

Sierra Leone's long recovery from the scars of war

The civil war that ravaged Sierra Leone from 1991 to 2002 destroyed the country's infrastructure including its health systems. Angel Desai talks to Dr Muctarr Jalloh about the effects of the war on health services in his country.

Q: What happened to medical services during the civil conflict in Sierra Leone?

A: The civil war brought all of the health and economic infrastructures down to zero during the 10 years. Many clinics that had been established by the government were completely demolished. Many people moved from the countryside into main cities and towns, which compounded the poor health and sanitation situation. It was extremely difficult to really get things moving at that time. We are still recovering from the effects of the war today.

Q: How did the Red Cross operate when part of the country was held by rebels?

A: At the height of the conflict, the government and the rebels controlled different towns and villages. In those that were government-controlled, the health-care system continued to function. Even though the quality of care was lower than before the war, at least there were health facilities that functioned with a few health workers. In areas held by rebels it was extremely difficult. However, we managed to hold discussions with the rebels that allowed health workers to provide limited services, including childhood immunization, to some of the people behind rebel lines.

Q: Were medical staff in danger during the conflict?

A: Anyone who was suspected of supporting the government was targeted by the rebels. The maiming that the rebels unleashed on the population was almost beyond belief. Red Cross staff members were often targets for the rebel factions and many volunteers had limbs amputated or were shot and killed. A lot of people suffered. I was also targeted by the rebel groups that entered Freetown because I was affiliated with the Red Cross. In 1999, my family and I were brutally attacked in our house and we suffered severe injuries. The rebels attempted to amputate my hands. I still have nightmares about it. I had to be evacuated along with my family to England where I had reconstructive surgery to save my hands. The Red Cross and our partners undertook the cost of



Thomas Omondi / IFRC

Dr Muctarr Amadu Sheriff Jalloh

Dr Muctarr Amadu Sheriff Jalloh studied medicine in the former Soviet Union, before specializing in paediatrics in the United Kingdom of Great Britain and Northern Ireland. He worked as a medical officer for the government in his home country of Sierra Leone. In recognition of his work to reduce infant mortality due to diarrhoeal diseases at the height of the civil war in 1996, he was made President of the Sierra Leone Red Cross Society. In 2009 he was awarded the International Red Cross and Red Crescent Movement's highest distinction, the Henry Dunant Gold Medal, for his humanitarian work in Sierra Leone and across Africa.

that operation. Today I am able to talk to you and hold a phone in my hand because of their support. I will be obliged to the Red Cross for the rest of my life.

Q: In the face of such an experience, what motivated you to return to Sierra Leone?

A: It was a very traumatic event for me and my family but I have only one country and that is Sierra Leone. And besides, I come from a very large family. The responsibility of the eldest son of the family is enormous in our society. So after my treatment in England I decided to come back and continue to work as a specialist in charge of the children's hospital and as the President of the Sierra Leone Red Cross.

Q: How has the war affected medical staffing in hospitals and clinics?

A: A lot of our health professionals left the country because of fear or to look for greener pastures. We hope that some of these people will return now that there is peace. We really have an acute shortage of human resources. We are managing with the few we have. The commitment and dedication of staff are extraordinary and we continue to receive support from the international community and partners.

Q: What are some of Sierra Leone's most pressing health problems?

A: According to the United Nations Development Programme (UNDP), Sierra Leone is third from the bottom

in the Human Development Index. Our indices are something to be ashamed of. Our infant and child mortality rates are among the highest in the world. There are many causes – namely diarrhoeal diseases, acute respiratory infections, malaria and others. That has prompted the government to institute a policy of free health care for children under five years old, pregnant women and lactating mothers. It is hoped that this will encourage these people to use health facilities. We are only two months into that process so we have to wait and see the impact that it will create in improving our health indices. I think the problems are many but one cannot say that they are insurmountable.

Q: Why has the Sierra Leone Red Cross Society put a special emphasis on youth development?

A: In the 1990s, a lot of children were involved in rebel activities, and participated actively in the war. Many others were affected because they were victims and even more lost their parents. We developed a programme to rehabilitate children affected by war. Some of these children did not have an opportunity to go to school. We have been able to train almost 1000 of these children since the programme started in 2000. These children are brought into the Red Cross, trained and given skills and support for nine months to one year. Before they return home, we try to make sure that their parents or communities are prepared

to accept these children, because the war caused a lot of separation. We felt that we had to offer some sort of healing process to try to bring families back together.

