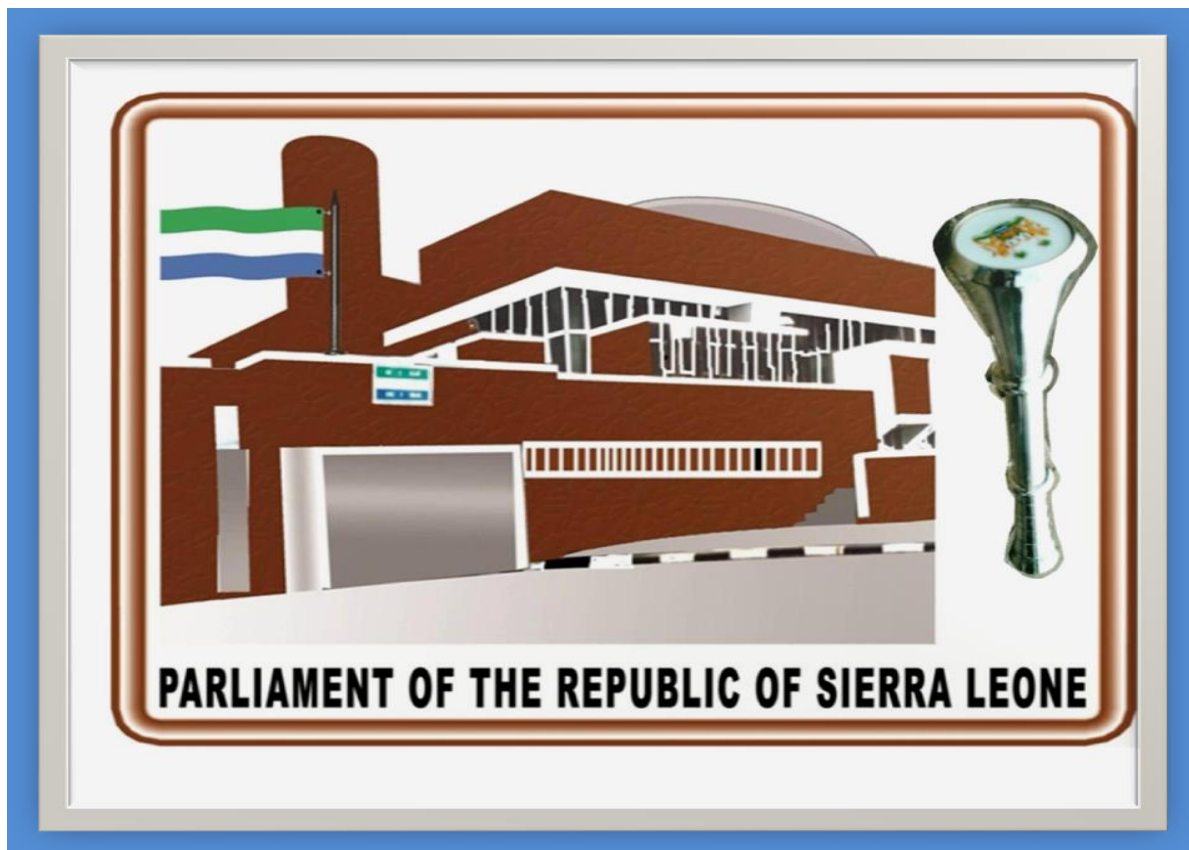


*PoSL/Hansard/Vol. I, No. 47/13/5/2025*



*OAU DRIVE, TOWER HILL, FREETOWN*

## **PARLIAMENTARY DEBATES**

**[HANSARD]**

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**OFFICIAL HANSARD REPORT**

**SECOND SESSION – SECOND MEETING**

**TUESDAY, 13<sup>TH</sup> MAY, 2025**

*SESSION – 2024/2025*



*OAU DRIVE, TOWER HILL, FREETOWN*

**PARLIAMENTARY DEBATES**

**[HANSARD]**

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**OFFICIAL HANSARD REPORT**

**VOLUME: I**

**NUMBER: 47**

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Second Meeting of the Second Session of the Sixth Parliament  
of the Second Republic of Sierra Leone.

Proceedings of the Sitting of the House  
Held on Tuesday, 13<sup>th</sup> May 2025

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## **CONTENTS**

### **I. PRAYERS**

### **II. RECORDS OF VOTES AND PROCEEDINGS FOR THE PARLIAMENTARY SITTING HELD ON THURSDAY, 8<sup>TH</sup> MAY 2025**

#### **III. ANNOUNCEMENT BY MR SPEAKER**

### **IV. MINISTARIAL STATEMENTS**

A. MINISTER OF HEALTH AND SANITATION

B. THE ATTORNEY GENERAL AND MINISTER OF JUSTICE

### **V. BILL**

THE CHILD RIGHTS ACT, 2024

COMMITTEE STAGE AND THIRD READING

THE MINISTER OF GENDER AND CHILDREN'S AFFAIRS

REPORT ON THE CHILD'S RIGHT ACT 2024



*THE CHAMBER OF PARLIAMENT OF THE REPUBLIC OF SIERRA LEONE*

**Official Hansard Report of the Proceedings of the House**

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**SECOND SESSION – SECOND MEETING  
OF THE SIXTH PARLIAMENT  
OF THE SECOND REPUBLIC**

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**TUESDAY, 13<sup>TH</sup> MAY 2025**

**I. PRAYERS**

*[The Table Clerk, Mr Alimamy Lincoln-Bangura, read the prayer]*

*[The House met at 10:06 a.m. in Parliament Building, Tower Hill, Freetown]*

*[The Speaker, Hon. Segepoh Solomon Thomas, in the Chair]*

The House was called to Order

*Suspension of S.O 5[2]*

**II. CONSIDERATION OF THE RECORD OF VOTES AND PROCEEDINGS FOR THE PARLIAMENTARY SITTING HELD ON THURSDAY, 8<sup>TH</sup> MAY 2025**

**THE SPEAKER:** Honourable Members, we go through the record of Votes and Proceedings for the parliamentary sitting held on Thursday, 8<sup>th</sup> May, 2024. As usual, we shall skip Pages 1 to 4 and start with Page 5? Do have any correction or amendment to make on Page 5? Page 6? Page 7? Page 8? Page 9? Page 10? Page 11? Page 12? Page 13? Page 14? Page 15? If there is no correction or amendment, can someone mover for the adoption of the record of Votes and Proceedings for the parliamentary sitting held on Thursday, 8<sup>th</sup> May, 2024 as presented?

**HON. JOSEPH WILLIAMS-LAMIN:** I so move, Mr Speaker.

**THE SPEAKER:** Any seconder?

**HON. ALICE KUMABEH:** I so second, Mr Speaker.

*[Question Proposed, Put and Agreed to]*

*The Records on Votes and Proceedings for the Parliamentary sitting held on Thursday, 8<sup>th</sup> May 2024 has been adopted as presented*

**III. ANNOUNCEMENT BY MR SPEAKER.**

**THE SPEAKER:** Honourable Members, I wish to recognise the diligence of certain Members of Parliament who were here this morning at 10 O'clock. I doff my hat to you and I wish to state here that Members of Parliament I am going to mention are those who treat their work very seriously in this House. This is for the attention of the constituents of the Republic of Sierra Leone and of course for the general public. Mr Clerk, I want these names to be recorded in the record of Votes and Proceedings and the Hansard. They are:

Honourable Alie Bayoh

Honourable Abdul Karim Kamara

Honourable Alex Mattia Rogers

Honourable Amie Nyava Moriba

Honourable P C Alhaji Thor Thor Sheka Tink Fonkola Marrah III

Honourable Princess Kadie Daramy

Honourable Alice Jebbeh Kumabeh

Honourable Mariama Ella Goba

Honourable Hawa Conteh  
Honourable Moses Andrew Edwin  
Honourable Idriss Moiwa Dauda  
Honourable Sarty Banya  
Honourable Beatrice Iyamide Langley  
Honourable Neneh Lebbie  
Honourable Daniel Amadu Bangura  
Honourable Joseph Williams-Lamin  
Honourable Ibrahim Kabba  
Honourable Ibrahim Koroma  
Honourable Idriss Sahid Kamara  
Honourable Daniel Fornah

I wish to state here that when names are forwarded for chairmanship of parliamentary Committees, we are going to look at this list in order to determine who should be a Chairman. This is because Chairmen are expected to be in the Well of Parliament on time. They should be the first people to come to Parliament because they are the Leaders of this House. So, when names are put forward for chairpersons of the sessional select Committees, I will be considering this list. I want to state here even if the leaders present names of those who will be the chairpersons of the various Committees, I will take note of this list. Thank you very much.

Honourable Members, in addition, I wish to state that today is a very sad day in this House because we have lost one of us. We have lost a brother who used to sit there. On Thursday, he sent me a message and a photo of himself relating to his struggle against a particular attack. I called him later and we spoke lengthily and he assured me that he was getting better after his visit to the hospital and he was trying to relax. It became so sad when I received a call around 7:00 p.m. to 8:00 pm. on that same day that he has passed away. That was so sad. This was somebody's father, somebody's husband, who was also one of us, has gone to the world beyond. So, I urge this House to stand up briskly and observe a moment of silence for our brother, Honourable Peter Musa Moigua. May his gentle soul rest in perfect peace [A minute of silence was observed].

**HON. ABDUL K. KAMARA:** Mr Speaker, Honourable Members, please permit me this morning to talk on this very important issue. As we mourn the death our brother, the

very day he had the attack, we had three other Members of Parliament who are still at Choithram Hospital, struggling with their health. We must not shy away from talking about the things that affect us as Members of Parliament. If we are afraid of our own people, we will continue to perish and the people we are afraid of are more than ready to replace us. The Honourable Ibrahim Aziz Bangura was behind me here on Thursday, smiling and laughing; thirty minutes after he has left this Well, he had an attack and it was the same with Honourable Charles. Honourable Charles has been sick all this while and it is the same with Honourable Daniel B. Koroma. As Members of Parliament, if we failed to stand for our health, we are doomed. I have to be confident enough that if I had an attack during the course of discharging my duties, the state can take care of me. We spend every little penny we have to take care of our people in terms of paying school or college fees, constructing roads, etc. We have been overburdened by our people. Let the state take care of us, Mr Speaker. How long are we going to continue to bury our colleagues and we continue to say Rest in Peace [R.I.P]? Who is safe amongst us? In our very eyes, Members of Parliament continue to die. Last year, we said RIP to Honourable Eskimo, Honourable Aaron Kamara from Bo and others. If we have serious medical facility, we would not have been in this situation. This year alone, we have replaced almost three Paramount Chiefs Members of Parliament. This is frustrating, Mr Speaker. We make laws to ensure that other people are comfortable, but yet we cannot protect ourselves. If I am travelling to Kambia now and all of the sudden [May God forbid] I involve in an accident, I am going to be a burden to my immediate people. Honourable Adama had an accident one of these days and she is still struggling with the aftermath of that accident. Almost all Members of Parliament died without leaving five thousand Leone [**NLe5,000**] in their bank accounts. It is a shame on us. Let us continue to say rest in peace [R.I.P]. Today, it is Honourable Musa Peter Moigua; tomorrow it will be one of us. Thank you very much, Mr Speaker.

**THE SPEAKER:** Thank you, Honourable Member. Let me hear from Honourable Massay Aruna.

**HON. MASSAY N. ARUNA:** Mr Speaker, Honourable Members, to buttress what my colleague has just said, I want to say that I am a victim as well. I travelled on official trip and I got an attack there. I was there for over five months. With the help of the President of the Republic of Sierra Leone, I regained my life. What is this Parliament doing to address this situation?

**THE SPEAKER:** No, do not leave that to Parliament. We have not got the allocation.

**HON. MASSAY N. ARUNA:** What I am saying here is that if you have the allocation, perhaps you would have financed my medical fees.

**THE SPEAKER:** Yes, but we do not have it.

**HON. MASSAY N. ARUNA:** Mr Speaker, as we speak, I am still struggling with my health. I was in Freetown International Hospital yesterday and I was admitted for two nights. I paid seven thousand Leones [**NLe7,000**] for accommodation. This is not part of the medication or food. If a Member of Parliament cannot afford such amount, how can they make it? I give **100%** support to what my colleague Honourable Member from Kambia has just said. As for Honourable Peter Moigua, I met him at Mile 91 when they were traveling. His wife was the one driving the car and he said: "Honourable Massay, I am not feeling too strong. I am sick, but the sick is not paining me that much. I have some issues that are paining me in Parliament." He said that he was not happy. I admonished him to forget about it and take care of his health. He said he was going to travel to Kono yesterday for his medication. I felt so sad when I heard about his death. May his soul rest in peace. We need to think about our health situation very seriously.

**THE SPEAKER:** Honourable Peter Moigua also told me a litany of issues he was not happy about, but he has passed away now. I will only allow the Leader to address us now because we cannot open this to a debate. Thank God we have the Minister of Health here. Please reserve all your questions for the Minister of Health. The Minister of Health is here and we have to ask him all the relevant questions. Of course, I know that it is this House that approves the Budget. We need to call the Minister of Finance to tell us what arrangements are in place for MPs.

**HON. NENEH LEBBIE:** Thank you, Mr Speaker, for giving me this opportunity to add my voice to what the Honourable Member from Kambia has just said. This is just a way to substantiate the kind of problems we are going through. My colleague is not here to attest to what I am about to say because he did not succeed to come back to Parliament. His name is Honourable Hassan Sesay. We went together to Rwanda and I had an attack there and when we went to the hospital, I was introduced as a Member of Parliament from Sierra Leone. I was asked for my medical insurance, but there was nothing to show them. The doctor asked: "**Are you sure you are a Member of Parliament?**" It was so shameful and even embarrassing to me. I said we are yet to receive our medical insurance. Therefore, I am **100%** in support of what my colleague from Kambia has said because I have gone through such situation. The Personal Assistant to the Speaker was allowed to be with me. The Honourable Hassan Sesay and the Personal Assistant went with me to the hospital. The father of the Speaker's Personal Assistant was a medical doctor and she took me to her father instead. So, it was the father who helped to give me some painkillers and some other medications. So, I am saying this for the attention of Mr Speaker. Our people think that all is well with us, but we are silently suffering. This is why I sometimes decline the opportunity to travel because in the event I have another attack in a foreign country, there is nothing



to show. They will be asking for your medical insurance which I do not have. This is just an addition to what the Honourable Member from Kambia said.

**THE SPEAKER:** Thank you very much, Honourable Member. We have the Minister of Health here and after his statement, we need to ask him the relevant questions and maybe at the next adjourned date, we will get the Minister of Finance to be here. However, Honourable Members, I am ashamed of all of these comments have heard here this morning. When it is time to pass the national budget, we do not bring some of these things we are saying right now. This House should crave for money and that money should be with the Ministry of Finance, so that whenever we have an incident of illness or attack, we prepare all our documents and forward same to the Ministry of Finance for immediate action. It is as simple as that. I am sure not all of us are going to be sick at the same time. We will only inform them that for every quarter, we want this particular amount to be allocated for health purpose. If the money is not used, it will be sent to the consolidated fund; but if we have any incident, then we prepare our papers and forward them for immediate action. We will be here again to pass the national budget and I will be ashamed if we do not crave for our insurance.

**HON. MATHEW S. NYUMA:** Thank you very much, Mr Speaker. To be honest, I wanted to speak on this matter, but we already have the Minister of Health here. However, I know we are emotional because of the present circumstance we are going through. I want to use this forum to thank Mr President and of course the Minister of Health because under your leadership, you have saved colleagues. You have sent colleagues abroad for medical attention. We have done that for Honourable Peter Moigua and this has been recorded in our books. The Deputy Leader one [1] of the Opposition is also a beneficiary, with the help of Mr Speaker. This gesture has also been given to many other Members of Parliament. In the case of Honourable Massay, I was called I do not know whether it was from Mozambique, Zambia or Nairobi. I was in touch with the Minister and I would like to use this platform to thank the Minister for his intervention.

Mr Speaker, Honourable Members, what we are now saying did not only start in the Fifth or Sixth Parliament, it has started before that time. I am happy that Members from the other sides are making some comments. When I was on that side, I used to talk about our welfare. A colleague on the other side is now saying S.O. [2] ihn don pass. I do not want him to say that at all. When we start to talk about ourselves, we have to be genuine with ourselves. This problem did not only start yesterday; it has started since the inception of this Parliament. So, we are moving and I want to thank this President for making Parliament a better place. No matter what, we have to talk about it. I am trying to make a case here that if you want to ask for more, you have to show

some appreciations. You have to mention the things that have never been done. That is what we have been doing, Mr Speaker. That was why I said that I did not want to speak on this matter because when it comes to our welfare, we try to trivialise it. Mr Speaker, when I spoke about this issue on that faithful day, a colleague stood up and mentioned things that were unexpected. I said I would not relent to talk about the issue. I was talking on behalf of Members of Parliament. I stood in this Well the other day and I said that if it were for the welfare of Members of Parliament, I would continue to talk on behalf of them because the welfare of Members of Parliament is paramount to us. I am not a hypocrite. I have said this repeatedly in this House and I have been doing it. When it comes to the welfare that has to do with our health, it has to be everybody's business. There are some challenges we normally face when we submit request in respect of our health to the Ministry of Health, which has been the normal practice. When you make your request and submit it to medical personnel, you will be asked to make a medical report and such report has to go through the Ministry of Health. One thing we do not understand is that every Thursday, there is an emergency meeting to look at all the cases, including those from Parliament. Whenever the document reaches the President, he has always acted speedily on such matters. He has done that for Members of Parliament. I am not the type of person that jumps into conclusion without a premise. I will build up my case to have a conclusion.

Mr Speaker, Honourable Members, I do not want to call names, but Members of Parliament have benefited immensely from the Ministry of Health and the government. These are the things we need to say and it is not about politics. It is a sign of appreciation I am showing. I have told you times without number that I am a Catholic Christian and I serve my conscience and God. I know that it is not enough and that is why we have to do more. The first thing we need to look at is the difficulties we go through and the Minister will not ignore them because of audit purposes to seek for the attention of the President to address the health issues of Members of Parliament. It has to go through the process and that will take some time because they have to set a panel to look into these cases. So, we have to make an appeal to the government, through your good office, so that we can find ways of removing these bottlenecks. We want Members of Parliament to be treated as fast as possible. They should give us preferential treatments and that is what we are asking for. The President has shown some amount of leverages in terms of giving us medical attention.

Mr Speaker, Honourable Members, our medical situation is challenging; but our health issues are captured in the Parliament Act, 2022. We can only talk about a good healthcare system of MPs if all of us embrace the Parliament Act. It is clearly stipulated in the Act and the visions are in that Act. This was an Act that was frowned at by people because of political gains. We stood firm and it was enacted into law. What I am asking

for is that let us enforce that particular Act. It is very important and the provision for good healthcare is very clear in that Act. We need to energise ourselves and make sure that the provision in the law is enforced or acted upon. I think these are challenges that cannot be solved within the shortest possible time, but what we need to do now is to give us a scale of preference as how to deal with such matters. This is why we should have the Minister of Health to address some of these health challenges. Some of these questions will come up as we move along. Let us enforce the law or the provisions in our Act. Again, I want to thank this government for helping some of our colleagues who have gone through medical attention, supported by the government.

**THE SPEAKER:** Thank you very much, Leader of Government Business. You have spoken well, but let me lay down the issues. No one in this Parliament can stand up and raise his or her hands to say that the President of the Republic of Sierra Leone, His Excellency Rtd Brigadier Julius Maada Bio, has not done extremely well for Members of Parliament. In fact, he has done so well than any other Leader we have had in Sierra Leone, giving the number of allowances and benefits he has provided for Members of Parliament. I am sure nobody can refute this fact. When it comes to health matters, he has done so much for Members of Parliament. However, what we are saying here, Mr Leader is that taking care of health and the wellbeing of Members of Parliament should be predictable. We want a situation where if a Member of Parliament gets sick, what you need to do is to approach your leadership and the leadership approaches the Clerk of Parliament, so that the necessary documents are put in place. We will send those documents after medical examinations. We should deal with this situation in Parliament. We need some form of predictability because Parliament, as a branch of government, should not put unnecessary burden on the President. He is a very busy man. We have to go all out to make sure that we book an appointment with the President, so that this thorny issue is discussed. We want our health to be taken care of in a proper manner.

Honourable Members, we now have the Parliament Act which deals with this issue extensively. We have an insurance scheme in that Act; and as a House, we just need to effect the provisions of that Act which clearly state that there are certain percentages that should be dedicated to the health insurance for Members of Parliament and even for the staff. This is to ensure that when we have a concern for a Member of Parliament, all we need to do is to call an emergency meeting of the Parliamentary Commission [PC] to discuss the issue; and after that, we only have to send the documents with a cover letter to the Ministry of Finance to act immediately. That is what we are saying. Our healthcare system has to be predictable. The President has done so much for Members of Parliament, including our colleagues who just passed away. He has been doing extremely well for Members of the Ruling Bench as well as Members of the Opposition. We just want our healthcare system to be predictable

because not everybody can easily see the President, but everybody can see Mr Speaker or the Leader of Government Business. You only need to go to the Leader of Government and explain your health condition and the Leader in turn would cascade that information to the Speaker and the Clerk before we ask the person to do a medical examination. If the documents are adequate, we approve without delay.

Honourable Members, the Minister will attest to the fact that the process of approval for medical support for the Executive Branch of Government is so painstaking, slow and herculean. Therefore, many people have died during the process of approval. We should say things by their names and the Minister is here. Many people have died due to excessive bureaucracy. You have to do medical examination, attend the Medical Board meeting, which is not meeting every day. They have to fix a date and by the time the process completes, somebody would have suffered. I know of instances where people have done their medical examinations, but because of the failure of the Medical Board to meet and take a decision, the people had died. This is what I am saying. Members of Parliament are so strategic to the wellbeing of this nation. Our staff members are so strategic to the wellbeing and the governance of this nation. So, matters relating to Members of Parliament and staff should be treated with the greatest expediency. Nobody has castigated what His Excellency has done; nobody has castigated what the government has done for Members of Parliament, but we have an Act that says Members of Parliament and staff should have a healthcare scheme or health insurance, so that at the end of the day, if I get sick, I know I can be taken care of by the approval of Parliament. You do not need to walk to my office to complain about your health; you just have to do your medical examination and we take the greatest care of you. So, we do not need to go through these procedures. We have lost people due to the many processes involved. Maybe when the Minister comes to give his statement, we will urge him to speed up that process because it is very slow. People die before approval is granted.

