

CDC Ebola Response Oral History Project

The Reminiscences of

Mohammad B. Jalloh

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

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Mohammad B. Jalloh

Interviewed by Samuel Robson

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Freetown, Sierra Leone

Interview 1 of 1

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Q: This is Sam Robson. It is March 18th, 2017, and I am very pleased to be sitting here with Mr. Mohammad Jalloh today of Focus 1000. We are at the Radisson Blu Mammy Yoko Hotel of Freetown in Sierra Leone, and I am interviewing Mr. Jalloh about his part in the Ebola response in this country and the Ebola epidemic in Sierra Leone from 2014 to 2016. Thank you so much for being here with me.

Jalloh: Yeah, thank you so much, and I think it's a pleasure to be here.

Q: Wonderful, thank you. Could we start off, would you mind just saying "my name is," and then pronouncing your full name?

Jalloh: My name is Mohammad Bailor Jalloh.

Q: Great. If you were to tell someone in just a couple sentences what your role was in working to halt Ebola, what would you say?

Jalloh: As the chief executive officer of Focus 1000, with a background in public health and communication, my role was really two-fold. One, we believe in generation of

evidence. Focus 1000 under my leadership, we sort of laid the seeds of knowledge, attitudes, and practices studies, KAP studies, which generated information that was used to inform policies and also used to reshape communication messages. That was the first one. The second one, and I think the biggest, was community engagements, working with religious leaders, traditional healers, market women, civil society organizations and the media, to engage communities, establish dialogue, find out what were their fears, what were their concerns, and then see how we can work together with communities to address the epidemic in a way that they feel they are being respected, that we are using their existing resources, their structures in a way that is comfortable to them, so that we can eventually sustain whatever efforts have been put in place.

Q: Perfect, thank you for that summary. Backing up a little bit for a moment, would you mind telling me when and where you were born?

Jalloh: Oh yes, that was a long time ago, in 1953, October 5 to be specific. I was born in Freetown in really what is now a slum area in Freetown, the eastern part of Freetown not too far from Magazine [Wharf]. I still have vivid memories of that area when I was a small boy growing up. It was not as bad as it is today, and the interesting thing is that both my parents were illiterate, and my mother suffered a lot in terms of losing her children. All the first children born to my mother died during infancy. And then there was a fourth, and there was a seventeen-year gap between myself and the one that I came immediately after, which means that after the fourth child, my mother went for seventeen years without a pregnancy. She almost gave up, she was in her late forties I believe, when

she got me, and I was the first to be born in a hospital—the others were all delivered at home. In fact, in my case, had it not been for the intervention of the neighbors, I would have also been delivered at home, and maybe I also would have died during childbirth. But then the neighbors intervened. At that time, the system was really good. You had public health nurses who were visiting houses. They came and they asked, “Is there any pregnant women in this house?” And my father said, “No.” Because traditionally, they do not want to take their wives to deliver in the hospitals. They don’t want somebody else, especially a male, to witness the delivery process, and so they prefer to get somebody else at home, a relative, a woman to deliver. But then, the landlady insisted that there was a pregnant woman, and so they called my mother out. She came out and they saw she was pregnant. She was asked to go to the hospital the next day—she went, they examined her, and she was admitted immediately. That was a high-risk delivery, so she stayed in the hospital for like six months before I was delivered, and I was the only surviving son.

That’s how I grew up in that area. But in those days, it was so nice, the entire community is responsible for a child. The child belongs to everybody in that community. I started going to school, and even when I was like seven or eight, I would hear people say, “Oh my God, this woman, her children, they died before the age of ten.” So I was always feeling that I would also die before the age of ten. I would even be saying to my friends, “I will be dying soon,” because I’ve heard these things said many, many times because the previous children all died during a young age.

But fortunately for me, I went to school. I remember when I was going to the secondary school, you have a public exam, so we took the exam and the result was very good. It was published in the newspapers, and everybody was very excited. They were calling my mother, “By the way, he’s now going to the grammar school,” and it was like an event for the entire community. I went to school, that was a school which was predominately for basically Christians. It was a Christian [Church] Missionary Society, the CMS society, so most of the students and the teachers were all Christians. I was one of the few Muslims in the school, and it was not easy at times. You go to school and the environment is completely—I suffered some discrimination from the other colleagues. They would be taunting at me and say, “No, you should be going to the Muslim school, why are you here?” But then I stood up. I think I was very strong to go through it. Today, that’s why today I have a lot of my friends who are Christians even though I am a Muslim. I participate in Christian activities. I’ve always had this opportunity and the determination that I need to see how I can bridge the gap between different—people from different faiths, even from when I was a small boy.

When I had this opportunity of working with UNICEF [United Nations Children’s Fund], I worked in the Ministry of Health [and Sanitation], that’s where I started my career as a public health officer in 1974. I had the opportunity of participating in the last stages of the eradication of smallpox. I was in the Ministry as health education officer. At that time, we were working on the last stages of ending the transmission of—of eradicating smallpox, which was done, I think, in 1978 or ’79, finally. Then I went to the North to establish—the North of Sierra Leone that was in Bombali District. Established the health

education units as part of the primary healthcare program [National Action Plan for Primary Health Care]. It was a pilot. Sierra Leone, we started with primary healthcare even before the declaration of Alma Ata. When the Sierra Leonean delegates, we [went] to the conference, the Alma Ata conference [International Conference on Primary Health Care] in 1978, we went with an experience from Sierra Leone to show how primary healthcare can be done. This was a pilot project, and I was part of that project. I worked in the Ministry of Health for twelve years, and finally, I came over to UNICEF in 1986.

When I joined UNICEF in 1986, I was the social organization officer, and we had this big challenge. It was a global initiative, the Universal Child Immunization Program. The objective by that time was to raise immunization coverage globally in all the countries, especially in developing countries, to at least seventy-five percent by 1990. And guess what? The coverage for immunization in 1986 was only four percent, so it was a big challenge for us, moving immunization from four percent in 1986 to seventy-five percent in 1990. UNICEF was the main supporter of that initiative, working together with WHO [World Health Organization], global partners, and of course, supporting the Ministry of Health. You would also want to know, at that time, the economy in Sierra Leone was also at one of its lowest ebbs. No electricity, water supply was a problem, the roads were bad. The cold chain—because the vaccines should be kept under a given temperature and within—and the refrigerators were not functioning because there was no kerosene, there was no fuel. By that time we didn't have solar panels, the electricity was not functional. This was a big challenge. How do you do that? The area was not—we had only one radio station, no newspapers, so we had to use local forms of communication.

That's how we started this whole idea of working with traditional leaders and religious leaders. That was when we established the Islamic Action Group and the Christian Action Group for Child Survivors. We brought together the Islamic leaders and the Christian leaders to see how we can work with them in their mosques and churches to disseminate information about immunization, to get people to understand the benefits of vaccination and the dangers of not vaccinating their children. Also remember, at that time, there was still some resistance from the religious perspective, a lot of misunderstandings and misconceptions that vaccination was a form of family planning. The whole idea of doing the vaccination was "to reduce the population," so we had to fight very hard. But fortunately for us we brought in the religious leaders, the Islamic leaders and the Christian leaders. But then we had a false beginning because in my eagerness to bring them together, you know, I brought in the Muslims and the Christians in the same hall talking together, talking to them in the same environment, and there was a big kickback. The Muslims sort of didn't like the idea that you are all working in the same room together with the pastors, and all this type of stuff. Especially during the prayers. When the Christians were going to do theirs, they would say, "Everybody stand up," because usually for Christians when you want to pray you would ask—and then the Muslims would sit down. We realized that there was a rift, and we advised ourselves that maybe, we should just stop at that point. That was in 1986.

We waited for almost one year, 1987 and 1988, when we did it again. But this time, we decided to call only the Muslim leaders and see how we could engage and work with

them. It was a safer place for them to talk about all their issues, their concerns, their beliefs without somebody else who was not part of their faith overhearing what you are saying. It was a free space. And we challenged them, we got [Al-Azhar University] in Egypt to send a representative to explain to them that immunization was accepted even by the Arab world. That was a way of convincing the big scholars, the Islamic scholars. Once they agreed, they came out, they looked at the Quran, and we asked them—we gave them a sort of research project for them, the scholars, to go into the Quran and identify the relevant verses they can use to support the public health messages. We had like twenty-five Islamic scholars. Once they looked at the Quran, they came up with very vibrant statements. For example, Islam believes in saving lives, so whatever you do to save the life of a child is like you are saving the life of the entire nation, and that was very powerful. Some of the messages were translated into Arabic, even though most of them could not read Arabic, but because they saw the Arabic inscriptions, they said oh, this one is an Islamic poster, and they asked that the posters be pasted in the mosques. We did immunization, we went into the mosques, compounds, to do vaccination. Women were allowed to bring their children, and it was a big revolution in this country. Every mosque was doing vaccination, and that's how we started moving forward with the vaccination campaign and resisting the resistance and building more acceptance.

