public

- Monitors local and national news media as well as the public response

- Ensures that crisis communication principles to build trust and credibility are incorporated into all public messages delivered through the media

- Organizes and manages a pandemic response website for the PHNEOC and maintains links

Coordinate Communications Across Sectors

- Organizes and facilitates regular meetings with all sectors to receive input about public response and communication messages

- Arranges official briefings across all sectors of the government

Develop Public Health Content and Material

- Works with subject matter experts to create situation-specific fact sheets, questions and answers, and updates

- Compiles information on possible public health emergency topics for release when needed

- Tests messages and materials for cultural and language requirements of special populations

- Uses analysis from media, public, and municipal sector monitoring systems and reports in order to adapt messages

- Identifies additional content requirements and materials development needs
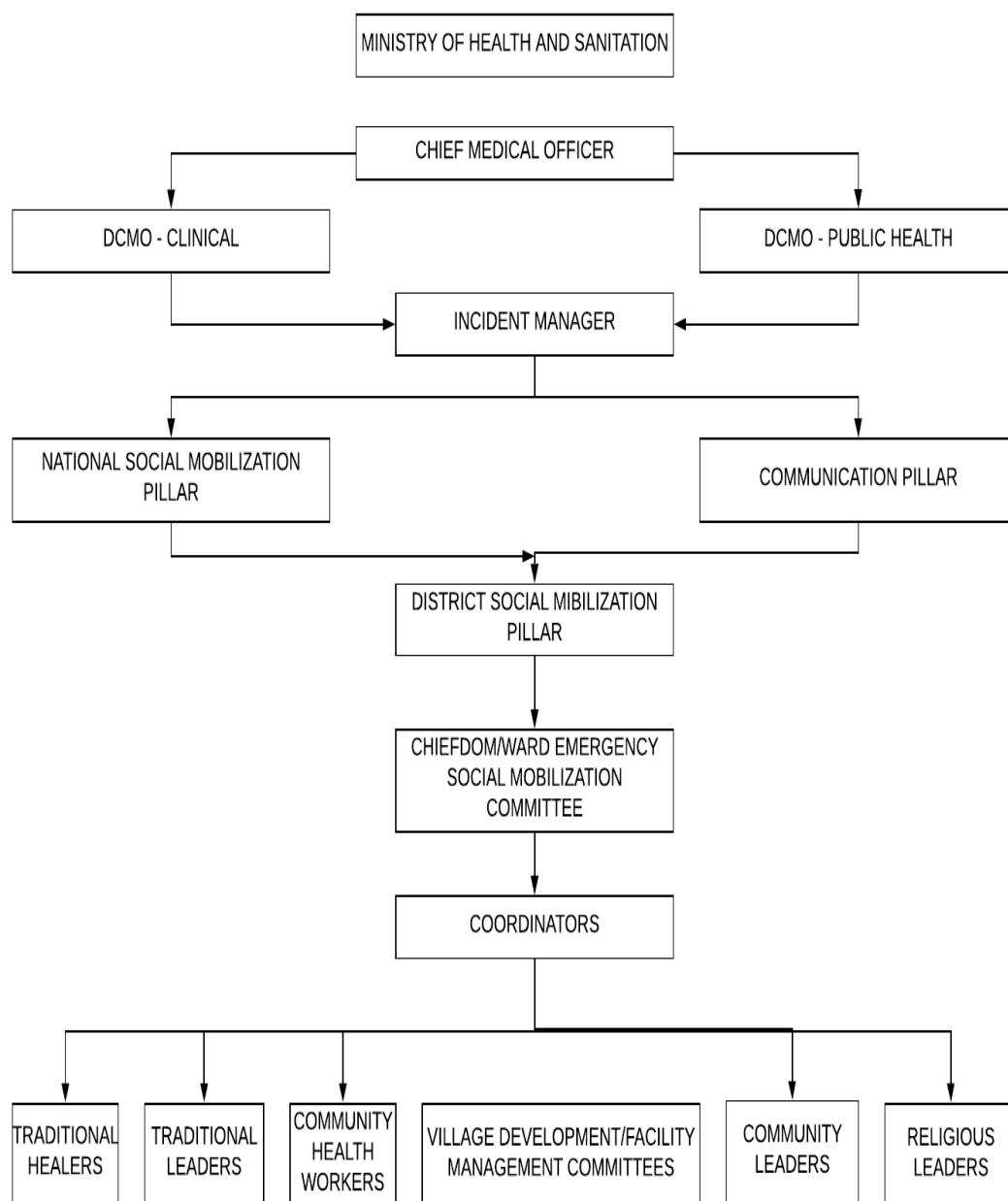
Ministry of Agriculture and Forestry