Honourable Members, I learnt that somebody was approved, but in the process of waiting for the funds to be transferred, he died. I know about these issues and we should look at them as a Parliament. We have the Parliament Act that deals with these issues. We are saying this because for now, we are not sick; some of us are healthy for now, but we are talking about the future. You do not know how important what we are now discussing is until you fall sick. When you go to bed and you do not sleep for a whole week as a result of sickness and somebody is delaying the approval, you continue to suffer. These are the things we are talking about. So, when the time for us to pass the budget comes, let us crave for that aspect of our insurance. It is very important to all of us. Even as I sit here, I feel extremely healthy, but what about when

somebody falls sick and needs medical attention? Thank you very much, Mr Leader for presenting that picture. I just wanted to clarify some of the issues.

**HON. DICKSON M. ROGERS:** Thank you very much, Mr Speaker. Mr Speaker, I am one of the living testimonies of the generosity of President Bio. When we had an accident in Rwanda, five of my ribs were broken and I know exactly what he did as a President and as a government. When I traveled to China on medical grounds, I received my funds after I have spent weeks. This means there is too much bureaucracy regarding the process of approving funds. I am glad that the Minister is here and I think there is a provision in the Parliament Act for Members of Parliament to have free medication. I want the Minister to elaborate on that because I was admitted twice at the Connaught Hospital and when I was discharged, I was given the medical bill which I took to the late Dr Thomas Rogers. He said: **"Honourable, you do not need to pay because you are a Member of Parliament and you are entitled to free medication at the Connaught hospital."** I want the Minister to elaborate on this issue. Like what the Speaker and the Leader of Government Business have said, the President has been very generous towards the healthcare system of Members of Parliament. There is no medical request, in respect of a Member of Parliament, the President has not approved. The problem has to do with the disbursement of funds because even when the President approves a document, for you to get the funds is also another difficult thing. That is why I want to go in line with the Speaker that we should have our own budget and medical facility.

Mr Speaker, Honourable Members, the Minister will be surprised to note that there are no drugs in the Parliament Clinic. If you go there to treat headache or blood pressure, there are no drugs to give to you. If you looked at the national budget, you would find out that there is small quantity of drugs they always allocate to Parliament. Like what my colleague was saying, it is difficult to find a Member of Parliament who does not have high blood pressure in this House. People call to tell you that S.O.[2] cement don don, wi nor get nail or wi bridge don fodom. This is the reason we always walk with our blood pressure monitors. Majority of Members of Parliament are suffering from high blood pressure. Therefore, I want to support the Speaker and the Leader of Government Business that we should speed up our medical welfare. It is so important. Like you rightly said, the President has been very helpful; the Speaker has also paid attention to the healthcare of Members of Parliament. I thank you.

**HON. MATHEW S. NYUMA:** Mr Speaker, before we proceed, I want to make a quick amendment regarding the Order Paper, under item IV[a], which deals with Ministerial Statement. I move that the Attorney General and Minister of Justice makes a statement on behalf of the Legal Aid Board to this House.

**THE SPEAKER:** Any seconder?

**HON, BASHIRU SILIKIE:** I so second, Mr Speaker.

*[Question Proposed, Put and Agreed to]*

*[The Motion to amend the Order Paper has been carried]*

**HON. ABDUL K. KAMARA:** Mr Speaker, in as much as we appreciate the idea of summoning ministers to come and give ministerial statements, it is also good for us, as a Parliament, to be given ample time and notice. This is because we have to prepare ourselves, so that we can ask relevant questions. If the Attorney General and Minister of Justice is going to talk to us on the successes and challenges of the Legal Aid Board, we should have been informed earlier than this time, so that we can be able to speak eloquently on behalf of our people. He just came this morning and we have already amended the Order Paper to include him. This is not a good thing at all. I want you to know that the Justice Sector is one of the most important sectors in this country and there are many challenges in that sector. We know the Attorney General and Minister of Justice can highlight some of them, but we should have been given that kind of ambience to prepare ourselves, so that we can ask relevant questions. I am saying this because we are representing our people and they expect the best from us. It is not good for him to come here this morning with the aim of making a statement when we have not been informed earlier. This will be unfair to the people we represent.

#### **IV. MINISTERIAL STATEMENT**

Pursuant to Paragraph [A] and [B] of Section 107[2] of the Constitution of Sierra Leone 1991, Act No. 6 of 1991, the Minister of Health has been called upon to explain to this Honourable House the preparedness of the health systems in the wake of the Monkey Pox [MPOX] outbreak.

**THE SPEAKER:** Honourable Members, let me just remind you again that the Minister is here pursuant to Paragraph [A] and [B] of Section 107[2] of the Constitution of Sierra Leone 1991 Act No. 6 of 1991. After his statement, I will give the opportunity to Members of Parliament to make comments, ask questions or to address this House on various issues. Please, this is not a ministerial question time, where it should be a question and not a statement. I want you to know the difference. He is here pursuant to what is stated in Section 107[2[a] and [2[b]. He is not here pursuant to Ministerial Question Time.

**DR AUSTIN H. DEMBY *[Minister of Health and Sanitation]:*** Mr Speaker, Honourable Members, it is my honour to be here today to talk to you about the Monkey Pox [MPox] situation and the country's readiness. I want to express my sincere apologies for coming late because I was having a meeting with the High Commissioner

of India to Sierra Leone, to look at the acquisition of **one hundred thousand [100,000]** doses of the Monkey Pox [MPox] vaccines.

Mr Speaker, Honourable Members, we have a distinct problem in our hands, which is the Monkey Pox [MPox] situation. Sierra Leone is a very resilient country. We have been through difficulties, including Ebola and COVID-19. We have handled these deadly viruses, but we now have another situation, which is the MPOX. I am sure with the support from Parliament and the people of Sierra Leone, we are also going to handle this one. In the mid of January, we reported two cases of the MPOX in Sierra Leone. As we did that, here was a raging of MPOX outbreak on the continents. Literally, there were thousands of cases in the DRC, Burundi, Rwanda, Tanzania, Kenya, Liberia and Guinea. In Sierra Leone, with the two cases, what we did was to look at our preparedness, which we have been working on for quite some time. What it meant was how ready we were in terms of detecting and responding to MPOX cases. With support from this Parliament, we have established the National Public Health Agency, which is a clearing house that brings everybody together, surveillance, clinical case management, vaccines, technical labs and all what it takes to be able to prepare and respond to outbreak. So, with the two cases reported and with the support from Parliament, we were able to declare a Public Health Emergency, which was included in the Public Health Act that was passed here and what that Act allows us to do is to activate all of the arms of an effective response; i.e., the lab, case management, surveillance and also ensure that we had what was required to mount an immediate response.

Mr Speaker, Honourable Members, what has happened since January is that there has been a gradual rise in the number of cases. We have had three waves of transmission. The first wave, which is between January and February, we reported about one or two cases and between February to March, we reported about fifty **[50]** cases. Just few days ago, we reported the highest number of cases which was about one hundred and fifty six **[156]** cases in one day. Most of these cases occurred in the Western Area; Western Urban and Western Rural areas. At the same time every district has reported a case of MPOX. So, what we are looking at is to ensure that for every MPOX case, we have appropriate diagnosis. We have six **[6]** Labs in the country that are able to effectively diagnose MPOX. This is because initially, people think that it is just rash and it could be Chicken Pox or other kind of rashes S.O 2 ihn kin bin da regular krokro. It is only through Labs that you will be able to effectively diagnose the MPOX cases. Mostly, this is a viral infection and in the case of viral infection, what you do is an intense competition between the body's ability to respond and the virus replication. What you want to do as a treatment is to prevent secondary bacterial infections. As we speak, we have about two thousand and twenty four **[2,024]** MPOX cases. I said earlier, most of them are from the Western Area, which is over one thousand two hundred **[1,200]**.

What we were able to do was to treat these patients and send them home with the caution that this is a transmissible virus.

Mr Speaker, Honourable Members, we did a match yesterday and in the match, they had a poster with the inscription Avoid Body Contact [ABC]. This is because the number one way of transmitting this virus is through body contact. This is because when the virus infects a person, it produces pustule, little bumps on your body. These bumps are full of the virus and when the bumps break up, the virus is exposed. So, if you touch, lean, hug or lie on a bed where an infected person lied before you can transmit this virus very easily. So, one of the solutions towards preventing infection is to ensure that you avoid direct body contact. The hands are very helpful and they are very useful to us, but they are also a powerful way of transmitting the virus from one person to the other. Therefore, washing your hands with soap and water is very important and this is something we did during the Ebola and COVID-19. This will prevent transmitting the virus from one person to the other. If you wash your hands regularly and avoid contact with people who are physically seen with rash on their bodies, you will help to prevent the rate of transmission. Again, if we are very faithful in having hand hygiene and at the same time, we are faithful in avoiding contact with people who have obvious rash on their bodies, we will be working towards preventing the transmission rate. We also have an additional tool in prevention process, which is the vaccine. The vaccine is not a silver bullet; the vaccine in general and does not prevent infection. They are there to ensure that if you are infected after vaccination, the impact of that infection is very minimal because what the vaccine does is to train the body to recognise this agent. Therefore, when the actual agent comes, you are better able to respond to it. The vaccine is an additional tool to respond to MPOX.

Mr Speaker, Honourable Members, as I said earlier, we have Labs; we have effective surveillance; we have vaccines and management capabilities. The question we are now asking is that why are these cases increasing? The cases are arising because the solution is not in the hospital; the solution is with the communities. The solution is between you and I and everybody else in the communities to recognise the cases of MPOX because it is easy to recognise. If you have the infection, it shows on your face, hands and on your body, which is easy to recognise. We are saying that if anybody, either you or a member of your household or a neighborhood, has the infection, call **117**, so that we can work with you. We are going to shift the focus from feeding these people within the communities to removing them from the communities and ensuring that we take care of them in a secured place. We do not want to do this in a hospital setting because the hospitals will be overwhelmed quickly. You all know that with these outbreaks, if you start having these infectious cases in the hospitals, people will refuse to go to the hospitals for a routine care.



Mr Speaker, Honourable Members, the next stage in our approach is to be able to establish effective care centers; and with the help of the Inspector General [IG] and the Minister of Internal Affairs, we have been able to secure four hundred **[400]** bed facility at the Hastings Training School. Again, with the help of **FCCU**, we have been able to secure one hundred **[100]** bed facility at Calaba Town. We have one hundred **[100]** bed facility at Port Loko. We also have, in every hospital, an Isolation Unit that should be able to manage patients. So, at this stage in the epidemic, we are shifting the gears and we are working to identify these people, so that we can move them to areas where they could get appropriate care. In doing that, it involves two things; firstly, when they come into a facility where they can have the medication and clinical care, a lot of these infections get worse when they get secondary bacterial infection. For instance, if you have bumps on your body and those bumps break up and then you have bacterial infections, the bumps join together, they become bigger infections. So, if they are in the hospitals, we will give them with antibiotics and stop the expansion of these pustules around the body. This serves the purpose of clearly taking better care of the patients. However, it has a secondary role and this is because when you remove the infected person from the community, you are also removing the transmission rate.

Mr Speaker, Honourable Members, the vaccines are limited in the world. There is only one manufacturer at the moment and all of the vaccines in the world for MPOX have been bought by institutions, companies and governments. Even if you have the money now to acquire the vaccines, it is very hard to get them. We got about sixty three thousand **[63,000]** doses of the vaccines precisely from Global Alliance for Vaccines and Immunisation [GAVI], the Irish Government, the African CDC and World Health Organisation **[WHO]**. In Global Alliance for Vaccines and Immunisation **[GAVI]**, the vaccine alliance, the Chief Executive Officer **[CEO]** was here about a week ago. He gave us about fifty three thousand **[53,000]** doses of vaccine and with all of the others combined, we got sixty three thousand **[63,000]** doses of the vaccines. We are effectively deploying these vaccines because we do not have enough to cater for everybody and that is why the vaccine deployment has to be strategic as mentioned below:

- The number one priority has to do with the Healthcare workers who are dealing with these people on a daily basis and we need to protect them.
- The number two priority has to do with people who have high risk explosion, such as if you have a household where you have one case, everybody in the household is at high risk. Those are the people we offer the vaccines to.
- The third category of people are those who are immune compromise because if you have MPOX and you have an underlying disease that is immune compromise, the minor MPOX could get extremely worst.

Mr Speaker, Honourable Members, we have over two thousand **[2,000]** cases as indicated earlier and we have eleven **[11]** deaths. This means it is less than **0.5%** fatality rate. We want to maintain or even reduce that by reducing the number of vulnerable people who get infected. In summary, I have a proposal to let you know that going forward, we are going to shift our focus from caring for people within the communities to extracting them from the communities and bringing them to a facility where they could get good care. Again, we want to aggressively look at prevention within those households and the communities. The answer to this is a path between healthcare providers and the communities that we serve, and until we have a strong partnership with the communities, we cannot get our way out of this. We have to have a consolidated effort or a unified effort to achieve this goal. That was how we overcame Ebola and COVID-19. This will help us overcome the virus.

Mr Speaker, Honourable Members, I know that there are lots of questions you need answers and clarifications, and I know that there are some discussions bother on broader health issues and I look forward to the exchange around some of these issues, for example, the welfare of our parliamentarians. Our parliamentarians are the lawmakers who speak for all of us. Their health is paramount, but I must hasten to say that we could say the same thing for the judiciary and the leadership of this country. Therefore, our focus is to provide a healthcare system for everybody, with a special focus on key people like our parliamentarians. The only way we can do that is if we have enough resources. So, one of the things I would want to remind Parliament is the per capita health expenditure in Sierra Leone, which is forty six dollars **[\$46]** for each and every one of our eight and half million people. If you want to put that in context, the per capita health expenditure in the United States is about eleven thousand dollar **[\$11,000]**; the United Kingdom is about nine thousand dollars **[\$9,000]**; in other countries it is about one hundred dollar **[\$100]**. We have forty six dollars **[\$46]**. In 2023 alone, we spent over three million dollars **[\$3,000,000]** in terms of assistance for people to go to overseas for medication. For everyone person that went for medication, we spent twenty two thousand dollars **[\$22,000]**. This means for everyone person who went to overseas for medication, we deprived four hundred and forty-one **[441]** people. So, what we are looking at is to ensure that anybody who goes overseas truly needs the care that cannot be provided here and that is not a bureaucratic decision. That is why we go through the Board because some people might come and say my ankle is paining and I need to go overseas tomorrow for medical treatment. The Board is there to help us make this decision and when these decisions are made, we send them to State House for verification.

Mr Speaker, Honourable Members, our approach is to ensure that the people are cared for and the resources needed are made available. I think the idea of sequestering for

resources to cover the parliamentarians is a welcome proposal. As we look for overseas support, it is important that we invest in the healthcare system of this country. It may interest this House to know that we have been able to secure two CT scans for public use. The CT scans will arrive by next week or two weeks from now. We have deployed one at the Connaught Hospital and it is free for public service. We have deployed the second one in Kenema for public service as well. Again, as we look to expand this throughout the country, we are bringing about ten **[10]** ultrasound machines, which will be deployed in the districts health facilities. By the way, we have been able to train forty four **[44]** specialists in surgery, pediatric and the number is surging. We used to train about thirty **[30]** doctors a year, but the number has increased to about two hundred **[200]** doctors in a year. We are now building the facilities that will allow these doctors to come and practice.

Mr Speaker, Honourable Members, to build a healthcare system is not like turning a light switch; it is a systematic approach and with the support from Parliament and the public, we will turn the healthcare system around in this country. When you go to Ghana, the cardiologist will ask you why you are here when Dr Roussel is in Freetown. We have top-notch atopic-surgeons. So, my responsibility to you and to the country is to be able to build a robust healthcare system that has the infrastructure, equipment and the expertise to be able to deliver high quality care. With overseas medical missions right now, it is a temporary measure. If the three million dollar **[\$3,000,000]** that we used in 2023 to send people for overseas treatments is invested in our healthcare system, it would have been a different story. I know we cannot switch on and switch off the health system. Therefore, it is a systematic approach. Please bear with us and let us look at the systems that you are proposing. We have to look at the funding arrangement you are proposing. Our aim is to secure your interest and make sure that your healthcare facilities are provided adequately. Our interest is not just for Parliament, even though you make laws, you make us live where we should live, we also have a responsibility towards the public. In fact, we will be here very soon with a Bill that will be looking at the Health Insurance Covers, which will be looking at how you complement the free healthcare with fee service care or with an insurance team that will allow everybody to be covered. We have been to Senegal, Cote D' Ivoire, Rwanda and Tanzania and we have looked at all these different models. We want to be able to craft and design a model that will best suit Sierra Leone. A lot of work has been done and we want to put it in good shape, so that we will have a lively debate that this Parliament is known for and to be able to help and guide us. I thank you all.

**THE SPEAKER:** Thank you very much, Mr Minister.

**HON. WUYATTA B. SONGA:** Thank you very, much Mr Speaker. I would like to thank the Minister for his brilliant statement in this House. I think it was timely and important that as a Parliament, we were able to hear from the Minister and we will be able to communicate to our constituents the whole issue and what this MPOX is all about. There have been lots of curiosity from even among Members of Parliament, let alone we speak for our constituents. The Minister, in a very brief statement, has clearly highlighted the mode of transmission, the treatment and his plans in combating what we have at the moment. Let me hasten to inform this House that through the hard work of the Ministry, which is led by the Minister and this government, Sierra Leone can proudly boast of one of the most efficient public health emergency preparedness strategy in the country. I was in Ghana on a programme that was organised by WHO and international Parliament. When I highlighted our preparedness as a country towards health emergency, they were amazed as to how well we have done as a country. With that in mind, what we just need is the support from all Sierra Leoneans, including this Parliament, which has legislated laws to support the Ministry. I am sure rolling out existing legislations, our preparedness and putting them into action is all we need as a Ministry and as a country.

Mr Speaker, Honourable Members, the Minister spoke about increase in MPOX cases, particularly in the Western Area. This clearly shows that we need to increase public awareness about MPOX in the country. There is an attitude of Sierra Leoneans, which is downplaying medical issues. We downplay everything in Sierra Leone. However, that does not stop the need for public health education. Mr Minister, we are doing it, but we need to increase public awareness. You have just told us in this Well that not every Sierra Leonean there knows that you can be infected through body contact. When the COVID-19 broke out, it spreads rapidly because we were a bit slow and we were too focus on preparedness or putting strategies together. We were slow on ensuring public education. That is one aspect we need to increase. Let us engage all platforms that are available to educate Sierra Leoneans. Maybe the number of cases will decrease, but at the moment, it is spreading very widely and it is worrisome for us that interface with people every day. What do we do? Parents are worried to send their children to schools. What education have we taken to the schools for people to understand that it cannot be the business as usual? Children play with themselves and we have to make them understand that if they continue with that they can be infected. We do not have vaccines to go around the whole country. It will never be enough, even if we do have one thousand **[1,000]** vaccines. In fact, according to what they said, the vaccine has two boosters. Yesterday, colleagues were asking if you manage to get one booster, what happens to the second one. I said for now, you have to be thankful that you have got one and your body is preparing itself to fight the infection in event the virus enters.

Mr Speaker, Honourable Members, as a nation, we are not well trained. What do I mean by that, Mr Speaker? I was in a health facility yesterday and I met some of the nurses who were dealing with those patients. I engaged one of the nurses who did not know my identity. I wanted to understand from her why they were gathering people in one place and what would be her message to them? She said to me, S.O 2, madam, noto wi call dem o. Na wae den don yeri say screening dae. So, na di crowd don kam so. As health professionals, we should be able to approach people in such circumstances to educate them about the situation that is currently at hand. However, even the health professionals know little or nothing about the MPOX. What are we doing as a nation? The Minister said that they are focusing on removing infected individuals from the communities to a location that is appropriate for them. What is the preparedness of those facilities and what is the sustainability plan? Those are the kind of things we want to hear. How do we intend to sustain these facilities? Who are the trained personnel that will move to these areas? How prepared are we to deal with them and what is the timeframe? We have to be able to put strategies in place to be able to know that from this period to this period, this is what we are looking at and this can be reviewed from time to time. The Minister probably has all of these things, but the House would like to know the things that have been put in place.

Mr Speaker, Honourable Members, my colleagues asked me yesterday if they took the vaccine, they will be able to give birth or a man can get a woman pregnant. We would like to know from the Ministry some of the side effects of the vaccines. If we are worried, as Members of Parliament, about the side effects of vaccines, what can we say for the public? I did try to assure a lot of my colleagues and to also tell them every vaccine has side effects. In fact, the water we drink has side effects. I tried to encourage them to comply by taking the vaccine if they are available. They are not convinced about the side effects. The people want to know how safe these vaccines are and what are the side effects?

Mr Speaker, Honourable Members, let me look at the health system for Members of Parliament. Not long ago, I was informed about the bloated expenses on overseas medical treatments. Well, we do not know how it got bloated, but since the Minister is here, he can help us with the statistics. We want to know the number of people that traveled for overseas medical treatments. Mr Speaker, for colleagues who have struggled with their health, I have been at the center, trying to ensure that they are given the necessary treatments and supports from this government. We have done that for many Members of Parliament, like the late Honourable Momodu Eskimo Mansaray, the late Honourable Peter Moigua, Honourable Massay N. Aruna, Honourable Alice Kumabeh, to name but a few. I have been at the center of doing what I could, but as my colleagues said and as the Chairlady of the Health Committee, I have been faced

with some frustrations while supporting my colleagues. We will not shy away from the truth; i.e., systems have been put in place, but these systems need regular review. However, what I cannot stand here to support is the statement that the Ministry has not been supportive to Members of Parliament. I want to tell you that they have been very supportive to MPs. Yes, there are rules for the Board to meet every three weeks, but when I met the Ministry to discuss about the urgency to address certain health issues of my colleagues. I have had instances where emergency Board meetings were summoned to address health issues of my colleagues. They have been very supportive to MPs. There was a particular day they called a meeting for the health condition of the late Honourable Kanja and other emergency situations came up.

