

# The First Five Years

August 2011 – July 2016

The King's Sierra Leone Partnership



To our remarkable volunteers past and present *plenti tenki fo yo had wok wit King's Sierra Leone Partnership in dis welbodi bisnes.* Without you, none of this would have been possible.



Continued  
on inside  
back cover

# Contents

■ Foreword: Prof Sir Robert Lechler	4
■ Introduction: Mr Andy Leather	5
■ Origins	6
■ Who We Work With	7
■ Our First Five Years at a Glance: August 2011 to July 2016	8
■ How We Work	10
■ Case Study: Creating a sustainable and inclusive Mental Health service	12
■ Case Study: Working collaboratively to develop a functioning triage system in Connaught Hospital	13
■ The KSLP Ebola Response	14
■ From Response to Recovery	17
■ Programme Areas	18
■ Grants	20
■ Case Study: Revising and implementing the medical curriculum at the College of Medicine and Allied Health Sciences	21
■ Our Achievements	22
■ Volunteer Experiences	24
■ Partner Perspectives	25
■ Wider KSLP Family	26
■ Technical Advisory Group (TAG)	27
■ Our Finances	28
■ Approach to Value for Money	29
■ Lessons Learned	30
■ Going Forward	32
■ KSLP Publications and other work cited	33
■ Acknowledgements	34

## Foreword



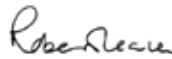
King's Health Partners is one of six Academic Health Science Centre's in England. Our mission is to bring together a world-leading research led university and three successful NHS

Foundation Trusts. This enables translation of cutting-edge research into excellent patient care and world-class education and training. From the outset in 2009, I recognised that we had the opportunity to look out beyond our immediate location in South-East London and even beyond the UK. This opportunity had been created by the pioneering work of Andy Leather and colleagues in Somaliland. Building on this, we determined to enter partnerships with institutions in both the global north and south. To that end, I have been committed to our Centre for Global Health & Health Partnerships and have been delighted at the progress of these partnerships in Somaliland, Sierra Leone and more recently in the Democratic Republic of Congo.

But turning attention to Sierra Leone, we have supported our friends and colleagues within the Ministry of Health & Sanitation, Connaught Hospital and the College of Medicine & Allied Health Sciences through extremely challenging times. International volunteers, King's students and staff and NHS colleagues from across King's Health Partners have gained from working within the King's Sierra Leone Partnership, or KSLP as it has become known.

I believe that we have also made a significant contribution in Sierra Leone to strengthen key institutions that contribute to the vision of an autonomous and resilient health system that is able to deliver safe, affordable and timely healthcare for all people in Sierra Leone.

I recognise that we took a carefully considered risk in encouraging an in-country presence in January 2013 – only 18 months after the start of KSLP. I recognise that we took an even greater risk in expanding the team at the start of the Ebola crisis in West Africa. All the leaders of King's Health Partners are immensely proud of our global health team who we will continue to support into the future, convinced that KSLP is one of the 'unique selling points' of our Academic Health Sciences Centre.



**Professor Sir Robert Lechler**

**Executive Director**

King's Health Partners Academic  
Health Sciences Centre

**Provost and Senior Vice President (Health)**

King's College London

## Introduction



The King's Centre for Global Health and Health Partnerships is based at the King's College London, Denmark Hill campus and provides academic and professional

services oversight and support for our three country partnerships in Democratic Republic of Congo, Sierra Leone, and Somaliland. In addition, we connect our health partnership staff and volunteers with the wider academic and clinical community across the College and NHS partners.

Our vision is to bring the development and academic communities together to:

- Support the development of autonomous and resilient health systems in the most challenging environments in post-conflict low-income countries
- Develop future global health leaders as early career clinicians and academics engage in our health partnerships
- Provide experiential learning opportunities for our own global health students

And above all to engage with health professionals and health institutions in a spirit of co-development as we seek to improve health and wellbeing for individuals.

We have learnt so much since we started working alongside our Sierra Leone colleagues in 2011 and since we placed a small team in Freetown in January 2013. A heart-felt thank you to our Sierra Leone colleagues for allowing us to travel together before, during and after the Ebola crisis; to nearly a hundred UK and international volunteers who have given so much in Sierra Leone; to our staff based in Freetown; to my own Centre staff who have worked tirelessly over the last 5 years; to the King's College London Alumni and many friends of KSLP who have supported our work; to our donors and funders; and lastly, to the leadership of the university and King's Health Partners for the unflagging belief in and support of our work – how positive it is to break down some of the traditional walls of our institutions and put academia into action in the service of the global community.

I hope that you enjoy reading this look back over the first five years and I look forward to moving into a routine annual review of our work from now onwards.

**Mr Andy Leather**

**Director**

King's Centre for Global  
Health & Health Partnerships



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## Origins of the King's Sierra Leone Partnership

By Oliver Johnson, Former Programme Director, King's Sierra Leone Partnership



The King's Sierra Leone Partnership (KSLP) emerged as a result of several threads coming together at the

right time to build the leadership, capacity, and network to explore a new partnership in Sierra Leone.

The establishment of King's Health Partners (KHP) as an Academic Health Sciences Centre in 2009 brought together the capacity in health education, policy, research, and clinical services that would provide the foundation to expand health partnership working internationally. KHP also resourced the formation of the King's Centre for Global Health, which created a hub for global health at King's and recruited a team eager to explore new partnership opportunities.

Aware of the successes of the King's partnership in Somaliland, friends in the local Sierra Leonean diaspora and health partnership communities suggested we explore a new partnership in Sierra Leone. Dr Toyin Ajayi, a King's medical graduate working with the Welbodi Partnership in Freetown's Ola During Children's Hospital, provided a key link to the country and opened the door to me completing my elective there in 2009.

Then in 2011, as part of the joint King's-Tropical Health and Education Trust (THET) International Citizens Service DFID project, four King's students embarked on 10-week placements with Welbodi in Freetown.

This gave me the opportunity to visit and begin a dialogue with Sierra Leonean partners on the ground.

