Government of Sierra Leone

Ministry of Health and Sanitation

Republic of Sierra Leone

FINAL REPORT

of the

2022 National Health Summit and Recognition Awards

2022 THEME: "Transforming Health Service Delivery Towards Universal Health Coverage"

Held at the Bintumani Conference Centre, Freetown
April 7th, 8th, and 9th, 2022

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ABBREVIATIONS

AIM-T	Appreciative Inquiry and Methods of Transformation
AISPO	Italian Association for Solidarity Among People
BEmONC	Basic Emergency Obstetric and Newborn Care
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHAI	Clinton Health Access Initiative
CHC	Community Health Center
CHW	Community Health Worker
CoD	Cause of Death
CMO	Chief Medical Officer
CPR	Cardiopulmonary Resuscitation
CSO	Civil Society Organization
DCF	Development Cooperation Framework
DCMO	Deputy Chief Medical Officer
DHIS	District Health Information System
DHMT	District Health Management Team
DHSE	Directorate for Health Security and Emergencies
DSTI	Directorate of Science, Technology and Innovation
EmONC	Emergency Obstetric and Newborn Care
EPR	Emergency Preparedness and Response
FCDO	Foreign Commonwealth and Development Office
FETP	Field Epidemiology Training Program
FHCI	Free Health Care Initiative
GHS	Global Health Security
GoSL	Government of Sierra Leone
HCW	Health Care Worker
HDPs	Health Development Partners
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNGOF	Health Non-Governmental Organization Forum
HRH	Human Resources for Health
HSCC	Health Sector Coordinating Committee
HSS	Health System Strengthening
HSSG	Health Sector Steering Group
ISSV	Integrated Supportive Supervision
KGH	Koidu Government Hospital
KPI	Key Performance Indicator
MBSSE	Ministry of Basic and Senior Secondary Education
MDA	Mass Drug Administration
MDSR	Maternal Death Surveillance and Response
MoHS	Ministry of Health and Sanitation
MMR	Maternal Mortality Ratio
MSF	Médecins Sans Frontières
NASSIT	National Social Security and Insurance Trust
NCD	Non-Communicable Disease
NCPD	National Commission for Persons with Disability

NEMS	National Emergency Medical Service
NGO	Non-Governmental Organization
NHS	National Health Summit (and Recognition Awards)
NMCP	National Malaria Control Program
NMSA	National Medical Supplies Agency
NPHI	National Public Health Institute
OFSP	Orange-Fleshed Sweet Potato
PAC	Post-Abortion Care
PEN	Package of Essential Non-communicable Interventions for Primary Care
PHC	Primary Health Care
PHU	Public Health Unit
PIH	Partners In Health
PPP	Public-Private Partnership
QI	Quality Improvement
SAS	School and Adolescent Services
SCBU	Special Care Baby Unit
SECHN	State Enrolled Community Health Nurse
SLA	Service Level Agreement
SLiSL	Saving Lives in Sierra Leone
SLeSHI	Sierra Leone Social Health Insurance Scheme
SLPTH	Sierra Leone Psychiatric Training Hospital
SRN	State Registered Nurse
STEP	Skills Towards Employability and Productivity
TAC	Technical Aid Corps
TBA	Traditional Birth Attendant
ToR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
VAS	Vitamin A Supplementation
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

In a bold step towards accelerating progress toward Universal Health Coverage (UHC) in Sierra Leone, the Ministry of Health and Sanitation held its first-ever National Health Summit and Recognition Awards (NHS) in April 2022. The inaugural Summit convened hundreds of high-ranking government officials, health service providers, civil society organizations (CSO) representatives, health development partners (HDPs), media outlets, and other key stakeholders for three days of in-depth exploration into the current challenges and opportunities facing Sierra Leone's health sector.

With regard to planning for and executing the Summit, the Ministry of Health and Sanitation (MoHS) is grateful for the inputs received from a number of partners who shared their expertise and have committed to supporting implementation of the next steps and key recommendations identified during the NHS. The Summit was an impressive display of collaboration and collective engagement.

In recent years, the MoHS has coordinated and overseen dramatic improvements in a number of key health outcomes such as reducing maternal mortality. In the last five years alone, the MoHS has developed more than a dozen national health policies and plans to guide health service delivery in the country, covering areas such as human resources for health (HRH), health management information systems, mental health, and nursing and midwifery pipelines. It has also developed and implemented post-Ebola recovery plans as well as the national health sector strategic plan, essential package of health services, and the UHC Roadmap 2030. In addition to policy stewardship, the MoHS has created several new directorates, such as the Hospital Inspectorate and the NCD and Mental Health Directorates, to further expand and strengthen health service delivery in critical areas.

Despite great strides in recent years, several challenges continue to hinder efforts to provide quality, equitable healthcare across the life course, exacerbated by the global COVID-19 pandemic and the disruptions to healthcare that came with it. Among the central challenges are chronic HRH shortages that impede quality of care and dampen demand for health services, inadequate financing for the health sector, infrastructural shortcomings, inadequate use of available technologies, and fragmentation of the supply chain. In the face of such crosscutting challenges, this inaugural National Health Summit and Recognition Awards adopted the theme "Transforming Health Service Delivery toward UHC" to refocus national attention on long-term health system strengthening efforts that both respond to current shortcomings in the health system and secure the future resilience of our health sector.