The livestock officers or animal health workers under the ministry include the following personnel working in the livestock division in the country.

At the national level, the director and deputy director of the livestock division oversee the officers at the district, chiefdom, and community levels.

District livestock officers are the focal point for gathering information from the chiefdom and community levels and transmitting it to headquarters at the national level. They are trained at university level in animal husbandry and supervise all livestock activities in the district. At the

district level, there are also extension workers that cut across all areas of crops and livestock but are not yet merged into the reporting system.

At the chiefdom level, the district livestock assistants and livestock inspectors report to the district livestock officer and treat animals for different ailments at the chiefdom level. The livestock assistants supervise the community animal health workers, who work at the community level.

The community animal health workers are trained for a period of 3 weeks and are stationed at the community level. They work at the grassroots level with the livestock keepers and owners. Their responsibilities include:

- Promoting animal welfare.

- Supporting disease surveillance.

- Collecting samples from animals.

- Improving animal health production.

- Conducting vaccinations and drenching campaigns.

- Sensitizing communities on policy.

At the district level, there are also district forest officers who protect the forests, and district agriculture officers who head the district agriculture offices. Agriculture extension workers are in charge of farmer education and serve as a liaison between the subject matter specialists and the farmers.

Another group important to MAF are the traditional healers, who play a role in dealing with snake bites and many other health-related issues at the local level.

Weekly paper reports are sent to by the district livestock assistants and the community animal health workers to the district livestock officers, who collate them into a weekly electronic report that is sent to headquarters. An official Google group shares information; a less formal, internal WhatsApp group also shares information.