Q: What is the role of donor agencies in supporting the country's health-care system?

A: Almost 60–70% of the health care in Sierra Leone has been delivered with support from donors. Nongovernmental organizations have been working together with United Nations agencies such as the World Health Organization, the United Nations Children's Fund (UNICEF) and UNDP to support the efforts of the Sierra Leone government and in particular the Ministry of Health. Without them the health system would collapse. But the dream of the government is that one day we will be able to manage our health problems ourselves. With the free health-care

policy we are adopting, we are moving towards that goal.

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Q: How does the Sierra Leone Red Cross work in conjunction with the national government?

A: The Sierra Leone Red Cross is auxiliary to the government. All the Red Cross clinics function in the same way as those belonging to the Ministry of Health. We fully support government initiatives and work to complement their efforts. But the challenges are enormous. All the “killers” are there – acute respiratory infection, malaria, HIV, and now we are seeing a resurgence of tuberculosis in children. But I believe that not too long in the future we will see a different picture. We will continue to need a lot more support to improve. We are grateful for the support the Sierra Leone government has received from the international community and for the resilience of the people of Sierra Leone throughout this ordeal. ■

Recent news from WHO

- A **new gene** that enables some types of bacteria to be highly resistant to almost all antibiotics has been identified, according to an article published online in *The Lancet Infectious Diseases* on 11 August 2010. This finding draws attention to the issue of antimicrobial resistance, a global public health issue that could hamper the control of many infectious diseases. WHO suggests that countries should be prepared to implement hospital infection control measures to limit the spread of multidrug resistant strains and to reinforce national policy on prudent use of antibiotics. Antimicrobial resistance will be the theme of WHO's World Health Day 2011.
- WHO Director-General, Dr Margaret Chan, announced the end of phase 6 of the **influenza A H1N1 pandemic**. “We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course,” she said. “Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come. Recently published studies indicate that 20–40% of populations in some areas have been infected by the H1N1 virus and thus have some level of protective immunity.”
- On 9 September, more than 350 health experts met in Bangkok, Thailand, to discuss ways to improve access to **life-saving medical devices** in developing countries. There are around 10 500 different types of medical devices on the market and revenue from sales of medical devices worldwide was estimated at around US\$ 210 billion for 2008. A WHO survey of medical device use in 140 countries reveals that too many people are currently excluded from their benefits. For example, the average availability of computed tomography (CT) scanners is one per 64 900 people on average in high-income countries, but one per 3.5 million people in low-income countries. Ten countries have so far reported that they have no radiotherapy unit at all, meaning almost 100 million people do not have access to cancer treatment.
- Up to 85% of people with **mental and psychosocial disabilities** have no access to treatment, according to a WHO report, *Targeting people with mental health conditions as a vulnerable group*, which was launched on 16 August at the United Nations in New York. Even though development actors have pledged to focus their work on the most vulnerable in a community, the majority of development and poverty alleviation programmes do not reach people with mental or psychosocial disabilities. “The lack of visibility, voice and power of people with mental and psychosocial disabilities means that an extra effort needs to be made to reach out to and involve them more directly in development programmes,” says Dr Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health at WHO. An estimated one in four people globally will experience a mental health condition in their lifetime. WHO is working jointly with the United Nations Department of Economic and Social Affairs (UNDESA) to integrate mental health into development programmes in countries.
- The number of women dying due to complications during **pregnancy and childbirth** decreased by 34% from an estimated 546 000 in 1990 to 358 000 in 2008, according to a report, *Trends in maternal mortality*, released on 15 September by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and The World Bank. While this progress is notable, the 34% decline since 1990 translates into an average annual decline of just 2.3%, which is less than half of what is needed to achieve the Millennium Development Goal target of reducing the maternal mortality ratio by 75% between 1990 and 2015. This will require an annual decline of 5.5%. Pregnant women still die from four major causes: severe bleeding after childbirth, infections, hypertensive disorders and unsafe abortion. In 2008, about 1000 women died due to these complications every day.

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