Six months later, interestingly, the Christian leaders, the pastors, now came to me and said, “We also want to be involved. Why is it that you are only working with the Muslims? Why are you not talking with us?” I said “No, no, we just—because the Muslim population is higher and we have more resistance with the Muslims, so we

thought maybe we should start—” And they said, “No, maybe it’s because you are a Muslim, that is why you are only working with the Muslims.” I said “No, no, no, no, I just wanted to start somewhere. Now is the opportunity for us to work together.” We invited the pastors, we had a small meeting with them, we also challenged them to go into the Bible, check the Bible and see if there is anything in the Bible that can support vaccination. They came with a lot of very interesting verses, and that’s how we started. We also formed the Christian Action Group for Child Survivors. Now, these two groups are working side by side, but not together. After six months, I started again to say, can we—if we go to a community to do vaccination, how would you be able to move from Freetown to the provinces? So they asked for a vehicle. I was in UNICEF back then. We gave them one vehicle, but they could not go inside the same vehicle together at that time, so we asked them to come up with a schedule. One week for the Muslims, one week for the Christians, and it started working that way. But then they would go to the same area and find out that okay, the Christians are going, but there are Muslim children. Are you going to ask the Muslim children not to attend? No. The same thing when the Muslims go, there are Christian mothers. So I challenged them again. I said, “Look, why can’t you go together as a team?” And they said, “Yeah, that’s a good idea.” So they started moving in the same vehicle and going together, and that’s how it became this whole big coalition between the pastors and the imams working together to save the lives of children and women. That became a very big initiative, even to the point where during the war, do you remember in Sierra Leone, the Rebel War? That started in, I think, 1990? When it escalated, the head of the RUF [Revolutionary United Front], that was Foday [S.] Sankoh. When they were asking for negotiations, they said the only people they

trusted were the religious leaders. Because we already had this, the Islamic Action Group and the Christian Action Group, those Muslim clerics and pastors were the ones who formed a body to go and negotiate with Foday Sankoh. Yes, it became so powerful, and eventually, they decided now to form the Inter-Religious Council. That's how the Inter-Religious Council was born, from these two initiatives. I'm so pleased today that we have this experience of Muslims and Christians working together for the common good—it's so powerful. For me, when I sit back and look at my contribution to humanity and contribution to development, I feel so good, that that is one thing I can pin my finger on and say look, this was one initiative I sort of started, and it's moving now. It now has a life of its own. There are people who do not even know the role I played in establishing these two networks and bringing them back.

After serving in UNICEF for twenty-five years, I moved from Sierra Leone, I went to New York. In New York, I was part of the media section, and I was communication officer in charge of child survival issues, which included also immunization, rolling back malaria, HIV/AIDS [human immunodeficiency virus/acquired immune deficiency syndrome] and diarrheal diseases control. I stayed in UNICEF for five years, and I would go around most of the African and Asian countries, and I had the opportunity of working with goodwill ambassadors, celebrities that were goodwill ambassadors for children, working with UNICEF.

Q: Who would some of those be?

Jalloh: People like Harry Belafonte, Mia Farrow—I went with her to Nigeria for two or three times. Harry Belafonte for HIV/AIDS, we went to South Africa two or three times. Angélique Kidjo, I went with her. Roger Moore, I also traveled with—what is it, I think I’ve missed some of the names—Claudia [M.] Schiffer. They were all goodwill ambassadors I worked with for that five-year period, taking them out to Africa to see the realities on the ground, giving them firsthand information about this situations. They were so powerful, they made such a huge difference. A big impact in my life also, learning from them.

From UNICEF New York after five years, I went to Nigeria as head of the UNICEF program in the North, and there were huge challenges also. At the time when I was going to Nigeria, by that time, Nigeria was one of the few countries now in the world where polio was still endemic. There was huge resistance, especially in the North. So I just remembered my situation when I was in Sierra Leone. As head of the office in the North, I was based in Bauchi, so I did the same thing which I did in Sierra Leone. Called the religious leaders again, and I was able to convince them, together with other colleagues from UNICEF and WHO, and working with the governors also in the North. We were now able to convince them to restart vaccination. Because it was stopped, immunization was stopped, suspended for I think over one year. So I went in and we were able to restart the program all over again, and we were able to vaccinate children all over. In fact, the guy who started Boko Haram, I met with him face-to-face in the North to negotiate the vaccination for children. Boko Haram, that is—“Boko” is “book,” standing for anything which is Western; Haram means it is un-Islamic. The whole idea is anything which is

Western is un-Islamic, so immunization definitely is Western, so un-Islamic. He was pushing against it, and I negotiated with him to allow us to start immunization in Borno. Those are some of the experiences I had. I was so happy that we started vaccination, and we went into virtually all of the villages, and not only did we now do polio vaccination, we also did measles and other childhood infections and diseases.

After four years, I moved from Nigeria to Bangladesh.

Q: What years were you in Nigeria?

Jalloh: I was in Nigeria from 2004 to 2008. Then in 2008, I went to Bangladesh, and I worked in Bangladesh up to 2012. Then I retired and came back to Sierra Leone.

Q: What did you do in Bangladesh?

Jalloh: In Bangladesh, I was chief of the field operations. I was based in Dhaka. Back then we had nine field offices, so I was like the coordinator of all those field offices, moving and seeing what they were doing on the ground. Again, immunization was a major issue, but then water and sanitation was huge, and the issue of maternal mortality. Because at that time, Bangladesh also had one of the highest maternal mortality [rates]. We came in, worked with other partners, WHO, UNFPA [United Nations Population Fund], the government, to see how we could bring down this issue of maternal and child mortality. We succeeded: in 2010, Bangladesh was awarded as the country that's made

the biggest impact in the reduction of maternal mortality. We also worked on the issue of drowning, because you know in—I was shocked when I went to Bangladesh to find out that so many children died by drowning because as you know, Bangladesh is waterlogged, and they have all these pools at the back of the compounds, and children would just drop in. That was in the program with UNICEF, we worked to see how we could raise awareness about the issue of drowning, especially for children. And then protect these ponds so that children would not be drowned, and that also made a big impact.

I retired and came back to Sierra Leone in 2012. I then founded Focus 1000. The interesting thing is that one of my children, Mohamed [F.] Jalloh, I encouraged him to go into public health, and so when we went to New York in 1999, I went with all my four children and my wife, so we were six. It was my first son, but the second born because my first born is a daughter. He went into public health, his first degree at the University—what is it now, in New Jersey?

Q: Rutgers [University]?

Jalloh: Rutgers. Yeah, it was in Rutgers. Got his first degree, and then finally he went to the University of North Carolina where he did his master's [degree] in public health. I was working for the Robert [Wood] Johnson Foundation.

When I was about to retire, I started discussing with him, what can we do? We put together a plan, we looked at different options. You know, “Do you want to set up a consultancy? Do you want to set up an NGO [nongovernmental organization]? Do you want to just retire and relax?” I said, “That one is out.” “Do you want to come back to the US?” Because all my children were in the US, so it would have been easier for me to just go back—I have a house in New Jersey. But I insisted that I really wanted to come back to Sierra Leone because what I saw in Nigeria and in Bangladesh, and during when I was in UNICEF New York, travelling to all the different countries and seeing the challenges, I saw how we were making a difference and I saw my contribution also. I was asking myself, Sierra Leone has a bigger problem or a similar problem. Why don’t I go back to Sierra Leone and I’ll use all the experience and see how you can make a contribution? So we agreed that I should come back, and if need be, it would also be providing support remotely.

But the interesting thing when I came back, I was able to mobilize three other colleagues who had just retired from UNICEF. We formed Focus 1000. I had to convince my son now for him to come over. This was very risky, we did not have any established program and he had to leave his job. I was saying to him, “Focus 1000, we are focusing on the first one thousand days of life—that is from pregnancy to three years, and that is a very critical period.” I was teasing him, I said, “Look, you come and give us one thousand days. If you just come to Sierra Leone and work with us for one thousand days, then you can go back, and you would have major impact.” And he agreed. He came back to Sierra Leone and he helped us, and that was during—he came and we started small with some

projects, research projects, looking at the packaged water industry and some HIV/AIDS. But while he was here, during our second year, now we are in this Ebola epidemic, which was huge. We saw the opportunity for us to go in with our skills in research, in coordination, and in community engagement, to make a contribution. We went in and we supported the government, worked with other partners, and were able to make a mark and make a contribution. I'm so happy that after three years, he got an offer with CDC, and he is now working with CDC. That is to give you [another] positive story that I've seen in my life.

