

# JUNIOR DOCTORS' ASSOCIATION OF SIERRA LEONE



## General Assembly 2018



## ASSEMBLY REPORT



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# INTRODUCTION

**1<sup>ST</sup> General Assembly of Junior Doctors**  
**Miatta Conference Hall**  
**Freetown**  
**20th & 21st July, 2018.**

The Junior Doctors' Association of Sierra Leone (**JUDASIL**) is the principal body that seeks the interest and welfare of all junior doctors in Sierra Leone.

JUDASIL is part of the Junior Doctors Network (WMA), which include junior doctors from around the world. Members of JUDASIL also form part of the membership of the Sierra Leone medical and Dental Association.

Prior to the 1<sup>st</sup> GA, JUDASIL members served as the backbone in the fight against the Ebola viral surge in Sierra Leone, provided medical coverage to victims of the flood and mudslide in 2017 and various medical talk shows on radio and television networks in the country.

## OBJECTIVES WERE:

- To create a platform for sharing of experiences and perspectives
- To elaborate on various challenges and bring out possible solutions.
- To improve the quality of healthcare services delivery.

## SPECIFIC OBJECTIVES

- To help promote knowledge acquisition.
- To improve the condition of service for doctors.
- To support the creation of strong and active healthcare alliances.
- To effectively promote research capabilities for junior doctors.
- Provide concrete recommendations for the remodeling of the healthcare systems.

## THEME

### **“Remodeling the health care system; the health workers perspective”**

In February 2018, the Junior Doctors association of Sierra Leone adopted the new agenda/theme: *Remodeling our Health care System ‘The health workers perspective’*.

This was comprised of 5 Sustainable Developmental areas

- Health Workforce
- Health Financing
- Health Infrastructure
- Health Service Delivery
- Health Research

Integrating all dimensions around the theme which was chosen on the principle that progress in one area is dependent upon progress in many other areas.

## INTRODUCTION

Specific issues raised were:

Poor salaries and conditions of service of health workers

Lack of medical equipment and supplies.

Lack of personal protective equipment

Delays in appointment and promotion of health workers within the civil service system.

Lack of medical insurance schemes for health workers and immediate family members.

Poor motivation for post-graduate training for junior doctors.

Lack of a national medical insurance scheme especially for the poor and destitute.

JUDASIL recognizes that the poor service delivery and inadequate work-force needs a multifaceted collaboration with specific goals of remodelling the national health system:

Equity in access to health across the various socioeconomic groups.

Social and financial risk protection in health.

Adequate responsiveness and people-centeredness

Efficiency in health service delivery

As the present and future leaders in healthcare, discussions that foster a progressive collaboration is of great importance.

“We are doctors at this moment and may be patients the next moment. There is great need for health insurance for all health workers.” Dr. Alie Wurie.

## JUDASIL GA 2018 IN NUMBERS

About

**257** Delegates

**400** Views Via Live streaming

**2** Days Event

**26** Members of OC

**2** Partners

**18** Speakers

**1** High Level Panel

**7** Exhibitions

**171** Registration

**3** Short Courses



**JUDASIL GA 2018**  
1<sup>ST</sup> General Assembly of Junior Doctors  
Miatta Conference Hall,  
Freetown  
July 20 – 21, 2018.

Over  
**1200** Likes and Follows on TWITTER and FACEBOOK

**7** Main Sponsors

Over  
**10** Media Network

# PROGRAMME

## Day 1

TIME			EVENT
8:00am – 9:20 AM			Opening Ceremony
9:25am – 9:35am(10min)			Chairman's opening remarks
9:35am – 9:50(15min)			Statement – President of JUDASIL
9:50am – 10:05am (15min)			Theme Presentation
10:10am – 10:30am (20min)			Guest speaker remarks
10:30am – 11:00am (30min)			Breakfast
11:00am – 1:00pm(2hrs)			Theme Event: Health Service delivery Health Infrastructure Health Financing Health workers welfare Health Research
1:00pm – 2:00pm(1hr)			Panel Discussion of theme events
2:00pm – 2:30pm(30min)			Lunch
2:30pm – 3:30pm(1hr)			Research Presentation