Mr Speaker, Honourable Members, we should not forget the fact that most of the Board members are medical doctors; therefore, when emergencies come up, sometimes they are forced to cancel Board meetings and when that happens, decision process becomes very slow. I have been running after every step of the process, whether the document is in Ministry or with the Board. However, the problem lies in the area when such document enters State House. It becomes difficult for me because I do not know how to chase that document in that office. That is where we get most of the delays. The delays do not happen in the Ministry, it happens at State House and this is where we need a connection to get someone who can serve as a contact person or an intermediary who can communicate on our behalf. If we know who we are dealing with regarding Executive Clearance, it would have been better. Sometimes I called the Secretary to the President to inquire, but he would say that document was on my table, but I have sent it off. To whom did the document go? These are some of the challenges and we need to have a channel of information flow. Like what the Minister has said, everybody is now going to overseas for treatments and when the actual people that deserve such treatments come, there are no funds available. A system was put in place to scrutinise those who are qualified for overseas treatments.

Mr Speaker, Honourable Members, one of the things I would like to bring to the knowledge of the Minister is that as a nation, we need more information and education regarding our healthcare system. We have a lot of private hospitals that have almost all the facilities that we are going to overseas for, but it is not known to the nation. Yes, they might be expensive, but it cannot be compared to the money you use for overseas treatments. I engaged some private sectors and what they told me is yet to be brought to the attention of Ministry, but I have spoken to the Permanent Secretary, so that the information is conveyed to the Minister that we should have a meeting very shortly. These are some of the things I am going to bring up and how we can address certain challenges. What some of the private people said Mr Speaker was that, they were not allowed to advertise and there might be a policy in place as to why they were not to

advertise. I have not established that because it was only few weeks ago it came to my knowledge. If they do not advertise or this nation does not know what they can offer or what they have, we will continue to travel overseas for treatments.

Mr Speaker, Honourable Members, I was sick some time ago and I was about to go to London for treatment, but fortunately I got that treatment in Sierra Leone. I am still fine and strong. I was having a privileged conversation with someone and the person said to me S.O 2, 'U don check dis private hospital? I will not mention the name, but I was able to get the treatment I wanted. I have now become an agent to advertise for that hospital. I have been telling people that if they have such medical or health condition, this is the hospital they can be treated. I am not sure about the policies at the moment, but these are some of the things that are probably lacking. Let us be informed of what is happening in this nation. As the Minister rightly said, no matter what we do, if we do not invest in our own health sector, we cannot sustain the overseas treatments. Yesterday, I was saying to myself that if I am privileged to take the MPOX vaccine, what happens to my children and my husband? Let us think beyond the box. Let us assume that you are fortunate to travel overseas for treatment, what happens to your family members who are not in Parliament or civil servants? What happens to them? We all need it as Sierra Leoneans.

Mr Speaker, Honourable Members, the discussion continues. A lot has been done on our health system and I do not know what it is or how it has been done, but the Minister is not informing the nation about the level of work they have done in the health sector. We are improving and we have done extremely well, but only few people know about it. Let the nation be informed. Please inform the nation about the improvements you have made in the health sector; let them know how drastic we have improved the sector. There are still hiccups. Yes, we are not going to have a perfect health sector, but let the nation know how far we have come. I do oversight and when I say oversight, I mean oversight. Sometimes ago, we were in Kenema for an oversight and a lot has been done in the areas that we have great concern about. I left Kenema and two days ago, pictures and videos were sent to me, showing me that they are addressing those issues immediately. That is the progress we are talking about, but the nation needs to be aware of what is happening with our health sector. I am sure we are doing well as a nation in our health system. I believe that one day, we will make it as a nation and our health system will be fit for purpose. It is a long journey, but let us, as citizens of Sierra Leone, do our bit to contribute to the health sector.

Mr Speaker, Honourable Members, I want to state here that I was and I am still at the centre of advocating for healthcare professionals to have pin codes, but it will interest you to know that these health workers we are giving pin codes abandoned their jobs

and they are in the villages doing palm oil business. How do we expect our health system to improve? You want a job and when you are giving that job, you do not do it. I went for oversight and I called for the cleaner because certain areas were very dirty, but I was told that the cleaning service was outsourced. What did I do, I called the contractor and I asked him if the place was clean. He said yes, but I challenged him for five minutes. I am talking about the patients' toilet. These people fight for contracts; they run after ministries for contracts, but when they secured the contracts, they are not performing. Are you a good Sierra Leonean? Is that the duty of the government? Is that the duty of the Minister to do what you are paid for? We need to start taking responsibility as Sierra Leoneans. We need to be patriotic to our nation. We cannot continue to blame the government when we are not playing our part as a country; we cannot continue to blame the Ministry, if we are not playing our part. When you go to the hospitals, a lot are happening and you will see patients dropping filths on the floor and when you caution them, they will say S.O [2], even the hospital den dorti.' You join the people to make the hospital dirty. We should start doing things like proper Sierra Leoneans who mean well for this country. This will enable us to make progress. We are doing our best, but we are seeking help from Sierra Leoneans to support us, so as to build a better health system. I thank you, Mr Speaker.

**THE SPEAKER:** Thank you very much, Madam Chair of the Committee on Health.

**HON. MATHEW S. NYUMA:** Thank you very much, Mr Speaker. I also want to thank the Minister for giving us an overview of what is happening in the health sector. I really wanted to ask you a question concerning the comparison in terms of the GDP of the country, but you really took your time to explain it to us. I also want to say thank you for what you have been doing because the Chairlady of the Health Committee said there is so much work to be done in the health sector and based on what the Minister has said, they have trained more doctors. However, let me go to the specific things we have at hand. I have three questions for you, Mr Minister. You said that the prevalence of the MPOX is in the Western Area. The question is, why do we have this rapid increase of MPOX in the Western Area and what are you doing to control the spread in this part of the country? I want to take the point made by the Chairlady that because we have had our experience, which she contributed immensely because she came from the United States to combat the Ebola virus. You were very instrumental in helping the then administration to overcome the Ebola virus. From the lessons learnt, we were also able to combat Covid-19 virus. I do not, however, think that we are slow. We were very proactive. If you look at the transmission and death rates of Covid-19, they were very low as indicated by the records. If you Googled it now, you would understand that the response mechanisms were quite in place and we did a very good job. Our records are appreciable and we had enough vaccines. This was why I asked what you were doing



to control the virus and how would you include Parliament in helping you to contain this MPOX, especially when you said that the Western Area has recorded more cases of the virus. How do you want Parliament to come on board to help fight this virus? I know you have started the awareness programmes because I have been following you on the radio and television. I saw your team trying to educate people about the MPOX, but like other vaccines, when someone takes this vaccine, it serves as anti-body in order to be effective in combating the virus.

Mr Speaker, Honourable Members, the Minister has not told us the name of this particular vaccine. We already have the AstraZeneca, Pfizer for the Covid-19. We want to know the name of this vaccine. We have taken the first dose and I know that we would take another dose, so as to enable us combat the virus. Both MPOX and small pox play different roles and I would like you to further elucidate on those points. I want to know the time interval between the first and second doses. In other words, after you would have taken the first, when are you supposed to take the second dose? This is because for the AstraZeneca, there was a time interval between the two doses. We took the first one and after sometimes, they called us again to take the second dose. For the MPOX vaccine, they are saying we should take two doses, but we want to know the time interval between the two doses. I also want to know the role of the vaccine preventing infection. I think we even have to minimise the way we rotate the microphone from one MP to the other because we are talking about MPOX. The Minister has explained that one of the ways a person could contact the virus is through body contact. Fortunately, I have already been vaccinated, but we have to be cautious. I know why the table mics are not working, but we are going to handle it.

Mr Speaker, Honourable Members, the Minister spoke about prevention and he also said that the vaccine would not stop someone from contracting the virus, but it helps to fight the virus in one's body. He also explained when someone has contacted the virus, how it appears and what you should do, but he failed to tell us the role of the vaccine. I want you to explain to us in your understanding, the professional term concerning the infection which is Monkey Pox [MPox]. Do you have enough vaccines? You spoke about the unlimited vaccines in the country. If you do not have enough vaccines to meet the country's demand, we are in trouble. You stated clearly that the Western Area has more cases than the other regions. I think there should be scale of preference. You started explaining about the healthcare workers and those are important priorities. With the limited vaccines we have, how do you plan to distribute? We want you to elucidate on that. We want to know where Parliament falls in terms of your distributing the vaccines. Mr Minister, would recall that when you were dealing with Laser Fever around Segbwema, Tongu and Kenema, some of us were dealing with the Chicken Pox. Chicken Pox is treatable now and it affects mostly children. The medical practitioners

are saying that children below the age of twelve should not take the MPOX vaccine. That is what they told us when I went to medical stores. Maybe the Minister will say something about this and why children below that age should not take the vaccine. This is why I earlier mentioned Chicken Pox, which mostly affects children. What is the difference between the Chicken Pox and the Monkey Pox? We really need to know the difference, Mr Speaker.

Mr Speaker, Honourable Members, a colleague was saying that S.O. 2, 'Chicken Pox na from Chicken while Monkey Pox na from Monkey.' Mr Minister, I have also explained that children are affected by this Chicken Pox, but when I went to the Medical Stores, they said that children below the age of twelve years are not eligible to take the MPOX vaccine. I do not know the reason for that. Perhaps, you would be in a better position to explain to this House the difference between Chicken Pox and the Monkey Pox and why children below the age of twelve years are not eligible to take the vaccine.

Finally, Mr Speaker, Honourable Members, every health system faces challenges, but all of us need to change our mindsets about the health sector. We have the most sophisticated machines in Freetown, but people's mindsets are different towards the health sector in Sierra Leone. I am sure that the reason some people, either consciously or unconsciously, travel abroad for medical treatments. Some of the diseases they have can be treated in the country, but they prefer overseas treatments. We are doing CT scan and also the Magnetic Resonance Imaging [MRI] is here, but people are doing that out of this country. The Minister has stated that another machine would be brought and installed at the Connaught Hospital and Kenema. We would like to know when this facility will be available in the Northern and the Southern parts of the country. We know that some people cannot get the means to access it, but the availability is what is more important. We also need to work on its accessibility. I thank you very much

**HON. DR UNPHA S. G. KOROMA:** Thank you, Mr Speaker. I want to appreciate the Leadership of Parliament; i.e., the Speaker, the Leaders of Government Business and the Leaders of the Opposition for ensuring that this matter is being discussed. This is something that has to do with the lives of our people. As we speak, MPOX has attracted the attention of the public, but as the Chairperson of the Health Committee stated, we should have done much more in terms of raising the awareness to our people in the communities. The Minister stated clearly that the vaccines cannot save us **100%**. This implies that the communities have to help, including the Ministry and all other agencies that have to do with healthcare issues in our country. They should take the fight to the communities or to our communities. The Minister also mentioned that surveillances, clinical case management and vaccines could be the ancillaries we should be using in our communities. You further disclosed that MPOX cases are rising, especially in the

Western Area. You talked about labs that are available, but I was privileged to know of an initiative that was getting some attention in terms of funding from the Centre for Disease Control in the United State of America, Harvard University, etc. This was before you became the Minister of Health. That initiative was to ensure that labs are constructed in strategic locations in the country, benchmarking what we went through or how we survived Ebola and COVID-19. However, I am yet to know what is going on with that initiative.

Mr Speaker, Honourable Members, another initiative started in the last government, which is the National Emergency Medical System in which Sierra Leone would have served as a hub to train others. That was a brilliant project and it would have placed us in an advantage point when it comes to responding to some of these challenges. We want to know what is going with those supports or initiatives. This is because from my last investigation, the agency that was providing the funds was probably trying to withdraw because some of the workers who were foreign workers were not encouraged to stay. I want you to enlighten this House further on that issue. Of course you talked about the solutions which have to do with the communities. I want to agree with you, but the communities cannot address these challenges if we do not educate them enough to understand the consequences. We are lucky or fortunate because MPOX is not as virulent as Ebola. As you stated earlier, the fatalities are not as high as Ebola and a lot of people recover from the virus as compared to Ebola. This drives me to my next question about the care centers that were constructed. What are we doing with them? You mentioned that we have four hundred [400] beds at Hastings and those beds were used to take care of Kush victims. He also talked about the centre at Calaba Town. I want to know if that centre is the hospital or the proposed hospital that has been built at Gassama Street. This is because we are still struggling to have that building functioning. Absolutely vaccines can help us and we need them. The question is how many immune compromised people need them? Of course, the healthcare workers definitely need them, but the public should also know that there is an incubation period for this virus, which lies between one to twenty-one days. According to studies, the effectiveness of the vaccine starts at twenty-eight days and that means for those who got the vaccine yesterday should continue to practice the prevention methods. The Minister stated that the vaccine only prepares the necessary anti-bodies to react when the virus enters. So, the vaccine is a good step, but it will not save you from contacting the virus.

Mr Speaker, Honourable Members, the Minister talked about the per capita expenditure per country. It is good for information sake, but it is not a fair comparison because healthcare is more expensive to those countries. Naturally, healthcare could be expensive in Sierra Leone, but people cannot afford it either. It is either they cannot

afford it or it is not available. We want to talk about the availability of machines in Sierra Leone. In the building blocks of a healthcare system, technology is important, but how do you support technology with the amount of workforce we have or even the ability of the workforce? The chairperson talked about the nurses who are not too informed or trained to undertake such challenge. When I returned to this country in 2003 with my Doctorate in pharmacy, even the Pharmacy Board did not know there was a Doctorate degree in pharmacy at that time. I was given a whole lot of headache in trying to bring my certificate to justify that I actually have a Doctorate degree in Pharmacy. Thankfully, they have up to thirty people who have doctorates in Pharmacy. So, capacitating our workforce is very important.

Mr Speaker, Honourable Members, I also want to talk about the healthcare for Members of Parliament. I want to talk about moving Members of Parliament out of the country for healthcare treatment, but the problem is about how do we ensure that our healthcare system is improved? So, we do not have to travel with people out of this country for medical treatment because if we talk about ourselves, what about the other Sierra Leoneans who do not have the ability to travel out of this country for medical treatment? So, as a nation, we have to focus on governance. The governance system I am talking about is the political will, which will ensure proper healthcare financing. This is very important, Mr Speaker. The health workers are very important and I am happy that the salaries of nurses have been increased over time, but we have not yet seen the desired results. When the healthcare system is good, it speaks for itself. We do not have to propagate it; we do not have to explain it to the people. The average lifespan talks about how the life expectancy of Sierra Leone can be compared to other countries. So, if our life expectancy is below fifty, then you will know that whatever we do, it will not work. We have seen videos of hospitals that have been abandoned. We are still talking about the Lumley Hospital and this is how we view the healthcare system. So, I believe that another prescription has to be put in place on how we can fund our healthcare system. We cannot talk about all the minerals that we have and when companies come to this country to invest in our minerals, we do not think about the healthcare system. We have to find ways of funding our healthcare system. Those are some of the questions I would love the Minister to answer. I thank you very much.

**THE SPEAKER:** Mr Minister, I want you to respond to the issues raised before we take another round.

**DR AUSTIN H. DEMBY:** Thank you very much, Mr Speaker. This is really good. I want to take this moment to thank Honourable Unpha Sorie Gbassay Koroma. He spoke like a true health professional. Thank you very much for your grateful interjection. I also want to thank Honourable Wuyatta Songa and the Leader of Government Business. In Krio,

we usually say S.O 2, 'well bodi biznes na alman biznes.' This is not political at all. Maybe in framing some of the answers that I have for you, I want you to stay with me as I discuss what we are trying to do. I think there are two aspects of healthcare delivery; there is a visible one that you see, like the hospitals, the ambulances and the structures. These are some of the things that are visible. We also have the invisible ones which is the systems. How do you build systems that are resilient with your trainings? If the supply chain, support services and other basic things are not there, the health system will not work. So, for the past five years, we have been focusing on how we can get a balance between the things that are visible and those that are invisible.

Mr Speaker, Honourable Members, we are shifting our focus towards a healthcare delivery system that looks at diseases like malaria, Tuberculosis and HIV. What has happened over the years is that all the funds were directed towards combating malaria and HIV. At the end of the day, the person who is sick may have both HIV and malaria. Therefore, you have to shift the focus to patients who are sick. This is what we are doing throughout. We are shifting focus to make sure that all the diseases matter as they reflect on the person. We want to focus on taking care of the patients. So, for the past forty years, there has been a major investment in the primary healthcare with the focus on taking the healthcare as close to the people as possible. We will focus on taking the healthcare close to the people as possible through primary health care. As we speak, **85%** of the population has access to health facility within the five kilometer radius, which is unbelievable in the region. What we are lacking now is how to create quality to that access? For the past five years, we have been working on creating a system that will bring quality to us. We have been working in four major components:

- The first major component is infrastructure. This is to ensure that the place is decent, clean, secured and there is adequate water and electricity supply. We are not there yet, but we are working on it.
- The second major component around quality is ensuring that you have the right workforce in their numbers and with the right skills and attitude. We are working on it and I know we will achieve it.
- The third major component is ensuring the supply of products to different places where they are needed and how they are needed.
- The fourth major component is to ensure that drugs are in proper location.

So, we are actively working on these four domains of quality throughout the country. We are not there yet, but we are slowly making our way. We are doing trainings and travelling from one district to the other, looking at the overall review of what is going on at every district.

Mr Speaker, Honourable Members, the second area in the healthcare delivery is facility based secondary and tertiary care in the hospitals. Unfortunately, we have not invested enough in our hospital system over the past forty years. What we are doing now is to correct that part and not to reduce investment in our primary healthcare, but to balance it out of what we are doing in secondary and tertiary healthcare. Again, the same elements involved around quality infrastructure. Somebody asked about Kerry Town, which has about two hundred to three hundred beds facility. We are going to break down on it as soon as the weather clears. We are going to move forward with the pharmaceutical warehouse in that facility. We are going to move forward with the cancer diagnostic treatment at Kerry Town. So, there is a lot going on at Kerrytown.

Mr Speaker, Honourable Members, we have the Julius Maada Bio Pediatric Center, which is the state-of-the-art of excellence at Lumley. We are working to ensure that the other facility is not abandoned. There are financial issues that are entangling our process. We want to remove those ones and ensure that these facilities are brought on board. We are looking at similar facilities at Waterloo and at Macaulay Street. We are trying to ensure how we could build other facilities throughout the country. We are constructing one in Moyamba, one in Pujehun, one in Karene, etc. We are also building hospitals all over the country. Now, physical hospitals are not the answer; they are just the infrastructure. We are ensuring that you have the requisite skills that are set to run these facilities, both in numbers and in skills. This is why we have expanded the medical trainings. Like I said before, we used to train about thirty doctors in a year for a population of eight and half million people, where you need five thousand **[5,000]** to seven thousand **[7,000]** practicing doctors. It took us long time to get to where we are. When I said my colleague, I was referring to the former Minister who was the Minister of Technical and Higher Education. We have moved the numbers from thirty **[30]** graduates to about eighty **[80]**. We are trying to get one hundred and fifty **[150]** graduates.

Mr Speaker, Honourable Members, we are targeting two hundred and fifty **[250]** doctors graduating every year; and when they graduate, they need to have learning zones and that is why we are building and modernising the hospitals; that is why we are bringing equipment and supplies to the facilities, in order to enable them practice their skills. I am sure if you want to link the primary healthcare to the secondary and tertiary healthcare, the referral networks are vital. What we have is the National Emergency Medical Service [NEMS] system that has been abandoned. However, we want to revitalise it. It should not be only when someone is sick or critically lying on the floor you pay for the gas or you want to make sure that the ambulance is ready. Preparation has to be done in advance and we are completely changing the functionality of the National Emergency Medical Service by digitising it. They have the

GPS code that allows them to track things. We want to also activate the **117** system and digitise the processes. So, the primary, secondary and tertiary healthcare are going to be our major focus. The referral networks, using the ambulance system, are going to be vital.

Mr Speaker, Honourable Members, the fourth component is the health security, which is the Monkey Pox we are talking about. In a nutshell, that is what that is going on in the healthcare system and it is not a light switch. It is a system that you need to build overtime. We want Parliament to partner with us as we work on this S.O 2, *wel bodi biznes na alman biznes.* So let me try to address some of the issues that were raised today. When we talk about public health, the public is central to it. I think we usually make the mistake to medicalise it, thinking that the solution is in the hospitals or with doctors or epidemiologists. Public health is in the hands of the public. For the public health interventions to be effective, you need a strong partnership between healthcare providers and the communities. The first major step in that process is ensuring that there is effective awareness. So, we have been busy looking at the biomedical things and we have spent so much time and energy in community awareness raising campaign. I think this is the time we should ask Parliament to join us; ask the Civil Society to join us in educating the public about this Monkey Pox because an educated public is an effective partner in responding to the outbreak.

Mr Speaker, Honourable Members, a friend named LAJ called and said how can I help? He went on air and gave a solid message. The First Lady also sent a powerful message. I will ask that all of you, Honourable Members, should join us to work with your local communities because this fight is going to be in the communities. For example, we have divided the Western Area into thirty zones. The fight is going to be zone by zone. The idea is to identify every case and be able to manage that case. We are not only managing cases, we are going to prevent the transmission rate within those communities. The only way we will succeed is when we join the public and the healthcare delivery partners in the fight against the virus. There are broader issues around the private sector engagements in hospitals and service delivery. The government itself cannot do everything and this is why we encourage the private sector to intervene. The public private sector partnership should ensure investments in fighting this virus. The private sector has market segmentation for people who could afford it and for the rest of the population who could not. This is where the government focuses attention. So wherever you have private sector, you can talk to them to come and support. The important piece is regulation.

