

**Multi-sector Engagement for Public Health:
The Transform Freetown Initiative
RBM Multi Stakeholder Working Group
5TH Annual Meeting**

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FREETOWN CITY COUNCIL



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SIERRA LEONE: A SNAPSHOT

- **Geography:** Sierra Leone is situated on the coast of West Africa, bordered in the North and East by Guinea and in the South by Liberia
- **Climate and Malaria Transmission Seasonality:** Tropical climate with two distinct seasons: dry season and rainy season. Stable and perennial malaria transmission in all geographic areas. The country's malaria transmission has two peaks, one at the beginning of the rainy season in May and the second toward the end of the rainy season in October/November.
- **Population in 2021:** 8.1 million (United Nations Population Fund, 2021) – 1.2 million people reside in Freetown
- **Population at risk of malaria:** 100% (WHO, 2017)
- **Principal Malaria Parasites:** *P. falciparum* (WHO, 2017)
- **Principal Malaria Vectors:** *An. gambiae* s.l., *An. funestus* (WHO, 2017; Sierra Leone National Malaria Elimination Strategic Plan [NMESP] 2021–2025, 2021)
- **Malaria Case Incidence per 1,000 Population:** 297 (Sierra Leone NMESP 2021–2025, 2021)
- **Under-Five Mortality Rate:** 122 deaths per 1,000 live births (Sierra Leone Demographic and Health Survey [DHS] 2019, 2020)
- **World Bank Income Classification and Gross Domestic Product (GDP):** Low-income country with a per capita GDP of \$527.50 (The World Bank, 2019)
- **Malaria Funding and Program Support Partners Include:** U.S. President's Malaria Initiative (PMI), Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), World Health Organization (WHO), UK Foreign, Commonwealth, and Development Office (FCDO), Catholic Relief Services (CRS), United Nations Children's Emergency Fund (UNICEF), The World Bank
- All areas of Sierra Leone except for Western Area Urban district (Freetown) have high levels of malaria prevalence



FREETOWN: GROWING, URBANIZING CITY

Salient issues in Freetown

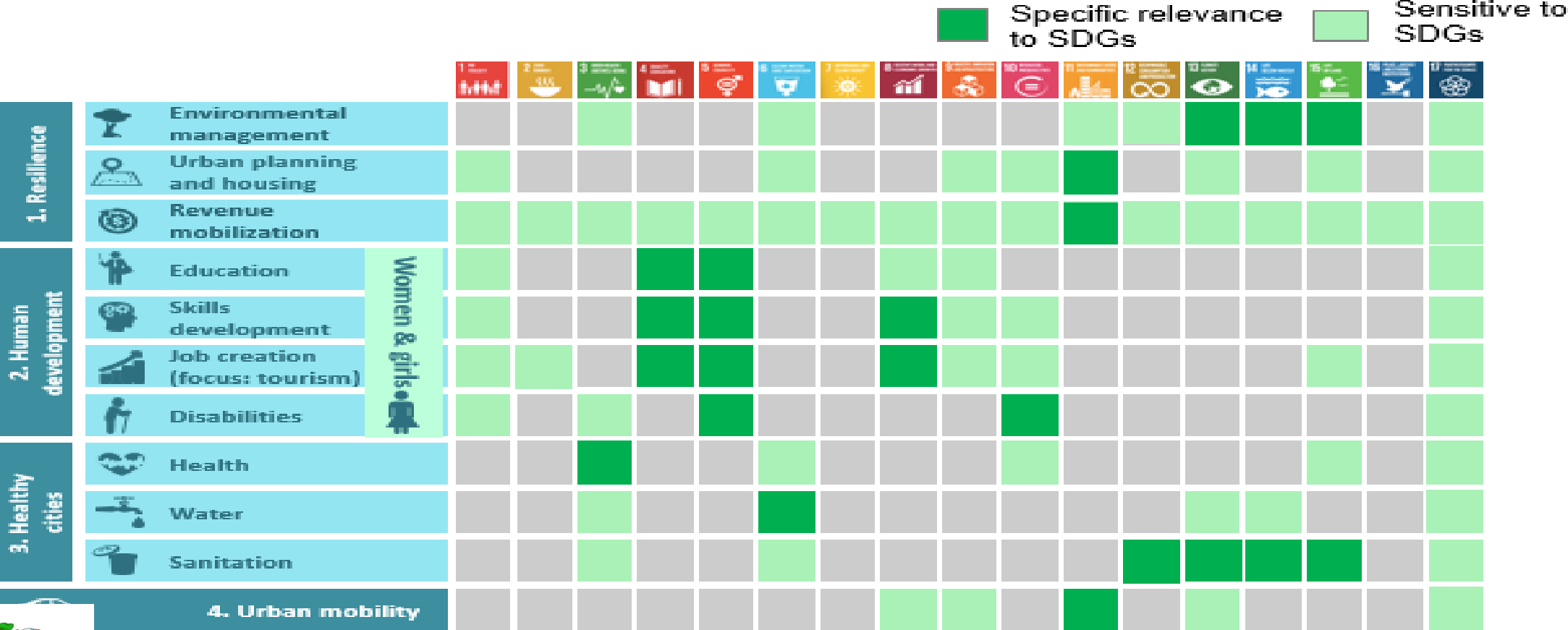
- Rapid, unplanned urbanization - 60 informal settlements
- Migratory population (active transmitters and passive acquirers)
- Climate change
- Deforestation
- Restricted water supply
- Urban planning, zoning, issuance of building permits, and land-use planning yet to be devolved to the City Council