# PROGRAMME

## DAY 2

TIME	EVENT
8:00am - 8:40am(30min)	Registration
8:40am – 10:10am(1hr30min)	Training Sessions: Medical ethics
10:15am – 11:15am(1hr)	Medical Report writing
11:20am – 11:45am(35min)	Breakfast
11:45am – 12:15am(1hr)	Training Session continue: How to manage a regional/Hospital management
1:00pm – 2:00pm(1hr)	General House meeting
2:00pm – 2:40pm(40min)	Elections
2:45pm – 3:00pm	Lunch

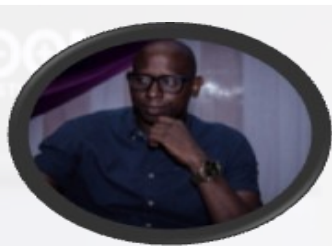
# PROGRAMME

## DINNER AND DANCE

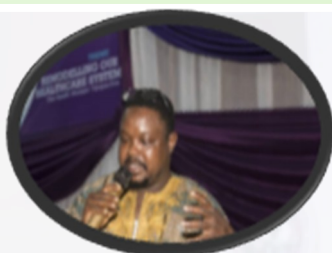
<u>Time</u>	<u>Event</u>
<u>7:30 pm – 9:00 pm</u>	<u>Red Carpet &amp; Photo Shoot</u>
<u>9:00 pm – 9:10 pm</u>	<u>Welcome</u>
<u>9:10 pm – 9:30 pm</u>	<u>Remarks &amp; Comedy Session.</u>
<u>9:30 pm – 9:40 pm</u>	<u>New Exco-President's Remark</u>
<u>9:40 pm – 9:50 pm</u>	<u>Recognition of OC Members</u>
<u>9:50 pm – 10:30 pm</u>	<u>Dinner</u>
<u>10:30 pm – 10:45 pm</u>	<u>Recognition - Award Presentations</u>
<u>10:45 pm – 11:00 pm</u>	<u>Entertainments (Piano and violin Performance, Poetry and Songs)</u>
<u>11:00 pm</u>	<u>Dance</u>



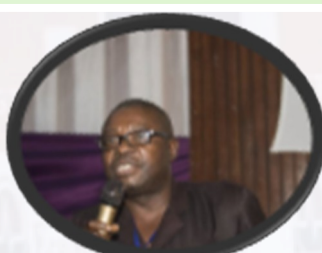
## SPEAKERS



**Dr. Kwame Oniel**



**Dr. M.B. Barrie**



**Mr. V.L. Koroma**



**Dr. F. Ngongou**



**Dr. Haja .R. Wurie**



**Dr. I.O. Smalle**



**Dr. A.J. Njai**



**Prof. T. Ogundiran**



**Dr. R.J. Samuels**



**Dr. Alie Wurie**



**Dr. H.C. Brima**



**Dr. H. Barrie**



**Dr. M. Baldeh**



**Dr. N. Williams**



**Dr. M.B. Jalloh**



**Dr. S.T. Abu-Noah**



**Dr. S.J. Smith**

## OPENING CEREMONY



Dr. Robert J. Samuels  
Chairperson

Good morning.

It is my pleasure and honour to address you all at this inaugural Assembly of vibrant junior doctors, themed **“Remodeling the Health Care System; the health Workers Perspective”**.

I welcome you all and especially those who have travelled to Freetown from the provinces, including myself.

JUDASIL has come a long way from the humble beginnings of a small group of pioneers on a WhatsApp group advocating for better protection for doctors while providing health care services during the Ebola epidemic to what you see here today; The 1st General Assembly.

I would like to recognize the efforts of the founding members, Dr. Valarie Cole, Dr. Jeredine George, Dr. Ibrahim Kamara, Dr. Fillah Kamara, Dr. Hoody Lymon, Dr. Zikan Koroma and My humble self for pioneering this noble cause

It is time for us to move from that back position and take the lead at the front. It is time to engage and be involved in the MOHS and become part of policymaking.

We cannot continue to depend on our parents to provide us with our basic needs 2 to 8 years after medical school. This must change.

We do not want to be rich but at least comfortable. I want to encourage everyone to be an active party towards the change that is long overdue.

Welcome once again and I know we are going to have a great time.

Thank you All



## OPENING CEREMONY



Dr. Hawanatu Barrie  
JUDASIL  
Theme Presenter

Mr. Chairman, distinguished colleagues and guest, good Morning.

The theme for this event was selected after months of deliberations. We needed a theme that could ineptly demonstrate and reflect the enormous challenges faced on a daily basis by health workers and the current states of our facilities.