*[Suspension of S.O. 5[2] being 12:00 noon]*

**DR AUSTIN H. DEMBY:** What just happen, I think I would answer the questions now and I am going to be very brief. I think for Honorable Wuyatta Songa asked some relevant question about pin code and how we manage pin code. The only way we are going to succeed in ensuring effective healthcare delivery is to have an effective workforce that can respond swiftly and professionally. With the support of this House over the years, we authorised 5,000 pin codes for healthcare workers. We are also trying to ensure that 3,000 health workers are pin coded. I think this is important, but I would plead to Parliament to allow us to be able to effectively deploy those pin codes, because what we want to do is to make it a merit based issue. We want to make it clear that there are different categories of health workers and we have to satisfy their needs and we want to know their allocation at the district level. This has to happen at the district level based on skills that are needed. To be honest, I always get undue pressure when it comes to allocation of pin codes. I want to plead with Parliament and all Leaders to help the healthcare system, in terms of work setting clear criteria and transparency that we could follow through. Again, we also know that there are people who have pin codes, who are supposed to be at their workstations, but they are not regular at their stations. We are working out modalities in place to go to stations and perform an audit. We have decided that anyone, no matter who you know in the Ministry, if you have a pin code, but you are not at your work station, definitely you are going to be expunged from the payroll immediately. We believe if we do that, we would open up the space to hire people who are ready to work and deliver. I want to assure this House that we are working on that and we will work with Parliament to allow us to effectively achieve this.

Mr Speaker, Honourable Members, Honourable Nyuma raised few questions around the Western Area and how we plan to tackle transmission rate. Again, what we have seen in the past is that people come with minor rashes and when we asked them to go home and take precautionary measures, they failed to adhere. They go home and do not take precautionary measures and it is spreading within their communities. Well, we have a multipronged approach. MPOX is not malaria where you hardly see the signs. MPOX is visible because you can see it. So, we want a situation wherein if somebody has it in your household or neighborhood, you call 117. This is vital for your health and for those around you. What we want is to ensure that if you are exposed to a medical condition, we can take care of you. We would want to move you to facility where you will be given the kind of care that is required for your health and at the same time be able to prevent the transmission within your household. Again, awareness is critical in all what we are discussing here today. The Hastings facility has about four hundred [400] beds, but it is for the training of policemen, but when they are not on training sessions, it is available for use. When we say 400 beds, it does not mean the beds only, it means everything



that is needed to care for the patients within that bed; it means the learning; it means infection prevention; it means the drugs; it means the staff; it means the food; it means the hygienic condition; it means the security around that space; etc. We are asking for all of these things and we have asked the Ministry of Finance to put some resources towards it. We are working to ensure that the resources are available and this has to be treated like an emergency. We had an independent group that will be coming to evaluate the need for assistance. They did it in Burundi and other countries to address similar situations. For Sierra Leone, it requires about **\$7.5mln** to be able to ensure effective response. We have got **\$1.6mln** commitment from the government and we hope that the amount will be made available quickly as possible. We are looking at other partners to support us in cash or in kind. If the people are able to support us with vaccines and PPEs, it will be great. We will accept anything that will enable us to contain this virus.

Mr Speaker, Honourable Members, you would agree with me that everybody is a part of the solution. As I said that before I came here, I was meeting with the Ambassador from India. India is the only source for the production of these vaccines. These vaccines are the classic small pox vaccines that helped us to eradicate Small Pox in the world. It has been very effective and it has been used for several years and with minimum side effect. So, it is a good vaccine because it is safe. When we acquired the vaccine, it was delivered free of cost. We are working on the quantity that is needed. So, the vaccine is a good solution and we are trying to make sure that it is available. Chicken Pox is different from MPOX; they are different family of viruses. Chicken Pox is part of the herpes simplex virus and they infect children mostly and there is very effective vaccine for it. It helps to control Chicken Pox very easily because the pustules are very small. MPOX is a different family of viruses; it belongs to the small pox family of virus. The pustules are bigger and they tend to be deeper. What happens is that if you have these pustules close to each other and you have secondary bacterial infection, it becomes a major problem.

Mr Speaker, Honourable Members, we have seen images of people's genitals falling off and it is causing sensation in the country. This is as a result of secondary bacterial infection. When the viruses open up the space and you have secondary bacterial infection, it leads to expansion of the infection. So, that is why it is very important for people to come to the hospital for solution. It is not a quick fix, especially when you start having complications with the secondary bacterial infection; it requires intense anti-biotic care. So, it is not a one or two days affair; it takes three to four weeks in the hospital. That is why we do not want to take them to the main hospitals because you would overwhelm the hospitals quickly. We are also looking at a digital system that would allow us to be able not only record these things, but to also monitor them.

Mr Speaker, Honourable Members, Honourable Mathew Nyuma spoke about people going overseas for medical care. Government can hardly afford if a lot of people are taken overseas for medical care. We want to ensure that the people who need medical care are taken care of in Sierra Leone and that is why we have to build our own healthcare system. We have capable people in the diaspora who want to come back home to serve. When they come back home, we want to create a physical space for them and the tools for them to practice their trade. I was telling the Connaught Management team that they have orthopedic surgeons, but most people would want to go to the Emergency Hospital. All the Orthopedic Surgeons are at Connaught; I am saying all the top surgeons and top medics in this country. They may be practicing in other private hospitals, but their home of practice is the Connaught Hospital. So, that is why we are building the Connaught Hospital because we want to convert all the five surgical theaters into high surgical theaters. We want to have the kidney dialysis expanding. We just spoke to the Indian Government and they are ready to give us close to fifty [50] dialysis machines. How do we ensure that this spread throughout the country? All us know that the capacity of our own healthcare infrastructure. Honourable Members, it is not a quick fix; it requires tenacity; it requires action and it requires your supports; and I think with your supports, we can make it happen.

Mr Speaker, Honourable Members, regarding the National Emergency Medical Service [NEMS], I think I have alluded to some of the issues at Kerry Town. However, for NEMS, we want to have an ambulance system that is able to respond to every emergency case and link it directly to the care service delivery. It is a system you do not just fix one aspect of it; you have to fix all aspects of it. So, we are looking at a fleet of ambulances. Most of the resources go into curing and replenishment. We want to transition all our services into a hybrid solar, as well as areas that would save us the fuel. We want to be able to have advance arrangement for vehicle maintenance; we want to increase the fleet; we want to be able to have, in addition to the 4 by 4 vehicles, to actually have motorcycle ambulances that will be deployed in the remote areas and at the same time for riverine that are far remote; and we want to have water ambulance system. We are working actively on those systems; and over the next few months, you would begin to see the results. We are in this together and I am sure we will achieve.

Mr Speaker, Honourable Members, we have six major labs in the country and we are looking at pandemic preparedness and response. There are two kinds of labs; those that are used for public health interventions and the labs for routine services. So, we want to be able to build the routine service labs even in the district hospitals. We are also considering the intervention of the private sector to provide the support services. We have a range of Agreements with them. We are doing this for the pharmacies

services and with permission from Parliament, we had a PPP Agreement with some of the pharmacies around private sectors institutions that are regulated. So, we want to see if we could extend that to the lab services; but for public health, it requires bulk procurement in order to ensure quick response. We want to have the six labs not only to provide routine services, but to provide advance services as well. For example, with regard the MPOX that we are dealing with, you need to be able not only to diagnose using PCR System, you should also be able to look at the variance of the virus. We should be able to look at the genetic analysis of the virus because different clinks of viruses present themselves.

Mr Speaker, Honourable Members, we have the ability and the capability to build the healthcare system that we will be proud of. When we had the Marburg outbreak in Rwanda a couple of months ago, we had a twenty mam team from Sierra Leone that went there and worked with Rwanda. They were able to contain the virus. People acknowledged Sierra Leone for what we are doing and what we are doing is a testament of the partnerships between the medical facility and the community we serve. Let us bring that to work as we deal with the MPOX. We should help ourselves; we should help each other and get rid of this virus. We can crush it if we are ready for it. I want to thank you very much.

**THE SPEAKER:** After the Deputy Leader of Government Business, Honourable Mustapha M. Sellu, Honourable Abdul K. Kamara, Honourable Quintin Salia-Konneh and we round up the debate.

**HON. BASHIRU SELIKIE:** Thank you very much, Mr Speaker and thank you very much, Mr Minister for such an eloquent presentation. It shows you are coming from Baoma Chiefdom. Mr Speaker, I want to thank the Minister for his effort. He has spoken brilliantly about the health sector in this country and his plans he has. Definitely, I have trust in him. If he has the support of this Parliament, the Ministry of Finance and donor partners, he would change the face of the health sector for the benefit of Sierra Leoneans. Mr Minister, my question is going to focus on the MPOX. You have told us that you have been able to secure five to six thousand vaccines from Gavi and others. If you do a research on MPOX, you would be told that you have to take two doses. I want to know if the sixty-five thousand [65,000] doses comprised of the two doses. Research on the MPOX will tell you that there should be four weeks interval between the first and the second doses. They can only protect you **80%** against the virus when you take the second dose. The Minister clearly stated that we only have one manufacturer and that even if you have the money; it is extremely difficult to have the vaccine. I want to know if out of the sixty-five thousand doses we have, thirty-five [35] thousand vaccines are for the first dose and thirty [30] thousand vaccines are for the second dose. Have you

only procured for the first dose? If that is the case, it means only sixty-five thousands Sierra Leoneans will benefit. If we are not opportune to take another dose, we are going to be vulnerable to the MPOX disease. I want the Minister to throw light on that.

Mr Speaker, Honourable Members, the Minister also told us that he was planning to do a four hundred bed holding center at Hastings, a hundred at Calaba Town and some for Makeni. If you do a research on MPOX, you would find out that there is no clear medication for MPOX. Research will tell you that the MPOX will last for three to four weeks. When you are infected with MPOX disease, are you going to keep those people at your centers for six weeks? Do you have the resources to sustain those people for four to six weeks? As it is, there is no vaccine for children under twelve. Research has shown that children are also prone to MPOX. Research will also tell you that there is no medication and it would last for two to four weeks in children and goes naturally. What are the plans for our children who will not be opportune to take the vaccine? I thank you very much, Mr Speaker.

**HON. MUSTAPHA M. SELLU:** Thank you very much, Mr Speaker and Dr Demby for coming here this morning to clearly explain to Members of Parliament and the nation about the current situation regarding MPOX. I have a few questions for you. I am sure you came at the right time, when this country was struggling with the hemorrhaging fever. You have been an expert from the United States of America, where you worked with the Center for Disease Control [CDC] directly at that time. It was prudent that you came to help and combat that particular hemorrhagic fever. In your explanation, you stated that you first of all recorded, as a Ministry, two cases. At that initial stage, what was the mechanism put in place to contain the spread of the diseases in terms of managing those cases? The whole thing about MPOX started like a rumour, but from your report, we have recorded over two thousands [2000] cases. This number is very alarming. What are the mechanisms being put in place to contain the first set of recorded cases? The Minister did not mention quarantined centers and that is key in case management, contact tracing and managing the disease as well. From past experience, quarantined services are very important. This particular disease should not take us by surprise because we have managed two critical outbreaks in this country. The MPOX should not be a learning point for us; we should now be able to handle it as professionals because it is not a shock to us.

Mr Speaker, Honourable Members, I want the Minister to tell us the current death rate caused by the virus. Is there any specific treatment for the MPOX, Mr Minister? Is the symptomatic just like the hemorrhagic fever? Mr Minister, why is it that the Ministry is only reactivating care centers at this point when we have recorded two thousands and more cases? Was that not part of the strategies for you to reactivate all the holding and

treatment centers? I am saying this because this is not a new phenomenon. As a Parliament, we have giving you the power by enacting the Public Health Emergency Act. You also have the structures up and running and I think that particular body should be responsible to handle all these critical cases at this time. Why are you just reactivating these care centers? From experience, we realised that we were able to combat the Ebola and the COVID-19 through effective community based collaboration or engagement from the districts, regions and chiefdoms. How far have you gone with that collaboration to ensure that this MPOX is contained?

Mr Speaker, Honourable Members, the Minister stated that MPOX is not like Malaria or any other disease because it is seen on the physical appearance on the patient. Sometimes last week, I was at the 34 Hospital when a medical practitioner told me that not all patients you can see physical symptoms as some patients can contract the disease for a number of days without manifesting any physical symptoms or signs based on the immune system of the patients. I want to know how true this statement is. This is because managing and disseminating information relating to outbreaks is important. You would agree with me that if you have uncoordinated information, it would be a problem to handle. I think that is something serious because I heard this from a medical practitioner at 34 Hospital. As head of the Ministry, you have just told us that an MPOX patient is easy to identify because you can see the signs and symptoms physically on the person.

Mr Speaker, Honourable Members, the Minister said that we are spending approximately **\$3mln** on overseas treatments. As a professional and as an experienced medical doctor, why can't we use the **\$3mln** for four [4] years to establish strong health facilities in this country? We can even do that on a loan basis. We can have people to come and construct these health facilities for us and use the **\$3mln** to pay them. We can take that money and pay on annual basis, so that we can have our own facilities here, instead of using this money for overseas treatments. You said that most of the patients did not meet the conditions to be taken to overseas, but they were treated here. How come we used such a huge sum of money on overseas treatments? I think these are the few questions I wanted to ask. I thank you very much, Mr Speaker.

**THE SPEAKER:** Honourable Members, at this stage, I wish to recognise the presence of certain dignitaries in our midst. We Mrs Fatmata Claire Carlton-Hanciles, Executive Director, Sierra Leone Legal Aid; Mr Francis Gabbidon, Legal Consultant to the Legal Aid; Mr Hindowa Bindi, Deputy Minister of Gender and Children's Affairs; Madam Marian Guddi Soinie, Director of Gender Affairs; Madam Joyce B. Kamara, Director of Children's Affairs; Madam Aminata Y. Sannoh, Permanent Sectary of the Ministry of Gender and Children's Affairs; Alhaji Alhassan Sesay, Head of the ADR; Sheik Ibrahim K. Kamara,

Consultant, Legal Aid; Madam Laura Koroma, Ministry of Gender and Children's Affairs; Mr Bashiru Fullah of the Ministry of Gender and Children's Affairs; Madam Julia Anderson, Legal Aid Board; Mrs Mariatu Bangura, Legal Aid Board; Mr Stevens Ngaujah, Ministry of Health Adviser; Commissioner Joyce Wuyah Tejan Kellah of the MCCA; Dr Mustapha Kabba PCMH; Dr Sattie M. Konneh, Chief Medical Officer [CMO]; Mr Andrew L. Sorie, Senior Permanent Secretary, Ministry of Health; Mr Ibrahim Foday Musa, Director of Hospitals. All of you are heartily welcome to the House of Parliament.

**HON. ABDUL K. KAMARA:** Thank you very much, Mr Speaker, for those introductions. I am happy to know that most of the people in the health sector are here. I have listened to the Minister, who is the professional, giving a public lecture on what ought to be done. I would say if we go to our hospitals in our various communities, Members of Parliament should be able to present the conditions of our people or the conditions of the health facilities. This is because unlike other sectors, we interact with the health sector on a daily basis. If we do not state the actual things that are happening in the hospitals and we think we can give stories to appease the Minister, we are not helping the Minister. Mr Minister, I am sorry, but I have to say things as they are because I want you to solve the problems. As we speak, the Minister has told us that the first cases of MPOX were reported in January and we are now in May. Let me state here that based on my interactions with medical practitioners across the country, I would say there are no bed facilities in most of the hospitals, let alone beds for MPOX patients. Providing toiletries for these patients country wide is also a challenge; and even to provide food to the isolation centers is a major challenge. The Minister has said openly that we have six centers where they conduct tests; but as we speak, where these centers are not available they have to pay people to go with the samples to other testing centers.

Mr Speaker, Honourable Members, transportation remains a big challenge in the country. I was expecting the Minister to tell us the mechanisms being put in place at district levels in the past five months. If it is only now they are doing that, I am afraid we are a bit late. They have requested from the Minister of Internal Affairs through the Inspector General of Police [IGP] to use the police training center. I think that is not good for our nation. We enacted a law as a response in respect of health conditions, so that all the bureaucracies are removed. However, if for the past five months nothing happened and we are only starting now, please you tell me why we should not have a rapid transmission of the virus. As we speak, we have professionals and nobody would say our medical doctors are not professionals; they are respected across the world. I was expecting the Minister to tell us the current status of the solar project at Connaught and Cottage Hospitals. This is because our hospitals still lack the basic things the doctors need. It will interest you to know that even when you go to

Choithram, Emergency and other private hospitals, the same doctors that treat us in these government hospitals are the same doctors you would meet in these private hospitals. However, what is lacking is the facilities the doctors need in these government hospitals. It is good to tell us the truth that in this modern age, our government hospitals in the Western Area are without water. The Minister should tell us how these hospitals will get pipe borne water. What has he done with the Minister of Water Resources and Guma Valley Water Company to ensure that water is supplied to these hospitals.

Mr Speaker, Honourable Members, I do not know the current situation at Cottage, but I would tell you that the last time my wife gave birth in that hospital, we had to buy water. I want to know if that condition has changed. *S.O 2, 'na me n Gevao dae compete, ask Gevao.'* Mr Speaker, these are the issues we still have in our hospitals. Whenever major operations are going on, EDSA takes off the light. These are the issues that are weakening our health sector. Mr Minister, if anybody is saying NEMS is working I would tell you that NEMS is dead and it is a mess in this country. If there is any way we can revitalise our ambulance system, let us send them back to the hospitals. It is better than being under the NEMS. When the video regarding the Kenema Government Hospital came out, showing the toilet facilities, we went there with the Chairman. We also went to Rokupa Hospital and other health centers.

Mr Speaker, Honourable Members, the Minister of Finance is not paying contractors and therefore, they cannot continue cleaning those hospitals. You had the opportunity to speak and you could not speak for the people of Bo. If we cannot pay contractors to clean the medical facilities, I do not expect doctors and nurses to do so. However, when we went to Kenema, we had to talk to the doctors and the nurses to clean the facility. That was above what they were supposed to do. The government needs to pay the contractors because if they are not paid for seven months or nine months or one year, you cannot expect them to continue to clean those hospitals. That is the basic problem we have and the Minister tell us what he has done.

Mr Speaker, Honourable Members, overseas medical attention is not what we are begging for, we are merely asking for a health insurance wherein if I fall sick, I can easily go to a healthcare center where I can be treated. Mr Minister, let me say that many Sierra Leoneans, even though you have all the qualified medical practitioners, are afraid of going to the government hospitals. We need to do a lot of sensitisation for the people to know what they can get. You can talk about the two CT Scanners that will be brought to this country. I would like to state here that the facility that was constructed in Kenema for the installation of CT scanner is kitchen room. It cannot accommodate what we want to put there. I want you to go there and see it for yourself. Mr Minister,

pay an unannounced visit to our healthcare facilities. Please go to the Rokupa Government Hospital *S.O.2*, *'you en de arata dem dae gam na de corridor.'* This is the bare condition of our health centers. We can have boreholes to supply water to those health facilities.

Mr Speaker, Honourable Members, our Public Health Units [PHUs] in our villages are the worse. I have one in Mile 18. I had to buy zinc because the women could not give birth in the labour ward during the rainy seasons. This is the condition for almost all of us coming from the villages. We are sitting here comfortably to listen to public lectures; public lectures that cannot remedy the health condition of this country. We come from those villages and we should speak for our people. Mr Minister, it is not your fault. I know how difficult it is to get resource from the Ministry of Finance. We spend money on things that are not directly affecting our people. You should not beg the Ministry of Finance for money to address issues affecting our people. The Ministry of Health should be given adequate allocations. Sometimes I see you bothering yourself till 7:00 p.m. to 8:00 p.m., engaging the Ministry of Finance. I am sure that should not be the case at all. The health sector is affecting our people; and as a government, we must be serious in addressing these issues.

Mr Speaker, Honourable Members, this is not just about MPOX; our health sector goes far beyond MPOX. It not just about emergency response; it is about the availability of resources in the health sector. I imagine ourselves, as Members of Parliament, we have been bothered, *'S.O. 2, 'are don call de ambulance service, but den say fuel nor dae.'* You will start running all over the place to send orange money; at the end of the day, we are here with the Minister. We are comfortably seated here as if nothing is happening. The sector needs a total refurbishments. I agree with you, but Mr Minister, for seven good years, the Lumley hospital is not completed. They told us that it has financial implication. Please tell us those implications today. This is the same with the Waterloo Hospital. They told us that the building has financial implications. What are the implications that we cannot address in one week or six months as a nation? We have to take seven years and abandoned them.

**THE SPEAKER:** If you mention seven years, then you are going political. The problems of Sierra Leone have been in existence since independence. I often say that we have not made much progress as a nation since independence. We go in circles; the same problems over and over; and the same problems every year. We debate the budget here every year; but at the end of the day, there is nothing much to show.

**HON: ABDUL K. KAMARA:** Mr Speaker, I agree with you, I am not mentioning time because of change of government; I am mentioning time because that was when the project got stock. We started investigating the cost and other things. If you go to the



Macauley Government Hospital, you would see hundred bed hospital facilities, but I am worried and I want the Minister to tell us about the drugs facilities in our hospitals. We talk about private sector involvements. Today, if you go to these hospitals across the country, you will get cost recovery drugs. Mr Minister, I do not know where you are coming from every day for work, but for some of us who drive around the East are seeing our people selling medicines like Cocodamol. *S.O.2, 'Ee dae men bozin, ee dae men this, ee dae men dat.* One medicine can cure almost forty diseases and these medicines are on the streets of Freetown. This is why we talk about diseases like heart failure or heart attack every day. This is because those selling these medicines do not even know what he/she is selling. We are seated here comfortably as a country, *S.O.2, are get blue tablet, dis blue tablet dae men bozin, e dae men bad wata.* What is the Ministry doing to ensure that we get rid of them from the streets of Freetown?

**THE SPEAKER:** Honourable Member, why are you so insistent on 'bozin?'

**HON. ABDUL K. KAMARA:** Mr Speaker, it reminds me of our colleague who was here and one day, he was asked what he has done and he said; *S.O.2, 'Honourable, u nor sabi, are don pull pas hundred bozins. E say me constituency bozin nor dae dae again.'*

Mr Speaker, Honourable Members, regarding the area of PIN codes, I agree with the Minister when he appealed that people should allow him to employ the right people. However, if you are employing the right people, please go to those hospitals to find out those who have worked in those hospitals as volunteers for years. It is painful and frustrating for somebody to have worked in a hospital as volunteer for seven, eight or nine years and when it is time to employ, those who have never had the experience were the ones being employed. Mr Speaker, if I were in such situation, I would be frustrated. Mr Speaker, after giving them PIN codes, they go and sell palm oil because they do not have passion for the job. This is what the Chairperson of the Committee on Health was saying. If you are going to employ, please consider those who have volunteered in those hospitals. I told you the other day that even the 2022 Audit Report captured somebody who has volunteered at the Magburaka Government Hospital for twelve years without being PIN coded. She was left out and she is still working there as volunteer. She is academically qualified with twelve years experienced. These are the issues we need to address.