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│           MAF           │
│    SURVEILLANCE UNIT    │
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│ DISTRICT LIVESTOCK │ DISTRICT FORESTRY │
│     OFFICERS      │     OFFICERS      │
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┌─────────────────────────┐
│ DISTRICT EXTENSION OFFICERS │
└─────────────────────────┘
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DISTRICT LIVESTOCK ASSISTANT	DISTRICT FORESTRY ASSISTANT
COMMUNITY ANIMAL HEALTH WORKERS	FOREST GUARDS
COMMUNITY LEADERS	COMMUNITY LEADERS
LIVESTOCK FARMERS	COMMUNITY
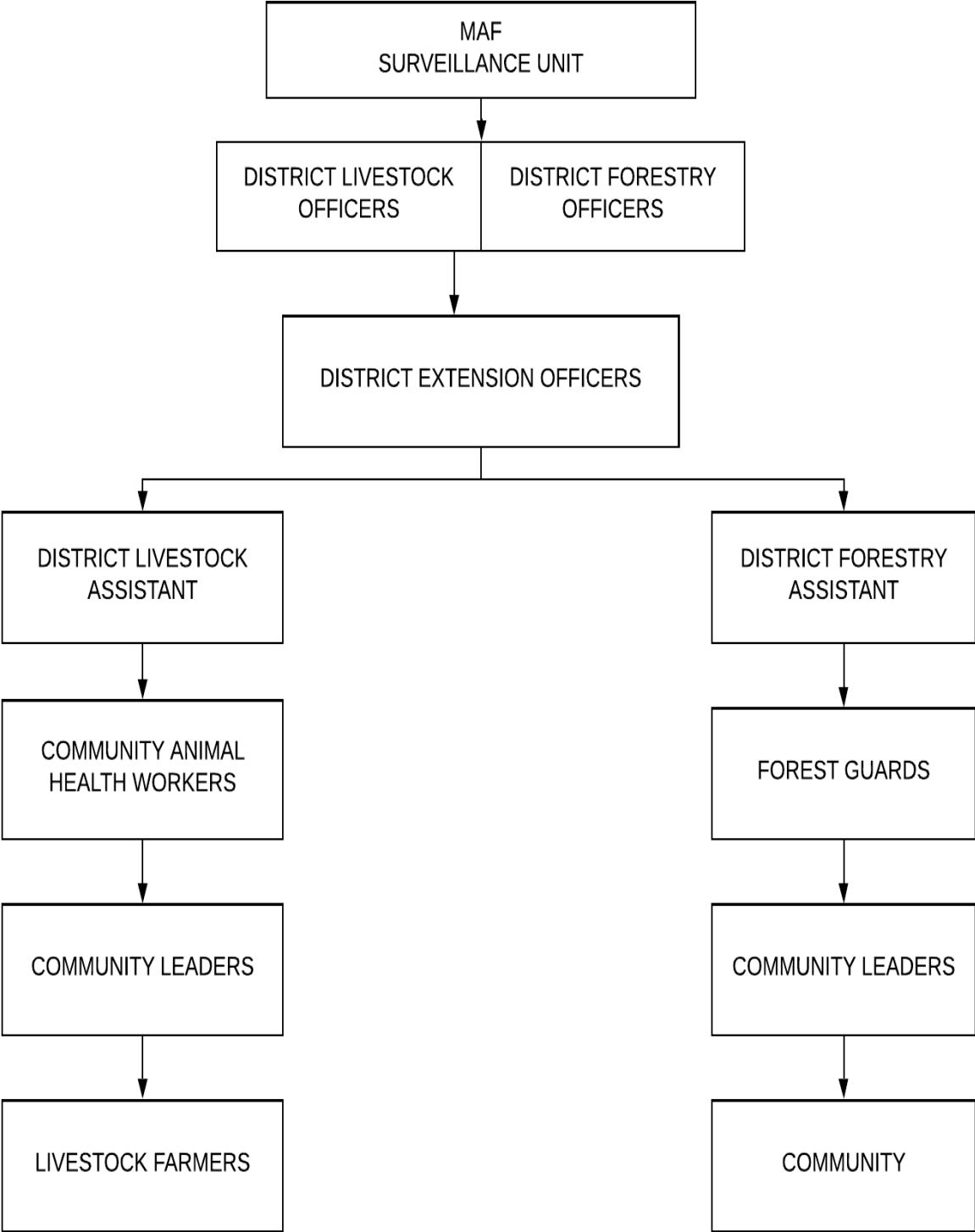
Environment Protection Agency

The flow of information for communication and social engagement begins at the EPA head office down to the regional heads. The environmental regional head officers pass that information on to the ESO, who then contact the CSOs. The CSOs then contact the local authorities and the general public. For the flow of any critical information regarding an emergency up to the national level the same flow would go through these channels in reverse order. If there is a security aspect to any situation, this would be communicated to the relevant ONS authorities.