With the support of a THET start-up grant, Mr Andy Leather and Prof John Rees joined me for a weeklong follow-up visit in 2012 to formally ask College of Medicine & Allied Health Sciences (COMAHS) Provost, Dr M'Baimba Baryoh, about building a partnership. These discussions formed the basis of a successful application in September 2012 to the THET Health Partnership Scheme for a £115,000 grant to strengthen COMAHS.

This funding was the catalyst needed to form KSLP, the model for which was partially drawn from the King's Somaliland Partnership, which builds capacity in a number of health institutions through short-term trips and online distance support. As Sierra Leone was safe and stable compared to Somaliland, Vice Principal Professor Sir Robert Lechler gave me permission to move to Freetown in January 2013 to set up an office there.

Dr TB Kamara, Hospital Care Manager of Connaught Hospital, was strongly supportive of a partnership and generously allocated space for a KSLP office. Three UK junior doctors joined KSLP as unpaid volunteers in early 2013, enabling us to engage clinically at Connaught, to support the Ministry of Health & Sanitation on health workforce planning, to collaborate with COMAHS on curriculum development, and to ensure that all of the activities in these areas were underpinned by robust research.

These four pillars became the foundation upon which KSLP was built, enabling it to grow rapidly into the thriving health partnership it is today.

## Who We Work With



**Connaught Hospital** is Sierra Leone's principal adult referral and teaching hospital, providing surgical and medical services for adults and paediatric surgical care. The Ministry of Health and Sanitation's Health Sector Recovery Plan for 2015-2020 places significant focus on improving Connaught, with the aim of making it a key component within the new national teaching hospital complex.



**The College of Medicine and Allied Health Sciences (COMAHS)**, University of Sierra Leone, is Sierra Leone's only medical and pharmacy school and the largest institution for basic and specialist nurse training. The College is critical for building a strong and resilient health workforce.



**The Ministry of Health and Sanitation (MOHS)** is working to build a responsive, evidence-based, and client-based health system to ensure quality health for all Sierra Leoneans. KSLP works closely with the Ministry to ensure that our programmes are aligned with national priorities and coordinated with other organisations in public and non-governmental sectors.



We also work with other hospitals across Freetown including **King Harman Road, Lumley,** and **34 Military hospitals**. Building on our close collaborative work during the EVD outbreak at these hospitals, we are now supporting our partners in the next phase of developing sustainable improvements in Infection Prevention and Control standards and research capacity.

## Our First Five Years at a Glance: July 2011 to June 2016



### 2011

**JULY:** Four King's students embark on 10-week placements with Welbodi Partnership in Freetown, Sierra Leone. Oliver Johnson visits Freetown for one week to begin discussions with Sierra Leonean colleagues about forming a health partnership.

**SEPTEMBER:** With a THET Start Up Grant, Oliver, along with Prof John Rees and Mr Andy Leather, travel to Freetown to lay the foundations for a partnership with the College of Medicine and Allied Health Sciences (COMAHS) Provost Dr M'Baimba Baryoh.



### 2012

**MAY:** Oliver and Dr Susie Whitwell, Clinical Health Lead for the King's THET Somaliland Partnership, travel to Freetown for one week to lay the groundwork for the THET Health Partnership Scheme (HPS) Large Paired Institutional Partnership (PIP) grant and also to explore a mental health programme.

**SEPTEMBER:** KSLP wins a £115,000 grant from the THET HPS to build capacity within COMAHS. Oliver and Andy visit Freetown to finalise plans for the grant and to begin exploring a partnership with Connaught Hospital.



### 2013

**JANUARY:** Three UK junior doctors begin six-month placements in Freetown to support Connaught Hospital.

**JULY:** The Connaught Hospital Taskforce Report is published, leading to the establishment of the Connaught Hospital Improvement Committee (CHIC).

**SEPTEMBER:** The first long-term volunteers (Dr Ahmed Seedat as Clinical Lead and Suzanne Thomas as Education Lead) begin placements in Freetown alongside Oliver.





## 2014

**MARCH:** KSLP begins work on its Mental Health programme. The first case of Ebola Virus Disease (EVD) is reported in Guinea, marking the beginning of the West African EVD. outbreak. KSLP is invited by the Ministry of Health and Sanitation (MOHS) to contribute to the national Ebola Case Management Taskforce.

**MAY:** KSLP and other international partners support the MOHS to establish Ebola Holding Units (EHUs) in Freetown government hospitals.

**JUNE:** The first Ebola case is reported in Freetown. The second meeting of the Lancet Commission on Global Surgery is hosted in Freetown to discuss strategies for improving access to surgery worldwide.

**JULY:** COMAHS completes review of medical curriculum.

**AUGUST:** KSLP takes responsibility for the expansion of Connaught Hospital's EHU.

**SEPTEMBER:** KSLP receives a £1.1m Ebola assistance grant from DFID. KSLP opens EHUs at Newtown and Macauley Street Hospitals and supports the District Health Management Team (DHMT) for the Western Area to launch the Freetown Command Centre to coordinate the management of cases across the city.

**DECEMBER:** KSLP has established 6 EHUs in Freetown.

## 2015

**FEBRUARY:** KSLP receives Infection Prevention & Control (IPC) and Water, Sanitation & Hygiene (WASH) funding from OFDA and DFID, respectively.

**MARCH:** KSLP is awarded Best International Project at the Guardian University Awards.

**APRIL:** KSLP formalises its relationship with Lumley, King Harman Road, and 34 Military hospitals.



**NOVEMBER:** The WHO declares the end of the West African EVD outbreak. KSLP wins the Times Higher Education Award for Best International Collaboration of the Year.

**DECEMBER:** KSLP is awarded a medal from the Government of Sierra Leone during the National Ebola Awards Ceremony for its role during the EVD outbreak.

## 2016

**FEBRUARY:** Refurbishment of the Connaught Emergency Department is completed. COMAHS holds the first Objective Structured Clinical Examination (OSCE) for medical students.