Q: I very much appreciate hearing them, thank you. Thank you very much Mr. Jalloh. I have one question, and that's when I interviewed your son, Mohamed Jalloh, he told me about a memory that he had that affected him a lot, and that was when during the wars, he watched as some soldiers found you and marched you away from the house. He related how you were able to talk to them and kind of befriend them, and you were able to come back. Do you know the memory that I'm talking about?

Jalloh: Oh yes. I exactly know. That was one of our—I would say, a very difficult period in our history. My second son was like only seven years at that time. He has just published his memoir, Omarr Jalloh is also in the US now. It's a very sad moment for us because at that time, this was in—I think it was in 19—the war started in 1991 and continued. The interesting thing is that it almost came using the same routes that were used by Ebola later on. It started in Kailahun in the East. The war, that's where it started, that's where also Ebola started. Then dragged into the Eastern Province, and gradually,

gradually came to the South, and then the North, and finally it came down to the Western Area. By 1996, the war really escalated. In 1997, the international staff had to be evacuated, I mean the UN [United Nations] staff, and I was working for UNICEF at that time as the head of communication. When the international staff was evacuated, the representative asked me to be the officer in charge for UNICEF, so I was now responsible in the midst of the war to take care of the staff and also take care of my family. Because I come from this extended family, we are like twenty-two siblings on my father's side, and my wife also comes from a large family, they are like twenty-one, these are all scattered all over the place. Gradually, when the war devastated the provinces, people would move to Freetown. Because I was working for the UN, people always had the idea that if the war became more serious, I would also be evacuated, and I would go with everybody. By the time I could think about it, my house was overloaded with—I had up to ninety human beings staying in my house, families and relatives, and even just friends and neighbors. By 1997, when the international staff moved out, they were in Guinea, so I was the officer in charge, and then we realized that Freetown was also becoming very difficult to stay.

Let me just go back a bit. The rebels finally entered Freetown, and I was the officer in charge, and so they went into my house. I was staying in the east end, and by then, I had over ninety people staying with me. They came, and the entire area—because ECOMOG [Economic Community of West African States Monitoring Group] was sort of protecting the western area, but unfortunately, they couldn't withstand the power of the rebels because these are bandits. I mean, they are not fighting a conventional war. They were

just all over, using small children, young, young boys and girls that were being used as child soldiers. Just before then, I had gone to see the president, as the communication officer of UNICEF, together with my representative, to negotiate for the release of the child soldiers. I went and saw the minister of defense, and he gave me his business card. I went to see the head of state, and we were doing immunization even though it was during the war. We had photographs with the president doing vaccination, so those were all in my briefcase. When they came in, they came into my house—I mean the Rebels now—over fifteen of them just stormed my house, and they asked—so we saw them coming, it was during the day. They were just putting fire on houses, killing people at will. We went into the house, and it is a concrete house, so we locked the doors. You have just a few minutes to think about what is the best way, so we just decided all of us go in. They came in, they knocked at the door, they called my name, which means that these are guys who knew me. “Mr. Jalloh, open the door. If you don’t open the door, we are just going to set the house on fire.” I prayed, and finally I said, no, no, I think I should open the door. I opened the door, they came in, and then they started talking about, “Let’s go, we need the money from you, you are working for the UN.” Fortunately, I had some money, which we kept in different places. So I called my wife, “Can I get some money to give?” I gave some money to them, and then they went room by room and searched, took whatever they wanted to take. Fortunately for them and unfortunately for me, they saw this briefcase, but it was locked. They said, “This briefcase, open it and give us the money.” I said, “I don’t have the keys.” I decided not to open it so they took it with them. Then they set the house on fire. When they went, they opened—now they were able to open my

briefcase, and they saw the business card of the minister of defense and also the photograph of the head of state.

Q: Can I ask, was everyone still in the house when they set the house on fire?

Jalloh: No, they asked us to get out, so we were out on the pavement, outside of the compound. Then they started lighting the rooms—they would go in, use petrol in one bedroom, take whatever they want to take, and move out. They asked us to stay out, and finally, they said they wanted to kill all of us. But because we were too many, they were only going to kill ten, including myself. The house was ablaze, and we were out in the compound, so they identified me to stand at one point, and then they asked my daughters, my nieces, and some others to join me. Ten of us, they took away, and then they left the others behind, my wife and some others they left behind. They said no, we cannot kill you because you have too many people, and if we killed you, then all of these people are going to suffer, but we are going to take you away. So I was abducted, together with my daughters and nieces and some other relatives.

Q: By the time you're abducted, had they found those materials in the briefcase?

Jalloh: Yeah, that is now the story. They now found these materials, and then they came back and said—you know, that was the justification why they were going to kill us, because they now realize that I had connection with the government. I said, "Look, what I was doing was to see how we can save the lives of children. These children, who are

being used as combatants, we want to negotiate with them so that they can be released. We're also trying to see how we can do immunization." But when they were taking me along, the neighbors, everybody was just shouting and begging them not to take me, that I was a nice man supporting them. So they said, definitely we cannot kill you, but then we'll have to take you away and keep you for some time. Let me tell you, the unfortunate thing was that they would listen to the radio. By then, I can remember, Kofi [A.] Annan was the UN secretary-general, and whenever he made his statement they would say, "Aha, that is your boss talking. After he has finished, we are going to kill you." They asked me all types of stories about the UN and the government, and I just tried to negotiate with them. They said, "Why didn't you run away? Because you have all the support you need, many people escaped. Why did you stay? You stayed because you didn't believe that we would be able to get into Freetown. You were the ones who were so stubborn." I said, "No, no, I believed that even if you came to Freetown, you would not kill everybody. I also believe that you have some reasoning. You will not kill somebody like me, an innocent person, so that's why I stayed back. And I didn't want to go [unclear] so if I left now, I had ninety people staying with me. How can I take all of them? So I don't think you would kill me because I'm not involved in anything; I'm not doing anything bad. In fact, my work was humanitarian work, saving the lives of children. And you would not kill everybody because if you want to take over, say if you kill everybody, who is going to be your subject?" I was engaging, listening and discussing with them, and eventually, they said, "Okay, you don't believe us, so let's show you what we can do." There was somebody they also abducted, and they said, "You come and see. We are going to slaughter this person so that you can believe that we are

not here to joke.” I said, “I don’t need to go and see how you slaughter somebody for me to know that you can do it if you want to do it.” But eventually, they went outside. They slaughtered this young man, and I was there with my daughters and all these other people, and you could hear this guy shouting. After they finished, they came in and said okay, well now, they are going to start with my daughter. They would do exactly what they did to this guy, to my daughter, slaughter her, and I would be the last to be slaughtered. I tell you, that is the worst period in my life.

We started talking about different issues and telling them that it’s better for them not to—for them to reduce their atrocities, because if their objective—“What is the objective? The objective is to take over the reins of power, and you now go and kill everybody and leave this negative image about yourself. This one is going to be recorded by the international community. It would just tarnish [your] image. And especially somebody like me, I’m working for the UN, I’m not a politician. If you kill me it’s going to give you a very bad name, unnecessarily. But then if you leave me, then everyone can see that you are selective. So it’s better for you to leave me, for me to go and escape, and then you would have somebody also can go and say something maybe positive about you.” They said, “Maybe that makes sense, but let’s see if we’re going to kill you or not.” Finally, all these senior guys left, they came with food, they said if we wanted to eat, and I said I cannot eat because I was not even sure because at that time, people would say—I didn’t see, but people would say they were using blood to prepare the food, they were using human flesh, so I said I cannot eat, and all my children said they wouldn’t eat. Eventually, they left us in the room, and a young boy came, a boy of maybe sixteen or

seventeen. He came in, one of the rebels, and he said, “Are you Mr. Jalloh?” I said, “Yes.” He said, “Okay, you can go.” I was just shocked. I couldn’t believe him. We sat down and [unclear]. “I say you can go.” I said, “Okay, thank you very much sir. Thank you very much sir.” This was a boy of sixteen, I was saying “thank you sir.” Because what they would do, they would say you go, as soon as you start going, you turn your back and then they would shoot from behind. I was not too sure—is it that they finally accepted to release us or they just wanted to kill us? But I said, let me just try and take the opportunity, so we left.