Environment Protection Agency
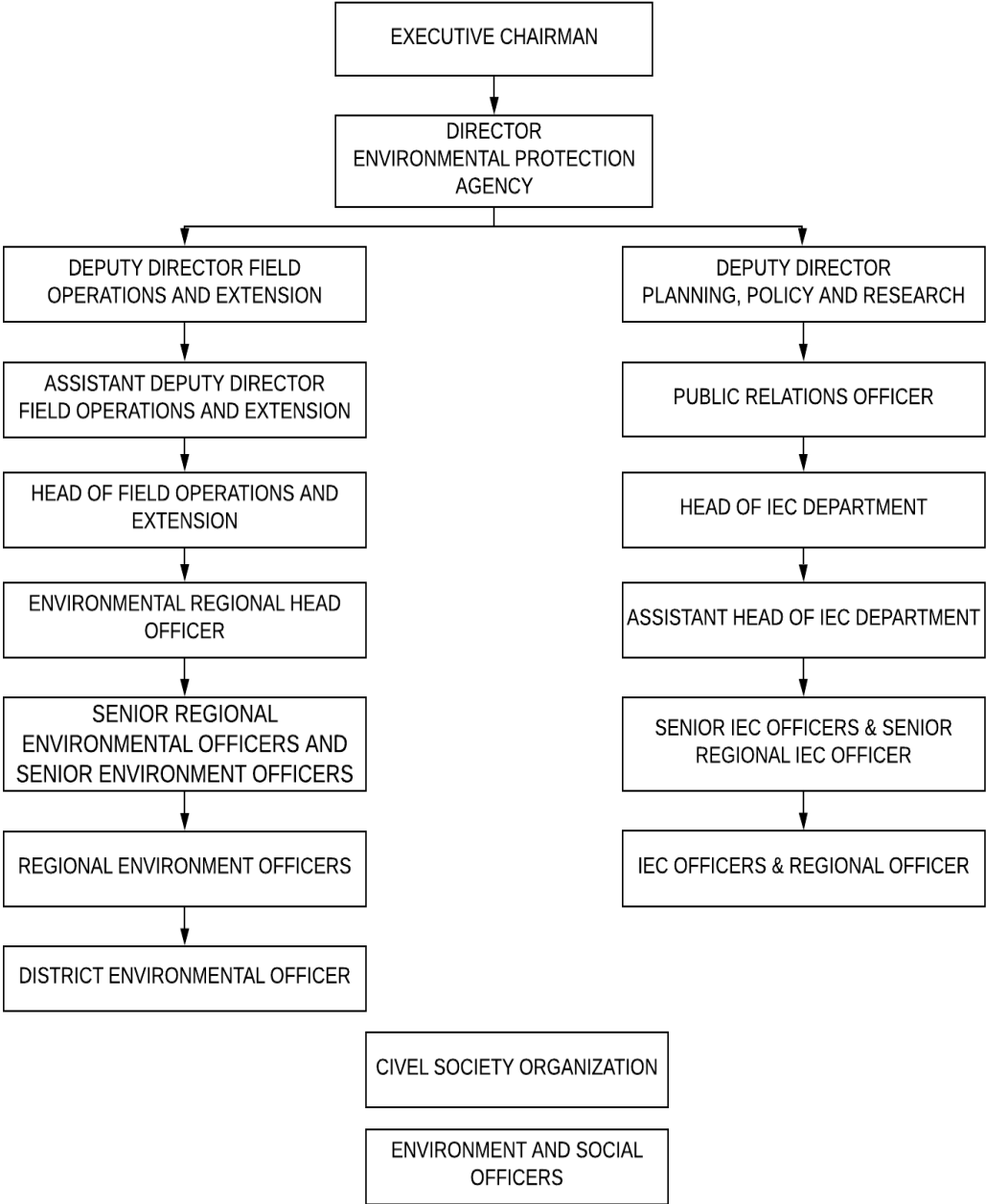
Office of National Security

The ONS is directly under the president of Sierra Leone, who is the chair of the National Security Council.

The National Platform for Disaster Risk Reduction (NPDRR)

The NPDRR is the highest level (Platinum) of disaster management in the country. It is chaired by the vice president, or in their absence, the national security coordinator. The NPDRR is responsible for the provision of policy direction and the creation of national policy. During emergencies, it brings together the highest national expertise to oversee the national response.