We have a huge burden and responsibility to take care of our patients; which usually costs us restless nights; unstoppable drenching sweats in the same work suit we put on during 24 to 72 hours on-call duties just to ensure our patients receive the best care.

Aside ourselves, it takes only a parent or a partner of a medical doctor to understand the plights of a medical doctor.

We are ready to champion the fight towards a transformed health system. The time is over when young vibrant professionals stay as backbenchers while just a few individuals dictate the fate of the system. Emphasis should be placed on specific building blocks: promoting good leadership/ Governance, responsive and adequate health care financing, health workforce, medical products and advanced technologies, information and research and improving the efficiency of service delivery.

Thank you so much for coming to this conference; we hope to get the best of your contributions and participation.

## OPENING CEREMONY



Dr. Alie Wurie  
Director of Primary Health Care, MoHS

Mr. Chairman, loyal and dedicated doctors, ladies and gentlemen, good morning. I thank the Junior Doctors Association of Sierra Leone for this enviable invitation for which I welcome the opportunity to address the sound minds of our nation who have devoted their resources, intellects and above all their lives to the service of humanity on the theme **“Remodeling our healthcare system; the health workers’ perspective.”**

In 2008, the WHO reported that Sierra Leone had a primary healthcare worker density of 0.39 trained health workers per 1000 population, failing to reach the benchmark for healthcare worker density set at 2.28 trained health workers per 1000 population.

**An Ebola virus epidemic in Sierra Leone** occurred in May 2014, along with neighboring countries. "This struck like lightning." and exhaustively cut the number of health workers. We lost about one-third of the total number of health workers to the Ebola epidemic.

What is the way forward?

The way forward is the good news we have at hand. We have the young minds who have decided to stay and serve our nation to the best of their abilities, with all their might, above all with tender and loving care. There is no foreign physician care, comparable to the loving touch of a brother or a sister who can talk in your native language. Therefore, they deserve all what it takes them to deliver to the best of their potentials.

It is very promising that healthcare professionals come together to discuss ways in which multidisciplinary collaboration can achieve the agenda. This conference is indeed a good platform to learn from each other and build networks to improve healthcare and solve health problems in your Communities.

The theme for this assembly is timely and very appropriate in our present setting. You cannot afford to get sick, and you cannot depend on the present health care system to keep you well. It is up to you to protect and maintain your body's innate capacity for health and healing by making the right choices in how you live.

Everyone in this country has a right to quality, affordable health care.

We maybe doctors one moment and a patient the next moment. There is a great need for health insurance for all health workers.

### KEYNOTE ADDRESS

No one will advocate for our welfare if we do not do it ourselves. Public expectations is that you are ok. We need to take our own destinies in our hands; no one will do it better than us.

His Excellency, the President, Julius Maada Bio is prioritizing health, therefore, we must grab the opportunity.

Distinguished guests, ladies and gentlemen  
As I conclude, I wish to applaud you for the lives of service that you commit to your communities and country, and I am confident that your deliberations at this assembly will bring a new approach that will positively influence the implementation of a remodelled health care sector and enhance its relevance in Sierra Leone.

I hereby declare this First General Assembly of the Junior Doctors Association of Sierra Leone officially open.

Thank you very much indeed for listening



## THEME PRESENTATION

### HIGH LEVEL PANEL DISCUSSIONS ON REMODELLING HEALTHCARE



**DURATION: 2 HRS**

#### SPEAKERS

**Dr. Kwame Oneil,**  
**Dr. Isaac o. Smalle,** Surgeon Specialist.  
USLTHC.  
**Dr. Bailor Barrie,** Partners In Health.  
**Mr. V. L. Koroma,** Executive Director, Health  
Alert Sierra Leone.  
**Dr. Haja Ramatulai Wurie,** Lecturer COMAHS/  
USL, Researcher

#### MODERATORS

**Dr. A.J. Njai,** Secretary General,  
Judasil.  
  
**Dr. R. J. Samuels,** MO Kenema  
Government Hospital





### HEALTH SERVICE DELIVERY:

Sierra Leone is a small country in West Africa with a population of about 7 million, but yet with one of the highest maternal mortality and child/infant mortality in the world. It is important, therefore that an adequate and quality healthcare service delivery is set up to combat and turn around this unfavorable statistics. The free healthcare system has been of benefit to the target population but the challenges are quite revealing to us all.