When we were leaving, they said, “You cannot go with your daughter.” I said, “Well, so I cannot go. The others can go, I can stay.” He said, “Mr. Jalloh, I’m telling you, we can kill all of you if we want to, you know that right?” I said, “Yeah.” “So you better go, because if you don’t go, we’re going to kill all of you.” That was the worst decision I’ve ever had to make in my life. Should I go and leave my daughter back? Should I stay with her and then they kill all of us? He said, “I’m giving you one minute to make your decision.” This was a boy of like sixteen as I said, and he had his RPG [rocket-propelled grenade] and all of the grenades and all this type of stuff. I finally—I looked at my daughter, and I said, “What do we do?” Finally, I go okay, I move out. So I moved out of the house, and then I allowed all of the others to go, and then I just stayed in the compound. One of the rebel girls who was maybe twenty-five, twenty-six, she came to me and said, “What are you waiting for? Why can’t you go?” I said to her, “I’m not going because my daughter is in this house. I cannot leave my daughter and go away.” She said, “What happened?” I said, “She’s not well.” She said, “What is the problem?” I said, “She

had an operation.” Fortunately for me, four or five years before, my daughter had an appendectomy, so you still have the scar, the way they did it those days. I said, “She’s not well. She has a scar, she just did an operation.” She said, “Ah, let me go in and see if I can find out.” She went in and asked my daughter, “Your father says you are not well, what is the problem?” Coincidentally, my daughter also said, “I had an operation,” and showed the scar. She said, “Ah, okay. In that case, we can allow her to go.” So I went home and explained to my wife, said “Okay, we’ll get her to come back.” A few minutes later, my daughter also came.

By that time, the entire area was besieged, we cannot move. We now had to move from that house, because the house had been partially burned, and the young boys in the community came in and put out the fire. This rebel guy, when I was going, advised me to stay. He said, “You just go and stay at that same house, because we already know you, we are not going to do anything more.” But we were so scared, we decided no, no, we cannot sleep in that house, so we moved and went into another house. I tell you, the amount of people they killed in just those four or five days, it’s unbelievable. The amount of corpses we saw with my son. We all divided, went into different houses, and it was just chaotic. One of the saddest memory in our history. They burned down so many houses, slaughtered so many people, they even went in to some of the mosques, people were hiding in the mosque, they went in and slaughtered them in the mosque. It was just by the grace of God that you know after some time the Guinean soldiers came and intervened, and then there was this small window of opportunity where we [were able] to move out and moved out very fast. We were all scattered all over the place. After one or

two days, we all assembled again at some of the relatives' house in Freetown. That's how it went, that experience.

Q: Thank you for sharing it with me.

Jalloh: We eventually went to Kambia [District], stayed in Kambia. It was when I was in Kambia as the officer in charge of UNICEF. I brought some of the UNICEF staff over to Kambia also. I mean Kambia District in Sierra Leone, but that is on the border with Guinea. My wife and children, I sent them to Guinea to stay. Eventually, I got this opportunity with UNICEF to go and work in New York, so that was a big blessing. So I was able to move my wife and my children over to New York. That's how we moved over to New York.

Q: Can I ask, how do you feel like your experience during the war, how did it affect you when you think about it? How might it also have impacted the work that you do?

Jalloh: I think it affected me seriously, but I think—because the saddest part is when I think about that moment when I had to leave my daughter in the hands of the rebels. Up to today, I cannot forgive myself. It's the hardest part for me. But it also, I think, built up my resistance. Because I think, like all those guys, those rebels, I've sort of forgiven them. Because I said to myself, the majority of them are young children. They were also perpetrators, but I tell you, also victims of the situation. These were young children who were abducted from their parents, they were asked to do atrocities, kill some adults in

their communities, so that they cannot go back. Innocently, I think, they did all the things they did to us, and for me, working with UNICEF for so long and working with children, I can understand where they were coming from after being brainwashed, after been given all these drugs, which they were under the influence of alcohol and all the type of drugs they were taking. There is no way I can—I feel the pain, but I cannot, I cannot blame them. I still believe the country did the right thing to do the negotiation and the reconciliation. When we came back to Freetown after staying in the US for two years, my daughter saw one of them and she almost fainted. She was like, “Ohhh, that’s one of the guys.” That was a very sad moment for us. I had to convince her, I told her now they are no longer rebels, da-da-da. But I think some of them are still affected, even me, I think I’m still affected, but the thing is we have the opportunity to talk about it. We talk about it; we make fun, at times, out of it. Also, because of our religious background, being Muslims, we believe that you need to forgive because if you don’t forgive, then you hold yourself responsible and you’re still with the guilt and you want to retaliate and it doesn’t help. If we’re going to build this nation, I think we need to forgive and reconcile, that’s how we can move forward. That is what’s even driving me forward.

When I saw Ebola, I saw it like another rebel war that came in also to devastate the nation of Sierra Leone. I tell you, there is this big argument, there are some people who say maybe the war was more devastating than Ebola, and others think that Ebola is more devastating than the war. I don’t know, but for me, I see them as two evils. The war came in, and all the physical structure was destroyed. Young people, they were destroyed psychologically. They were young people who never had the opportunity of going to

school any more. Their future was completely destroyed. I also see the war that came in and killed so many people—I'm just coming from Makeni now. I went to one village, Pati Bana, it was just like maybe ten or twelve miles from Makeni town in the North. And I was discussing with a young boy who said to me, "Over two hundred people died in that village." Today, that young boy, most of his family members are gone. When I look at all those situations and I look at the boy, a boy of below eighteen, I mean, he has had such bad experience in his life. I am over sixty, so why should I just continue to hold onto those grievances? It's better to forgive and move forward and then convert the dissatisfaction—there is no doubt a lot of dissatisfaction. There is no doubt a lot of anger, there is a lot of frustration because you sit back and you see all your efforts taken away by force, by some evil force, either young boys who came in through war or a disease that's come in and devastated relatives. But then for me, I said to myself that we need to convert that dissatisfaction and anger into something positive. That is what I'm trying to do, live a positive life. Influence others also to become more positive because I still believe that that is the only way. If we lose hope, then we are losing everything. But if we stay resilient, if we convert our anger into some positive force, then we will be able to make some changes. I've seen it, it's not a lost cause.

Sierra Leone is one of the countries—that is the only country that we have as Sierra Leoneans, and it has so—the beauty. You've seen it. I've been to many, many countries in Africa and Asia around the world and naturally, this is one of the most beautiful countries. The soil is so fertile. You eat your mango, you drop the seed, it re-germinates. You see the rivers and the streams, it's so beautiful, the hills, the mountains. Even though

now you see all this destruction that is going on, the deforestation that is going on, people are just chopping the trees down and that's why it's affecting. Now, this is March, it's supposed to be right in the middle of the dry season, but then we started having rains because people have interfered with the environment. They've just been able to find a very big diamond, last week I think, 706 carats or so; one of the biggest diamonds, and I think it's the second one that has been found in Sierra Leone. What a blessing: diamonds, gold, bauxite, iron ore, fish, shrimp, you name it, it's here. That's why I still have hope. Now, if only we can have the human beings also, the human resource, find the good leadership. If we can come together and harness our resources and be more resilient and be more focused and be more positive, I think we can make a change. The war has tried us. We came out of it. Then Ebola came in, took us down again, and I'm sure we're getting out of it. That's why for me, I believe that we cannot give up and we should work with the community resources, the community structures. That's why I'm working with the religious leaders because they are going to be there. You can hardly go to any village in Sierra Leone where you would not find a mosque or a church. You may not see a radio station, you may not see television, or you may not see electricity. But believe me, there is a mosque or a church. Those structures are there, and I believe if we work with those structures and engage them and build capacity of religious leaders, they would own whatever development program we are talking about, they would turn around the situation.

I saw how we worked with the traditional healers also because when the Ebola situation became very terrible, everybody was blaming traditional healers because these are people

who under normal circumstances, their practice of healing entails a lot of touching. They have to touch, they have to rub, they have to massage; at times, they even have to use spittle. All types of things, which are against the practice of Ebola [treatment]. Things which would enhance the transmission of the virus. That's their practice. Everybody was blaming them, that they were the ones who were fueling the transmission of EVD [Ebola virus disease]. So we came out and said, look, if you continue to blame these people, they will continue to do the things they are doing, and we decided we need to engage them. I went out and saw their leader, the president of the traditional healers association [Sierra Leone Indigenous Traditional Healers Union], Alhaji [Sulaiman] Kabba. I spoke to him and he was so annoyed at that time that everybody thought everybody was against them, and I said, "No, no, no, not everybody is against you. That's why I'm here to talk to you, so you can just listen. We can turn around the situation." He said, "Everybody is saying we are responsible and we are not," and I said, "No. Let's sit down. What can we do? Do you want to change this situation?" He said, "I want to change it." "Fine. Let's begin to talk together." And that's how we asked them to also turn their anger into some positive action and be part of the campaign. He came out and made pronouncements that no traditional healer should continue to do any secret burial, organized big sensitization campaigns to educate its members. He got them to go and launch what they called the Bush-to-Bush Campaign. Went into the secret shrines because what was happening, they were now going into those secret places, where no one can—if you are not a member, you are not allowed to go, and then that's where they were doing the healing. If somebody died, they would just bury without—government may not even know about it. So he came out with his members with our support and the support we got from DfID,

and the government mobilized these senior traditional healers, and they were able to pass laws, bylaws to say that anyone involved in traditional practices, that person was going to be penalized. With the support of the government, they were able to do it. They made positive contributions.