In the event of a national emergency at Level 2 or 3 in the Emergency Preparedness, Resilience and Response ConOps Plan, ONS would be notified and the National Security Coordinating Group chaired by the national security coordinator would be activated, along with the National Strategic Situation Group (NSSG), the small think tank of key subject experts drawn from the relevant sector according to the nature of the emergency.

The National Strategic Situation Group

The NSSG is activated during a Level Two or Level Three emergency. It will meet as often as is necessary and fulfills the Gold responsibility for command, control, and coordination. It has an ONS core staff, but also brings together representatives from all involved MDAs, including the Republic of Sierra Leone Armed Forces, Sierra Leone Police, the Ministry of Finance and Economic Development, and MOHS. Representatives are the technical leaders from their respective organizations. The NSSG is supported by the national situation room (NSR).

The JIC, consisting of ONS plus relevant ministries and the Communication and Social Mobilization pillars, would form the NSR.

The National Situation Room

- The NSR is activated during a Level Two and Level Three emergency. It will operate on a 24-hour basis and bring together working representatives from ONS and each MDA to develop the situational understanding and assessments that support the NSSG.

- Key functional roles include linking to the primary operational (Silver) MDA to ensure that all necessary means are brought to support the response.

The Operational MDA Lead (Silver)

- When an emergency reaches Level Two or Level Three, the NPDRR will identify a lead MDA to take responsibility for the operational response to the emergency. This is called the Silver level.

- The nominated lead MDA becomes the supported MDA, and the NSSG and NSR will be required to coordinate the support of all other required MDAs.

- Key to the success of this arrangement is close coordination between the lead MDA and the NSSG and NSR. It is essential that the latter has a clear, common operational picture so that they can deliver the support and direction needed without interfering in the technical operation response, which is the SILVER MDA's responsibility.

- In a public health emergency, the PHNEOC will be the lead response center on behalf of the MOHS.

The District Disaster Management Committee

The District Disaster Management Committee is a multi-organizational grouping that operates within each district, bringing together district council leaders, security representatives, key local representatives, health organizations, and any active international partners within the area. It meets on a regular basis to support disaster management preparations and risk assessments, and will operate on a 24-hour basis during an emergency. During a public health emergency, it will link to PHNEOC. ONS provides the secretary to the committee. It is chaired by the district council chairperson.