Mr Speaker, Honourable Members, it is not just about giving out PIN codes because we have to address the needs of those who are working there. I know there are special needs the Ministry has to bring to the hospitals, but we should also look at those who have sacrificed themselves to serve this nation. We cannot have a better healthcare system if we do not have the working tools or the manpower. The same doctors and nurses that are working at 34 Hospital are the same doctors and nurses that are being

employed at the Life Care Hospital. They are the same people who are working at Choithram Hospital. We do not have the required materials. As we speak, the Audit Reports revealed that hand gloves are not in our government hospitals. These are basic things we need to address. Mr Speaker, if somebody says you have not done anything, I would say you have done the best as Speaker of this House. Please continue to bring the Ministers here, so that they can tell us what they have done. We have to remind them about the needs of our people.

Mr Speaker, Honourable Members, I am not saying this out of bad fate, but the healthcare system in my own district and in my own constituency where I was in the last Parliament is not better off. The distance between one facility to the other is supposed to be three miles. In some areas, people have to move over twelve miles. I am not saying that this can be solve in one day, but let us see the progress we are making as a nation. If we do not do that, we will still come here again to say it was supposed to be done, but it was not done. Mr Minister, you have so much to do and I know the frustrations you go through every day. Sometimes you have to speak English or Krio to the doctors for them to understand. I see the conditions of the health centers, but if there is nothing to be addressed and if there is no law, please do something and this Parliament will enact a law to get rid of those quack doctors from the main streets of Freetown. They used to exist, but not on the main streets of Freetown. This is an insult to us, as a nation. They sell herbal drugs all over the place; sell all kinds of drugs. You cannot do this in any other part of the world. Why do you allow these people to kill our people? Today, you see people who are even twenty-five to thirty years struggling with heart attack. This is because every day they buy medicines in the streets of Freetown for sexual enhancement. They have these sexual enhancement drugs all over the place. The have Cocosamba, Oga Arbeg, Torment the Mamie na net, etc. I know there is one MP who is not happy when I am saying this because it seems I am taking him out of business. However, I just have to say it; if you are tired, go and sleep. You do not need any extra drugs; let our women breath at night. I thank you very much, Mr Speaker.

**THE SPEAKER:** I can see the excitement. Why the excitement? I hope we do not have veterans here. I call on Honourable Quintin Salia-Konneh.

**HON. QUINTINE SALIA-KONNEH:** Thank you very much, Mr Speaker. My own contribution is going to be very brief and to the point. The problem we have is a systemic problem. In as much as it is a systemic problem, I believe there are drivers for those problems. The situation we have at hand is very dangerous, looking at the information giving to us by the Honourable Minister.

**THE SPEAKER:** Hold on, Honourable Member. I want to recognise the presence of Miss Kumba Foday, CEO of Sahr Sogbandi Foday Foundation. She is currently constructing a hospital at Loko Town community in Wellington. I thank you very much for your service and welcome to the House of Parliament.

**HON. QUINTINE SALIA-KONNEH:** I stand to be corrected, but looking at the information given to us by the Honourable Minister, I became scared. I do not think if all of us are safe from this MPOX. This is because the first statement I got is that there is only one manufacturer for the vaccine and that is the scary statement I heard. We have a population about 8.5 million people in this country. Another statement is that we only have about sixty-three thousand [63,000] doses of vaccines. If you divide 8.5 by 63,000, the variance is huge. This means as a country, all of us are at risk. I might have taken the vaccine, but what happens to my wife? If you look at the mode of transmission, touching is one of them. Mr Speaker, touching comes in diverse ways and there are ways of touching that are inevitable because one cannot just stop touching.

Mr Speaker, Honourable Members, we are at risk. I know that the Honourable Minister is somebody who is very proactive. He has been up to the task, but I am baffled at the statement he made. He said we got the first case of the virus in January. I am sure from January to now is about four months. He also said that as a Ministry and as a country, they are now preparing to isolate those who are already infected. Well, I was expecting the Minister to tell us that, in as much as they intend to isolate those who are infected [which is a very good strategy to break the transmission chain], how much do we have for that? Do we have money aside to implement this as soon as possible? This is because setting up treatment centers is not an easy thing; it is cost intensive project. You have to buy everything new and I agree with you that you cannot treat an MPOX patient in the same hospital where you treat other patients with other health conditions; otherwise those with other health issues will leave the hospitals.

**THE SPEAKER:** At this stage, let me also recognise the presence of Mrs Nabeela Farida Tunis, the Minister of Tourism and Cultural Affairs. You are welcome to House of Parliament. She is a special friend of this House.

**HON. QUINTIN SALIA-KONNEH:** My concern is, do we have money aside for the setting up of these treatment centers? Already, we have up to two thousands MPOX cases [2,000] in just four months. We already have MPOX cases in every districts; no district is exempted, even Bonthe District, where the Speaker comes from is also part of this. The concern now is how much we have put aside for that purpose? Secondly, we have realised from the previous outbreaks that different strategies were employed. Those strategies were so robust and aggressive that everybody was involved in giving messages to their loved ones. I stand to be corrected, but as it is, there is no message

out there for our people. As Honourable Members, when we go to our respective constituencies, we are expected to engage our people; we are expected to tell them about the outbreak. The question is, what are we telling our people if we do not have a generic message to send to them?

Mr Speaker, Honourable Members, I was in my constituency two days ago when we lost our hero FMB Sawi. In as much as I am conscious of the outbreak, I was accused wrongly. I met with one of my chiefs who brought his hand out for a handshake, but I knew that handshake for now could be dangerous. I used the Ibrahim Traoré way of greetings, which is binding without shaking our hands. He took offence that he brought out his hand for a hand shake, but I refused. I had to take my time to explain to him and the others who were there that there is an outbreak and he said, *S.O.2, 'ta mia wae dae wu ma, mu kor keh inn ge bonda lor na*. He said if that is the case, why did you fail to tell us that there is an outbreak? So, this simply means that we need to have a generic message we can take to our people. We have to join the Ministry, so that we can go to our respective communities and sensitise our people.

Mr Speaker, Honourable Members, I have been a friend to the Ministry of Health. Whenever there is a health situation in my constituency, I either called the Minister or one of the experts, Morris Ferenkeh Koroma or the DMO. Few weeks ago, we had a situation in Kailahun where somebody developed an unusually health condition. The person was not really in my own constituency; he was in the adjacent Constituency of Honourable Siaffa. The issue came to me and I tried to call her, but I did not get her. I called the Chairperson of the Committee on Health, Honourable Wuyatta Songa and she gave me the DMO's number. I reported the matter to Kailahun, but fortunately it was not about MPOX. In conclusion, I would like to ask the following question:

- i. Mr Minister, do we have a budget set aside for the setting up of the treatment centers?
- ii. How prepared are we in terms of sensitisation process? What are the generic messages we can take to our respective communities to sensitise the people?
- iii. If we only have sixty-three thousand [63,000] doses of vaccine, what happens to the remaining people who will not be opportune to get the vaccine, considering the monopoly market in terms of manufacturing the vaccine. I thank you very much.

**THE SPEAKER:** I give the Floor to Honourable Mariama Bangura.

**HON. MARIAMA BANGURA:** Thank you, Mr Speaker, for this opportunity. An issue like this is very serious because it is about our lives and nobody here is exempted. The issue of MPOX is very crucial. Some of us live in the slums, where malnutrition or under nutrition is the order of the day. This disease is disastrous and we have to do

something about it. With the public toilets, especially in the slum areas, this disease will leave no one untouched. Mr Minister, in slum areas where malnutrition and under nutrition is the order of the day, what measures have you put in place to sensitise the people and prevent the spread of this disease? Mr Minister, you are not strange to outbreaks in Sierra Leone; you have been here during the Ebola outbreak. I heard that you fought very hard and I believe you are now the Minister and you have the powers to do certain things. You have the ideas how to fight this outbreak. There should be measures in place for every future outbreak. We should be thinking of how to stop the spread of the virus. We should not be procrastinating at all.

On that note, Mr Speaker, Honourable Members, I want to inform the Minister that the lives of our people are in danger, especially in the slum areas. The Western Urban is surrounded by slums and please take that seriously. I thank you.

**THE SPEAKER:** I call on Honourable Aaron A. Koroma.

**HON. AARON A. KOROMA:** Thank you very much, Mr Speaker. I want to particularly start my intervention by commending the Speaker and to state here that this is exactly how a Parliament ought to function. One of the most effective ways to hold the Executive accountable is by engaging the Executive. When we follow the Nigeria Parliament and other Parliaments like Ghana, you will notice that Parliament runs their countries on a daily basis. You would see the Parliament move Motions that direct how governance is supposed to be done. I am sure that is exactly what you have started. I want to commend you and to state here that this is a step in the right direction. I want to urge all of us, as MPs, to support this initiative and to make sure that it is sustained.

Mr Speaker, Honourable Members, as MPs, we are the ones who are exposed to the highest risk of the MPOX by virtue of the work we do. We are exposed to our people; we go to our people for meetings and other things. We do not even have security around us. This means there are almost less or no protocols to access MPs; and as a result, we are exposed to this virus. I think having us to lend our voices to this discussion should be seen as a clarion call to address this issue. This is something that has seriously affected our people and it is still affecting the people we are representing.

Mr Speaker, Honourable Members, before I came here this morning, I had some calls with some health professionals. It is clear that based on what has happened so far, I can conveniently say that the Ministry of Health has not put the seriousness we expect in terms of management or care for the MPOX in our country. This is a confirmed fact that there has not been any huge consignment that has been distributed to any PHU or district facility of PPEs to help them address this particular scourge. All of us know that there is no specific cure for this virus, but antibiotics are the available drugs or

specialised drugs that are normally used to cure those who are infected with the MPOX. I am yet to see a consignment of drugs being distributed countrywide to ensure that the district hospitals or other health centers are well prepared in the event we have such outbreak. I want to believe that I have not seen much commitment in terms of recruitment of contact tracers, like the Chair person for the Health Committee was saying. The health sector does not need a PRO, just like the Agriculture sector because you can see the food in the market. We want to see the Ministry puts some serious commitments in terms of massive engagements with the traditional rulers. This was done during the Ebola and the Covid-19 era. This is what we are expecting to see. On the 16<sup>th</sup> January 2025, you declared MPOX as a public health emergency. That was a bold step, but the attending factors that are supposed to be done are yet to be done.

Mr Speaker, Honourable Members, I want to talk about the enforcement of the infection control protocols. Even though you have declared MPOX as a public health emergency, we still have people who go to certain places without strict observance of health protocols. During the Ebola and Covid-19 outbreaks, we made hand washing compulsory before entering certain public places. Today, if you go to the schools, little or nothing is been told to the pupils about this particular scourge that is affecting us and why they should maintain social distancing. This education should be given to them. School going children should inculcate the idea of hand washing, which is lacking.

Mr Speaker, Honourable Members, I want the Minister to tell me how many holding centers that have been established since the declaration of MPOX as a public health emergency in January. The other thing I want to talk about is that health financing continues to be a challenge for the health sector. I am happy that Dr Satie is here. He is now the Chief Medical Officer [CMO]. When he was the Bank's Medical Officer [BMO], there used to be alternative sources of financing for the health sector at the district level. There used to be RCHP and DSDP. These were complementary supports from donor partners to complement government's efforts, so that in event government is unable to make timely disbursements of funds, these projects would be able to provide supports to these healthcare facilities. These facilities were always there to deliver services to our people as and when they come. This is something that is almost absent in our facilities.

Mr Speaker, Honourable Members, the last time our hospitals received allocation from government was June, 2024. I am sure **70%** to **80%** of our constituents go for medical facilities to the PHUs. They do not go to the tertiary hospitals in Makeni, Bo or Kenema, but they access their PHUs; they access the facilities that are closer to them. Owing to the lack of funds, they cannot even give them drugs and that is why it is now a known fact that the cost recovery drugs, which used to be effective, are no longer

there. I still remember that before you became Minister, there was a pilot case and the PPP Approach was used to make sure that we have drugs available in our health centers. It started at Connaught and some tertiary hospitals. I want to know whether that facility has been cascaded to the district level and how much are you going to ensure that we revitalise the cost recovery drugs system. It is a very good approach. We cannot say this is a hospital when you do not have drugs. You can have 100 beds, but if you do not have drugs, then it is not a hospital. So, drugs are the essential components of our health centers. I want to know your level of preparedness.

Mr Speaker, Honourable Members, I want to talk about the NEMS. This system was supposed to be a very good system and it started very well. All of us know that government is continuity. The ambulances for the NEMS were procured during the last government and they were distributed by this government when His Excellency Dr Julius Maada Bio took over governance. However, since those ambulances were distributed, I can bet my life that the Chiefdoms that were meant to be given two or three ambulances did not receive any ambulance. I want to know whether the Minister is aware that most of these ambulances are now out of use and even the chiefdoms that used to have ambulances are now without ambulances. I know that it is not just his challenged, but a challenge for the Ministry of Finance as well. That is why I want to support what Honourable Abdul K. Kamara said that the Ministry of Finance needs to give the Ministry of Health the needed resources. They should not beg for allocation and if they allocate funds to the Ministry of Health, they must be able to disburse the funds on time. So, I want to ask how much you are going to prioritise for the procurement of ambulances to make sure that those ambulances meet the needs of the people of this country. Like what all other Members have said, we are not protected if our constituents are not protected. There is no way a Member of Parliament or a healthcare practitioner can be protected if the patients are not protected. I thank you very much.

**HON. ABDUL KARGBO:** Mr Speaker, thank you very much. I have two documents from the Leader of the Opposition and Members of the Opposition of Parliament. I am deeply saddened by the passing of Honourable Musa Peter Moigua, a sitting Member of Parliament and the current Organising Secretary of the Sierra Leone Peoples Party [SLPP]. On behalf of the Opposition in Parliament, I extend my heartfelt condolences to the family, the SLPP leadership and our colleagues on the Majority Bench. Honourable Musa P. Moigua was a dedicated public servant who served his party and the people of Sierra Leone with distinction. His respectful engagements and commitments to national service earned him admiration across political lines. His death is not only a blow to his family and party, but to the entire Parliament and the nation as a whole. To the bereaved family, may you find strength and comfort during this difficult time; to the

SLPP and the House of Parliament, we mourn with you and stand in solidarity as we honour him. May his soul rest in perfect peace.

Mr Speaker, Honourable Members, the second document I would present to you today, Mr Speaker, is our unequivocal voice we have taken as opposition. I am going to present the letter to your office. We are asking for the immediate resignation of the Clerk of Parliament, whose office is protected by Sub-section 2[b] of Section 26 of the 1991 Constitution and Sub-section 1 of Section 82 of the 1991 Constitution. It states that the Office of the Clerk is a public office and all public offices are restricted from participating in political party activities. The Clerk has publicly declared his intention to run for the Secretary General of the SLPP and backed up with enough derogatory statement against the opposition. So, we have lost confidence and trust in him and we on this side will no longer recognise him as the Clerk of Parliament and we would forward you the letter, requesting for his immediate resignation and if he failed to resign, we will take a political action. I thank you. Mr Leader, this is not exposed to a debate. I just told you our position.

**HON. MATHEW S. NYUMA:** Mr Speaker, before we continue the debate, I stand on a Point of Order. During the Fifth Parliament and even the Sixth Parliament, we have been able to manage ourselves. Whenever there are issues in Parliament, we should still follow that spirit in terms of engaging one another. Mr Speaker, no matter how you look at it, the Clerk has been with us in good and bad times. We have been here like a family and we do not treat ourselves badly. He has read the provisions in the Constitution and it is the right of the President to hire and fire or ask for the resignation of the Clerk of Parliament. I want to believe dialogue is the best way to go. I am sure for you to read a letter of threat is not in the good interest of parliamentary democracy as we have started in the Fifth Parliament. I believe that he should have engaged you the Speaker before reading their position. You should engage the President because he appointed him and to discuss it as family. He has read a letter to us, threatening that they would take a political action. I want us to continue the spirit of working together, instead of issuing out political threats. We do not want to use our platform to do things that are not good for this Parliament. That is my submission sir.

**THE: SPEAKER:** Leaders on both sides, let us meet immediately after this debate. Mr Leader of the Opposition, please go straight to your debate.

**HON. ABDUL KARGBO:** Thank you, Mr Speaker. I thank Leader of Government Business for his comments, but I just wanted him to note that the Clerk is my friend and there is nothing personal between us. To the debate, I first of all want to thank the Minister because he has taken his time to respond to the questions posed by Members of Parliament. I want to commend you for these initiatives. We have been having



problems regarding bringing Ministers here to ask them questions on issues affecting our constituents. One of our fundamental roles is to represent our people. Therefore, whatever befalls them should be our concern. Mr Minister, I want to express my profound thanks and appreciation for taking your time to answer questions posed by this House. Of course, one thing that is common in Sierra Leone is the fact that whenever we experience an outbreak, it spreads speedily. When the Ebola virus came, in the twinkling of an eye, we had several cases; and when Covid-19 came, in the twinkling of an eye, we had several cases of Covid-19. As a nation, we have managed the Ebola and Covid-19 outbreaks. Therefore, we ought to have had a playbook of how to handle these diseases or viruses.

Mr Speaker, Honourable Members, we should be sure of our preparedness and our response. How prepared are we? How many isolation centers or medical supplies do we have? How do we train the medical personnel on how to handle MPOX? Have we trained them? Let me give you what happened when we had Covid-19 and the Ebola outbreaks. When we had Covid-19, there were over 60 holding centers across the country; when we had the Ebola outbreak, there were also over 60 holding centers across the country. In fact, for Covid-19, there were 40 quarantined facilities. How many holding centers do we have for the MPOX? We are talking about three, when we have had over 60 holding centers before this time. We are now talking about have over 2,000 cases of MPOX and we only have three holding centers. Are we really ready to fight this MPOX? Again, one of the successes we had when we had both outbreaks was public awareness and risk communication. There was public education on transmission, prevention and symptoms. All over the country, people were educating people; people were educating citizens on transmission, preventions and symptoms. In fact, messages were designed to combat misinformation. What are we doing, as Ministry, to ensure that we control or handle misinformation about MPOX in our communities, especially in communities where there are traditional practices? What do we do to communicate to our people?

Mr Speaker, Honourable Members, I could remember, we were in this country and we were exposed to certain things, but we are not copying from the strategies we used. When we had Covid-19 and the Ebola outbreaks, there were door to door campaigns by trained community health workers. They were going from door to door to educate the people. There were engagements with the traditional leaders as well as traditional healers. This is because when once you encounter such sicknesses, they have a traditional connotation that they ascribe to it. My colleague here is saying that when you are infected, some will say it is an 'Arlay;' therefore, instead of going to the medical center, they would take you to a traditional place. What have we done to ensure that we educate our people who are the victims of MPOX? How are they buried in their

communities? The transfer of the disease is eminent if public education is not prioritised. That is why I want to crave the indulgence of the Ministry to ensure that we lay emphasis on sensitisation. It is very important.

Mr Speaker, Honourable Members, when Covid-19 and the Ebola came, there were community bylaws that restrict people. Are we waiting for the cases to increase to 5,000 or 10,000 before we begin to put in place bylaws? We should initiate all of those things because these were things we did before as nation and we succeeded. So, we should ensure that we replicate them, especially on positive steps in order to mitigate the spread of the virus. There were radio and television sensitisations across the country and there were photos that helped to educate the people. As a Ministry, you should continue to print these photos and post them all over the city, so that anybody who sees them would know that MPOX is real. Apart from the public awareness, how prepared are you as a Ministry for vaccination and treatment if there is any? Sierra Leone is a developing nation and when we have a crisis of such nature, we should ensure diplomatic engagements for helps. We should also ensure the procurement of drugs and materials. In fact, the Constitution makes provision for supplementary budget for cases of this nature. When you are unprepared for something and it happens, we must be able to do something. You would agree with me that success is another form of failure if you do not prioritise your priority. Our priority should now be the health of our citizens. So, budgetary allocation must be made available to the Ministry of Health in order to ensure that we procure the required materials. We have diplomatic engagements on having these vaccines.

Mr Speaker, Honourable Members, I was shocked when I learnt that we have about 63,000 doses. When we had Covid-19, we had the Astra Zeneca, the Johnson and Johnson and the Sino Firm. We had over three million doses of vaccine. Today, we are only talking about 63,000, which is not even up to the 100,000. This does not sound too good when your citizens are undergoing such crisis. We must be prepared to divert some funds to procure these vaccines. I know that our economy is not too big; and as a country with a struggling economy, we must be prepared to engage. The Ministry should engage the World Health Organisation [WHO] and tell them about what we are facing. You have to share with them the number of cases we have and our budgetary constraints, so that they can intervene. We also have the Africa Center for Diseases Control [CDC]. Has the Ministry engaged with them? Has the Ministry spoken with them? Honourable Emerson Lamina and I are part of the Steering Committee of the West African Health Organisation [WAHO]. They recently donated about **\$100,000** to enable the Ministry to handle this MPOX. So, more engagements should be made by the Ministry. We should not be dependent on our economy or the revenue we collect. This is why sometimes the Ministry of Finance thinks it is being overburdened.

Mr Speaker, Honourable Members, I am sure you were called because of your exposure, your experience and the contact you have with these organisations. Please make use of it, Mr Minister, by meeting the Africa, CDC, WHO and donor partners to support the acquisition of vaccines. We cannot just rely on our revenue. You have to meet them, so they can support the acquisition of vaccines. They always have technical assistance they give to countries and we need technical assistance as well. Let us meet them, so that they can help us. This is getting out of hands and we must do something. I have seen videos and they are very terrible. This is more devastating than even Covid-19 because you can see how deformed people are when they contract the virus. Mr Leader, a lot of people have died of the MPOX. It spread as fast as possible. The virus even attack people's reproductive organs. I have seen videos of them. When I saw one of them, I could not eat because it was so devastating.