I see the traditional, the religious leaders—not only now did they [get involved] in the campaign, but it brought them even together. Sheikh [Ahmad] Ramadan [Jalloh], who is the national coordinator for the Islamic Action Group, the relationship between him and his Christian counterparts—Reverend Christina Sutton-Koroma, who is the national coordinator—you see them working hand in glove, working together for a common good. We had this incident in Kambia District where on one side of the road, there is a mosque, and on the other side there is a church. Hmm, that's a very, very interesting case study. Before our intervention, the people in the mosque and the people in church were not seen; they were not on talking terms because the church, part of their prayers would be drumming. They'd use all type of instruments and music, and then the people in the mosque would think, why are these people drumming? They are disturbing them. Now, fortunately for us, when we went in with our intervention, the pastor from the church was nominated as the district coordinator and the imam from the mosque was nominated as the district coordinator. We put them together and said, why can't you come out with a—and they were not on talking terms. So we said, we cannot work like this. They agreed. We called Sheikh Ramadan Jalloh and Reverend Christina Sutton and the big senior clerics to intervene, and he spoke to them and said, "Look, set up a program. The time when these people are in the mosque, it's only five times, we know it. So you make sure

you are not drumming at that time so that you can allow them to have their prayers.” The prayers in the mosque would last only ten or fifteen minutes. That was resolved. Now, you see the imam and the pastor on the same bike. In fact, there are times now when they call the imam—they call him “reverend,” the pastor they call him “sheikh,” they’re like brothers. Two months ago, the sheikh was involved in an accident. The very first person to get to the hospital was the pastor. By the time I got there to pay a visit, the pastor was already there. It shows that we’ve gone beyond Ebola, we’ve gone now into shifting social norms, building relationships, promoting religious tolerance which we see, it was already in Sierra Leone, but this experience made it even more. These are the gains we see as we move along. That’s why it’s fighting Ebola—we are also building relationships, and those are the relationships that I think would sustain whatever developments would have to come into this country.

Q: Thank you Mr. Jalloh. I have a couple follow-up questions if you don’t mind.

Jalloh: Yeah, please.

Q: One of them is, just referring back to—what’s the best order for these? Referring back to the beginning of the response, or the beginning of the epidemic really, when you saw Ebola in Guinea and then in Liberia and then in Sierra Leone, are there memories that stand with you in those early days of seeing the epidemic take hold?

Jalloh: Yes, in fact, vividly. My background is in public health and communication. As soon as we heard about the outbreak in Guinea, the first thing we said we wanted to do was for us to go in and do a perception study, a KAP study, K-A-P, knowledge, attitudes and practices, to find out—because we already suspected that there were a lot of misunderstandings, there was a big knowledge gap. Our idea was, why is the situation in Guinea? Can we do a small study in Sierra Leone to find out what people already knew about the transmission of Ebola? What do they know about the preventive measures? Do they have any fears, do they have any concerns? Is the country prepared? You cannot believe: for almost two months, we couldn't get funding to do it. So we had to contribute money from our own pockets because it was—Focus 1000 was just a new organization. Finally, we were able to get the Catholic Relief Services, CRS, to donate some money to us, twenty million. Then we also got—after some time, UNICEF came in and supported us, and we did a study.

Believe me, we found out that there was a big knowledge gap. There was a big misconception about the causes of Ebola, how it was transmitted and how it was prevented. With all those misconceptions, you could not get people to shift their behaviors, because we found out that even though knowledge was high to some extent, because of the misconception, somebody may know that okay, Ebola is caused by a virus. But at the same time, the person believes that you can prevent it by going to the traditional healer. You see? These were the things that were contradicting each other. And when we did the second study, we also found out—by then, the first study was I think in just a few districts, but then CDC came in and said they wanted us to expand. So

we now went to—by the second study it was national. And you know, with more questions, trying to find out way deeper down. And that was when we found out that for example, a lot of the efforts which were being put in were being put in in the wrong direction. Because knowledge was already high, people already knew, but still, if you looked at the messages, it was based on knowledge. “Ebola is real, Ebola is caused by a virus.” So we are wasting time and effort to deal with an issue that was already known. But when we went into the communities now, people said okay, we know Ebola is caused, so what do we do? You are telling us that there is no cure for Ebola, but you are at the same time telling us to go to the hospitals. If there is no cure, why should we go to the hospital? Whereas, the traditional healers are telling us they can cure it. So we better go to the traditional healers. A lot of misinformation. You are telling us that if somebody has Ebola, we’ll see blood coming from the eyes, the nose, the mouth, all the orifices. But in this case we don’t see any blood so maybe it’s not Ebola. So, the picture of Ebola that was painted, if you saw the first visual messages, they were all blood, blood, blood, all over the place. But the reality, the way Ebola presented itself in Sierra Leone was completely different. It was only in a few very severe cases where you had blood. So that opportunity of doing the studies based on this information, we came back. And then most of the government was very receptive, so we would go to the NERC [National Ebola Response Center] and the minister of health and present, and they would give us the opportunity of presenting in very senior meetings and they would use that information to sort of revise the policies and revise the messages.

My take is that communication was not given the priority it deserved at the beginning. I always use the example of the spare tire in the vehicle. We all know we have the spare tire at the back, and we only use it when we have a puncture. But that's not how it should be. Communication should be one of the four tires, not the spare tire. So right from the time when you are planning your program, you should also be planning, how do you communicate to the people, how do you engage them? Social and behavioral sciences have to come right from the beginning, so that you understand the people, you understand their fears, you understand their concerns, and when you're developing the messages, you take all of those into consideration. And you don't only use communities, but you work with them, you partner with them. I've had many people say, we are going to be using the communities, we are going to be using the religious leaders. No, you don't use them because when you use them, it means that it's temporary. You go in, you use them, and when you finish, you drop them. No, you partner with them, you work with them so that you can sustain their efforts, you can own the intervention. That was what was missing at the beginning. But fortunately for us, with the support of mainly CDC and the government, we were able to turn around the situation. We were able to revise most of the messages and even the strategies of engagement because you would find out that even soldiers were going into the communities and saying they were doing sensitization. You cannot engage by force. Engagement is a process, it's a mutual understanding and respect. A lot of things were done, maybe wrongly, even though in good faith because everybody was overwhelmed.

I hope that we have now documented the lessons learned from the Ebola experience.

Those lessons learned will now be used moving forward, not only for Ebola, but even if we want to do any public health campaign. I think the emphasis should be on first understanding the community situations. Going in, understanding, and working with the communities. In public health we say, health cannot be given to anybody. I cannot make you healthy, you can make yourself healthy. Health is something that can be attained. I can only facilitate it, I can only support, but if you don't want to be healthy, you will not be healthy. We can provide all the hospitals. If people don't want to use them, they will not use them. We can provide all the ambulances as we saw, but in fact, people did not want to use the ambulances, so they even came out with rumors about the ambulances. You can have all the holding centers, and people saw that when they took their relatives to the holding centers, they were dying in large numbers. They will not go and use them. You see? You can have all your medication, you can have all your doctors, they are all necessary, but they can only perform if the people accept them. That is why the issue of community engagement is paramount. I'm not saying it is more important than the service provided, but they are like twin engines, they should go hand in glove.

Q: A lot of people, and I'm sure you've heard this, reflect back and say, the community engagement piece is nice, but when Ebola happened and it was a total disaster, there was just no time.

Jalloh: Exactly.

Q: How do you respond to that?

Jalloh: Because the thing is, we always talk about no time, so think about the time we wasted now. But if I invest the time, the first—I always say to people who come up with this argument, where did we get the first case? It was from the community. Right? The community, they know whenever there is a first case. They would notice subsequent cases. The communities would know if any burial is going on because what they were doing—they were now doing secret burials. They would flatten the gravesites, and they would put little leaves on everything so that they are completely disguised. They would know if they are washing the dead bodies, because they can fool others, they cannot fool themselves. What they were doing, because they [health authorities] said you should not wash the dead bodies, they would wash them before they call 1-1-7. So by the time 1-1-7 would come, they've already done what they wanted to do. But when we started now engaging them, we started pointing out to them the number of religious leaders that were dying because they were touching the corpses, and the danger when you now go and wash a dead body, the danger to yourself, but not only yourself but your entire family, and we saw it. People would go out to wash the dead bodies, they go back into their families. In one or two weeks, you find out many people are having the infection in their families. Communication and community engagement, it takes time, there is no doubt about that. But I think it's time worth taking. It pays off in the long run. But when you don't engage the communities, you get a lot of resistance. In Guinea, we saw people, community people were chasing health workers. In fact, in some villages, they killed the health workers because of all the misconceptions. Even here in Sierra Leone, there was a

lot of resistance in some communities because they did not understand that the interventions were coming in to support them. They got the understanding, they linked Ebola to political things. Oh yeah, it's the politicians who are coming, they want to reduce our population. They linked Ebola to spiritual things, it's the evil spirits, it's witchcraft. But if you spend time, work with the religious leaders, as I said, there's hardly any community where there is not a mosque or a church. Work with teachers, work with the mass media, like we did. We have a radio station, so we—not only the journalist talking, but then get religious leaders, traditional healers to go on the radio and talk so it becomes even more powerful. And use evidence. Let them know, see, show them the information that we are collecting. Send it back to the communities because most times, we just go in, collect information, and we don't take it back. So how do you ensure that after you've collected your information, you've been able to get your findings, you take those findings back to them? Like when we went out, some of the concerns were at the beginning. People were saying, we don't have opportunities of paying our last respects if somebody died. We still want—because we believe that we should get our imam or our pastor to do the prayers for the dead. So we came back to the government and they said okay, fine. We can allow their imams and their pastors to go and do the prayers, but at a distance, and that made a huge difference. We went back and said to the community, this was their concern, now the government has responded.