**MARCH:** The WHO declares the end of the Ebola flare up.

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## How we work

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Our mission is to support the development of an autonomous and resilient health system in Sierra Leone.

We're working with local partners to accomplish this mission by:

- Pioneering health **policy** and models of care
- Delivering vital **clinical services**
- Providing health professional education and **training**
- Producing ground-breaking **research**



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## Our Approach

KSLP seeks to minimise dependency and our aim is for all programmes to be developed and delivered by partner institutions and local health workers. The partnership is intended to be long-term but not permanent, and is based on reciprocal learning and mutual benefits.

Over the past five years we've been able to build strong relationships with our partners through the dedication of our Freetown team and London centre staff. This has allowed us to gain valuable insights into challenges on the ground and to develop affordable, resilient, and integrated solutions to achieve Sierra Leonean health priorities.

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## Our Values

Our work is rooted in six interdependent values:



## Case Study: Creating a sustainable and inclusive Mental Health service

With one trained Consultant psychiatrist, one national psychiatric hospital, and 20 Mental Health Nurses (trained in 2013) serving a population of over six million, Sierra Leone's mental health treatment gap exceeds 98%, meaning only 2% of those who need mental health care are able to get it<sup>1</sup>.

During the Ebola outbreak, the gap intensified as cases of mental illness and psychosocial problems escalated rapidly. In response, the Ministry of Health & Sanitation's (MOHS) established mental health units in each of the country's 14 districts. The MOHS asked KSLP to support the development of this new mental health and psychosocial support service at Connaught.

**CLINICAL SERVICES** **Delivering vital clinical services**  
The service included staff support sessions for Ebola health workers, covering areas such as stigma, stress management, and self-care. Mental health link nurses were identified on each ward and trained in basic mental health care to identify cases of mental and psychosocial problems and refer them to the service.

**RESEARCH** **Producing rigorous research**  
Despite working in the stressful and chaotic environment of the Ebola response, the team kept careful records of service users and presented monthly monitoring data to hospital management and the MOHS mental health office. Presenting evidence of high service utilisation by destitute patients abandoned at the hospital, the team successfully lobbied the Ministry of Social Welfare to deploy a hospital social worker.

**TRAINING** **Providing training and supervision**  
KSLP's support and supervision efforts extended to two other district mental health units in Freetown. Towards the end of the outbreak, KSLP established a partnership with Building Back Better, the NGO supervising all 20 MHNs working nationwide. At the end of 2015, KSLP mental health volunteers began travelling to the districts to provide clinical supervision and support quarterly nurse training sessions.

**POLICY** **Pioneering health policy**  
KSLP also began working with Dr Andrew Muana, the Mental Health Focal Person at the Ministry of Health & Sanitation to support his efforts to establish a new Child & Adolescent Mental Health Service at the Children's Hospital. KSLP was invited to join the Ministry's Mental Health Steering Committee and began providing technical support to developing the National Mental Health Policy, Strategy, and Legislation.

Drawing upon service delivery, research, supervision, and advocacy, the mental health and psychosocial support work demonstrates KSLP's four pillars in action. Because the service had local ownership, initiated by the MOHS and integrated into existing health frameworks, it has proven to be a sustainable intervention. It's also inclusive, reaching people in the communities, as well as vulnerable people like those affected by Ebola. For its sustainability and inclusivity, we believe this approach is an effective framework for developing more robust and resilient systems for the future.

## Case Study: Working collaboratively to develop a functioning triage system in Connaught Hospital

Until May 2014, an adult triage system did not exist in Sierra Leone. Consultations with Connaught Hospital management, Accident and Emergency (A&E) staff, and the Ministry of Health and Sanitation (MOHS) revealed that solving this problem was a key priority for local partners. Together, the team drew up a plan to implement a version of the South Africa Triage System (SATS) in Connaught Hospital, demonstrating need, gathering support, identifying local leaders, and creating a plan for accountability and sustainability.

Knowing that data would be needed to demonstrate the intervention's impact, KSLP clinicians worked with hospital staff to collect baseline data on patient waiting times. Following this, two KSLP clinicians and two Sierra Leonean nurses who had previously taught the paediatric version of the South African Triage System (SATS) in Bo, conducted triage training with A&E staff and supervised its implementation at Connaught Hospital for four weeks.

In June 2014, Ebola arrived in Freetown. Protected by the onsite Ebola Holding Unit (EHU), Connaught Hospital's A&E was the only one in Sierra Leone to remain open. However, patient attendance rates plummeted, with people avoiding hospitals for fear of infection. The cases that did present to A&E during the outbreak were significantly more severe than in non-Ebola times, reiterating the need for effective triage, particularly during a major public health event.

Ebola had a severe impact on health workers and tragically, both the A&E sister in charge and the A&E lead doctor died from the disease, sparking fear among health workers in the A&E department. Despite this, the



majority of triage nurses faced down personal risk and continued their important and courageous work prioritizing unwell patients as well as keeping health workers safe in the hospital.

Since the end of the outbreak, there have been promising changes in Connaught's A&E. With support from KSLP, the former isolation unit was refurbished. KSLP clinicians are training and mentoring community health officers and a medical officer in emergency medicine. Following further triage training, an audit conducted by KSLP and local partners demonstrated that 92% of patients are being triaged correctly and the MOHS is exploring ways to roll out Connaught's triage system nationwide<sup>2</sup>.

The development of the triage service demonstrates KSLP's commitment to working across the four pillars of pioneering models of care, delivering vital clinical services, providing education, and conducting collaborative and rigorous research. It has also illustrated the importance of listening to our partners' priorities and working collaboratively to achieve them.



## The KSLP Ebola Response

In March 2014, news of an Ebola outbreak in Guinea reached Sierra Leone. In response, the Ministry of Health and Sanitation (MOHS) mobilized the national Ebola Case Management Taskforce, and invited KSLP to contribute.

Utilising infectious disease experience within the in-country team, KSLP helped develop national guidelines for suspect case definition and developed safe isolation and testing protocols<sup>3</sup>.