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┌─────────────────────────────────────┐
│  NATIONAL SECURITY COMMITTEE (NSC)   │
│        CHAIR - PRESIDENT             │
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┌─────────────────────────────────────┐         ┌──────────────────────────────────┐
│ NATIONAL SECURITY COORDINATING       │ ◄────── │ NATIONAL STRATEGIC SITUATION     │
│ GROUP (NSCG)                         │         │ GROUP (NSSG)                     │
│ CHAIR - NATIONAL SECURITY COORDINATOR│         │                                  │
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│ JOINT INTELLIGENCE COMMITTEE (JIC)   │ ◄────── │ NATIONAL SITUATION ROOM          │
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│ ININTELLIGENCE/INFORMATION           │
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│ PROVINCE                             │
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│ DISTRICT SECURITY COMMITTEE          │
│ DISTRICT DISASTER MANAGEMENT         │
│ COMMITTEE                            │
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│ CHIEFDOM SECURITYCOMMITTEE           │
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│ VILLAGE                              │
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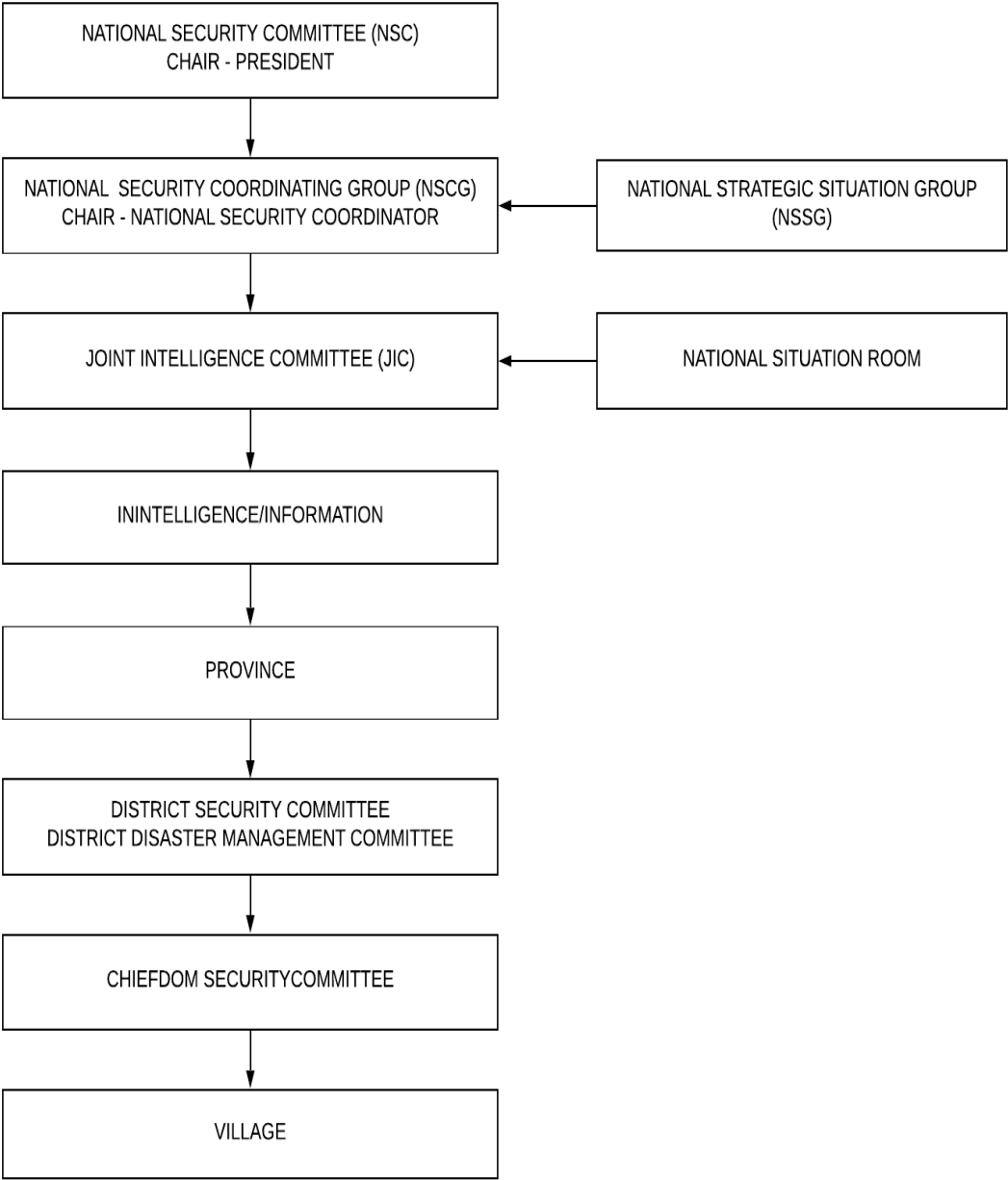
Appendix A: The National One Health Structure
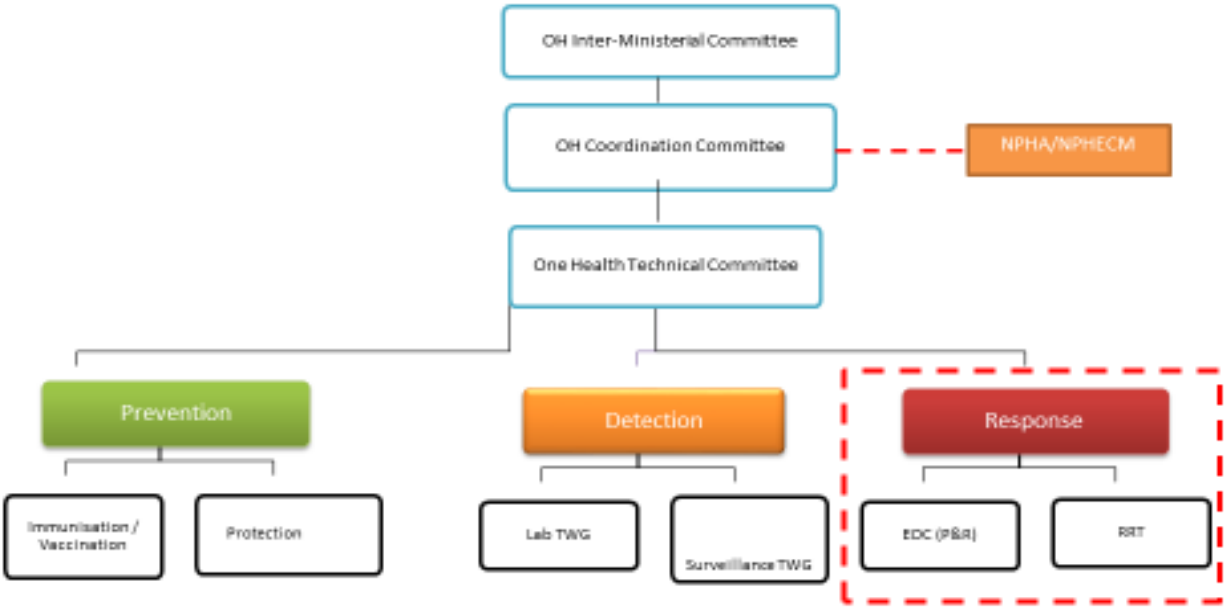
Appendix B: Ministry of Health and Sanitation Emergency Preparedness, Resilience, and Response Concept of Operations