One of the other concerns from the women was that the burial team members, they were all men, and women were resisting. Why is it that if a senior society woman dies, you've got a small boy coming to take the corpse? That is unacceptable. Why don't you get

women as part of the burial team? We came back with the study findings, discussed with the government, and the government allowed that if women were willing to become part of the burial team, they would be employed. So we started seeing some women as part of the burials, and it became more acceptable in the society. They said okay, we want—after some time, we want to go back and know where our loved ones were buried, because there were graves all over the place and government allowed that, okay fine, you would go in and you would mark your graves. Those were—how we were using the information and taking it to government for decisions and taking that decision back to the communities so they were able to see that they were not wasting their time talking to us. That their suggestions, their views were being understood and accepted and the government was responding to them. But most times, this is what is lacking when we do studies—we just go to the communities, we collect information, we don't go back for them to see that you are responding, and I think that's made a big difference in terms of our intervention.

Q: Thank you. Another question that I wanted to go back to was again, closer to the beginning of the response, can you just tell me a little bit more detail about the process of deciding to use your resources to fight Ebola even when your mission was about the first one thousand days of life?

Jalloh: Exactly.

Q: Right? It's a big change. What went into that decision? What do you remember from that?

Jalloh: I remember at the beginning we sat down, our team—as I say, I am a public health and communication specialist. Mohamed Jr. also is a public health and communication specialist. But then we have a medical doctor who also has a public health background. We have a senior medical demographer with public health background, and we have a nutritionist. At the beginning, we are saying yeah, the first one thousand days, that is our mission. But then, if you have Ebola and the mothers are dying, how are you going to be protecting the children? Ebola isn't going to select that this woman is pregnant, so we don't attack a pregnant woman. Ebola was killing pregnant women. Was Ebola leaving children under two? Ebola was killing children. Ebola was killing their family members. So if the family members are destroyed, would you have your under-two children to talk about? Would you have your pregnant women? We made a link immediately that you cannot sit back and allow this epidemic to continue when you can use your same public health strategies to come in. There was a lot of confusion at the beginning, especially in terms of the communication. I went to the first meeting and I saw over three hundred people, everybody talking about oh, what can we do, sensitization and you know, so confusing. Even when you listened to them, you would see that the understanding was a different level.

Q: What meeting was this?

Jalloh: At the beginning, it was the social mobilization meetings because there was a social mobilization pillar. I think there were like four or five different pillars: you had the social mobilization, you had the burial, you had surveillance and all those types of stuff, but then we were more engaged with social mobilization.

Q: Sure, but you can see that their understanding level was—

Jalloh: Oh, my God. Those are government people, NGOs that were involved. Like I said at one time, I said, why is it that you have so many people coming to social mobilization? Because you went to surveillance, you must have the capacity to [unclear] competence. Burial, they were afraid of. No one wanted to be part of the burial team. Then you had the coordination, so those were more senior people. So now they were left with social mobilization, and everybody thought anybody can do social mobilization. So we had this huge jumble, everybody coming in and oh yeah, we want to sensitize. We want to engage, we want to mobilize, and I said fine. Social mobilization of community engagement is a science and an art, that's what most people don't understand. It's a science because you have to follow certain principles, just like epidemiology. Not everyone can go in and say I am an epidemiologist. No way, there are basic principles that have to be followed.

Q: What's an example of a basic principle?

Jalloh: First principle in community engagement is that you cannot force it on people. You must establish dialogue. You must understand the situation, you understand the subjects. You have to understand the people you're working with. You have to understand the context under which you are working. You see? It's persuasion. And at times, you confuse it with the mobilization. Mobilization is a military term, that is a top down approach. Because you can mobilize for a campaign, you can mobilize for anything. I tell people like when we're doing immunization, before we go and mobilize, we would say, send your children to be vaccinated. At times they don't even know why they are doing that, but in community engagement, you go beyond mobilization, you go into ownership. You really want people to understand the action they are taking. It's not just call 1-1-7—okay, we called 1-1-7—but already we've prepared, we've washed the body, and then we now call 1-1-7. Because they are only responding to a request, compliance. But that is not what you want. You want them to be able to understand that you cannot wash dead bodies, not because somebody is saying so, but because you know you are at risk. You yourself, you are exposed. The risk perception of those people. What are the barriers? Why are they finding it difficult to comply and take action? What are the enabling factors that are missing? What can you do to facilitate so that they are able to understand and do the right things? Because knowledge can be there, knowledge can be high, but we've already seen that there is a big difference between knowledge and practice. Because when people know, yeah now I know and understand, but why accept? I cannot know and don't accept so I will not be able to practice. Now I know, I understand, I accept, but am I able to do it? Do I have the facilities, the enabling factors? You say I should call 1-1-7 and then they will respond. If I call 1-1-7, would they come

on time? Are they going to respond so that I don't have to keep the corpse in my house? I saw a family that their child died, they are in a one-bedroom house, they had to stay with the corpse for two days, waiting for 1-1-7 to respond. You see? So, if you go through that experience, the next time, you know, just let me go and bury [the body] myself, without waiting, because the services are not responsive. Or the services, the quality is not acceptable so you have to go through a lot of things before you get to practice. So that is why most times and in mobilization you just disseminate information. You know, I tell people assume that when once people know, they will take action, but I give them an example, we have a lot of doctors and nurses who smoke cigarettes, is it that they don't know the dangers? They are fully aware. But, they find it difficult to switch and to put that knowledge into action. So you need to work with them and support them so that that knowledge goes beyond just knowledge you know, it goes into acceptance and then it goes into action. So those are the issues.

Q: Thank you, thank you. I had a question going back to the traditional healers and working with them because it's my impression that they were kind of sidelined at first—

Jalloh: Yes, for a long time.

Q: Yeah. But when you're asking them not to practice, does that not take away their very means of existence?

Jalloh: Exactly. That was the biggest concern. And that was some of the things we are bringing out. Somebody was saying to them, okay, let us look. Your livelihood is very important, there's no doubt about that. But, if now, in the process of getting your livelihood you are putting yourself and your family at risk, so what will it profit you? If you go in, you see a sick person, and would you be able to tell whether this person is suffering from Ebola or ordinary diarrhea? Would you tell? No. And now, you go in and you see a sick person and the person is suffering from Ebola, the person pays you one hundred thousand or two hundred thousand leones. And then at the same time, the person transmits the infection to you, so are you ready to sacrifice your life for two hundred thousand leones? Now it's not only you because once you're infected, what happens? I used to show them, I used to give the example of a tree. You have the roots, and then what happens? You have a stem, and from the stem what happens? You have the branches. And then from the branches you go into the leaves. The stem or the branches, which do you have more of? Definitely you have more branches than the stem. The branches and the leaves, which is more? You have more leaves than branches. So now, when you go alone, as traditional healer you touch somebody who has the infection, you get two hundred thousand [leones], that is the roots, and now it goes to the stem. When you move into your houses, you're infecting your family. How many? You are alone, but now how many family members do you have? Is it ten, twelve? Fine, they are all infected. How many friends and relatives do they also have? So they go now into the branches and the trees and the leaves, so that's how the transmission goes. So if you want to stop the transmission, where do you stop it? You stop it at the roots or at the stem. That's the engagement because at times they go in emotionally to say okay, we want to

make money. Fine, but what will it profit you if you make the money and then you lose your life?

Q: Were there means that you were able to suggest or find for people to make money alternatively in other means?