TRANSFORM FREETOWN INITIATIVE

Transform Freetown

- focuses on 11 priority sectors in 4 clusters; 19 specific measurable targets
- aligned with the SDGs and priority clusters of the National Development Plan
- adopts an integrated, inclusive, data-driven approach

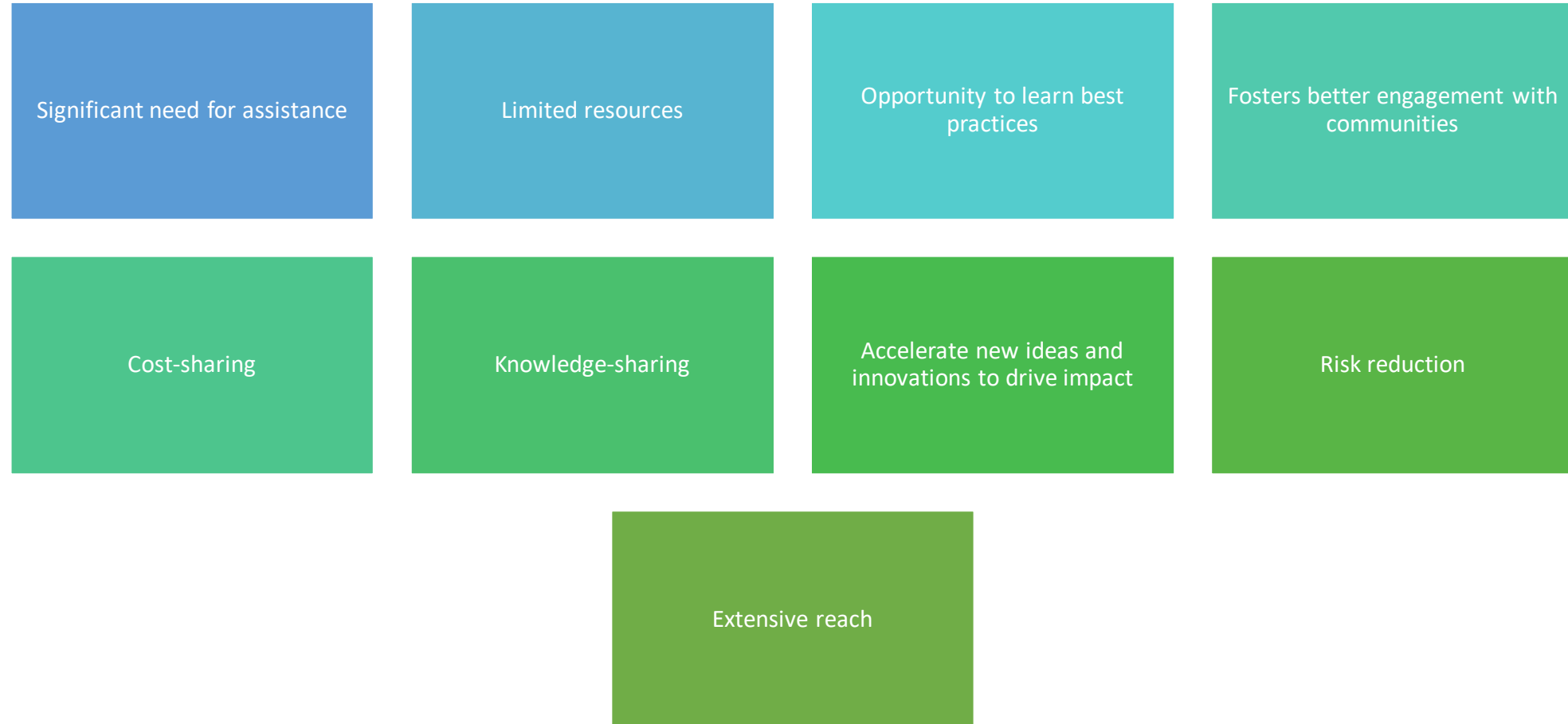


TRANSFORM FREETOWN: EXTENSIVE CONSULTATION PROCESS

The development of Transform Freetown involved an extensive consultative process



FREETOWN CITY COUNCIL INCENTIVE APPROACH