Mr Speaker, Honourable Members, I want to inform the Minister that one other key thing to consider is cross border and regional coordination. I could remember Convid-19 began in Guinea and there was a case of somebody leaving Guinea to Sierra Leone. So, there should be cross border and regional coordination. When we are looking at the number of cases, we should not only limit it to Sierra Leone; let us make a comparative analysis with neighboring countries to see whether their own situation is better or worse than ours. We have to put restrictive measures on the borders because no matter how best we fight the virus internally, if we are not conscious of our cross borders control, there will be a problem. Mr Minister, has the Ministry participated in a regional stimulation exercise on MPOX? These are the things we should be doing because MPOX is very serious.

Mr Speaker, Honourable Members, let me tell you the negative things about Sierra Leoneans when once there is an outbreak. They may want to castigate the party in governance for the outbreak and I believe that is wrong. When there is an outbreak, we should be coordinating our efforts and disregard our party affiliations. We should make sure that we fight against the outbreak because it does not choose whether you are APC or SLPP. You can go to 34 Government Hospital and see some of the victims. Some of them have APC party membership cards and some have SLPP party membership cards. This is why our efforts must be coordinated, devoid of political affiliations. We should not politicise this issue at all. What efforts have we put in place with neighboring countries? As Minister of Health, you should be in speaking terms with the Minister of Health in Liberia and the Minister of Health in Guinea on a daily basis. You have to learn from each other on how to manage such situations. This is serious and we have to handle it with coordinated efforts.

Mr Speaker, Honourable Members, they are saying that only 63,000 doses of vaccine and they would prioritise the political class, those with influence and affluence, while our people, who are the grassroots, will not be vaccinated. That is why we are saying that revenue alone is not enough; we should get external engagement. Officials in the Ministry should have travelled to W.H.O. to show them how serious the situation is. They do not know until you go there and lobby for your country. I prefer going to W.H.O than to the Ministry of Finance, where they would have to be thinking of how to pay salaries at the end of the month. Mr Minister, when we had the Covid-19 and Ebola outbreaks, we had the call center, which was 117. I want you to ensure that we publicise it. For Members of Parliament, most of what we know on how dangerous MPOX is, our constituents do not know it. When once they contract the virus, they will begin to say, S.O.2, 'dis na chicken pox.' We need to engage our constituents, so that they can be properly educated; we need to meet and talk to the traditional leaders.

Mr Speaker, Honourable Members, I have a friend in my constituency who had liver problem; and because of the liver problem, he was not urinating and instead of taking him to the hospital, they said S.O.2, 'den don gbagba am.' They took him to a native doctor; and at the end of the day, he died there because of lack of knowledge. How many of our citizens have died of the MPOX. I want you to know that MPOX is real. How many mothers are taking care of their kids and touching them un-protectively when they are suffering from MPOX? We already have so many things to handle as a country. Therefore, let us ensure that we invest in sensitisation because it is very important. Mr Minister, before the emergence of MPOX, your Ministry was seriously challenged. We have a role to play for the wellbeing of our people. The best thing you can give to your citizens is good health and all other things are secondary. So, investments have to be directed towards the health sector. We are talking about government hospitals without electricity. I want to however thank the government for installing solar panels in major hospitals for operations. I also want to thank the Ministry for their efforts.

Mr Speaker, Honourable Members, while I was in Kenya, the only son of a colleague of mine was sick and he was taken to a government hospital in Lungi. There was no electricity and they told him that the boy needed oxygen, but he should buy fuel for the hospital generator. He did not have money to purchase the fuel that night and that was how he lost his only son. Sometimes when it does not happen to us, we do not treat things seriously; we treat things with levity. I am not saying it because I am APC. I have said here that our health sector must not be politicised because regardless of the party we belong, every Sierra Leonean is liable to health problem. So, it should not be politicised at all. Those of you who are saying that this is a makeup story; I will leave you with your conscience and with the man who has lost his only son. We know that

there are challenges and that is why, we on the Opposition Bench, unhesitatingly told you that we are prepared to work with you to ensure that we do everything within our powers to fight the MPOX. It pleases me to inform you also that even the structures of our party are ready to support you to fight against MPox. I know some of you do not treat things with seriousness.

Mr Speaker, Honourable Members, I do not want to dwell on the generalities of the health situation in Sierra Leone. I specifically and intentionally focused on MPOX and I am sure with some of the strategies I have shared with you [if you make good use of them] they will go a long way to help our country. We have to ensure regional coordination in order for us to succeed. The former Speaker of the ECOWAS Parliament is a blessing to this Parliament. I am sure he is one person government should be making constant use of for regional engagement to mitigate most of the plaques that are befalling our nation. I am not campaigning; I am just been fair.

**THE SPEAKER:** Mr Leader of the Opposition, you know sometimes in Sierra Leone, we do not treat our leaders properly. He should even have a siren as an Ex-Speaker and a brand new vehicle from the government. He should be use by the state in international engagements, but we under used our authorities. We under use our authorities and the Leader of the Opposition is perfectly right. He has gone so far to that level and he has extreme influence in so many quarters internationally and nobody even seems to care that he is in Sierra Leone. In other countries, they put such people at the helm of affairs. The Minister cannot just go to the ECOWAS or the African CDC to advocate for Sierra Leone. They would not listen to him, but if we use those who have served internationally, you need to restate that.

**HON. ABDUL KARGBO:** Thank you, Mr Speaker. I am going to be more specific and emphatic. When he was the Speaker of ECOWAS Parliament, on several occasions, we have never gone, as a Parliament, without an Ordinary Session that takes a month and Extra Ordinary Session that takes two weeks. When he was Speaker, he was capable to garner resources for the work of the ECOWAS Parliament. Now, at the ECOWAS Parliament, the Ordinary Sessions that are supposed to be one month, it is now two weeks. We are just from the delocalised meeting and instead of two weeks, it was reduced to four days. As the adage goes, **"The value of a shade is not known until the tree is cut down."** As a Sierra Leonean, you must be able to embrace your own assets, regardless of your political lineage. Honourable Aaron Koroma is a good debater, but if you ask most people, they would say S.O.2, 'bo nor to beteh debater' because of their political orientation. This is because you do not share the same political party. We should be able to grow beyond partisan lines. When a Sierra Leonean is good and when he is making effort as a Sierra Leonean, we must be able to say it.

Mr Speaker, Honourable Members, we want to plead with the Ministry to ensure that more efforts are made. I know that you are making efforts, but you have to double your efforts. We have to attract the attention of our international partners or organisations. I wish you well and whenever you need a Member of Parliament from the Opposition, please feel free to contact them. I want you to feel free to work with them because some of them are part of the Committee on Health. They have given up their time and resources to ensure that this problem is addressed. As a responsible Opposition, we are prepared to work with you and may God bless you and the Ministry.

**THE SPEAKER:** I now give the Floor to the Leader of Government Business.

**HON. MATHEW S. NYUMA:** Mr Speaker, Honourable Members, I think I will try to be very brief because we have many items on the Order Paper. We want to thank everybody for asking relevant questions. This is what we call the new direction. We are not new to this Parliament. When our colleagues were in governance, they tried to protect their Ministers or their government even at the detriment of the state. That is the difference between us and them. I have been here before most of you on the other side and I know what I am saying. Honourable Sidie Mohamed Tunis you mentioned is your ambassador at large, but you do not know this information. He is very magnanimous. We believe in transparency and accountability; we believe in open governance system. So, Mr Minister, we know you have answered most of these questions and that is why I said you should help this government. Even when you were away from Sierra Leone, you came during the Ebola scourge, but they refused to listen to you and there are records to the effect. He is not in denial of all what is happening, but I want to remind you that we are donor driven country.

Mr Speaker, Honourable Members, when the Minister came here, he said he was in a meeting with the Indian Ambassador regarding the MPOX. When we had the Ebola, we failed to take leadership, but when Covid-19 came, he was in charge and he took leadership position. The successes we recorded against the virus were as a result of his expertise. We have trust and confidence in his professionalism. You have served as a Sierra Leonean, not as someone who is supporting the SLPP or the SLPP administration. He has served this country during the Ebola in the then administration he handled Covid-19 effectively. We are now talking about the MPOX. He has discussed a range of issues on radios. They have their structures that were put in place during Covid-19. We need to also follow with our constituents regarding what is happening in our localities.

Mr Speaker, Honourable Members, I want to thank the Minister for his explanation. He has given the distinction between MPOX and Chicken pox. It was a deliberate question that asked and you have explained to us clearly for us to understand and to take this issue seriously. We have about two to three holding centers. You cannot just be

establishing holding centers all over the place. You have to look at the effectiveness of the holding centers when you establish them. It is not a wishy-washy business. The Minister has told us about the status of MPOX in the Western Area. He has given us a comprehensive statistics of the virus and its prevalence in other areas or districts. He said we have started treating people. We cannot quarantine them; we ask them to go home and take precautions, but if we see the prevalence in any community, they would issue out the rules. We have explained what we are supposed to do and he said in his open statement that it should be more of social distancing.

Mr Speaker, Honourable Members, the Minister has been educating the public regarding the virus on radio. If you contract MPOX, but you failed to take the necessary measures like avoiding body contact, it means you are aiding and abating the spread of MPox he has explain that. We cannot establish holding centers in areas or districts where we have only two cases. You have to think about the financial implications as well. When we say some of these things, we should also think about the financial implications. As we speak, he is handling the virus effectively and that is why he is here to answer some of the questions. The last time we met, we spoke about public health regulations. Mr Minister, I have stated here that you are not a novice to public health regulations. Whenever you have emergency outbreak of this nature, we need to bring the regulations. I thank God that the Attorney General and Minister of Justice is here. I think he needs to sit down with him and have those regulations activated. You would agree with me that Covid-19 is still around and you should advise them on what to do. If they failed to do so, as noted by the Leader of the Opposition, we have to ensure regional engagement. How do you engage other districts based on the regulations we put in place? Those regulations are there because we do not want people to take chances at all. You need the regulations, Mr Minister. You were so interested about passing the public health emergency regulations. When we have emergencies, we treat the way we handle the Laser Fever. You only need to make a pronouncement or bring the regulations to Parliament.

Mr Speaker, Honourable Members, you should not just quarantine people because you want to quarantine them. You have to bring the regulations to Parliament. What do we do in handling some of these outbreaks? I think the Minister will answer some of the questions that have been posed. We have to manage this process in order to note how we can open up governance as we have started. This is a form of having an interaction for the wellbeing of our people. We are here to talk about the things that are urgent or things that have to do with the people of this country. This is why we have summoned the Minister here not to embarrass him. I think this is what we can take on board because all his professionals are around and they are taking note of what we are saying here, especially on the area of pin codes. The nurses are not going to their various

stations. I know you have the data on that, but I am sure we can handle it. This was brought to our notice by the Chairperson of the Health Committee.

Mr Speaker, Honourable Members, I hope that when the regulations are out, we would effectively handle the MPOX. I am sure other outbreaks are still around, such as the Laser Fever, Covid-19, etc. You cannot ignore them. The Minister also mentioned about Malaria. What do we do about Malaria drugs? We have drugs that are given to people free of cost; we have vaccines that are given to people for free of cost. If you commercialise this, it is a different issue. We need these regulations, Mr Minister. As we said, we need to change our mind set; we are so negative about the health sector and it involves a lot of money. Let us appreciate what we have and make use of what we can do at the moment in terms of proper medical care. We have talked about equipment and improving the conditions of the hospitals that are meant for the public. When we refer to government hospitals, we should not be ashamed to say the truth.

Mr Speaker, Honourable Members, our economic situation is challenging and that is why we have the cost recovery drugs. If you go the Connaught Hospital, we have the outpatient section. Health situation in the United States of America and other places, medical issues are very expensive. We should treat health conditions with seriousness. Health involves a lot of money and there is so much we need for our health. It has to do with lives and so much money is involved. The last time the Minister told me that he had to move around the world to beg for funds because most of these funds are not given so easily because of the global crises those are happening. People are keeping their moneys because they do not want to give. The world is becoming greedy, Mr Minister. The Minister said *S.O.2, 'bo lah nor kam tay ya, are get for go fen money for fet mpox.'* We can understand your situation; we only wanted to stretch you a bit because we want the people to understand how effective and how serious you are taking this fight. I thank you very much, Mr Speaker.

**THE SPEAKER:** I give the Floor to the Minister.

**DR AUSTIN H. DEMBY:** Mr Speaker, Honourable Members, I thank you very much for the spirited debate and the opportunity to speak your mind. I think I will walk away from here with the feeling that we have a very rigorous and effective Parliament. My role here today is to be a good listener and I have listened well. It is not hard to listen than to speak. I have listened and I have heard a lot of issues being raised and I want to assure you that we would factor all your concerns for implementations. I also want to make few clarifications because there are few issues we need to revisit or correct or put in proper perspective.



Mr Speaker, Honourable Members, I want to thank the Leader of the Opposition for his comments. He was insisting that this is not expenditure, it is an investment and you expect a return on that investment. God knows how many years I have spent working in the global health space in leadership role in many countries and organisations. Although the former Speaker of the ECOWAS Parliament is in a different political ground in the global health space, we had incredible connection and we have been able to leverage on that in order to put Sierra Leone where we are and where we are going. I had engagement with W.H.O. and I was able to understand that the vaccines are not available, no matter how much money you have. This is a vaccine that was developed for small pox and it is very limited in its scope. I think it is only a few doses of vaccines that are available. Other countries have bought them for their countries. Organisations like GAVI bought some, but those are limited in supply. On the first day of the report of a case of MPOX in Sierra Leone, I directly called W.H.O. I called Mike Ryan who was in Afghanistan. He linked me with his counterpart in Geneva and they made an arrangement to give us the maximum amount of doses of vaccine that were available to them. They will be an emergency technical working group meeting to make a decision for Sierra Leone.

Mr Speaker, Honourable Members, we have a very strong team that put together a proposal that was so impactful that they made a decision to release those vaccines to us within a week. Even if you have the money now you cannot get it because it is not available. What we have done in Sierra Leone is to use this vaccine in a way that is impactful. The vaccine is just an additional tool and the number one tool is Avoid Body Contact [ABC]. Again, if you see someone with rash on his/her face, it could be a sign of MPOX. Parliament raised the issue about systematic transmission. I think we should be worried about systematic transmission because when you have the blisters, they get transmitted so easily. This is why you should not take blood sample to conduct the test; you look for the pustules to do that. Sometimes we do not know what we have, but you have one of the most sophisticated systems in this continent. What we have achieved in the area of Covid-19 was to modulate the response and understand the epidemiology and shift your response based on the epidemiology.

Mr Speaker, Honourable Members, if you have two cases and several quarantine centers and block everything, the very people you are protecting would turn against you. So, what we have been doing is to study the epidemiology which needs to be closely monitored. I think we should not panic at all. There are about two thousand [2,000] cases and of the two thousand [2,000] cases, there have been eleven deaths, which is less than **0.5%** of the mortality rate. It is not the case with the Ebola. So, it does not mean we ignore it; we should fight it with reasons. The initial focus was for us to see how it is going and how we can manage it at home. The data can shift our focus

because we are moving from the first to the second phase. This means you need to extract them and bring them to the facility. I am sure every hospital in this country has an isolation unit. During Covid-19, we got resources and we renovated those units. Some of them were not used for long time, but we are able to quickly activate them. The infection control measure is something we learnt from Corvid-19.

Mr Speaker, Honourable Members, it is important for us to reactivate those units and retrain people. Regarding the issue of network, I think the Honourable Leader of the Government Business alluded to it. There are major challenges on global health because global health is impacted the most. There is direct implication for the USA withdrawal from W.H.O. They are sacking about **50%** of the staff at W.H.O. headquarters. The other measure is to partner with USAID, but USAID told us that they were shutting down by the 1<sup>st</sup> of July in Sierra Leone and everywhere else in the world. They are firing their staff left, right and center. They just told us overnight that they were shutting down and when you shut down USAID, you shut down all other subsidiaries. That is what we are dealing with. We always rely on the European partners in situation like this, but the ongoing crisis in NATO countries is affecting the level of their supports and commitments towards this fight.

Mr Speaker, Honourable Members, all the European countries that used to help us are investing in their own defence system. So, there is minimal capacity to work in other countries and that is what we are dealing with. What we want to do is to depend quite a bit on what we are able to generate domestically. We want to bring efficiency with effectiveness to what we are doing. As we go out and ask partners for the remaining funds that are available in the global space, we want to demonstrate to them that if you give us a penny, you would see the value of that penny because we would invest and use it appropriately. In the office, I am one of the last people to leave Youyi building. When I go home, my second job starts because I am dealing with people from all over the world. I am not just the Minister of Health; I am also the leader for a network of Ministers of Health throughout the continent. We are looking at how these changes are impacting our lives. So, one of the biggest messages I heard from you all is the fact that we are going to ensure active community engagements.

Mr Speaker, Honourable Members, there is no way we are going to win without active community engagements. What we have done is to castigate all other pillars you can see at the central level. We have a new national public health agency that is dedicated exclusively for this. This is the institutional home of our pandemic preparedness and response. It is led by no other person than Professor Foday Sahr, who was the hero for all of us during the Ebola. They have got pillars and structures that have set up at the central level and we have castigated it down to the district level. One of the key

components of this is communication. We have not done effective communication. It is not for us to say what MPOX is and how it is transmitted or prevented, until everybody on the streets is able to echo that message. Everybody should know what MPOX is, how it is transmitted and prevented. So, what we are advocating for is for this Parliament to join us in taking this message to the public and partner with the public in addressing this menace. One of the Members wanted to know the simple message. I think it is really important and it is not complicated. Let us get a simple message that everybody would work with. Again, we are matching here on Saturday for diabetes. Somebody said we should Avoid Body Contact and it is the most powerful weapon we have. All of these issues about sexual transmission or other kinds of transmissions are secondary. We should avoid body contact because that is the number one way you transmit the virus and it is the number one way we can stop it.

Mr Speaker, Honourable Members, I think there are some general issues we would like to address. Perhaps, it is a good edification and a good partnership with Parliament. We have the issue of electricity in our facilities. When the baby wants to come, they really do not care if you have a generator or if you have EDSA or if you have whatever it is. It is our responsibility to provide uninterrupted power to all our medical facilities. It is a priority we must do. Honourable Abdul K. Kamara said I am lecturing. Well, I am not lecturing. This is my life and I have worked in many countries around the world to change things around. I am home now and this is the least I could do. What we have said is that we have one thousand six hundred facilities [1,600] in this country. We believe that by 2030, we should be able to get about two thousand facilities [2,000] where you would have the greatest impact when populations are moving, where the villages are becoming towns, towns are becoming cities, etc. We want to be able to expand that and what we are saying is that we want to go **100%** green and this means that we should have sunlight all over the place. It is the energy that is available to us and we have been able to capture it. What we are trying to do now is to get up to 16,000. As we speak, 260 of them have been completely solarised. We are looking at major hospitals, such as the Connaught Hospital. Please walk by Connaught Hospital and see what is going on there. I know you all have generators at home, like 10KVA, 20KVA or 30KVA generators and you know the amount of fuel you put in there. What we are doing at Connaught is to build a one megawatt solar system; a one megawatt solar system means you have 100KVA generator side by side, providing 24 hours uninterrupted power. We have done the same thing for PCMH, Kailahun and even Kabala. We are trying to cover the eighteen **[18]** major hospitals to ensure that the transition is complete. We have over two hundred **[200]** PHUs we are currently working on to make sure they complete the transition. The value of this is not only to provide electricity, but it also gives you the power to drill boreholes and be able to

pump water to these facilities. It allows one to run all the equipment in an energy efficient manner. We are changing all the light bulbs. We are now talking about **100watt, 50watt or 45watts** bulbs. These are bulbs that can completely illuminate these places. For these medical facilities, we are transitioning. About **40%** of the financial resources in the hospitals are expended on fuel and generator maintenance.

Mr Speaker, Honourable Members, let me go to ambulances. I think the ambulances are important because they are the most visible assets of the healthcare system. As I indicated before, nobody calls an ambulance, but in an emergency, what we have had in the past is the fact that ambulances are used in political shows. They were giving ambulances to the Chieftoms during traditional dancing shows or during celebrations, but the day there is one flat tire on that ambulance, it is parked and abandoned; the day there is a breakdown, it is parked and if you are not careful, the same ambulance will be carrying people all over the place. You would agree with me that this is not an emergency situation, but we are trying to reinvigorate the norms of the national medical emergency service system into a whole network of ambulances. You are not looking at an ambulance; you are looking at the ambulance service. All the new facilities are linked to 117 and we hope that we could have expanded coverage of the network, so that you will be able to call 117, no matter where you find yourself. We are repositioning the ambulances in locations, so that it will take few minutes for the arrival of the ambulance. All these ambulances are with GPS navigating signals. What we are trying to do is to establish a central hub, so as to be able to locate the ambulances.

**THE SPEAKER:** I hope we are streamed live on SLBC and AYV televisions; otherwise the Director General of SLBC has to see me first thing in the morning tomorrow.

**DR AUSTIN H. DEMBY:** Thank you very much, Mr Speaker. I doff my hat to Honourable Abdul K. Kamara. He is very energetic and enthusiastic. Again, he has a lot of energy and passion and that is what is needed. I want to thank him for his passion. I thought I was the only one who has this same passion. Sometimes I get angry with my people because some of these things are things that if you are not angry and something goes wrong, it will be a disaster. So, we want to change the healthcare system in this country. I think some of the issues that the Honourable Abdul K. Kamara listed are things that have been corrected. However, I will try to clarify them. First, when you say none of these facilities are ready or none of them have what it takes, I think our main focus here is problem solving. In fact, we reconvened a major health summit on Thursday and that summit brought all the districts, medical care facilities, civil society and other partners together. The aim was to see what is working and what is not working. We were deliberate and intentional with it. Our focus is on health

outcomes, imparting health outcomes and we have been able to reduce maternal mortality rate from the highest in the world with the fastest decline by nearly **70%**. Mr Speaker, that is not by accident and we recorded similar reduction in infant mortality rate.