Before the first case was confirmed in Freetown, KSLP supported the MOHS to establish an Ebola Holding Unit (EHU), the first of its kind in the country, at Connaught Hospital. As the outbreak spiralled out of control in August 2014, the unit at Connaught Hospital provided about half of all beds available in Freetown. The model for the EHUs was then replicated across five other government hospitals in the Western Area Urban, with direct support from KSLP. By January 2015, these units had isolated nearly 40% of all cases in the district<sup>4</sup>.

By providing practical training and supervision and upholding standard operating procedures, KSLP volunteers were able to build confidence in local health workers and increase the overall number and competency of national staff. Enduring significant stigma and personal risk, these highly trained isolation unit staff managed over 1,125 suspected, and over 578 confirmed cases of Ebola in Connaught Hospital<sup>3</sup>.

In addition to providing essential training for a large number of healthcare workers, surveillance officers, and others involved in the outbreak, KSLP volunteers assisted the District Health Management Team (DHMT) for the Western Area to establish the Western Area Command Centre. With support from KSLP, the Command Centre managed key elements of the Ebola response such as coordinating ambulances, identifying cases in real-time, tracking beds in the area's EHUs, coordinating burial teams, creating a central database for suspect EVD cases, and collecting and communicating laboratory results<sup>3</sup>.



Despite a significant shortage in clinical capacity, the KSLP team worked with local partners to carefully record clinical information so that clinical features and management of EVD could be retrospectively analysed to generate evidence for best practice. Collaborative research conducted on the following topics will be invaluable in the response to any future EVD outbreaks:

- Identifying the clinical characteristics predictive of a positive EVD diagnosis<sup>8</sup>
- Evaluating the diagnostic accuracy of a new point-of-care test to detect EVD<sup>6</sup>
- Quantifying the risk of nosocomial infection in EHUs<sup>9</sup>
- Assessing the effectiveness of environmental decontamination practices in EHUs<sup>7</sup>
- Determining the impact of EVD on other hospital services<sup>2, 11</sup>
- Examining the management of EVD in children<sup>14, 17</sup>
- Evaluating the effectiveness of Ebola Holding Units<sup>4</sup>
- Illustrating the value of health partnerships in managing the EVD crisis<sup>3</sup>

For a complete list of KSLP publications, please refer to page 31.

On 7 November 2015, Sierra Leone reached the milestone of 42 days without an Ebola case. Known as 0+42, this marked the passing of two incubation periods since the last case tested negative for Ebola. Even though another cluster of cases emerged in Sierra Leone in January 2016, the country responded rapidly and no cases have emerged since the WHO declared the country Ebola-free in March 2016.

Although the Ebola outbreak has effectively ended, its legacy remains. The Ebola Holding Unit model was proven to be a flexible, effective and low-cost model of diagnosis, isolation, and treatment of EVD; KSLP-supported units provided initial treatment to over 10% of all Ebola patients in Sierra Leone for less than 0.5% of all UK expenditure during the outbreak<sup>5</sup>.



## The KSLP Ebola Response

Additionally, a nationwide Infection Prevention & Control (IPC) programme was implemented to improve health workers' capacity to prevent and manage infectious diseases. KSLP has since supported its colleagues at Connaught Hospital to train over 1500 health care workers in IPC practices and to build a new permanent Infectious Disease Unit to ensure Sierra Leone is better prepared to prevent and contain future outbreaks.

KSLP delivered its Ebola response in close collaboration with senior leaders in government hospitals and other local partners. The successes described here illustrate the

value of integrated, locally-owned efforts in developing an institutional and national response to a humanitarian crisis. At a ceremony to honour KSLP volunteers with UK government-commissioned Ebola Medals for Service in West Africa, Department of Health Chief Scientific Officer Chris Witty said:

**“Without the team’s vital clinical and thought leadership, so much would not have been possible and the crisis could have been a lot worse.”**

### KSLP Ebola Response Highlights

Supported the management of more than 1125 suspected, and over 578 confirmed, cases of Ebola in Connaught Hospital<sup>4</sup>

Supported the establishment of Ebola Holding Units at 6 government hospitals: Connaught, Kissy Psychiatric, Macauley Street, Rokupa, Newton, and Lumley

Across KSLP-partnered Ebola Holding Units, there were 2,571 suspected cases, of which 1159 were positive<sup>4</sup>

Helped establish the Western Area Command Centre, which, amongst other tasks, coordinated ambulances, lab results, and referrals across the Western Area

Provided training for a large number of health workers, surveillance officers, and others involved in the outbreak

Supported Connaught Hospital and all other EHU-supported hospitals to stay open for normal medical services, and developed a system for those testing negative for Ebola to receive initial hospital admission for free

Published the first field study of a rapid diagnostic test for EVD<sup>6</sup>, designed a novel method of assessing environmental EVD contamination<sup>7</sup>, and identified characteristics associated with a positive EVD diagnosis<sup>8</sup>

Piloted a psychological support programme for KSLP international volunteers through colleagues at the South London and Maudsley NHS Trust

Became a trusted ‘voice on the ground’ for UK and international media during the outbreak response

## From Response to Recovery

The Ministry of Health and Sanitation (MOHS) has identified a number of key post-Ebola recovery priorities including improving patient and health worker safety, increasing and better preparing the health workforce, restoring essential health services, increasing community ownership, and improving surveillance and information.



Health Data Systems



Postgraduate Training



Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH)



Connaught Strengthening



Disease Surveillance



COMAHS Strengthening

We're committed to supporting our partners in achieving these priorities and to finding long-term, sustainable solutions to ensure that Sierra Leone has a health system in place to prevent a similar outbreak in the future. To do this, we work in collaboration across four outward facing strategic areas, which draw upon the government's priorities above:

### Workforce Development



### Patient Care and Experience



### Enabling Environment



### Innovation and Best Practice



## Programme Areas

We work across the following programmatic areas:



Critical  
Care and  
Anaesthetics



Internal  
Medicine



Mental  
Health



Pharmacy



Emergency  
Medicine



Physiotherapy

### Spotlight: Physiotherapy

KSLP is supporting the Sierra Leone National Clubfoot Programme, which is currently funded by the Isle of Man International Development Committee and is being delivered in partnership with the Ministry of Health and Sanitation and Mobility Outreach International. The programme aims to eradicate clubfoot by ensuring that treatment for the condition is widely accessible in Sierra Leone.