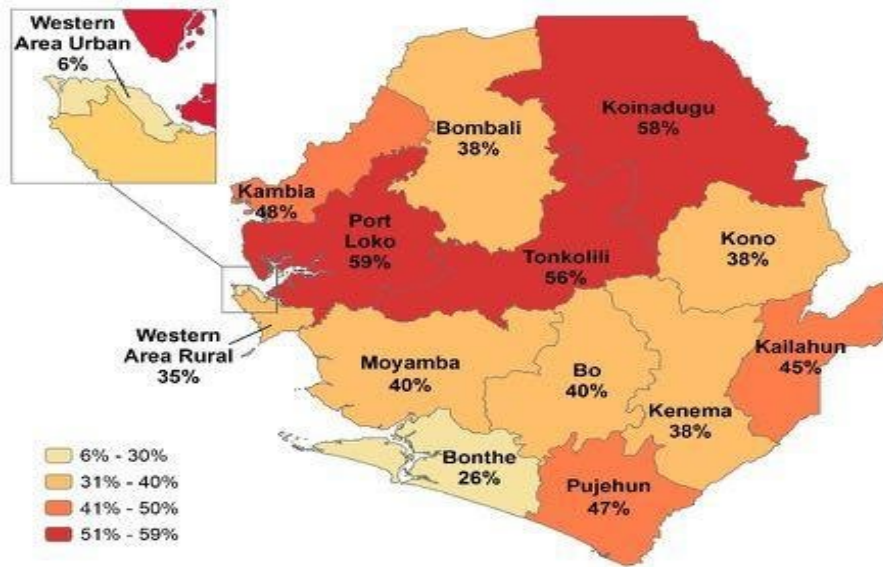
Contextual elements of Malaria and VBD control in Sierra Leone

- Malaria has a stand-alone control program. Other VBDs (onchocerciasis, lymphatic filariasis, and schistosomiasis) fall under the National Neglected Tropical Diseases Program.
- Program management is predominantly centralised, thus restricting the involvement and decision-making capacities of local governments.
- Ambiguity surrounding devolution of certain functions and/or powers to local governments.