Mr Speaker, Honourable Members, the GAVI CEO and representatives from some African countries convened in Sierra Leone last week to celebrate the vaccination week. This is because Sierra Leone, for five years in a row, has consistently maintained over **95%** vaccine coverage for the kid. That is not all; we have also introduced new vaccines, including Malaria Vaccine, HPB Vaccine, Ebola Vaccine and MPOX Vaccine with the same staff members who are committed to take the healthcare services to the farthest city of the country. Therefore, the numbers we are taking or sharing are not academic; they are deliberate. This is a result of some of the actions we have taken that are showing some of those numbers. Some of them are invisible or you cannot see them, but again these numbers are empirical, objective and are not based on opinion. We are not there yet in what we are doing, but we are deliberately working towards being there.

Mr Speaker, Honourable Members, Parliament is critical in what we do. I like to refer to the Opposition all the time, but I will be referring to government as well. As the Leader of the Opposition said, this is not a political discussion. MPOX does not determine if you are carrying a green card or red card or yellow card. These diseases see you as Sierra Leoneans and our responsibility as the Ministry of Health is to ensure that everybody's life matters and it should be protected. I am saying everybody healthcare matters and that is the instruction we got from the President; to ensure that we have universal health coverage and universal health coverage means everybody's health matters. Therefore, we want to be able to put MPOX situation in context because we want to use it as an opportunity to show who we are; a resilient, a strong and a devoted people that if you have a health challenge, we can take care of it. The Ministry of Health will effectively deal with any medical condition.

Mr Speaker, Honourable Members, in public health, the public is a vital partner in this effort and we will do more than what we have done. We will be more effective and at the same time looking up to you for guidance. We want to be able to take this message across. Our primary focus now is in the Western Area and we have divided the Western Area into thirty [30] zones. We want to be able, as we did in the case of the Ebola, to go to every zone and institute the measures we have put in place. Nobody should be left behind and everybody is important, like the traditional leaders, local chiefs, youth leaders, women's leaders, market women, students, to mention but a few. Everybody is important and we want to be able to satisfy every zone. As we do this, we do not want

to forget our red guards; we want to be sure that in all the districts, we keep the number of cases very low. This is because if we are not careful in these districts, we will move to thousands of cases just like what we now have in the Western Area. So, we are going to work in the central Freetown or the Western Area and also the districts.

Mr Speaker, Honourable Members, the last thing I will say is that we are dealing with MPOX, but even though we have reduced the maternal mortality to one of the lowest in the region, women are still dying. What we have committed to Members of Parliament is that we want zero preventable maternal deaths. This means if we have zero preventable maternal deaths, the effort is not just in Freetown, the effort will be everywhere. We have created an Emergency Operation Centre that shows what is happening. We are reporting district by district what is happening. We could tell that there is an average of thirty beds in each district. We could tell what is happening in every district and we will be working with those districts to turn things around. We are working with others to deliver basic services to every district.

Mr Speaker, Honourable Members, as I indicated earlier, we are building hospitals to ensure not only for people to not be going to overseas for medical care, but we want to build hospitals that are satisfying our needs and perhaps even being the envy of the sub-region. We have trained the first gynaecologists, those who are experts in women's gynaecological health. We train the first eight specialists here in Sierra Leone; were trained at PCMH, some at Mercy Ship, some at Connaught and some in Kono. They went and took the West Africa College of Surgeons Exam. Usually, people celebrate when they have **30%** to **40%** pass, but we sent eight people and we had **100%** pass. This is not just a **100%** pass, they top their class. Again, the first Neurosurgeon who was trained here is back, working at Connaught Hospital. We are training an Anaesthesiologist and a lot of other experts. What we are doing now is building the hospitals, so that they can occupy them.

Mr Speaker, Honourable Members, there is an issue with the free hospitals. Macauley Street and Waterloo Hospitals are the brain of my existence. I want them to be completed. Each of these two takes about a million dollars to be completed. The issue was that the Kuwait Government bypassed everybody and had a contract with the contractor. The Ministry of Finance wanted to come in and pay the contractor to complete the job, but that cannot be done without concurrence of the Kuwait government. We have been going back and forth to finalise this issue, but to no avail. It is now an eyesore and it is very irritating. For example, the Lumley Hospital is a specialist hospital for children with cancer and other complicated infections. Therefore, we have the doctors we are training there. It is not the place for malaria and whooping cough because they will be taken care by the regular hospitals. So, to have a major

hospital like that in the middle of Lumley, which is the most growing metropolitan area in the city, its completion is worrisome. The Ministry of Finance, the Ministry of Health, the Kuwaitis and the Contractor are doing all we can to ensure that by the time I come here again, I will be able to tell this House that we now have a functional hospital.

Mr Speaker, Honourable Members, with the Ebola outbreak, I was one of the first to come out and sensitised the people. We had this incredible organic space in Kailahun District where all the fourteen Paramount Chiefs in Kailahun District convened to talk about what they should be doing. At the end of that conversation, they all decided to make byelaws because they understood the epidemiology of the disease in very lay man terms. I stood there and I spoke about thirty forty-five minutes. Chief Kumba told me, S.O.[2] 'you kam tell we waitin dae happen, we go tell we people dem.' The local people are better communicated and that is helping a lot. What we want to do is to empower them, so that they can explain to their people the transmission dynamics of Ebola in the layman understanding. It was challenging regarding what they could do or what every individual could do to help. The result of that meeting was to develop byelaws, which was done. I think all the other districts are coping with what is going on based on that experience.

Mr Speaker, Honourable Members, what we have now is the interpretation of the laws you enacted here, but this interpretation has implication for different sectors. We are pleased that the Anthony General is here to give us guidance; but again, we would like to institute these byelaws to help us take the message out. This Parliament has enacted a law which makes provision for the creation of a Trust Fund. This Trust Fund will enable us to respond or react to emergencies before within the first thirty or sixty days of an outbreak without any external influence or support. However, we are still waiting for that fund and I think a loud voice from Parliament will enable us access the fund and it will even ensure that our development partners trust the system to put more funds. There will not be scrambling for funds, as we are doing right now.

**THE SPEAKER:** Mr Minister, Do you have any intention to engage Members of Parliament to reach out to their people?

**DR AUSTIN H. DEMBY:** Yes, Mr Speaker. We however need resources to do that because goodwill alone cannot do it. Parliamentarians need some resources and logistics to move people around. We have put some proposals to raise funds, but again we have an institution home to manage it. What I am telling this institutional home is that do not rely on the medical response alone; it important that we engage everybody. So, we will be coming back to Parliament to give you some facts, so that when you go to your districts, you have the same approach. We will be looking to our engagements

with the parliamentarians and not just the parliamentarians, but the traditional leaders, civil society and other relevant stakeholders.

**HON. BERNADETTE W. SONGA:** Thank you, Mr Speaker. I would like to thank my colleague Members of Parliament for their various contributions. In line with the ministerial statement, the debates and recommendations of Members of Parliament relating to MPOX and other health related matters, I hereby move that the Ministry of Health offers the following responses to Parliament two weeks from today:

- That the Ministry investigates pin code holders who are not complying with their job duties and who are not in their duty stations.
- That the holding centres for MPOX patients with all the necessary facilities be put in place with immediate effect and a report given to this Parliament.
- That the Ministry of Health urges the government to provide more vaccines for the citizens of Sierra Leone with immediate effect.
- That the Ministry of Health investigates health centres within the country and generally ascertain their readiness and worthiness for healthcare delivery and take the necessary actions where necessary.
- That the Ministry of Health advise His Excellency Brigadier Rtd Julius Maada Bio and the public about the need for the declaration of a health emergency.
- That the Ministry of Finance looks at the relevant provisions in the Parliament Act, 2023 that requires the Ministry's action for the establishment of an Insurance Scheme for Members of Parliament with immediate effect.
- A Trust Fund, as requested by the Minister, be put in place to allow the Minister and the Ministry to respond to emergencies when the need arise before other supports can be given. I so move, Mr Speaker.

**THE SPEAKER:** Any seconder?

**HON. DICKSON M. ROGERS:** I so second, Mr Speaker.

*[Question Proposed, Put and Agreed to]*

*[The Motion, as read out by the Chairperson of Parliamentary Committee on Health, has been carried].*

## **MINISTERIAL STATEMENT 'B'**

THE ATTORNEY GENERAL AND MINISTER OF JUSTICE

PURSUANT TO SECTION 107, SUB-SECTION 2[A&B] OF THE CONSTITUTION OF SIERRA LEONE, ACT NO. 6 OF 1991, THE ATTORNEY GENERAL AND MINISTER OF JUSTICE HAS BEEN CALLED UPON TO GIVE AN UPDATE TO THIS HONOURABLE HOUSE ON THE STATUS OF THE LEGAL AID BOARD.



**MR ALPHA SESAY [Attorney General and Minister of Justice]:** Mr Speaker, Honourable Members, I want to thank you for giving me this opportunity to be here today to provide update on the work of the Legal Aid Board in Sierra Leone. The Legal Aid Board, which was established pursuant to the Legal Aid Board Act, 2015 in May 2015 is celebrating its 10 years of existence in Sierra Leone. I thank you for enacting this law in 2015.

Mr Speaker, Honourable Members, the Legal Aid Board was created to fulfil a critical mandate encompassing the provision of legal representation, legal advice and assistance, legal education to indigents and vulnerable persons as well as ensuring access to justice for all, regardless of their economic status. Since its establishment, the Board has worked diligently to deliver accessible, affordable, credible and sustainable legal aid services across the country. In pursuit of this mission, the Board has adopted a multifaceted approach that includes both legal representation and community based legal services in Sierra Leone. The Board actively monitors police stations, courts and correctional centres to ensure that suspects, accused persons and inmates are provided with timely legal assistance. It was also established to ensure that the fundamental human rights are protected. Furthermore, it monitors the activities of Local Courts and the traditional justice mechanisms, commonly referred to as informal courts to ensure that they operate strictly within their jurisdictions. In doing so, the Board intervenes to prevent a legal arrest, unlawful detention, management of individuals from their communities and the imposition of excessive fines, while making appropriate referrals to law enforcement authorities when required.

Mr Speaker, Honourable Members, the work of the Board is a testament to the important laws enacted by this House and how these laws establish institutions that stand the test of time. It is also a testament to what happens when government creates these institutions for the people, when government creates these institutions it is about human lives. It is also a testament to effective and credible leadership in such institutions and that is why I want to pay a special tribute to Mrs Clare Carton Hanciles, Executive Director of the Board. I would also like to pay tribute to the team she works with at the Board. I was referring to the leadership, lawyers, paralegals, social workers, mediators, etc. who are going through challenges. I am sure circumstances continue to break barriers in delivering access to justice for the people of this country. When you travel across the world, Sierra Leone is mentioned as the goal standard for providing access to justice. It is a testament to government commitment to providing access to justice through a people centered approach.

As we speak, Mr Speaker, Honourable Members, Currently the Legal Aid Board operates in all the sixteen districts across the country, but the workforce comprises twenty-four

legal defence counsel and fifty-nine paralegals. These figures, however, remain significantly below the required staff strength of one hundred and ninety paralegal as described by the Legal Aid Act. This represents a major challenge in meeting the legal aid needs of our population, particularly on our undeserved remote areas of the country. Since the introduction of Alternative District Resolution [ADR] in 2016, the Board has made daily use of this mechanism in all eight offices nationwide. The ADR has proven to be highly an effective tool for resolving civil and minor criminal offences at community level. The Board continues to mediate a wide range of matters, including child and spouse maintenance, death recovery, inheritance issues, family and marital disputes, labour conflicts, land matters and other customary issues.

Mr Speaker, Honourable Members, we need to scale up in order to be able to cover all chiefdoms in this country. We need to be able to move from fifty-nine paralegals to a minimum of one hundred and ninety paralegals that will cover the entire country. Recently, we commenced the professionals programme on paralegal studies at the University of Sierra Leone, Fourah Bay College. When this paralegal comes out with the necessary certifications, we have to deploy them across the country to provide access to justice for the people of this country. For this reason, we acknowledge the fact that people have different justice needs and we also acknowledge the fact that there is a significant percentage of the people in this country who get their witnesses outside the court room and that is why we need to make these investments. We also note that unresolved justice issues have economic implications for the people of this country and unresolved justice issues have negative implications for family life. When people have to cover long distances to get justice, it affects their daily lives; it would have to affect those who are farmers and those preparing food for their kids; it would affect the healthcare workers who have to attend to the sick. It means one person responding to sick people in our healthcare facilities.

Mr Speaker, Honourable Members, all the examples mentioned above might actually be people in your constituencies or your own family members. Therefore, we note that the work of the Legal Aid Board is central to ensuring access to justice and the rule of law, particularly for those who are excluded from the formal justice system. The Board remains committed to expanding its scope to strengthen its services and deepen its collaboration with both state and non-state actors. Therefore, we call on this Honourable House to continue its support for the Legal Aid Board through the allocation of adequate resources, policy guidance and oversight responsibility, so that we will fully realise the promise of justice for all in Sierra Leone.

On that note, Mr Speaker, Honourable Members, I want to thank you for this opportunity and look forward to continued engagements, so as to ensure that the justice needs of the people of Sierra Leone are met. I thank you very much.

**THE SPEAKER:** Thank you very much, Mr Minister. I am going to grant special leave to the Executive Director to come and address this House. I want to remind you that before you take your seat, you will be asked relevant questions.

**MRS CLARE CARTON HANCILES [Executive Director of Legal Aid Board]:** Mr Speaker, Honourable Members, I am humbled to say Sierra Leone is able to have such an institution. It came out of the TRC that people took arms because there was no justice and ten years down the line, we are not where we are supposed to be, but are able to give more than four million Sierra Leoneans legal aid. We have offices in the districts, but we need more supports. Internationally, a study has been done on the Legal Aid Board that if the government of Sierra Leone was to pay a lawyer for each of our client, they would pay nothing less than eleven dollars and the World Bank bench mark is twenty dollars. So, this is why the Anthony General said that it is a goal standard institution. We have been invited by the General Assembly of the United Nations to represent the UNODC as a country that has done well in accessing justice. We have also been invited by World Bank in Washington to attend their global meeting. A study on the Legal Aid Board has been published. In 2023, the Anthony General and I received accolades because ten years down the line, we have been able to serve over two million of our compatriots who have been in the cells and we also have paralegals in all the local courts, but we are not yet there. There are people studying at Fourah Bay College, University of Sierra Leone. We hope that in the coming years, we can scale it to the constituent colleges around the country. We want to train as many paralegals as possible. Like the paramedics, we hope we would have paralegals who would help people to access justice in all corners of this country, especially the hard to reach communities. Thank you very much sir.

**THE SPEAKER:** Thank you very much, Executive Director. I now give the Floor to Honourable Hindolo M. Gevao.

**HON. HINDOLO M. GEVAO:** Thank you, Mr Speaker. Mr Speaker, Honourable Members, I will confirm that one of the best things that happened in Sierra Leone was the establishment and the promulgation of the Legal Aid Act in 2015. Lawyers would agree with me that before 2015, the Non-Governmental Organisations and international bodies used to provide funds to different groups of different lawyers for the provision of legal aid. Lawyers were encouraged to write projects, seeking to provide legal aid to poor Sierra Leoneans who could not afford same. The UNDP and other bodies provided funds, but with the promulgation of the Legal Aid Act, it consolidated the provision of

legal aid within the Legal Aid Board. The Legal Aid Board wasted no time in occupying that space by ensuring that they provide effective services to Sierra Leoneans. If you looked at the Act, it says the Legal Aid Board is charged with the responsibility of providing legal assistance for indigent Sierra Leoneans. If you cannot meet the threshold of income, it means you are qualified for legal assistance from the Board. Since then, this Board has been providing such services to Sierra Leoneans.

Mr Speaker, Honourable Members, I want to look at the successes of the Board and see if we can proffer recommendations for efficient service delivery. The Legal Aid Board has not been concentrating on the provision of legal assistance to indigent Sierra Leoneans in the criminal justice realm; they have also decided to look at alternative disputes resolution, hence the reason in trying to bring peace between husbands and wives. The women who do not have legal knowledge against undue advantage is taken in matrimonial home are fully protected. It was a common notion that if you are a woman and you were not married in Church or Registry, you are not entitled to your husband's property. This is where the Legal Aid Board comes in to say hang on, were they married customarily? If so, the laws of Sierra Leone recognise customary marriage and hence devolution has to take place. This is captured in the Devolution of Estate Act, which means the woman is entitled to her husband's property. I have witnessed several of those instances where Sierra Leoneans have benefited from the estates of their husbands due to the intervention of the Board. However, I only wish they have enforcement powers, particularly when it comes to disputes resolution. This is because let say I am a lawyer and Legal Aid Board invites an indigene of Sierra Leone or the husband of an indigene Sierra Leonean against whom some undue advantage has been taken and I tell my client not go there. Even though I know that if my client were to go to the Legal Aid Board and Board was going to do a very good job by ensuring that the wife of my client is given the necessary support to benefit from the husband's estates or income; but because I am a lawyer, I can tell my client not to go there. The Legal Aid Board has little or nothing to do. If for any reason there is going to be amendment, I would want to suggest that we look at the areas where enforcement right is given to the Board to enable them to summon and ensure that people respect those summons. They should appear before them and allow same to investigate the issues.

Mr Speaker, Honourable Members, I will say without wasting much time, this is one of the institutions that is really doing what the court what you to do. This is why they have come here today. In the Bible, they said Jesus gave gifts to ten people, but one went and kept it while the others utilised theirs. They have utilised the talent we have given to them and they have come back to us to say thanks to this House for creating the Legal Aid Act. We have done this amount of job and we are here to commend you and we are looking forward for you to do more for us, so that the entire Sierra Leonean

populace can benefit. This is one institution that is actually apolitical. It does not matter who you are because Legal Aid Board will meet you at your point of need.

Mr Speaker, Honourable Members, another very important thing is the fact that I will recommend, if the resources are available, for the Legal Aid Board to have regional directors and district managers. This is because if those regions have directors and managers, it would help them to perform their functions better; and from the districts levels, they would take it to the chiefdoms. In my constituency at Kissy Kama, I once met a relative of mine who said he was a Legal Aid Board Officer. I asked him who appointed him and he said it was another officer from Kailahun. I am sure that officer might not have the requisite authority to tell him to go to that community to do what Legal Aid Board does. Mr Speaker, assuming that that authority came from the central office to say we are appointing paralegals to go to the districts to ensure that they work within the legal remit to solve these problems, the successes they will score will be enormous. So, it is my recommendation that if they have the resources, I would call on the international partners to now put their resources to Legal Aid Board. Thank you, Mr Speaker, for giving me the Floor to contribute to this very important issue.

**HON. TAMBA KELLIE:** Thank you, Mr Speaker. When I speak about the Legal Aid Board, I speak with some modicum of authority in my previous incarnation as Solicitor of the Supreme Court of judicature, practicing legal aid. I know exactly what the Legal Aid Board is all about. I have followed the work of the Board in Sierra Leone and I must state categorically that they have done a very good job. They have justified the reason behind their creation. When we talk about the rule of law, we do not just mean equality before the law or no person should not be punished except for a distinct breach of the laws establish in the ordinary way, before the ordinary court of the land. It also means access to justice and this is where the Legal Aid Board in this country has been at it most effective. When you visit the prisons, you would see them there, seeking justice for the poor people. Most of the prisoners do not even know why they were thrown into prisons. They spend months or years in prisons. I was present at the Koidu Correctional Center to secure the release of young boys who were thrown into jail. You know that lawyers are not allowed to bail, but I got in touch with the legal aid people and they were able to secure their release.

*[Suspension of S.O. 5[2] being 3:00 p.m.]*

**HON. TAMBA KELLIE:** They appeared the following day before the magistrate court and they were released. I was there, but I was not there to represent them because I was not consulted. This is a good job the Legal Aid Board is doing. They help to strengthen and support the rule of law, which is the foundation of a fair and just society. It is an important contributor to economic development. I ask that we give

them the support they need. I am talking not just as a lawyer because everything they do has an impact on all of us. So, I want to join my learned friend to thank the Minister and the Director. I want to differ from my learned friend that the Legal Aid Board cannot have enforcement powers because that is not their function. They will be trespassing into an area of other people's competence. I am saying this because the whole idea of Legal Aid Board is to give legal representation in court, especially to those who cannot afford it. I am even surprised to note that they even trespassing into family disputes. That is not for the Legal Aid Board, but they can facilitate through representation. This is because family disputes are convoluted or complicated. As you know it, it may be something that has to do with matrimonial property or interest in property. I do not think the Board has that kind of training to do so. However, they are doing a very good job, but their remit for now is just about the law. I thank the Minister and the Director for the eloquent introduction of this Board. This is a very good Board and we in this Parliament will give our support to everything that pertains to this Board. I thank you.

**THE SPEAKER:** Thank you very much, Honourable Member.

**HON. ABDUL K. KAMARA:** Mr Speaker, as the former Chairman of the Human rights Committee, we are grateful for the work the Legal Aid Board is doing across the country. I thank the Director for serving Sierra Leone. I remembered way back when the Board was taken to the people, I was with them at Calaba Town in 2024; and the then Anthony General and Minister of Justice Joseph Fitzgerald Kamara was there. The Board gave the people of Sierra Leone hope that you are going to serve Sierra Leone.

Mr Speaker, Honourable Members, the Director of Legal Aid Board is a woman of class and she is a good example to this nation. This is what happens when we keep institutions and when we ensure that the institution grow. Legal Aid Board is something we need to celebrate in Sierra Leone. Let me narrow in the person who is in my region, Lawyer Gborie. I think he is the most known lawyer in that entire Northwest Region. It will surprise you to note that sometimes you call Lawyer Gborie, he will take motorbike from Portloko to Kambia to represent the people in court. That is a risk he is taking. When lawyers of his age are in law court looking for greener pasture, he is there serving our people. Sometimes I provoked him, S.O. 2, 'if den gee you goat, gee me oh leh we sabe am.' That is a huge sacrifice he is making on a daily basis. Their job is not basically just what they get; it is the passion for justice of the ordinary people. That is what keeps our society going.