Dentistry



Surgery



Laboratories



Infection  
Prevention  
and Control



Infectious  
Diseases



Hospital  
Management

### Spotlight: Surgery

KSLP is working with the Government of Sierra Leone and the international surgical community to improve access to timely and affordable surgical and anaesthesia care. This includes supporting Connaught Hospital to meet and sustain standards required to achieve West African College of Surgery Accreditation for postgraduate surgical residency training and working to implement the objectives of the Lancet Commission on Global Surgery.



## Grants

### PAST

#### **DFID: Ebola Response Consortium**

To support senior management and key departments at Connaught to develop and implement strategies to restore critical health services.

**SEPTEMBER 2014 – DECEMBER 2015: £1,139,729**

#### **DFID: Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) Extension**

To improve WASH practices at four Freetown Hospitals and to strengthen IPC practice at one Freetown Hospital.

**APRIL 2015 – FEBRUARY 2016: £326,551**

#### **DFID: DFID Emergency Ebola Response Fund (DEERF)**

To ensure the continued capacity of the Connaught Isolation Unit, to provide EVD management training, and formalise plans for the clinical management of EVD cases.

**JANUARY 2016 – FEBRUARY 2016: £46,003**

#### **OFDA: Infection Prevention and Control (IPC) – original**

To improve IPC knowledge, practices, and infrastructure in government hospitals in Sierra Leone.

**FEBRUARY 2015 – MAY 2016: \$629,646**

### CURRENT

#### **OFDA: Infection Prevention and Control (IPC) – extension**

To improve IPC knowledge, practices, and infrastructure in government hospitals in Sierra Leone.

**MAY 2016 – JANUARY 2017: \$271,826**

#### **DFID: Comprehensive Package for Ebola Survivors (CPES), part of Ebola Survivor Care Consortium (ESCC)**

To support EVD survivors through the effective delivery of health care and psychosocial services.

**MAY 2016 – DECEMBER 2017: £143,432**

#### **THET: Health Partnership Scheme**

To improve Human Resources for Health in Sierra Leone through strengthened training capacity at COMAHS.

**MARCH 2013 – MARCH 2017: £114,482**

#### **Chevron: Sierra Leone Corporate Social Responsibility**

To establish a Centre of Excellence for Infectious Diseases to deliver high quality care and prevention services.

**JULY 2015 – JUNE 2018: \$956,000**

#### **Isle of Man: Clubfoot Programme**

To improve capacity to treat clubfoot in Sierra Leone by opening and re-opening clinics and training health workers.

**JULY 2015 – JUNE 2018: £219,593**

#### **European & Developing Countries Clinical Trials Partnership (EDCTP): Research capacity development in support of the EVD response**

To build research capacity in clinical management of infectious diseases at two main adult government hospitals in Freetown, Sierra Leone.

**FEBRUARY 2016 – FEBRUARY 2018: €249,938**

## Case Study: Revising and implementing the medical curriculum at the College of Medicine and Allied Health Sciences



Winning the £115,000 THET Health Partnership Scheme (HPS) Large Paired Institutional Partnership (PIP) grant catalysed KSLP's formal presence in Sierra Leone. The ensuing Health Education Strengthening Project aimed to strengthen training capacity at the College of Medicine and Allied Health Sciences (COMAHS), contributing to improved human resources for health in Sierra Leone.

A key component of this project, identified from the outset by COMAHS as a key priority, was revision of the medical curriculum. During curriculum review meetings, the topic of clinical skills and assessing student competence was one that came under scrutiny. In line with other medical schools across the world, COMAHS decided that it would adopt Objective Standardised Clinical Examinations

(OSCEs) into the new curriculum. Staff soon requested support from KSLP to implement this new assessment method.

With previous experience in supporting OSCEs in both high (UK) and low resource settings (Somaliland), KSLP ran training sessions for faculty staff, and students followed with a "practice OSCE" in medicine and surgery that was heralded as a success by all involved. COMAHS staff particularly commented on how having a well-defined marking schedule made assessing the students more consistent. In February 2016, two departments successfully conducted end of year OSCEs for the fourth-year medical students. KSLP are committed to being on hand to provide further support to all departments as confidence grows in this new assessment method.

## Our Achievements

Working together with our partners since 2011, we have completed a range of projects improving health outcomes and maintaining essential health services, including:

### Supporting COMAHS to strengthen undergraduate education by:



- Providing technical advice for review of medical and pharmacy curricula
- Supporting the implementation of new educational practices, such as the internationally recognised Objective Structured Clinical Examinations (OSCEs).
- Providing educational skills training for faculty staff through group teaching and one to one teaching observations.

### Assisting Connaught Hospital staff to restore the country's first oxygen factory to provide piped high flow oxygen and reducing mortality rates in the hospital's ICU by 20% through:



- Training staff in the Intensive Care Unit and A&E department to use piped oxygen to support improvements in patient care
- Supporting oxygen technicians to develop a sustainable maintenance plan

### Building the capacity of hospital staff across Freetown to maintain Resilient Zero Ebola cases and to improve prevention and management of a wide range of infectious diseases by:



- Constructing a purpose built Infectious Disease Unit in Connaught Hospital
- Conducting Ebola case management refresher training courses with 66 Connaught health workers; this was the country's first simulation-based training to be held inside an active isolation unit
- Working as an implementing partner in the Comprehensive Programme for Ebola Survivors to provide free care for Ebola survivors
- Obtaining funding to establish a Centre of Excellence in Infectious Diseases
- Collaborating with the National HIV and Tuberculosis Secretariats to advise on policies and national clinical guidelines regarding HIV and TB
- Training 1556 health workers including clinicians, nurses, cleaners, screeners, and security staff in Infection Prevention & Control (IPC) practices at four different hospitals
- Creating an evidence base for IPC training best practices such as dedicated IPC weeks and competition based training