Public Health Emergency Incident Response Levels

Level-Assessed Foreseeable Risk	
1	Public health impact, including public interest or concern, is limited to the local population; however, it exceeds what is determined to be routine (steady state), and the district emergency operations center (DEOC)/district health management team (DHMT) can manage the response as determined by the initial rapid assessment. It is quite possible that external partners will provide support, which the DEOC/DHMT will also manage. The command, control, and coordination of the incident will be contained entirely within the DEOC/DHMT. Notification from a district medical officer of a Level 1 response will be provided to the PHNEOC immediately upon determination to activate the response by a situation report (initially within 2 hours) and every 24 hours thereafter. ONS and partners will be informed during the regular PHNEOC updates.
2	Public health impact, including public interest or concern, could expand beyond the local population and is greater than can be managed by one DHMT. It may require support and coordination from more than one district through the PHNEOC, as determined by the situational assessment. It may also require support from a MOHS internal program. The response may involve interagency working and larger external partner support. Command and control of the incident will be locally (district) focused; however, the coordination and overview focus (incident management) will be from the PHNEOC. The MOHS may issue briefing notes, in conjunction with the appropriate MOHS internal program, to be cascaded via the PHNEOC Daily Activity Report and/or briefing to ensure that all MDAs and partner organizations are aware of the incident and the arrangements for its management. The MOHS and its health development partners are able to respond and manage the public health event._x000B_For Ebola virus disease (EVD): a single EVD case with all contacts identified and evidence of only first-generation transmission to a very limited number of people will be considered a Level 2 event. In this scenario, the MOHS would most likely be able to cope and control the outbreak with existing resources in the affected district(s). Collaboration from ONS would be required at district(s) level only to ensure necessary security measures when enforcing a quarantine. When a Level 2 activation of the PHNEOC is triggered, MOHS will alert ONS via the liaison office.
3	The impact may or may not be limited **but** the incident has national implications and/or is significant across Sierra Leone, or the distribution of the cases/hazard is national and/or across borders. Central coordination, extended surveillance, and national or local incident control measures are required. A Level 3 response necessitates national direction and ensures national coordination while providing a more proportionate response to the threat to the public. Public health impact—including public interest or concern—upon the national population is severe. It requires national direction and coordination of the MOHS response and significant interaction with MDAs. The response will involve cross-agency work and will require significant MOHS resources. The PHNEMC will provide strategic guidance and direction as it relates to the public health response.

