The following is based on open-source reporting.

September 11, 2014

This report builds off the OSAC initial report of **Ebola in West Africa** from July 31, **Ebola Response: East & Southern Africa** from August 1; **Ebola: A Regional Glance** on August 14; **Ebola in Africa: An OSAC Overview** on August 30; and **Africa’s Cup of Nations Impacted by Ebola** on September 5. Also, the Department of State issued a **Travel Alert** for West Africa on Ebola on August 28; a **Travel Warning for Sierra Leone** on August 15; and a **Security Message for U.S. Citizens** on August 1. Please refer to these products as a primer to this report.

**Ebola Overview of Sierra Leone**

The most recent outbreak of Ebola in West Africa has claimed approximately 2,300 lives; as of September 9, there are 1,341 confirmed cases of EVD in Sierra Leone, with 436 fatalities. Most of these have been in two areas currently under quarantine: Kenema, the third largest city; and Kailahun, a major eastern transit hub. A doctor with the World Health Organization (WHO) who had been working in Kenema Government Hospital reportedly tested positive on September 7 in Freetown and will be evacuated imminently, and an infected WHO epidemiologist has been evacuated to Germany for treatment.

Home treatment of patients by multiple caretakers without protective equipment and traditional burial customs continue to perpetuate the disease.

The medical infrastructure in Freetown has been severely compromised and is not reliable for emergency care. Medical workers often do not go to work. Many doctors have departed Sierra Leone. There are two Ebola Treatment Centers (ETC) in Freetown: Connaught Hospital and the 34th Medical Hospital at Wilberforce. Two more ETCs will come online in the coming weeks. Travelers should take the current lack of medical services into consideration when making plans.

**National “House to House Ebola Talk”**

In an effort to combat the nation’s Ebola outbreak, the government has ordered a nationwide, three-day stay-home mandate. The advanced notice of Sierra Leone’s campaign is intended to allow time for residents to stockpile food and supplies. President Ernest Bai Koroma will address the nation on September 18 to outline his declaration to “sit at home…for family reflection, prayers, and education.” The campaign will be from September 19-21. There will be no public transportation or travel – pedestrian or vehicular -- permitted. The enforcement methods for this timeframe have not yet been determined; however, it is expected that the Sierra Leone Police (SLP) and the Republic of Sierra Leone Armed Forces (RSLAF) will work together on implementation. During this time, a 21,400-strong “citizen task force” comprised of a community health worker, leader, and youth volunteer, will go door-to-door across the nation to educate, and identify any sick people.

This type of event is not unprecedented in Sierra Leone; they have used this method to educate people on cholera, birth registrations, elephantitis vaccinations, and bed nets. These campaigns were very successful in abating disease and increasing public awareness.

The detractors are afraid that more cases will be discovered and that they will not be able to handle the resulting case-load of suspected and actual cases. President Koroma has been adamant that this information campaign must take place because people who need to know are not getting the right
Anticipating Problems

It remains to be seen how effective the “stay at home” mandate will be and how the SLP and RSLAF will enforce it. The airport authorities say that the airport will remain open and ferry will run, but if there is strict enforcement and no “pass” system, then no taxis or buses will be out. The Embassy expects more information on how the campaign will take place to be forthcoming, but it is likely to be unevenly enforced. Depending on how the SLP and RSLAF enforce the no-movement order, there is a possibility of a backlash from communities. The current feelings run toward an uneasiness that three days is too long for some people to not be able to go out for supplies or to work as casual labor. There is also a possibility of violence if the retrieval of the sick is not done well.

The volunteer brigade is unlikely to staunch the spread of Ebola because they have little to no medical training and are not treating patients. Further, the two existing ETCs will likely be over-capacity with an influx of newly discovered patients. While Doctors Without Borders reported, “It has been our experience that lockdowns and quarantines do not help control Ebola as they end up driving people underground and jeopardizing the trust between people and health providers,” there are fears that the resultant findings will overwhelm the health system, which will not have enough beds for new Ebola patients. Sierra Leoneans have a strong tradition of caring for their own (regardless of educational prowess) instead of relying on strangers with medical expertise.

A recent 10-day quarantine in neighboring Liberia resulted in a rising food prices and sporadic violence. In Sierra Leone’s upcoming three-day campaign, food prices could rise beyond seasonal inflation, but profiteering -- an illegal practice -- is likely.

Impact to the Private Sector

The Embassy is advising citizens that they should prepare to stay at home and receive the campaigners. Further, the Embassy is encouraging U.S. citizens to prepare for three days without access to local businesses and government services. In compliance to the three-day campaign, the Embassy, while fully operational, will be closed on Friday, September 19.

The U.S. Embassy in Freetown issued a Security Message for U.S. Citizens on September 10 to address the Ebola outbreak and the upcoming campaign.

For Further Information

Please direct any questions regarding this report or the general security situation in West Africa to OSAC’s Regional Analyst for West Africa.