Jalloh: At that time we said, is there any other thing you can do apart from traditional healing? What are the other means of livelihood in your community? Other people who are not traditional healers, how are they making money? They say maybe farming, maybe some trading. Or, are you the only group of people affected? Look at the teachers, they have not been paid. Why are they not going to kill themselves? Look at the doctors also, I mean you are not the only one; you should also understand that you are not the only one. So it is for you now, they said oh no, no, why can't you give us money? In fact, people were so desperate at the beginning that when now the traditional healers were now saying okay, the reason why they were doing this was because of livelihood; some even international organizations were willing to compromise and give them money. I can give you—we did some analysis to show the dangers of that because we said look, yeah fine you give them money now, for every case they brought, you pay them some money as a way to provide some means of livelihood. And I said no way, and everybody was surprised because they thought we were the ones promoting the engagement of traditional healers, but we are now standing in their way. I said no, because it's not sustainable. Now you pay them. Fine, they see a case they report. Are you sure they would not be inflating the cases now? Because now you have deceit as a means of getting money. If somebody

has anything they will just come back. And do you know the number of traditional healers? You have over forty thousand traditional healers. Anybody can call now and say I'm a traditional healer, there is a case here. And then they say okay fine, so we would only pay if we confirm the case. Okay, somebody is in a village, forty, fifty miles, the person calls. Hmm? And then, how long will you take to confirm? When you confirm, how are you going to make sure you get the money to that person? The logistics of doing that would be—it would kill everything. And you know the danger, they would go out and begin to blame you and cast against you in fact. They would say oh, you have received some money from them, some amount of money, you know, you have received for them, on their behalf, and you're not giving them the money. And we are not willing to be part of that. We did some good analysis to convince the donors that that is not the way to go. The way to go is to engage them and reason with them like we did, let them understand it's not a normal situation and we need extraordinary measures, and the sooner we are able to end the transmission, the sooner they will be able to resume their livelihood. See? So that's how we moved it.

Q: Can I ask, sorry, we'll wrap up soon; I know I've kept you talking for a very long time.

Jalloh: No problem. But let me just say, we also now, we said okay, we can give some amount of food. So we got some support from DfID and said fine, what we can do, traditionally when you get into a village, if you want to talk to a chief or somebody you can give something as a token. So we said okay, we can give some rice, some oil as a

package to the senior traditional healers in the community to let them know that we respect them and we need their support and cooperation. And this was a one-time thing, one-off. We cannot continue to provide food, we cannot continue to pay them. Yeah, and it worked and they appreciated it.

Q: Interesting. So I was going to ask, could you describe a couple of people who you worked with most closely from CDC?

Jalloh: Oh yes, I remember at the beginning, Becky [Rebecca E. Bunnell] was here together with her husband, Jono [Jonathan Mermin]. In fact, it was here that we came in and met with them.

Q: Here at the Radisson?

Jalloh: Yeah the Radisson, you know they set up an office here. But there was—the guy that we used to work with who was part of the social mobilization team—

Q: There's one person I know, Craig Manning.

Jalloh: Craig was there. Oliver, Oliver [W.] Morgan was also here as the head of the CDC. And apart from Craig there was another, younger person who was part of again—because—the first time was when we presented the KAP study, KAP 1. They were so excited about it, so then we were invited. We came in and met with Jono and Becky some

of the time. And they asked us to give them the report; they looked at the report, they invited us to come in and sit down and they wanted to find out our sampling size, the methodology we used to verify whether or not information was authentic, and they did. And we gave them electronic versions. They also went and did some more testing to find out the validity of the information, and they were really thrilled. Then they called us, we came here together with Mohamed Jr., because—I mean, together with our research team, he was leading the research team. So we came in and they said look, how much is it costing you to do this study? And when we explained, they mainly were just laughing. They said, definitely, you need to come up with a budget and you have to be honest with yourself. And together, you cannot put yourself at risk, and your staff, [unclear] pay them. So we came in and we—in fact, as I said to people, that was the first time I've seen a donor help you put together your proposal and your budgets. They did not only provide money for us, but they provided expertise. And that's what I liked about CDC. They sat down with us now, when once we have given them the proposal to develop the instruments, the exact instruments. They were actively involved, together with UNICEF. So it was like now, working as a team, and the methodology, they [unclear] methodology, the sampling size, they provided expertise for us to be able to do it. We collected the data because most of them could not go out, but then we supervised the collection of the data. We collected it electronically using KoBoCollect. They helped to analyze the data, and they helped to write the report, and now, together with them, we are writing manuscripts for publication. It has been a fantastic relationship, I tell you, from the beginning to the end.

Q: Can you pick just one individual and just tell me about them?

Jalloh: Yeah, I think, I would really like to talk about Becky, I think it's Becky Anderson [note: Bunnell]. We've met with her remotely because she was here only once and then she went to Atlanta. And right when she has been in Atlanta, I know she has had more contact with Mohamed, and of course her husband, because I think they are married, they are a couple. They have always, like I said, sent us—the good thing we get is when they send critical feedback to us, you know when we send the reports you will see. The way they would send their comments, dah-dah-dah, long lengthy comments on each and every report. And in fact, she was the one also who facilitated for us to do a similar study in Guinea because after I think we've done KAP 1 and KAP 2, by then she was now in Atlanta, and she contacted us to say, “Would you be able to do the second study also in Guinea for us?” She linked us up with a lady called Susan [J.] Robinson, who was in Atlanta, but now she became the person in charge of the study that we worked with in Guinea. So, we also did a similar study in Guinea and they have always been there to provide guidance, to provide critical feedback, to turn around the reports and then to do the manuscripts, which we've really enjoyed and appreciated.

Q: Was there any aspect that was not as good with your relationship with CDC?

Something that you would say in the future maybe note this and it could be approved and it would help?

Jalloh: I think that you know—the thing is that they cannot give funding directly to us, I think because we are a local NGO. So they would have to give the funding through another organization, and usually that other organization does not see the urgency like they are seeing it. That has been some frustration, to some extent, that the funding has to go through another person before we get it finally. But I understand it's maybe the principles of working directly with local organizations because I even brought it up with DfID. Is it that you are saying the national organizations are corrupt, or what? Are you saying the international organizations are not corrupt? And she answered each very well. They said look, we are not saying international organizations are not corrupt or they do not have problems with capacity, but with an international organization they are outside Sierra Leone also, they have a headquarters. So if there's any problem with that organization here, we can go back to their headquarters. There is a fallback position. But with a national organization, you are only in Sierra Leone. So if we have problems with you, where do we go? And it makes sense. But I hope that as we go along and build relationships and they do the due diligence, they have more trust and confidence in some of the national organizations, there would be a way of fast-tracking the funds. But what I'm saying is, there was a lot of slowness in getting the funding.

Q: Thank you. Could you tell me just what happens with you, what you do after Ebola, after your work with Ebola? What has happened in the last couple years for you?

Jalloh: I think the interesting thing is that we've continued now, you know—during Ebola, I think we developed our capacity in terms of doing research using a digital

system. Because the first study we did was paper based, and then the second one with CDC support, we were able to buy tablets, over one hundred tablets, which we are now using to do studies. And we've continued doing studies, we've done both quantitative and qualitative studies on things like malaria, we've done studies on nutrition and we've done studies on HIV/AIDS. But the good opportunity now is that as part of the Changes Consortium, we did a proposal which was submitted to DfID for funding on the Saving Lives Project, and we've won that award. So, Focus 1000, we are going to be working with the Ministry of Health to sort of improve the quality of data and also the timeliness of the reports. But then like I mentioned also, how do you feedback—that feedback loop into the community? So that it's not just a matter of collecting data and using that information, but then take that information back to the community. For example, we are going to be supporting—one of the things we've been working on is data on immunization. For now, the paper process they're using, they are getting the information, but it comes in at times incomplete, at times it is delayed. We believe that if we do electronic, it's going to be more accurate and it's going to be faster. But when we get that information, we don't stop there. How do we take that information now to go back into the communities and say fine? Some of—in this particular community, your children are supposed to have received all their vaccinations before the age of ten months, but then we are seeing that there is a drop-out. Take for example, if you take polio, you need to take three. At times, they may take one, they take two, they don't take the third one. And if you don't take the third one, it will not be as effective. So, to be able to give that information to communities and say look, if you are taking your children for vaccination, you have to take all the doses. If you drop out, the effect will be less compared to if you

took all. The other issue is in terms of antenatal care. The women, when they are pregnant, they are supposed to go to the clinic at least four times before they deliver. We are finding out that they go for the first and second, and it drops by the time it comes to the third, and at times, they don't even go for the fourth one, and they still deliver at home. So that information we take back into the communities and let them know. Your women are dying. One of the contributing factors is that they don't go for all the ANC [antenatal care] visits, and still, a good number of them deliver at home. If you want to change this, they have to make sure that they go for all their ANCs because if they go, they are going to get a lot of benefits. If there is any problem, for example, I usually give them my own personal experience and my example. My mother, when she was pregnant, if she had not gone for the ANC, she would not have known that it was a complicated pregnancy and maybe she would have died. Maybe I also would have died. That is a very touching story for them, and they would begin to go. These are the things we are excited about with this new project now: seeing how we can work with the Ministry to collect the data from the facilities, but also collect data from the communities. But not only the issue of collecting data for the sake of collecting it but then feeding it back, that feedback loop into the community to see how they can now use the data to improve on the [unclear] services, but then also, get them to demand better services. And finally, get them to participate, to own the program. So they are not only waiting for somebody to do it for them, but they did it themselves. They can now use their own structures to sustain those services in the communities.