It is with this backdrop that for the first time in Sierra Leone, healthcare professionals have convened to discuss and bring forward resolutions and recommendations on how to achieve a resounding healthcare service delivery. The need to remodel our healthcare system cannot be over emphasized.

As a nation healthcare should be delivered to all and in every location. We should have the requisite human resources, financial, infrastructure and health programs to make a healthy Nation.

***‘Without the proper and appropriate resources, we cannot move things, and cannot turn our healthcare system around’ - Dr. Kwame Oneil.***

### Recommendations

In order to achieve a resilient healthcare delivery systems, an affordable and equitable health scheme should be designed, adequate emergency response centers, laboratory systems that ensures all labs are connected nationally and well equipped. Management and leadership training for all DMOs, Matrons and Clinical heads, an efficient paramedic system and making postgraduate training attractive are all pivotal to remodeling our healthcare delivery system.

As healthcare professionals, we must also engage with the population so that we can identify what they need most, and work in partnership with our communities, and tackle health issues they face at community levels.

## THEME PRESENTATION

### HEALTH INFRASTRUCTURE:

Lack of electricity, water supply and good roads are everyday challenges for Sierra Leoneans that hope to access healthcare. Therefore in this section we look at the physical, non – physical and public health infrastructures affecting our healthcare system. Adequate infrastructure is essential to provide access to timely and affordable care. Lack of adequate infrastructure is a key factor affecting healthcare systems in our country. Sierra Leoneans only have access to one tertiary hospital located all the way in the capital city of Freetown. Lack of logistics in our hospitals is also a big setback, for example no CT scan, MRI or functioning x ray and ultrasound machines in the tertiary, regional and most of the districts hospitals; Laboratory infrastructure is also very much lacking in most PHUs and district facilities; Limited bed capacity and well equipped theatre rooms; Equipment and supplies are in constant shortage.

In remodelling our health care we need to ensure that all Sierra Leoneans can access similar services in all corners of the country by insuring we create a modern-day and equal model of health infrastructure nationally.

***“We have to fight for both our patients and ourselves. If you improve on infrastructure, service delivery and governance structures etc., the people will continue to vote for you repeatedly” - Dr. I. O. Smalle.***

### Recommendations

Infrastructural development should be undertaken with other components of health systems development. The WHO recommends a health facility to be present within 3 km radius.

Provision of constant water supply and electricity to all health facilities; PHUs, Districts and Regional hospitals. Massive investment in affordable laboratory and radiology infrastructure should be encouraged

### HEALTH WORKERS WELFARE

With over just 300 doctors available to serve a population of over 7 million. Given a ratio of 1: 23 000 doctor to patient ratio. Far below the expected WHO recommended 1 is 1000. With this comes an overstretched, overburdened and exhausted health work force, having to work extremely long hours. Whilst the average civil servant works for about 40 hours a week doctors have to work for about 80 to 100 hours, over 2-3 times more. For provision of effective healthcare service to take place, the government and other relevant bodies should, as a matter of urgency, priorities improving the welfare of health workers. Doctors treat patients but doctors have no insurance or scheme to cover themselves when they are sick. No extra incentives for health workers who work away from families in rural areas.

***“It is unfair that some of your colleagues in other fields have far better conditions of living and service than yours in spite the long years of your studies and nature of your job...Gone are the days when people will say it is an unprofessional misconduct for doctors to make their voices heard. We cannot continue like this any longer...Our doctors deserve better and they must get fair treatment. He who knows it feels it.”***

**Mr. V. L. Koroma.**

### Recommendations

Building an effective, solid, vibrant and well-motivated health personnel should be of paramount focus.

A well define remuneration scheme must be established for health workers in comparison with health workers in the sub region and other professionals within the Country.

There is need for the government to look into insurance trust funds to provide housing and adequate transportation for health staffs.

## THEME PRESENTATION

### HEALTH RESEARCH

It has been indicated that research is very important on improving healthcare and also influences policy making. We as health workers must involve in research to change the status quo of things. To be able to deliver evidenced based services to our patient. We must be involved in the whole research process and not just a part of it. Research needs to translate into action as well. We should improve and invest in our health research institutions. We must start looking at the income generation in research. Research should help informed decision-making, planning, programming and accountability

Researchers should not be limited by the scarcity of resources in place but they should prepare good re-search proposals and bid for grants as it is easy to get funds as long as their researches are in line of address-ing challenges towards the achievement of a Remodeled Health Care System. "WHSS"

***"We are making great strides with regards research but we still have a very long way to go" - Dr Haja Ramatulai Wurie.***

### RECOMMENDATIONS

Researchers should start from a ground level, identify gaps and advocate on them for a transforma-tional research.

