

Quarantines in Sierra Leone

Putting people first in the Ebola crisis



In May 2014, initial reports were received of the Ebola outbreak in Sierra Leone. One month later, the president of Sierra Leone declared a public health state of emergency in a bid to contain the spread,¹ limiting public gatherings. Since then, quarantine measures have been imposed, including self-quarantines informed by district and chiefdom bye-laws and government-imposed quarantines. In November 2014, standard operational procedures (SOPs) on the management of quarantines were released by the National Ebola Response Coordination (NERC) function to streamline quarantine operations across the country.

This briefing examines the role of quarantines in response to the Ebola crisis, and provides recommendations to ensure that peoples' rights are met and quarantines can be used as a successful tool to reduce transmission.

The role of quarantines in the Ebola response

Instituting quarantines is a measure of last resort. As the challenge of sourcing adequate health personnel to support Ebola treatment centres continues, an effective quarantine strategy provides a means of mitigating the spread of Ebola and the consequent burden of care that cases place on an already weak national health system. If implemented properly, quarantines:

- Provide an opportunity to pre-empt the risk of further spread of Ebola cases, which is increased by human mobility and contact;
- Facilitate contact tracing and effective burial management under supervision, meaning reduced risk to both the communities and to assigned tracing and burial teams;
- Provide a conducive environment for reinforcing social mobilization and behaviour change messages and practices.

Quarantines involve restricting peoples' liberty and freedom of movement, as well as access to their livelihoods, and to healthcare, food, and water. International human rights law requires that any restriction to human rights in the name of public health, or public emergency, meet certain requirements, as laid out in the [Siracusa Principles](#).² These state that quarantine must, at a minimum, be provided for and carried out in accordance with the law; be strictly necessary to achieve a legitimate objective; be the least intrusive and restrictive option available to reach the objective; be based on scientific evidence, be neither arbitrary nor discriminatory in application; and be of limited duration, respectful of human dignity and subject to review. When quarantines are imposed, governments have an obligation to ensure access to food, water, and healthcare.

If the implementation strategies outlined in Sierra Leone's Management of Quarantines SOPs are adhered to, quarantine could save lives. However, if quarantines are not appropriately supported and monitored, they will be ineffective due to people violating restrictions (for example to get food or water). In addition, the risk of poorly managed quarantines is that communities are likely to under-report or deny Ebola cases, in a bid to avoid being placed under quarantine.

¹ The Public Health State of Emergency is provided for in the Constitution of Sierra Leone.

² Certain human rights are non-derogable: that means that they apply in all circumstances, even in times of war or public emergencies. However there are a few circumstances – including public health emergencies – where governments can limit these rights; the Siracusa Principles were agreed by the United Nations to tightly define these circumstances, and to provide a legal protection for their populations.

The impact of quarantines so far

In Sierra Leone, quarantines have been imposed on individual houses, neighbourhoods and villages, and in a few cases – such as Kenema and Kailahun – entire administrative districts. In practice, quarantines normally last for 21 days. Ebola surveillance teams are assigned for contact tracing and to support burial management. Government security is also provided to the quarantined areas and access requires an approved pass from the NERC.

New quarantines were imposed on 1 December in the district of Tonkolili, which faces a two week lock-down. This means that six out of Sierra Leone's fourteen districts have been affected by quarantine measures.

Oxfam is currently working with communities in Western Area where there has been a total of 5,544 households placed under quarantine, across nine communities, over the course of the response. As of the last week of November 2014, there were 2,075 households under quarantine in three communities.

Reduction in the number of Ebola cases in certain areas of Sierra Leone is being partly attributed to quarantine strategies. For example, in the districts of Kenema and Kailahun, which recorded the highest number of Ebola cases in the country for months, government-controlled quarantine strategies are believed to have played an important role in the drastic drop in the number of confirmed cases, alongside other measures such as treatment centres and social mobilization. In another example, the district of Koinadugu reported zero cases for a long period of time, despite it bordering Liberia; cases appeared in October 2014, but are now back to zero, with one of the key success factors being quarantine strategies, implemented quickly by district leadership.