**Supporting the Ministry of Health & Sanitation to provide comprehensive, integrated and responsive mental health care by:**



- Training and mentoring staff and developing clinical guidelines and referral procedures for the first Psychosocial Support Unit at a general hospital, established at Connaught
- Supporting the scale-up of this model to three further units at Ola During, 34 Military, and Jui Hospitals, which have collectively treated over 1000 patients
- Providing clinical supervision for mental health nurses in six district mental health units
- Participating in the Ministry of Health & Sanitation Mental Health Steering Committee to provide technical advice on the revision of mental health legislation and the strengthening of mental health information systems

**Refurbishing Connaught Hospital's former Ebola isolation unit into a modern Emergency Department and restoring patient confidence in Connaught emergency services by:**



- Re-establishing full A&E services through the supervising and training of key health workers and providing the department with modern and appropriate equipment to complement the training delivered.
- Supporting the establishment of the first functioning general triage system in the country; a recent audit of the triage system demonstrated that 92% of patients are being triaged correctly and talks with the MOHS are underway to scale the triage system model nationwide
- Piloting the Sierra Leone Early Warning Scores System (SLEWS) to alert doctors to patients needing the most urgent attention; KSLP worked with local partners to introduce Sierra Leone Emergency Response and Treatment Courses (SLERTS) to support uptake of the system





## Volunteer Experiences



**Hedda Nyhus**  
Volunteer Emergency Nurse

“ Volunteering with King’s Sierra Leone Partnership has been rewarding because it has provided me with an amazing experience in working in a local hospital with highly capable and motivated Sierra Leonean nurses who want to optimize emergency care and service delivery in their country. My post with KSLP provided me with an insight to different approaches within emergency nursing and introduced me to public health challenges that differ from the ones I have previously been exposed to in my home country. ”



**Dr Ruth Tighe**  
Volunteer Critical Care Coordinator

“ I chose to work with KSLP because it offered a unique opportunity to support the development of intensive care in a low income country that has no post-graduate training and less than 5 anaesthetic doctors in country. The KSLP approach focuses on strengthening the health system and supporting local partners rather than your own skill progression. That being said, I am getting more teaching, management, quality improvement, and research opportunities than I thought possible. It is incredible to work in a system where simple changes can produce such a drastic improvement in outcomes. ”



**Dr Abdullah Bashir**  
Internal Medicine Volunteer

“ I first came to Connaught Hospital in 2013 at the beginning of the King’s Sierra Leone Partnership and have returned as a volunteer doctor after almost three years. It’s incredible to see how dramatically things have changed since then, in a health system that was hit hard by the Ebola outbreak. I was amazed and very proud to see the positive changes upon my arrival including the refurbished A&E department. The KSLP model of health systems strengthening and the use of volunteers who are passionate and driven to build capacity in Connaught has shown me that despite the challenges of the unprecedented Ebola epidemic, the partnership continues to grow stronger. ”

## Partner Perspectives



**Dr TB Kamara**  
Hospital Care Manager,  
Connaught Hospital

“ Our partnership with King's Sierra Leone Partnership is unique. They are one of the only NGOs who are not solely focused on treating individual diseases like Ebola, HIV, and tuberculosis whilst ignoring the needs of other clinical areas. Instead King's has a holistic approach to health care that focuses on building systems.

Research has proven that while 4 million lives are lost due to HIV, TB, Malaria, there are millions more lost from other causes that could be prevented. 16 million lives are lost annually due to lack of access to safe, affordable and timely surgery. This alone should give us courage to follow a more holistic approach to health care strengthening. ”



**Bobson D Fofanah**  
Staff Nurse, King Harman  
Road Hospital and Assistant  
IPC Focal Person supporting  
the King's Sierra Leone  
Partnership

“ Infection Prevention Control practice is very new to us. But due to this Ebola outbreak, the government and the Ministry of Health and Sanitation rank it as one of the paramount challenges to be improved for health system strengthening in the Hospitals.

I am proud to be part of this IPC team educating people about how important it is. It is very much a challenge. I'd say thanks to King's Sierra Leone Partnership for their support of King Harman Road Hospital. ”