PROJECT EXAMPLES – URBAN MALARIA RESEARCH PROJECT

Prevalence of Malaria in children by district



Source: SLMIS 2016

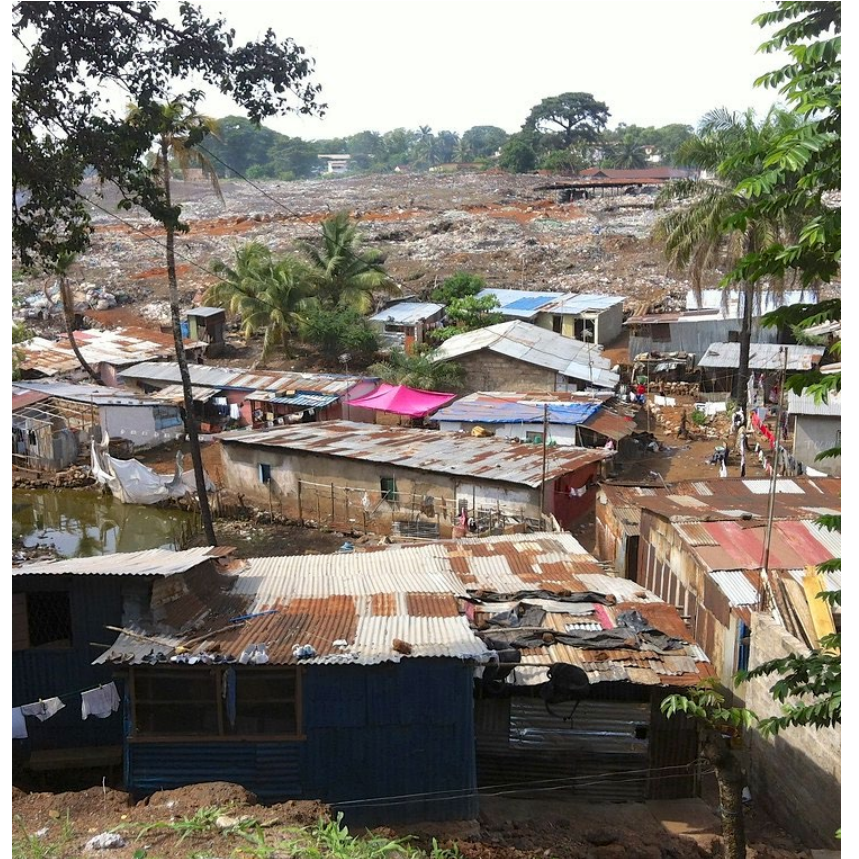
- The Urban Malaria Research Project titled “Assessing and reducing malaria transmission in urban-poor areas of Freetown through improvements to housing, water, sanitation, and the environment”.
- An initiative of Catholic Relief Services (CRS) commissioned in 2021.
- This research seeks to establish the **prevalence of malaria among the urban poor** and **determine how the urban poor access health (malaria) services and commodities**
- This study also aims to investigate the impact that providing effective water, sanitation, and hygiene (WASH) and improved housing services to urban poor areas of Freetown have on malaria prevalence.
- Field sites – Cockle Bay and Kolleh town
- Partners include College of Medicine and Allied Health Sciences – University of Sierra Leone (COMAHSUSL), Sierra Leone Urban Research Center (SLURC), National Malaria Control Program (NMCP) of the Ministry of Health and Sanitation (MOHS), Statistics Sierra Leone, Western Area District health management team, and Freetown City Council (FCC).



PROJECT EXAMPLES – PILOT HOUSING PROJECT

Transforming Lives Informal Settlement Upgrading

- Pilot project targeted at providing improved accommodation for 305 households within Cockle Bay and Kolleh Town informal coastal settlements.
- Project developed in collaboration with Centre of Dialogue on Human Settlement and Poverty Alleviation (CODOHSAPA), and the INGO Consortium of CRS, CARE, Action Against Hunger, Concern, and GOAL following extensive research and community engagement.
- Primarily involves housing upgrading and redevelopment (densification of suitable areas) – providing improved protection from fire and flood, improved sanitation in line with WHO standards and SDG 6, improved road access facilitating more effective waste management systems, and more dignified and safe housing.



PROJECT EXAMPLE: MULTI SECTORAL RABIES CONTROL PILOT

- Funding secured with support from WHO, Friedrich Loeffler Institute, and Oshun Partnership
- One health approach adopted for implementation
- Entry point for MSA: The One Health Technical Committee
- Launched in April 2022 with strategy consisting of mass dog vaccination against rabies, community awareness campaigns, deworming and treating other diseases in dogs in line with the global strategic plan to eliminate human deaths from dog-mediated rabies by 2030.
- Sectors and stakeholders involved: Freidrich Loeffler Institute, FAO, WHO, WOAHA, One Health Technical Committee, Ministry of Health and Sanitation, District Health Management Team, Ministry of Agriculture and Forestry, Compassionate Paws International, BREAKTHROUGH ACTION, **Mission Rabies**, Africa CDC, Sierra Leone Animal Welfare Society (delivery partner), and Freetown City Council (Animal Welfare Unit).
- 4,000 vaccine doses administered (wards 446 and part of ward 445), and licenses issued to dog owners.



FREETOWN CITY COUNCIL (INDIRECT) INTERVENTIONS

ENVIRONMENTAL MANAGEMENT

#FreetownTheTreeTownCampaign – planting 1 million trees

- 13 wards covered • 62 communities engaged • 45 schools participated • 4 cemeteries included • 3 Dams/Community water sources planted • 34 roadsides planted • 603 green jobs created in tree planting communities
- Out of 631 applicants, Freetown was one of the top 15 cities that won the Bloomberg Global Mayor’s Challenge! Each winner gets \$1 million and technical support over 3 years.