Appendix C: Documents Consulted

The following is a list of documents that informed the content and objectives of this strategy:

- Communication in Sierra Leone: An Analysis of Media and Mobile Audiences, BBC Media Action, May 2016. http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/research/mobile-media-landscape-sierra-leone-report.pdf.

- Emergency Preparedness, Resilience and Response, Concept of Operations.

- EVD Lessons Learned.

- Government of Sierra Leone MOHS HED National Health Promotion Strategy of Sierra Leone, 2017–2021.

- Government of Sierra Leone Ministry of Health and Sanitation, Primary Health Care Programme, Emergency Preparedness Plan, Bombali District, April 2018–2022.

- Health Education Division National Health Promotion Strategy Of Sierra Leone (2017–2021), 2016.

- Joint External Evaluation (JEE) of IHR Core Capacities of the Republic of Sierra Leone, 2016.

- Ministry of Health and Sanitation Sierra Leone, Operational Guidelines and Procedures for Rapid Response Teams, 2016.

- MOHS All Hazards Public Health Incident and Emergency Response Plan.

- MOHS National Social Mobilization Pillar Terms of Reference.

- National One Health Platform: Governance Manual, October 2018.

- One Health TOR and Governance Manual.

- PHNEOC Sierra Leone Media and Communications Standard Operating Procedures, 2016.

- Republic of Sierra Leone National One Health Strategic Plan 2019–2023, September 2018.

- Risk Communication in the Event of Disease Outbreaks and Epidemics in the ECOWAS Region Strategic Plan 2019–2023. (draft)

- Situation Analysis of Health Risks Communication in the ECOWAS Region. (draft)

- Social and Behavior Change Communication Emergency Helix, Johns Hopkins CCP.

- Social and Behavior Change Communication Emergency Preparedness I-Kit, Johns Hopkins CCP.

- Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries, published by The Food and Agricultural Organization of the United Nations, The World Organization for Animal Health and the World Health Organization, 2019. http://www.fao.org/3/ca2942en/ca2942en.pdf

- Terms of Reference for The National One Health Coordination Committee in Sierra Leone Social and Behavior Change Communication.

- Terms of Reference for the PHNEOC Communications Pillar, Ministry of Health and Sanitation, Public Health National Emergency Operations Centre (SL).

- West Africa Risk Communication Strategy Draft, Dec 2018.

Appendix D: Contact Details for District Communications Focal Persons/Social Mobilization Officers

No.	District	Email	Mobile #
1	Kambia	kambiahealthcomms01@gmail.com	
2	Port Loko	portlokohealthcomms01@gmail.com	
3	Bombali	bombalihealthcomms01@gmail.com	
4	Koinadugu	koinaduguhealthcomms01@gmail.com	
5	Tonkolili	tonkolilihealthcomms01@gmail.com	
6	Kono	konohealthcomms01@gmail.com	
7	Kenema	kenemahealthcomms01@gmail.com	
8	Kailahun	kailahunhealthcomms01@gmail.com	
9	Bo	bohealthcomms01@gmail.com	
10	Pujehun	pujehunhealthcomms01@gmail.com	
11	Bonthe	bonthehealthcomms01@gmail.com	
12	Moyamba	moyambahealthcomms01@gmail.com	
13	Western Urban	westernurbanhealthcomms01@gmail.com	
14	Western Rural	westernruralhealthcomms01@gmail.com	

Note: Need to maintain constant email and mobile number for district communications focal persons.