Mentorship for students who are conducting their re-search.

Provide guidance and orientation in con-ducting researches that are solving community health issues

## TRAINING SESSIONS

As part of JUDASIL's commitment in encouraging junior doctors and other health workers to involve in continuous medical education, the second day of the GA was dominated by training sessions. Over 100 doctors and other health workers participated in the training session that were conducted by Prof. T Ogundiran, Dr F. Ngongou, and Dr S. J. Smith. The sessions were interactive with practical demonstration and exercises for better understanding, certificates were issued to each participant.

### MEDICAL ETHICS

*"Physicians should exemplify core values of medicine which serve as the foundation of medical ethics: **Compassion**; understanding and concern for another person's distress, **Competency**; scientific, technical and ethical knowledge skills and attitude, **Respect**; Fundamental human rights"* - Prof. Temidayo Ogundiran, Professor of Surgery, West African Bioethics Program, University of Ibadan.

### MEDICAL REPORT WRITING

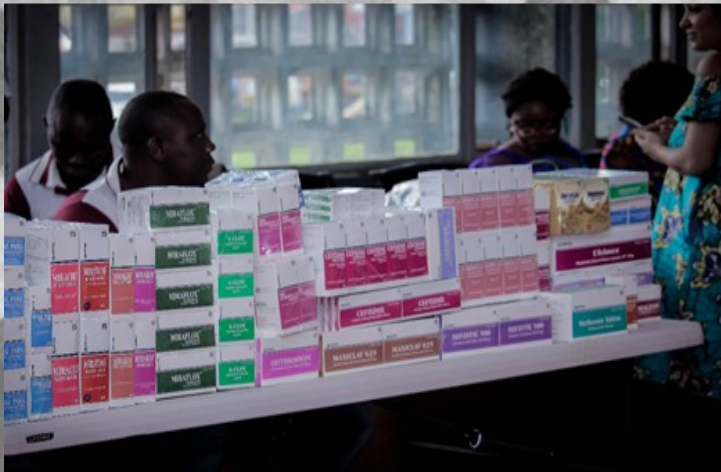
*"A proper medical report must contain the bio data of the patient, reason(s) for clinical encounter, relevant history, examination findings, diagnosis, tests requested and results, plan of care, and further recommendations if any for future care"* – Dr Finda Ngongou, Lecturer, Department of Internal Medicine, COMAHS, USL.

### HOSPITAL MANAGEMENT/MANAGING A REGIONAL HOSPITAL

*Hospitals have become a highly scientific and complex medical institution as against the age-old concept of a poor house where people left their patients for hope of cure. To keep pace with the changing environment and demand, the hospital administrator has to strike a balance between internal management and community expectations maintaining positive relations with the staffs and patients on one side and other health related community organisations on the other side.* – Dr Samuel J Smith, Dir. Disease Prevention and Control.



## EXHIBITION



## Dinner, Awards night and Dance





## Dinner, Awards night and Dance



## RESOLUTIONS

- A well-motivated and well trained human resource is a requisite for a strong and resilient healthcare delivery system.
- Welfare of health workers should be well addressed.
- Postgraduate training institutions for all health professions should be established.
- Continuous medical education at departmental levels for all health workers.
- A well-defined career pathway should be established for easy career progression
- Health service should be similar and up to date all over the country, with the relevant health infrastructure and programs in place.
- Health financing is a huge burden on the pockets of patients and doctor; which is a serious setback for our health system.
- Healthcare providers should, be innovative, discover all opportunities, challenge current practices and be actively involved in research.
- Evidence based information from research, social determinants, financing, and leadership are all pivotal to having a remodelled health system.