A quick analysis of quarantine strategies and practices implemented across the country over the last five months reveals four key issues:

- A disconnect between the policy, as outlined in the SOPs, and the practice;
- A violation of basic rights of quarantined communities, through delayed or inadequate supplies of food, water and other basic items;
- Poor or no response from Ebola support structures to community requests for help with contact tracing, access to care facilities and burial management;
- A lack of awareness of the SOPs by various stakeholders, including quarantined communities.

For example, in the community of Leicester, situated in Western Area where Oxfam is working, community members reported that they only received food on the 14th day of the quarantine. They also complained of a lack of access to routine healthcare, including access to antenatal services for pregnant women.

According to 43-year-old Patrick Kamara, in Susan's Bay, Freetown: 'Quarantine is very difficult. I am a government worker. I have a family. I used to walk to work, and then got food for my family. But now we are in quarantine, and life is very difficult. We don't have any water to drink in our houses. We also need it to cook. We used to have breakfast in the morning, but now we have no provisions'.

People who are marginalized – including older people, people living in poverty and people with chronic illness or disability – and communities are likely to be disproportionately affected by poorly managed quarantines. These communities struggle to access basic services and goods even in 'normal' times, the result of unequal distribution of resources pre-Ebola. This is exacerbated by the lack of a voice and space to channel their concerns and hold the government and various stakeholders to account. The provision of a free hotline to report Ebola issues is a positive initiative, but the facility requires adequate support functions in order to provide timely and quality support to the public.

Recommendations

Quarantine is a strategy that is currently being used in Sierra Leone during the phase of high transmission of Ebola. It can help to stem the outbreak, but only when implemented correctly. The government published new SOPs for quarantines in November 2014. This is a very welcome initiative and helps to provide clarity in a number of key areas, but there are still areas which require stronger implementation or review.

Apply a rights-based approach to quarantine strategies

First and foremost, the government and all other organizations involved in quarantines must guarantee that basic needs are met and rights and dignity respected. People, not numbers, are at the centre of the Ebola crisis. The basic right to food, water, access to healthcare, proper shelter and expression must be upheld. In terms of food, dry food supplies alone are not adequate, appropriate or practical, so food baskets should be provided that include water and fuel supplies. Support kits for quarantined communities and households should be mainstreamed and provided in a complete and timely manner. The NERC must reinforce its monitoring system to ensure that the support intended for communities is delivered on time.

Reinforce mutual coordination between Quarantine Command Centres and other stakeholders

The lack of mutual coordination by the Quarantine Command Centres and organizations providing support to quarantined areas remains the biggest challenge for realizing efficient quarantine strategies in Sierra Leone. The quarantine SOPs limit the engagement of non-government organizations (NGOs) and civil society organizations (CSOs) in quarantine responses to an 'ad hoc basis'. This needs to be reviewed, as CSO's lobbying of stakeholders like the World Food Programme (for food distribution) to enhance their coordination and supply efforts is essential.

Strengthen data and information management on quarantine interventions

A platform for the mutual exchange of data and reports should be put in place. The current quarantine SOPs do not provide a clear pathway for data and information management. NGOs that engage in quarantine support should feed into quarantine command databases. Likewise, the centres should make available data on quarantined areas to NGOs and the general public on a regular basis. A particular problem is incomplete or vague data from laboratories, which makes contact tracing and timely support difficult.

Increase support for vulnerable and affected people

Special protection provisions should be made for vulnerable people, including female-headed households, girls, orphans and under-age children whose parents/guardians have been taken away for treatment. Quarantine strategies also need a clear commitment to provide compensation for contaminated materials that get destroyed, such as bedding, mattresses and clothing. A failure to address this could contribute to the denial of infection and a failure to disclose Ebola cases for fear of losing property.

Raise awareness of the Management of Quarantines SOPs

Dissemination of the quarantine SOPs is required, particularly at national and district levels. All stakeholders responding to the crisis need to be well-informed and equipped to implement quarantine strategies, through awareness raising and operational knowledge of the SOPs. It is also vital to supply the necessary support to communities under quarantine, while also feeding into the central quarantine data system. This will facilitate better planning and increase public demand for effective quarantines within their communities as a means to stop the spread of Ebola in Sierra Leone.