CDC in Sierra Leone

The Centers for Disease Control and Prevention (CDC) began working in Sierra Leone in the 1970’s, focusing on Lassa fever. In 2008, through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC began supporting Sierra Leone’s HIV response. A CDC country office was established in Sierra Leone in 2015, focusing on global health security and Ebola response. CDC works closely with Sierra Leone on strengthening laboratory, surveillance, emergency management, and workforce capacity to respond to disease outbreaks.

CDC STAFF
5 U.S. Assignees
14 Locally Employed

AT A GLANCE
Per capita income: $1,480
Life expectancy at birth: F 52/M 51 years
Infant mortality rate: 84/1,000 live births

Global Health Security

In today’s globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC’s global health security efforts in Sierra Leone help improve the country’s ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Sierra Leone reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats.

Working closely with the Ministry of Health and Sanitation (MoHS) and other partners, CDC provides expertise and support across the 11 technical areas known as GHSA action packages. These action packages help Sierra Leone build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management, as well as immunization, and antimicrobial resistance. Additionally, CDC supports the establishment of a national public health institute that will serve as a central structure for public health functions.

GHSA investments support the country’s efforts to reduce morbidity and mortality. Sierra Leone has the highest maternal mortality rate in the world, as well as one of the highest under five years of age childhood mortality rates. CDC is partnering with the Bill and Melinda Gates Foundation and the MoHS to stand up the Child Health and Mortality Prevention Surveillance (CHAMPS) network to better identify, understand and prevent the causes of death in children under 5 years old.

Source: GBD Compare 2018, Sierra Leone

Sources:
World Bank 2018, Sierra Leone
Population Reference Bureau 2018, Sierra Leone

TOP 10 CAUSES OF DEATH
1. Malaria
2. Lower respiratory infections
3. Neonatal disorders
4. Diarrheal diseases
5. Ischemic heart disease
6. Tuberculosis
7. Stroke
8. Congenital defects
9. HIV/AIDS
10. Meningitis

Source: GBD Compare 2018, Sierra Leone
Ebola

During the 2014-2016 Ebola outbreak, the largest Ebola outbreak in history, Sierra Leone suffered the highest number of fatal cases. More than 700 CDC staff served on over 1,000 deployments to Sierra Leone, making it CDC's largest outbreak response ever in a single country. CDC provided technical and strategic support in epidemiology, infection prevention and control, case management, health promotion, laboratory diagnostics and systems strengthening, emergency management, border health, and research, including the Sierra Leone Trial to Introduce a Vaccine Against Ebola (STRIVE). CDC supported the establishment of the Sierra Leone Ebola Database (SLED), used to describe and better understand morbidity and mortality from Ebola, and risk factors that contributed to the epidemic. SLED also helps Sierra Leoneans reunify with the graves of loved ones who died during the Ebola epidemic.

Field Epidemiology Training Program

CDC supports Sierra Leone in strengthening its epidemiology workforce through the establishment of a Field Epidemiology Training Program (FETP). FETP provides field epidemiologists—or disease detectives— the necessary skills to collect, analyze and interpret data that contributes to evidence-based decisions. Three levels of training—advanced, intermediate, and frontline—develop national and local surveillance capabilities to investigate outbreaks before they become epidemics.

Capacity Building in Public Health Management and Leadership

CDC supported the MoHS to launch the Community Health Officer Management and Leadership Training Program in 2016, now in its sixth cohort. Modeled after FETP, the six-month program includes in-class sessions and field assignments. As of March 2019, almost 130 community health officers across 10 districts have graduated, as well as nine participants in the training-of-trainers program.

Infection Prevention and Control

CDC began training healthcare workers in infection prevention and control (IPC) during the Ebola epidemic. IPC is key to combating antimicrobial resistance. CDC assisted the MoHS in establishing a national IPC program and a national IPC certificate course. Sierra Leone now has a national IPC policy and guidelines, and CDC has supported the initiation of a national IPC certificate course. CDC continues to strengthen capacity and sustainability of IPC as a key component of combating antimicrobial resistance.

Laboratory Systems Strengthening

CDC helps strengthen Sierra Leone’s laboratory network through investments in the Central Public Health Reference Laboratory and workforce development of laboratory technicians.

HIV and Tuberculosis

For the past 10 years CDC, as an implementing partner of the U.S. President’s Emergency Plan for AIDS in Sierra Leone, has helped improved the quality of HIV/AIDS and tuberculosis (TB) services. CDC has helped build high-quality laboratory systems to support HIV and TB testing such as HIV viral load and early infant diagnosis and TB drug susceptibility testing.

Malaria

Malaria remains one of the highest burden diseases in Sierra Leone. Under the U.S. President’s Malaria Initiative, a CDC resident advisor provides technical advice to the National Malaria Control Program to enhance the implementation of malaria interventions, including entomologic surveillance, insecticide resistance testing, and improved data monitoring and usage. CDC supported the roll-out and evaluation of preventive treatment to reduce infant morbidity.