Mr Speaker, Honourable Members, nowadays, it is difficult for people to use witch gun because Legal Aid Board is around. This is because if they do not have anywhere to complain, they result to witch guns. I am sure these days, they go to Legal Aid Board and this is a success for us. However, being the Chairman of the Human Rights

Committee, I would say going around visiting prisons I am worried. If you go to our prisons today, **80%** to **90%** of the people being locked in our prisons are young people between the age of 18 and 38. We recently visited the Waterloo prison and we met a boy who was below the age of 18 years. If you go to the police cells, they do not have places to keep kids below the age of 18. So, they send them with common criminals to live together. The police would have to do that because they do not have place to keep them. I also visited the Moyamba Prison recently with the Committee and we saw a young girl who was not up to 18 years. They got married and they went to visit their in-laws, but the other wife came and the girl was beaten. In defence, she injured one of the people who were beaten him and they took the matter to court. They took her to court and she is still there, waiting for the case to be sent to the High Court.

Mr Speaker, Honourable Members, one of the problems we have is the delay in the transfer of cases to the courts. In other words, the transition from the magistrate courts to the High Court still remains a challenge. We have the Attorney General and Minister of Justice. For your information, the court in Kambia cannot sit during the raining season and all the magistrates sent to Kambia are living with us. There is no quarter for Magistrate and I am sure this is the situation across the country. It is a scary situation because if people who sit to interpret and punish law breakers have to live in places where they not secured, it means justice itself is not secured. I know that the country needs money to do many other things, but justice matters are economic matters; justice matters are matters of national security. Therefore, we must also ensure that we lend credence to some of these issues.

Mr Speaker, Honourable Members, you cannot have magistrates without security. Most of them drive themselves and they are not even given vehicles. They drive themselves in their private vehicles without security. They do not have quarters to live in; they live in ordinary homes like any other ordinary citizens. That is a time bomb for the justice sector. If we are to reform the justice sector, I think we must consider the lives of our magistrates and judges who live in our communities. Mr Speaker, imagine you send a magistrate to Bonthe and he/she has to drive him/herself to Bo every weekend with no security. This is a risk and it is scary. They have to drive these lonely roads just to ensure that there is justice in Krubola and other places. We must not, as a notion, turn a blind eye on our court system.

**THE SPEAKER:** Mr Attorney General and Minister of Justice, do you have Magistrates without armed security?

**MR ALPHA SESAY:** Mr Speaker, unfortunately yes.

**THE SPEAKER:** Will you correct that?

**MR ALPHA SESAY:** Yes, Mr Speaker. I definitely intend to provide some responses to the comments of the Honourable Members and I will factor that in my report.

**THE SPEAKER:** I want you to take the queue from him and see how that can be corrected. This is because you cannot have magistrates or judges without armed security. I am sure anywhere in the world, you cannot.

**HON. ABDUL K. KAMARA:** Thank you, Mr Speaker. Mr Speaker, you need to talk to the Honourable Member from Port Loko. He is complaining now that even MPs do not have security. Your case is better because you are not sending people to jail. Mr Speaker, on a more serious note, I worked as a paralegal myself; S.O. 2, 'we tinap for justice.' I know how important paralegals are to our people. We have reached a pick in which our conflict in Sierra Leone was never associated to any other thing rather than the lack of justice. I am sure every other factor was put aside. They said the justice sector was responsible for the war. Mr Speaker, for those of us who are peace experts, we see things on a daily basis. Therefore, I am sure with the current Anthony General, we have one who is not just an academic scholar in law, but I believe; S.O. 2, 'inself raray man because e go through all the means in life.' You are able to understand some of the real life time issues that affect our people. So, it is time to empower the Legal Aid Board. It is not just to say we are an example to the world, but we must be examples to speak on our achievements as a nation. If there is nothing we can celebrate on both sides, whether the APC or the SLPP, let it be the Legal Aid Board. This was established during the APC led Administration, under the leadership of the then Minister of Justice, Joseph Fitzgerald Kamara. The SLPP has added value to it and it is working effectively. If people do not want to listen, I will say it politically that we initiated it and the woman who is there was appointed by the former President, Dr Ernest Bai Koroma. This is how a nation should work. President Bio maintained her in that position and now we are getting the required results. Institutional memory is good for national developments. We cannot keep changing every Sierra Leonean because of our colours. I want to thank you, Mr Speaker for recognising lawyer Francis Gabbidon. I want to say specially your role in national development will not go unnoticed and please continue to provide your legal expertise to the Board. We will always appreciate you. I thank you very much.

**THE SPEAKER:** Thank very much Honourable Member. I give the Floor to Honourable Quintin Salia-Konneh.

**HON. QUITIN SALIA-KONNEH:** Thank you very much, Mr Speaker. I know most of us are tired and I know most of us want to leave the Chambers, but we must do justice to this issue. This is why we are elected to serve the people of this country. There is something I want to tell the people of this country. I am very happy for Legal Aid Board



simply because when you go to our respective constituencies, you will discover that being an Honourable Member makes everything in those constituencies. It makes you to be a lawyer, President, caregiver, etc. This is because your people visit you for everything. They bring matters that do not relate to your function. Many times in my constituency people bring legal matters for me to handle, instead of going to the right authorities. You cannot say no to them and you cannot say yes. You just have to meander between what the people are expecting and what you do subsequently. As a member of this House and as a citizen, I have benefited from the Legal Aid Board personally. I interfaced with Mr Francis Gabbidon, one of the finest legal personality we have in this country.

**THE SPEAKER:** Well, let me add that he is one of the finest legal minds in this country. In fact, he is one of my mentors.

**HON. QUITIN SALIA-KONNEH:** I remembered when I was a local astronaut, representing Sierra Leone for the high jump, we had a big problem we could not solve. I was the only local astronaut who went against the law of gravity. We had an issue in the Athletic Association we could not solve, including those from abroad. Mr Francis Gabbidon was the only one who called us and he was able to mediate amongst us. He brought peace to the Association. For me, the Board is worth celebrating because of what they are doing. They are now helping to prevent a reoccurrence of what took us to the eleven years civil war. Today, people can boast of a place where they can go and be legally represented. All of know that to procure legal service in this country is not a child's play; it is a very expensive venture. But, with this Board, I believe as a country and as a House, we should give them the extra support that can make them more viable. This should be done in every district. If you went to my district, there is a legal representative of the Board, but that particular individual is not resident in my Chiefdom. He covers about three different Chiefdoms, which makes him a bit ineffective because there are times we need his service, but he is nowhere to be found. This is one of the areas this Parliament needs to intervene and give the Board the required support. We have to help them to achieve their goals. This is because if every Chiefdom has its own paralegal or representative from the Board, he/she will be part of the daily operations of what happens.

Mr Speaker, Honourable Members, when it comes to legal issues, I think this is the institution that should be fully supported. I want to thank the young erudite and astute Minister for his hard work. I would also like to thank the stainless Director General for holding the fort and for maintaining the integrity of this institution. You would agree with me that she has displayed high level of professionalism in discharging her duties.

Mr Speaker, Honourable Members, in as much as we value the contributions made by the Board, there are however areas we need to provide solutions or provide guidance. I want to believe that the paralegals represent the lawyers on the ground. I want to caution that the paralegals must be properly guided with regard their limits or scope of work. They should not go beyond their limits; but if they do, they will be misrepresenting and diluting the values of what this institution stands for. I think they should be well-trained and be properly guided. There should be a monitoring mechanism, so that they can keep within their mandate. I want to confess that my Chiefdom has benefited a lot. There was a situation that involved killing and the authorities at that level wanted to skew the situation. This was brought to my attention and I realised, as a politician, that I had very little role to play, otherwise I was going to undo myself. I had to employ the services of the paralegals to take leadership role in that matter; and at the end of the day, everything went well. Justice was delivered and the wrongdoer is now in jail. Therefore, I thank the Minister and the Director General for their good work. I want to remind this House that this has nothing to do with politics. All of us should support the Board, so as to enable them achieve their mandate. I want to remind the House that Sierra Leone will not revert to the eleven year civil conflict. On that note, I want to thank everybody for listening.

**HON. MARIAMA ZOMBO:** Thank you, Mr Speaker. I want to thank the Legal Aid Board and the Minister for their good work. Mr Minister, you are doing a very good work in this country. Aunty Fatu, I appreciate you as the Director and I know that what you are doing a good job. You are doing extremely well in this country. Let me state that I have been monitoring the work you have been doing in the provinces. You have been demonstrating so much love to the female prisoners; you have been counselling them to behave themselves. I saw all of it and it is good job; you have done well. The Legal Aid Board is doing well for this country.

Mr Speaker, Honourable Members, I want you to note that these people need more funds. We have to say that even though they are doing well with the limited resources at their disposal, they need more resources to enable them function effectively. I believe that if they receive more, they will do more. The Legal Aid Board needs to be supported financially as well as spiritually. We need to advocate for them, so that their allocations be increased. Parliament should stand up for the Board because they are doing the impossible. There are matters which when taken to court, they take some months before they are resolved. However, if some of those cases are taken to the Legal Aid Board, they may only take some weeks. I want this House to support the Board and the Judiciary because they are doing a remarkable job. If they are supported, they will do more than what they have been doing. Aunty Fatu, I want to say thank you for your good work. Mr Francis Gabbidon is an old lawyer and an old

brain and I have no doubt of what you can do. you can do more than anything because you are an old brain. Thank you for being there, Mr Minister. I thank the Board and I want you to know that S.O.[2] 'me na wuna mama.' God bless you.

**MR ALPHA SESAY [*Anthony General and Minister of Justices*]:** Mr Speaker, Honourable Members, I want to thank you for the enthusiasm. I am glad we all get to agree on the important work the Legal Aid Board is doing. We also get to agree on the need for us to scale up and the need for us to provide support to the Board. We take note of the comments that have been made by various speakers regarding the enforcement powers of the Board; whether the Board can handle disputes beyond non-criminal matters or not.

Mr Speaker, Honourable Members, with your permission, I would like to respond to a couple of issues because the rest of the comments are in agreement with what the Legal Aid Board does. The Honourable Hindolo Moiwo Gevao spoke about the enforcement right of the Board. We note that the Board faces that challenge, whether they have supreme powers or not. We want to look at the work of the Board in the context of how we want them to deliver justice in this country. President Bio has laid out a clear vision for the delivery of justice in this country. The delivery of justice is about the people and how the justice system should respond to people's unique justice needs. You would agree with me that all of us have different justice needs and that is why when we reformed the way we deliver justice, we want people to look at justice as a service. When they think about engaging with the justice system, they do not think about something adversarial; they look at a service that government provides to them. Again, when we get people to look at it that way, we are actually facing situations wherein when the Board wants to engage with people in relation to settlement of disputes, they will engage voluntarily because the work of the Board, as well as our broader effort to reform the way we deliver justice, is to close the trust deficit that sometimes exist between the public and against the institution we setup to do the work. Therefore, we will be guided by your comments and if we amend the legislation, but we are looking at the way we want to deliver justice.

Mr Speaker, Honourable Members, I want to note that this process will also include other initiatives that will be brought before you. The Legal Aid Board has done a lot of work on mediation. I take Honourable Tamba Kellie's point as to whether that is what the Board is meant to do within the Legal Aid Board. Off course, in certain countries, the Legal Aid Board provides legal representation rights for indigent citizens. In this country, however, in addition to providing legal representation, the Legal Aid Board also deploys paralegals in those communities. The paralegals are to ensure that certain disputes are settled at that level. Well, we look at Section 9 of the Act itself which talks

about the functions of the Board. That Section talks about providing legal aid in civil and criminal matters. For instance, if a wife comes to the Board and files a complaint about the lack of support from the husband or in a situation wherein the husband and the wife have been apart or the woman is a single mother without the support of the husband and the Board is to look into that issue, the Board will first of all try to reunite the two couples. I am pleased to state here that this model has been working effectively because the Board's first aim is to ensure that there is family reunification. They also try to ensure that the father lives up to his responsibility in terms of taking care of his kid[s]. This has also led to financial inclusion or financial empowerment for women in this country. When Mrs Clare Hanciles talks about the impact of women, you will hear her talk about the banking system that is established within her offices, wherein fathers do not only pay their children's supports or estranged husband do not only pay maintenance fees, but the process has been designed in a way to ensure savings for women. This helps them with financial independence and guarantees continued supports to kids. This is one way of delivering justice to the people, noting that people's justice needs are different.

Mr Speaker, Honourable Members, I really appreciate the concerns you have expressed for the Magistrate and Judges regarding the support that should be given to the justice sector. When we designed and nourished the Justice Sector Reform Strategy. I am sure providing the necessary tools for workers is one of the things we should consider when sending them to do work in hard to reach areas in this country. You should provide the tools and the space for them to do their work. We want to build more court houses, but we also want to make sure that the staff, including the Magistrates and Judges, are provided with accommodation and attractive conditions of service to enable them to do their work. I was in Kambia few weeks ago and I took note of the challenges within the court building. It is something we are trying to address.

Mr Speaker, Honourable Members, we note that the work of the Legal Aid Board and the way we deliver justice in this country hinges on the people. This is why we keep emphasising that all of us should come together to look at the justice as a service just like the way we look at health, education, etc. If we look at it that way, it will not be adversarial, but it means we put systems in place, so that people's justice needs are met. As I said in my opening remarks, when people have to cover long distances to get justice, it has implication on them and on the country. There is a report whose data revealed that when people struggle to access justice or faced with unresolved justice matters, it has economic implications for the country, accounting from **0.5%** to **3%** of the country's GDP; which is lost in the process. That is a significant or huge loses and we will use this reform to make a business case for human rights and justice. We are

not only investing in people's daily lives, but it has direct correlation to revenue generation for the country.

Mr Speaker, Honourable Members, I want to thank you again for the opportunity to share this moment with you. I would like to encourage you all to join us as we commemorate ten years of existence of the Legal Aid Board. You are not only joining the celebration, but to use this moment to recommit ourselves to support the work of the Board. This is one message that has gone around this Well and we will increase budgetary supports to the Board. We will make sure that the Board is well represented in different parts of this country, so that when you go to your districts, you can point at what your own decision making is doing in the communities. Thank you very much.

**THE SPEAKER:** Mr Chief Whip, you wanted to say something?

**HON. DICKSON M. ROGERS:** Thank you, Mr Speaker. Mr Speaker, Honourable Members, the Minister has just requested us to join them to celebrate the successes of the Legal Aid Board. I want them to know that we are ready to join them in celebrating the Board's successes. We are not only ready to join you; we are also ready to reform the Legal Aid Board. Mr Speaker, I would like other Members of Parliament to join me in celebrating the Director General of Legal Aid Board. She is a hardworking woman; she has reformed that institution; she has done a lot of things out of nothing. I am saying this because if you looked at the progress they have made and the budgetary allocations they have been receiving and compared same to other agencies that are not doing much, they deserve a tap on the back.

Mr Speaker, Honourable Members, I want to urge the Minister to start looking at how we can get those paralegals to attend the local courts hearings. This is because there are lots of injustices in local court system and I am sure with the presence of those paralegals in those meetings or hearings, I think a lot will be done to change the narratives. This is due to the fact that the perception about us the ordinary people in the Local Courts system is not good because they are not dispensing justice. The other thing I want to support is the issue of magistrates not having the protective measure they are supposed to get. I think that is why they are not effective. For instance, if a Magistrate lives in Bo, but travels to Pujehun when the court sits once a week; i.e., on Tuesdays and if he or she failed to attend on that Tuesday, they will have to take the prisoners back to prison to wait for another week. This is because they do not have accommodation or adequate accommodation for them to reside in some of those areas. Therefore, I want us to look at that very seriously.

Mr Speaker, Honourable Members, like my colleague on the other side said, we have Lebanese business people in this country, whom when you go to their houses at night

or in the day time you will see four or five Operational Supports Divisions [OSDs], but our Magistrates and our Judges do not have security support. I think that is unfair. In fact, I do not have security, but I am not too bothered about that at all. We have to advocate for our Magistrates and Judges. I am sure even some of our lawyers need security. Mr Minister, I think you need to come back to this House with proposals that will allow the Legal Aid Board to work properly. However, we also have to look into their own laws and find out what is not working or what is working for them that we need to build on. I am sure the laws we have passed in this House are good laws, but some have not been implemented. Well, like you rightly said that you do not give somebody work without giving them the necessary tool. I believe that if the Legal Aid Board is well catered for, the Director General will do wonders in this country. Therefore, I want to thank him for her hard work.

Mr Speaker, Honourable Members, a Member of Parliament from Kailahun mentioned something I want to reiterate. Madam Director General, let us look at some of the personalities that represent you in some of those districts. You know exactly what I am talking about. Your representative in Pujehun District is not doing well at all. If your representative could say he was the boss of the police officers or the police officers are under his control that could bring misunderstanding between the police and the Legal Aid Board. Please, Madam Director General, look into this matter and address same as soon as possible. However, you have done very well and I hope the reward for good work is a better reward. I hope you will be better rewarded for your good work. I am sure you are under the stewardship of one of the finest lawyers in this country, Francis A. Gabbidon. He is not only a lawyer, but a pragmatic and a generous man. I came in contact with him in 1991, when he conducted the first SLPP Convention. I want to say a very big thank you for keeping your head high. You will never see him grumble and I am sure he is going to be rewarded adequately for his good work. He is a man of very few words. I want to thank you and keep up the good work; you will be rewarded accurately.

**THE SPEAKER:** Thank you very much, Mr Chief Whip. You have reopened the entire debate.

**HON. ABDUL MARRAY-CONTEH:** Thank you very much, Mr Speaker. I want to commend the Minister for the responses to the various comments made by colleague MPs. I also want to join colleague MPs to commend the Legal Aid Board for the good job they have been doing in this country. It is unfortunate that whenever you do a good job, your reward is more work. They have more work at hand; but as a Parliament, we also have to empower them. It is against this backdrop that I am going to be direct. I want to state here that justice is a service provided by the government and I want to

commend the Minister for the commitments for the broader objective of reforming the justice sector in this country. I have been listening to colleagues and I think it is important for me to move that the Ministry takes the lead in working towards increasing budgetary support for the operations of the Legal Aid Board. They should also think about establishing regional directorates and district Managers for Legal Aid Board. This is to ensure that their presence is felt all over the country. However, this comes with a price; like maintaining the current staff and to improve their conditions of service. We have to think about looking at the salary constraints facing Legal Aid Board. We should also make provision for the recruitment of more Legal Aid Board staff. If this is done, they would be in a better position to add value to the current job that Legal Aid Board is doing. This is not only going to be the ten years celebration for the sake of celebration, but ten years that will set a very strong foundation for the coming years. At this juncture, I want to thank you very much and I also want to thank the Legal Aid Board for what they have been doing for this country and God bless Sierra Leone.

**THE SPEAKER:** Any seconder?

**HON. JOSEPH WILLIAMS-LAMIN:** I so second, Mr Speaker.

*[Question Proposed, Put and Agreed to]*

**THE SPEAKER:** Mr Minister, you may leave. I thank you very much for coming.

## **V. BILL**

THE CHILD RIGHTS ACT, 2024

COMMITTEE STAGE AND THIRD READING

THE MINISTER OF GENDER AND CHILDREN'S AFFAIRS

REPORT ON THE CHILD'S RIGHT ACT 2024

HONOURABLE ABDUL SULAIMAN MARRAY-CONTEH, CHAIRMAN LEGISLATIVE COMMITTEE.

**THE SPEAKER:** I am sure we cannot proceed.

**HON. ABDUL KARGBO:** Mr Speaker, we know that the Minister has been here since this morning and a good number of officials have also been here. S.O. 5[2] highly restricts this House from operating after 3:00 p.m. Therefore, I want to appeal that we have our emergency meeting. Please, use your good office to ensure that this issue is dealt with first on Thursday.

**THE SPEAKER:** Is that a Motion, Honourable Member?

**HON. ABDUL KARGBO:** Yes, I proposed the Motion.

**THE SPEAKER:** Any Secunder?

**HON. MATHEW S. NYUMA:** Mr Chairman, we want your office to discuss the other issues the Opposition Leader is talking about. He said they have other matters and they are interested in this Bill. This has to do with children and they have some contributions and suggestions to make. They have presented their own side; I do not need to move the Motion. He is a member of the Business Committee and he can present to you a Business Committee Order Paper by tomorrow. In fact, we will be having a Business Committee meeting today, where we will discuss this issue. We do not want to propose a Motion that will compel us to bring it on Thursday. We do not have to blame him; let us accept the excuse because he has discussed it with me and the other Leaders. We have to send it to Thursday. I want to tender my apologies, Madam Minister. I told you few minutes ago that they have been here for the rest of the day. I apologise for the time they have wasted here. I have been asking for the consideration of the proposal made by the Opposition Leader when we meet on Thursday. It is going to be the first item to discuss.

**THE SPEAKER:** Are you sure it will be the first item on the Order Paper on Thursday?

**HON. MATHEW S. NYUMA:** Yes, Mr Speaker.

**THE SPEAKER:** Are you certain about it?

**HON. MATHEW S. NYUMAN:** It is a proposal and I am a human being.

**THE SPEAKER:** Then you have to second the Motion.

**HON. MATHEW S. NYUMA:** I do not want to second the Motion because I do not want to tie myself.

**THE SPEAKER:** Honourable Members, we cannot proceed with the other items on the Order Paper. It is unfortunate that we spent a lot of time on the Ministerial Statement debate. We have officials from the Ministry and they are so expectant, but we cannot continue due to reasons given by the Leader of the Opposition and some other reasons. I want to assure you that the Leader of Government Business will read it on Thursday and we will take the next steps.

**THE TABLE CLERK:** The House resumes.

**HON. DICKSON M. ROGERS:** Mr Speaker, the leadership of the Sierra Leone Peoples Party is inviting all SLPP Members of Parliament to a meeting tomorrow at 12:00 noon to discuss the burial of the late Honourable Musa P. Moigua.

**THE SPEAKER:** I expected an action from the leadership of the Sierra Leone Peoples Party through the Clerk of Parliament for my approval in respect of this burial ceremony.

**HON. DICKSON M. ROGERS:** Mr Speaker, we will sort that tomorrow.



**THE SPEAKER:** I have not seen anything on my table.

**HON. DICKSON M. ROGERS:** We have asked the Honourable Momoh Bockarie to be the liaison person between Parliament and the family.

**HON. DICKSON M. ROGERS:** We will report to you tomorrow.

### ***ADJOURNMENT***

*[The House rose at 5:05 p.m., and was adjourned to the 15<sup>th</sup> May, 2025 at 10:00 a.m.]*