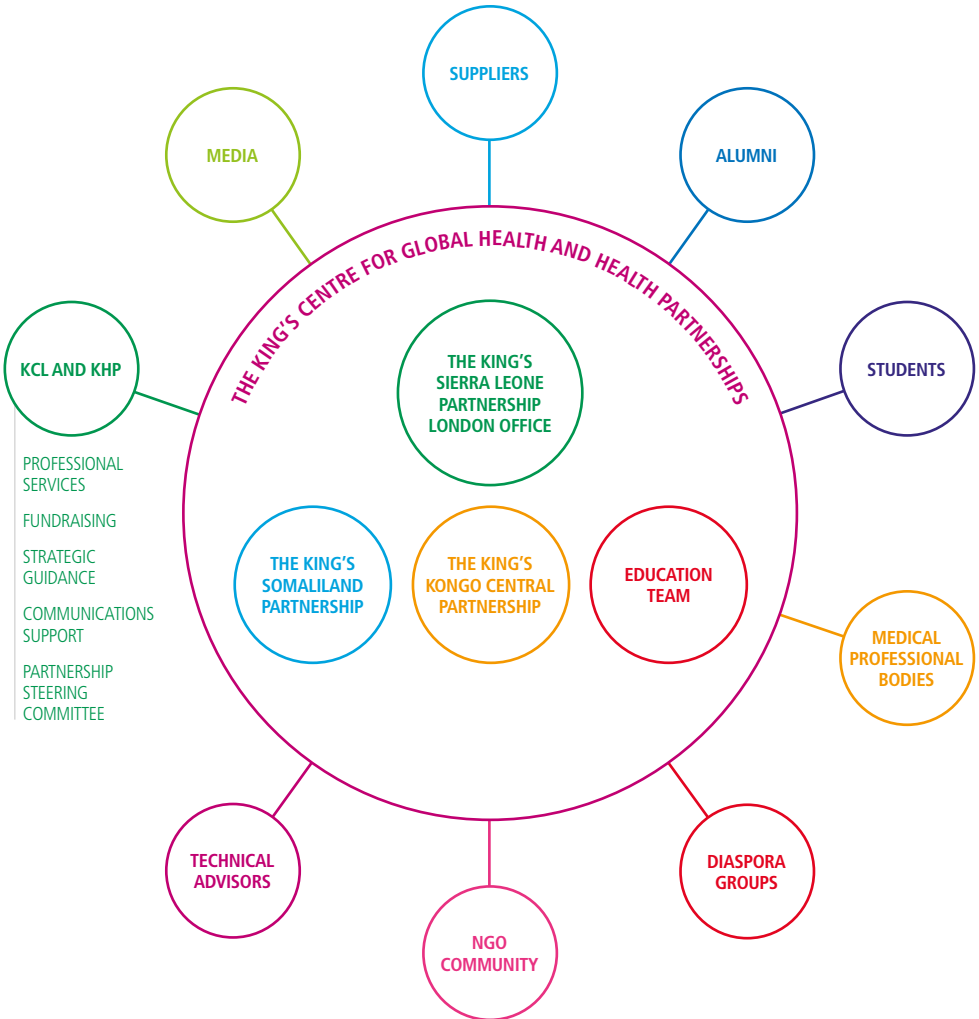


**Mr Ismaila Kebbie**  
Head of Connaught Hospital  
Physiotherapy Department

“ I can refer to the King's Sierra Leone Partnership as a successful one. Since the beginning of our partnership, King's have been involved in the strengthening of different areas within our health system. With regards to the Physiotherapy and Rehabilitation department, quite a good amount of work has been done with the help of King's over the past couple of years. The thing I like about the partnership is that it empowers and gives Sierra Leoneans the opportunity to lead towards good quality and a sustainable health care delivery system. ”

## Wider KSLP Family

In the UK, KSLP sits within the King's Centre for Global Health and Health Partnerships, which itself works with a wide variety of UK partners.



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## Technical Advisory Group (TAG)

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KSLP volunteers are supported locally by the Core Management Team and from afar by senior Technical Advisors from King's Health Partners and other UK and international institutions. Technical Advisors provide specialist guidance to KSLP volunteers through regular discussions, online support and short visits.



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### **Dr Peter Hughes**

#### **Mental Health Co-Technical Advisor**

Being part of the Mental Health TAG has been an enriching experience and a great example of multidisciplinary working and mutual learning. I am proud to support the work of the team in Sierra Leone as they support clinics, expand services, and increase access to mental health for thousands of beneficiaries.



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### **Dr Anna Walder**

#### **Volunteer Mental Health Coordinator**

Arriving in Sierra Leone to work as the Mental Health Coordinator would have been much more challenging and intimidating if it wasn't for the support of the TAG team in the UK. Both the team leads had visited Sierra Leone and understood the context and the priorities of the different projects. The multidisciplinary nature of the TAG helped ensure our work was evidence-based across the many disciplines involved in our Mental Health work.



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### **Dr Colin Brown**

#### **Infectious Diseases Technical Advisor**

The experience of being involved with KSLP has undoubtedly reshaped my career. It brought into stark contrast the disparities between what is available in the UK and in West Africa, and strengthened my determination to reduce these. Through seeing the spirit and ingenuity of local colleagues, it has made me much more reflective in my UK practice, and shown me how more can be done with less.



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### **Dr Marta Lado**

#### **Internal Medicine and Infectious Diseases Lead**

The opportunity to communicate with our colleagues in London to discuss projects in the field has been extremely useful. Most of our colleagues from the Internal Medicine and Infectious Diseases TAG have been in the country, meaning they understand the context and the challenges and are able to offer their multidisciplinary expertise to support our programme activities.

## Our Finances

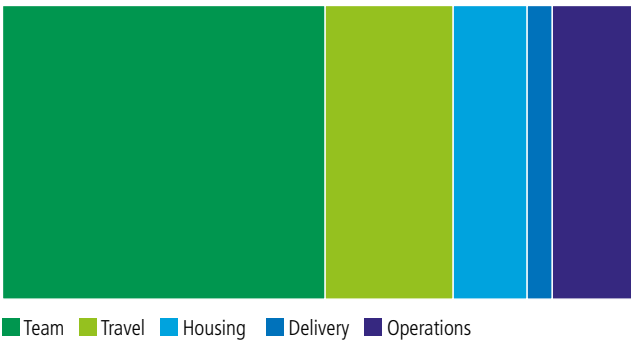
We raised **£3.3 million** over our first five years



### In Kind Support

We recognise the great in-kind contribution of King's Health Partners and King's College London, which is valued at least at **£625,000**

We spent **£2.5 million** to strengthen the health system in Sierra Leone



### Key Figures

Total Ebola spending:  
**£1,134,000**

Infectious Diseases Unit:  
**£65,000**

Oxygen Factory:  
**£15,000**

A&E Refurbishment:  
**£86,000**

### Our Team Model

KSLP is a human intensive organisation because we believe in the long-term efficiency and effectiveness of building human capacity. We are committed to supporting existing government systems, and won't provide additional supplies or capital investment into its partners without exceptional reasons. Our key contribution is our team members, who work with local partners to develop within their own systems. We estimate that every £1 spent on our volunteers provides £3 worth of work.

### Reserves

At the end of the Financial Year 15-16, KSLP sits on some reserves. These are primarily unspent funds from ongoing grants, but also includes a certain proportion of unrestricted funds, which have been allocated to support existing work.

## Approach to Value for Money

We pride ourselves in maximising the value of every pound spent on our work and follow the DFID "3 E's" framework, with sustainability as one of our core values.