Completion of a new drainage system in April 2021

550 meters drainage system at Caulker Street (550meters), Wellington Old Road (180 meters), Upper Melon Street (120 meters), Lower Melon Street-Bottom Oku (150 meters) and Upper Kuntolor (100 meters).

Flood mitigation exercises

- 10 wards covered • 46 Flash flood points • 25 Waterways cleared • 8 Bridges cleared • 25 Culverts desilted • 3.45k Meters of gutters excavated



FREETOWN CITY COUNCIL (INDIRECT) INTERVENTIONS

WATER

Improving access to water through rainwater harvesting systems and local water management committees in communities, markets and PHUs

- 83 water tanks installed in informal settlements, markets and PHUs, of which 32 had rainwater harvesting systems

SANITATION

- Treatment of Fecal sludge (commenced in 2021 and for the 1st time in the city's history)
- Cleaning of public spaces
- Removal of illegal dumpsites across the city and provision of sustainable alternatives



CHALLENGES ASSOCIATED WITH MULTI-SECTORAL APPROACHES

- MSA is a laudable concept; however, in practice, sectors and stakeholders have different priorities, interests, missions, budgetary and funding constraints when it comes to addressing cross-cutting issues. As a result, this translates to poor coordination, communication, poor data sharing,
- Complexities involved in dealing with multiple parties
- Finding an intersection between various agendas of different stakeholders is often difficult
- Lack of trust
- Resource-intensive (requires significant time for planning, coordination, and communication)
- Lack of recognition of a stakeholder
- Wrong assumptions (e.g., a false sense of malicious intent)
- Unrealistic expectations:

Perfection – NO initiative is perfect: adapt when necessary and start from where you are.

Another sector will solve the entire problem

- Confidentiality, data protection, information sharing across sectors and administrative levels.
- How to measure/assess/demonstrate the impact of MSA

Sector-specific success metrics and shared metric

This is crucial for advocacy and to sustain momentum

Important for scalability and sustainability

A success metric could be introductions to or cultivating relationships with people who could provide opportunities that would otherwise be unavailable (Mayor's Migration Council; C40 cities)



MULTI-SECTORAL APPROACHES: SOME IMPLEMENTATION TIPS

Identify the issue that requires multisectoral collaboration

Stakeholder mapping early in the process

Framing issues in a way that is relevant to each sector and/or stakeholder – value proposition; focus on co-benefits and synergies (increase innovation, impact, and scale)

Identify priorities, competing interests – dig deeper for past incidents that may have led to distrust; pay attention to the political context

Clarity of purpose – how does each partner define the value proposition? Why does a sector want to collaborate? What are the shared goals?

ASK: What does success look like for each partner and how will it be measured?

Community engagement, participation, and ownership

Managing expectations of involved parties

Broaden the horizon – explore opportunities with other sectors (e.g., technology)



ON THE GROUND: WHAT WORKS

- Political will and commitment to MSA
- * Obtaining political buy-in of ward councillors, but also at the community level (ward committee members, chiefs, community leaders, etc.)
- Identifying an entry point for multi-sector engagement (e.g., National One Health Platform) – also a good focal point for coordination
- Stakeholder mapping early in the process
- Setting clear goals and objectives
- Delineating roles and responsibilities for each sector and/or stakeholder involved. Which sector takes the lead?
- Establishing sub-working groups, and setting and monitoring targets for progress
- Being intentional about communication strategy and information sharing mechanisms – critical to building trust
- Addressing concerns of stakeholders as soon as they arise and ensuring that no stakeholders are marginalised. LISTEN and ensure everyone is heard.
- Promoting transparency
- Regular monitoring and evaluation – critical for learning and course-correction



CLOSING REMARKS

- Health is not only an input of planning, but also an outcome.
- Operational and Implementation research necessary to generate evidence on MSA and identify gaps
- Continuous strategic advocacy for coordination, joint planning, and implementation is necessary when working in an environment where ministries, departments, agencies are accustomed to jealously guarding their resources viewing the gain of other structures as a loss to their own.
- Highly motivated and respected national MSA ‘champions’ play a vital role in advocacy efforts. Generally, decision-makers or technical experts who have played a key role in facilitating multi-sectoral collaboration and are willing to push this topic as a national political priority.
- Should program management continue to be centralised?

“Resources for public health often sit at the national level, and so much of what needs to be delivered in order to address public health challenges is local.” – Mayor Yvonne Aki-Sawyers in interview with Think Global Health (March 24, 2022)

For more information, visit <https://fcc.gov.sl/transform-freetown-3-year-report/>