## RECOMMENDATIONS

- Appointments and promotions should be processed within the shortest possible period.
- A multidisciplinary body should be set up to determine postings of new medical officers.
- Criteria set for postings must be towards specialty interest and progression of career.
- Ideal and conducive working spaces with adequate investigative and diagnostic facilities should be provided for health workers.
- The Ministry of Health and Sanitation, Ministry of Finance and other health financing bodies should liaise with the medical school to foster an effective appointment plan immediately after graduation.
- A national health insurance scheme should be established
- Health care providers and their immediate family members should be covered by a health insurance policy.
- Working hours should be well defined with proper salary arrangements and incentives for extra working hours and on-call night duties.
- Creation of schemes/protocols/guidelines/policies that foster better clinical performance and innovations.
- An effective supervisory and disciplinary committee should be set up for continuous assessment of health facilities.
- Investment in health research should commence soonest.



## GA 2018 ORGANISING COMMITTEE

Dr Mamadu Baldeh	Chairperson
Dr Abu Rogers	Programme Coordinator
Dr Claudetta N. Ayo-Speck	Financial Coordinator
Dr Mary M. Baio	Food and Venue Coordinator
Dr Allieu Gembah	Media Coordinator
Dr Sia M. Tengbeh	Training Coordinator
Dr Momoh Nyaley	Hospital Coordinator
Dr Sara T. Abu-Noah	Social Media Coordinator
Dr Mohamed B. Jalloh	Registration Coordinator
Dr Samba Jalloh	Research Coordinator
Dr Marcella Ryan-Coker	Exhibition Coordinator
Dr Darlinda Jiba	Member
Dr Bintu Baryoh	Member
Dr Esther K. Kpakiwa	Member
Dr Adiratu Kamara	Member
Dr Sonia Boyle	Member
Dr Aruna Stevens	Member
Dr Aloysius Kalawa	Member
Dr Peter Bangura	Member
Dr Ishmail Farmar	Member
Dr Mohamed A Jalloh	Member
Dr Songor Koedoyoma	Member
Dr Sulaiman Conteh	Member
Dr Temitayo Labour	Member
Dr Yusuf Tejan	Member
Dr Diana Shehab	Member

## JUDASIL EXECUTIVE BODY

### INTERIM EXECUTIVE MEMBERS 2017 -2018

Dr Ayesatu Ceesay	President
Dr Nathaniel Williams	Vice President
Dr Abdul Jibril Njai	Secretary General
Dr Catherine H. Brima	Joint Secretary
Dr Mohamed S. Jalloh	Financial Secretary
Dr Hawanatu A.Barrie	Asst. Financial Sec.
Dr Asad Naveed	Int'l Liaison Officer
Dr Samuel A. Williams	Public Relation Off.

### NEW EXECUTIVE MEMBERS 2018 – 2019

Dr Abdul Jibril Njai	President
Dr Catherine H. Brima	Vice-President
Dr Mamadu Baldeh	Secretary General
Dr Hawanatu A. Barrie	Financial Secretary
Dr Claudetta N. Ayo-Speck	Asst. Financial Sec.
Dr Allieu Gembah	Joint Secretary
Dr Mohamed Bella Jalloh	Int'l Liaison Officer
Dr Mohamed S. Jalloh	Public Relation Off.

## **ACKNOWLEDGMENTS**

- 1. Seacoach Express**
- 2. Balani & Sons**
- 3. People's Pharmacy**
- 4. Guarantee Trust Bank SL Ltd**
- 5. Africell SL Ltd**
- 6. Miral Pharmaceuticals**
- 7. Ecomed**
- 8. Dr. Isatta Wurie**
- 9. All Nations Pharmacy**
- 10. Express Studio - Martin Yornie**
- 11. Dr. Alie Wurie**
- 12. Professor. Temidayo Ogundiran**
- 13. Dr. Kwame O'Neil**
- 14. Dr. Samuel J Smith**
- 15. Dr. Finda Ngongoh**
- 16. Dr. Isaac O. Smalle**
- 17. Dr. Ramatulai Wurie**
- 18. Mr. Victor L. Koroma**
- 19. Dr. Bailor Barrie**
- 20. Radio Democracy 98.1**
- 21. AYV Media House**
- 22. BBC - Africa**
- 23. SLBC**
- 24. Freetown Television Network.**
- 25. Permanent Secretary - Ministry of Works**
- 26. Governor - Bank of Sierra Leone**
- 27. Dr. Karim Kabineh**
- 28. Matron B. Fadlu-Deen**
- 29. Mr. Morie Vandj**
- 30. Dr. G. Fadlu-Deen**





Women in Medicine



Cross Section Of Organizing Committee





Cross Section of Interim Executive



Cross Section of New Executive 2018-2019