### Economy

KSLP staffing costs are benchmarked towards the lower-to-middle sections of international NGO scales, reflecting our status as a small-sized organisation and our interest in economy. The use of volunteers, particularly in terms of senior technical advice, dramatically improves the economy of interventions. We pride ourselves on our integration with local communities and our knowledge of Sierra Leone; this ensures we have developed economical supply lines with local suppliers.

### Efficiency

We demonstrate efficiency through collaborative working with all our partners. We are an example of how integrated, locally-owned projects are efficient in achieving outputs through collaboration. We have a strong track record on efficiency, treating over 10% of all Ebola patients in Sierra Leone for less than 0.5% of all UK expenditure during the outbreak.

### Effectiveness

Our work is effective because local partners fully own, lead, develop, and implement our collectively-designed projects with support from our team. Because of this, change is immediately embedded, and progress towards expected outcomes is tangible. We have seen how this approach has led to the continued use of co-developed systems when our support is reduced, such as triage or the early warning system in the Connaught Hospital Emergency Department.

### Sustainability

Sustainability is one of our six core values, and central to all we do. Our work is sustainable because it has local engagement and leadership. This has two factors:

- We work on issues designated by local partners as important priorities, ensuring that engagement continues throughout and beyond projects.
- We follow a capacity building approach. The constant engagement of local staff reduces the need for project handovers, and the continued mentorship embeds positive behaviour change.

## Lessons Learned

In the last four years we have grown, and developed, substantially as an organisation. It's been a long journey – transitioning from a few volunteers, to supporting the country's Ebola response, to settling into a long-term presence with our partners. We've learned a lot along the way and have highlighted it in four areas: Partnership Working; Governance; Operations; and Impact.

### Partnership Working

The expanded team we developed as a consequence of the Ebola outbreak has meant that KSLP has been able to build stronger working relationships with our partners and establish programmes of **mentoring and role-modelling**. This side-by-side guidance has helped deliver embedded, sustainable changes.

Relationships strengthened through the Ebola outbreak provided a platform upon which we could plan for **long-term engagement**. While we have always been committed to a long-term presence with our partners, these strengthened bonds have ensured we can collaboratively plan to tackle structural challenges over an extensive period.

### Governance

The growth of the programme has necessitated strengthened governance. With the Ebola outbreak came increased attention, funding, and risk, and KSLP's role in the response solidified the interest of senior management in King's College London and King's Health Partners. This has led to the creation of a management **steering committee** and further integration into **KCL's reporting and governance** structures. KCL has also released a new Strategic Vision which, inspired by the work of the Health Partnerships, cements international service as a central part of the College's aims. Overall, this helps to ensure the sustainable future of KSLP.







### Operations

To support these improved governance systems, to manage our increased financial and grant flows, and to ensure our long-term sustainability, we have had to develop **improved operational systems**. During the outbreak, the KSLP team **expanded by a factor of 10** in less than a year. As a consequence, we have established or improved:

- New accounting systems and stronger financial procedures including yearly budgeting and monitoring
- A KSLP company in Sierra Leone, registered as an NGO, controlled and managed by KCL staff
- Recruitment and HR procedures for international and national staff and volunteers, including tax, benefit, and allowance systems
- A grant development process and management structure
- Risk management procedures, including insurance pathways and evacuation plans

This has established us as a programme with strong organisational information, including our Approach to Value for Money, and allowed us to plan for the future.

### Impact

Because of our high-visibility role during the Ebola outbreak and our strong partner relationships, we have built a reputation as **thought leaders** both within the Sierra Leone health sector, and within the health partnership landscape in the UK. We remain committed to sharing our learning and work, and improving global health work in Sierra Leone and elsewhere. As a clinical academic institution, a vital part of this comes from **high quality research and research outputs**, and we will continue to undertake these projects with local partners and make the results available through open source journals.

Although humility underpins our work and approach, we have come to understand we have compelling stories to tell and have improved our **communications systems** to do so. Of high priority are the fascinating stories of our Sierra Leonean colleagues, who continue to inspire us on a daily basis.

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## Going Forward

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This report documents our journey over the last five years – from in-country origins as a three-volunteer organisation, to taking our place at the forefront of the national Ebola response, to settling back into the rhythm of partnership. We didn't embark on this journey alone, but have weathered the ups and downs alongside our partners, exemplifying the oft-used but rarely defined term co-development.

It is in the spirit of co-development and collaboration that we outline our path forward. Through key insights gained from volunteers embedded in partner institutions and through consultations with ministry officials, Sierra Leonean colleagues, and NGO partners, we've identified the following strategic areas:

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### Workforce Development

We will support the development of a skilled health workforce at Connaught Hospital and the College of Medicine and Allied Health Sciences through developing teaching activities, supporting post-graduate training, building research capacity and fostering continuous professional development and exchange opportunities for students and health workers.

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### Enabling Environment

We will support the strengthening of laboratory facilities, medical records systems, and hospital management structures needed to deliver essential health services within the teaching hospital complex.

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### Patient Care and Experience

We will support the development of safe health services through developing processes,

referral pathways, and standard operating procedures to meet the needs of all patients at Connaught Hospital and supporting in-service training on topics from basic nursing care to IPC to medication safety.

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### Innovation & Best Practice

We will support Connaught Hospital to deliver high quality care, mentoring local staff to lead on clinical research and quality improvement projects, and support the development of national clinical policies.

Through our integrated, values-based approach, we will co-design and co-implement programmes across these strategic areas in alignment with national priorities. With the engagement of partners in the UK and in Sierra Leone, we will leverage world class expertise to have an impact beyond the geographical spread of our work and the funding behind it. By focusing improvements on key central institutions, those exposed to positive changes will spread that impact across the country.

We are proud to work with such dedicated and inspiring partners and we look forward to continuing our journey together to build a strong and resilient health system in Sierra Leone.

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We are grateful to our Steering Committee, which includes:

**Ms Jill Lockett  
(Chair)**

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**Ms Rachel Parr**

Chief Operating Officer, Health Schools, KCL

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and many others who have generously donated their time to make our work possible.

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