Q: Do you think you'll ever fully retire?

Jalloh: [laughs] Yeah, what I'm thinking of now is I think from health, I would—my plan actually is my physical involvements maybe I can reduce. But I think mentally, you know, because I'm doing now, like I said, when we started it was retired people, and back then we were saying we are retired, but not tired. But what we have done now is to identify a core of young people that we are building to take over from us. Mohamed was one of them, but he's now out with CDC, but we've identified six or seven other young people that are in middle management who are going to be taking over from us, and we are grooming them. I believe in maybe the next four or five years, they would be in positions where they can take over from us, and then we can sit back and provide guidance and support. That's what I look forward to. Still be involved, but not as physically involved as I am now; provide the technical expertise and advice and guidance; and sit back, spend more time at home, spend more time in the mosque, and spend more time in the communities. So, not retired in that sense, but reducing my physical involvement.

Q: That makes sense. I'm sorry, I have a bunch—I always have a lot of questions unfortunately, but one I just have to ask is: what was it like working with your son on the Ebola response and what is like working—I mean, watching him develop into who he is?

Jalloh: I tell you, it's a great satisfaction. I sit back and say, how many people have this experience of working together with their children? Not many. Now, you see more of that in the private sector where they are working together in a business, a family business and

this type of stuff. But then, the objective is different because in the private sector the objective is to make money. [unclear] services, but I think it boils down. But in the public, with this developmental sector, the whole thing is to provide service to humanity. You sit back and see—I think about this when he was going to school and he wanted to become a lawyer. I challenged him to say look, if you become a lawyer in the US, then you go back home, the laws are not the same. You will need to go back and do a lot of orientation for you to be able to practice effectively if you go back home. But then if you are in the health field, it's the same, and community engagement, it's the same. You can go back today and get into Sierra Leone and be able to run, immediately you get in and you can use that knowledge. I saw all the books I used at university, and I said, these books are going to be there. If you have the opportunity of going into this field, you'll be able to use these books, that is going to be an asset that you can acquire. I may be able to leave one or two houses that I have, but not for you alone, I have other children as well. But these are the things you can have, and you can develop yourself beyond—I wanted to go and do a PhD, I cannot. I did my second master's when I was already fifty-eight. You are in at this early age, you already have a—now has, I think he's in like his early thirties and he already has a master's and he's registered for a PhD. So, some of the things I was not able to do that I wanted to do, I see him aspiring and getting to that and it gives me a lot of satisfaction. We sit down, and when we're in the meetings, we try to be so professional because I said to him, “If there is anything you want to challenge, don't say, ‘It's my father.’” The father and son relationship is at home, but as soon as we get into the office, we are now colleagues. And we try as far as possible to maintain it, and people admired it. If I made a point and he was not happy, he would say, “Look, CEO [chief

executive officer], I'm sorry to say, but I have another view." And people learned from that. Some of my colleagues would say, "Ah, this boy likes to challenge even you," and I would say, "Yeah, but that is good for him." [laughs] "If he challenges us and if we think that it makes sense, let's accept what he's bringing because he's new, he's the only young person here, we are older people. Some of the things he sees, he's seen from a different perspective. So let us give him the space." I mean, he's doing it in a respectful way. He's not doing it any rude way to us, but if he's making his point, we should allow him and that's how he can grow. And I think that was one thing. We allowed him, for him to come with his point. And finally, when we finished the Ebola thing, there were a lot of offers from different organizations wanting him to go and work with them. And he came to me and said, "This organization wants me to go." I said, "Fine, you decide. Let's see. If you think that it makes more sense for you to go to that organization, fine." He said, "How are you going to survive without me?" I said, "Well, we will find some other people to see how we can train some other people, and before you leave, you need to identify one or two young people that you can introduce to us and we can start working with them." He was able to bring two young ladies that are still working with us and are really doing a very good job. On and off, he's like a mentor to them, they still see that—I tell them, "In this organization, you can move. It's not like you get stuck. Otherwise, we would not have allowed Mohamed to move out. So if you come in and you have a potential and you want to move, you can move, and make sure you identify some other person to take over from you." So I think that has always been there.

There are times we get so heated. During the peak of the Ebola crisis, we'd go to these meetings and we'd come back and we were traumatized, and I would say, "I'm just fed up! I'm just fed up, they are not listening to what we are saying and I will not attend the next meeting." And he would say, "No, no, no, you have to attend that meeting." I'd say, "Who tells you I'm going to? I'm not going to attend." And he said, "You have to attend." I'd say, "Why?" And he would say, "Look at the meeting itself. Look at the way the meeting went. Look at all what other people are saying, and just think about your contribution. I would be able to say some of the things you said, but it's more powerful when it comes from you. Because in this society, people also respect age, and they respect you because you've worked in the Ministry of Health, you've worked in the United Nations, so your word is more powerful than mine." Because I said, "You are there, so you can continue to—" and he said, "No, no, no. I cannot replace you. You have to come with me." And at times we'd have these heated arguments, we'd go home and my wife would be saying, "You are bringing your office into the house!" [laughter] Poor woman. But she was also very understanding because as soon as we sit down around the table, we start talking about this Ebola thing, and this poor lady would be sitting there and say, "Oh my God, from the office to the house, it's all Ebola." I think we were getting to a point where it was very traumatizing for us because you go, you hear that this person has died, somebody you know, a family person, a neighbor has died, and you know something can be done differently, but then it's the same, it's a bit too slow. And that gives a lot of frustration. To some extent, I think it has affected us because we were bringing in some of the issues from the office into the house. As time went on, we were able to really rewind and started separating again, and it was good we ended the

transmission. At an early age, I'm sure it would have affected us even more. The fact that he has also left, I think has given him a new horizon and a new opportunity. I am so happy that he has this opportunity of getting into an international organization, but then with the local experience. So it's so rich that he can use that experience now to see how he can use it as his springboard to move even to higher heights. So I am happy for him. And we still discuss like father and son, but at times, also like colleagues because some of the projects we're involved in that have been supported by CDC, he is part of the technical team. So we are still discussing, although now it's not like in the same organization, two different organizations, which I think makes a lot of sense.

Finally, I just want to say that I've really enjoyed working with him, both as my son and also as a colleague. I also want to say that the relationship with CDC, even though we established it before he went into CDC because that again, is something that has to be very clear. It was with us in Focus. That is when we established—even before it came to CDC. But then, CDC has been a good organization because like I say, unlike many other donors who just give you money and stay back, they give you money, they give you expertise, they challenge you when you write these reports and send to them, you know, you would see how Becky and Jono and Oliver would give these critical comments and you have to turn it around. But at the end, you now see that the product is even better, the input made a big difference, so we really appreciate that.

Q: Thank you. So, Mr. Mohammad Jalloh, is there anything else that you'd like to share before we conclude the interview?

Jalloh: Yeah, well I think that I also just want to say that I am happy for this opportunity because we've tried to document some of these experiences, but for these couple of hours that we've stayed together, it has helped me to reflect. It has helped me to sort of strengthen my resolve to even move further and contribute a bit more. I believe that as individuals, we all have our call, and we do it in different ways. For me, I see this one as my contribution to my country. When I was at the international level, yeah, you are contributing, but it's not like this one. It goes beyond the technical, it gets into the emotional. You feel that you have to do it because you have to do it. You are doing it for your people, and that's what I enjoy about it. And I hope and pray that these lessons will be documented well and shared widely so that we don't have to reinvent the wheel. My frustration with Ebola really, if there was any major frustration for me, was when people would say well, we did not know much about Ebola when it got to Sierra Leone and West Africa. But then I would say look, Ebola is new in West Africa, but it's not new in the world. We had a lot of outbreaks, over forty years ago in East Africa. Were those lessons fully documented by the international community? Do we know where those documents are? Did we use those lessons to enhance our intervention in Sierra Leone and in West Africa? I'm not sure. I hope moving forward we would be able now to learn from that mistake so that when we document these experiences, we not only document, but we would be able to use them at the right time to enhance our response so that the response is speedy, but at the same time also of the highest quality. Thank you very much.

Q: Thank you very, very much Mr. Jalloh. I very, very much appreciate your time and your reflections. Thank you.

Jalloh: Yeah, thank you so much.

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