Looking ahead, the MoHS continues to prioritize the reduction of maternal, infant, and child mortality and morbidity; strengthening human resources for health from initial training through deployment and retention; improving service provision for mental health, malaria, HIV and TB; ensuring access to medicines through prevention of stockouts and improvements to the supply chain; and upgrading health infrastructure and laboratories nationwide. The MoHS also looks to operationalize the health insurance scheme, redesign health surveillance systems, digitalization, electronic medical records, strengthen public private partnerships (PPP) and continue to develop health policies that truly serve all people of Sierra Leone.

This Report distills the key recommendations resulting from the plenary and parallel thematic sessions of the National Health Summit. Some of these were translated into the Aide Memoire, which serves to guide the Ministry and its partners towards meaningful next steps to strengthen health service delivery. This Report adds deeper context behind the Aide Memoire as well as additional recommendations for policymakers, partners, and practitioners to consider on Sierra Leone's path toward UHC.

The following are a set of comprehensive recommendations for Sierra Leone's health sector, to be pursued jointly between the MoHS and its partners:

KEY RECOMMENDATIONS (IN ALPHABETICAL ORDER)

Blood Services

The MoHS and its partners should employ several strategies to strengthen blood services nationwide. Expert presenters recommend incentives for blood donors (e.g. free services), inclusion of different local stakeholders in community sensitization efforts, supportive supervision of blood services to ensure their integration within other services, and forging partnerships with phone providers to provide airtime or customer contact data for communication and awareness campaigns.

Electronic Medical Records (EMR) & Digital Innovations

A number of recommendations from the NHS 2022 centered on the use of technology, data, and information systems to support decision-making and appropriate allocation of resources to health facilities. To do this, the MoHS endorses the use of the District Health Information System version 2 (DHIS2) platform for data reporting. Implementing EMR and other digital tools (like CommCare, facility management tools) must be linked to the DHIS2 and can provide valuable information on patient registration, vital signs, patient encounters, warning signs, laboratory results, ICD-11, prescribing and dispensing history, patient referrals, attendance monitoring, human resources, and reported use of medications, reagents and supplies.

Summit attendees also noted the need to endorse and commit to support the Development of a Medical Disability Registration, Assessment and Certification System to capture service needs for those with medical disabilities and who need assistive technologies. This would involve resource mapping for the full development, deployment of a Digital Medical Disability Registration, Assessment and Certification System, development of Medical Assessment Technical Guidelines (for example, a *threshold* to disburse benefits to persons with disabilities based on the degree of the disability), and monitoring and disbursement of the disability benefits using Unique IDs.

Environmental Health Services (EHS)

Much can be done to strengthen EHS in Sierra Leone. Summit experts and participants noted the need to recruit additional Public Health Aid Assistants/Sanitary Inspectors to monitor and supervise residences, and to engage with Local Councils to ensure the monitoring of waste disposal using tricycles. It was also suggested to develop and disseminate IEC materials, and to enforce guidelines and policies on environmental health and sanitation.

Eye Care

There are unique opportunities to expand eye care services in Sierra Leone. Work by partners in this area suggests opportunities to expand retinal surgery, commence an eye training program, and launch and operationalize the Eye Care Policy.

Gender Mainstreaming & Gender-Based Violence (GBV)

Gender mainstreaming and addressing GBV remain core priorities for the MoHS. A multi-pronged approach is necessary—from appointing more women to leadership positions to developing gender-sensitive policies and greater women's involvement in drafting national legislation (including development of a gender and women's empowerment bill). At the level of service delivery, it is also crucial that sexually transmitted infections (STIs) and other essential medicines are stocked at One Stop Centers, staff be trained in GBV essential care, and that there are a greater number of safe homes for survivors.

Governance, Oversight & National Coordination

The NHS brought to light several recommendations for national-level governance, oversight and coordination of the health sector. It is vital to improve and scale up the Health Education Unit of the MoHS in order to fulfill its mandate to be present and more visible in health facilities and communities. Of equal importance is the need to engage with the National Commission for Persons with Disability's (NCPD) to sign a MoU with the national medical board to kick start development of technical guidelines. Finally, there were calls to reform health regulatory bodies and Directorates to ensure that regulators (such as the Hospital Inspectorate) are independent from service provision.

Health Financing

Health financing for public health in Sierra Leone is inadequate. The MoHS should push for a goal of 15% of government budget spent on the health sector. For disbursement of funds, the MoHS should explore pooled financing for supply chain and procurement as well as integration of supply chain activities by the GoSL and partners. Other recommendations include pursuing PPP models of financing for National Medical Supplies Agency (NMSA) activities (e.g., warehouse construction), improving funding cooperation between NASSIT and SLeSHI, improving internally-generated revenues in health facilities, and to increase affordability and availability of drugs at all levels of care through partnerships with the private sector. It was also suggested that the MoHS needs more robust monitoring of commodities at the district and PHU levels (e.g., digitalization for consumption data/rational use/and prescribing partners) and that SLeSHI should be autonomous from NASSIT, to better enforce the Sierra Leone health insurance scheme.

Human Resources for Health (HRH) & HRH Pipelines

Improving the health workforce and HRH pipelines in Sierra Leone remains a challenge. To help address this, parallel strategies should be employed, from promoting science education in primary and secondary schools to expanding accreditation of residency programs, investments in local undergraduate and postgraduate medical and nursing training in health specialties, and enhanced coordination and collaboration between medical and nursing training institutions (e.g., University of Sierra Leone Teaching Hospitals Complex, Njala University, COMAHS, and the National Postgraduate College of Health Specialties) and the MoHS. Summit experts also recommend a joint task force on undergraduate and postgraduate medical, midwifery and nursing education to explore these ideas further, which should also include dentistry and midwifery direct entry programs.

More doctors and nurses are needed in district hospitals, as well as additional support to Community Health Officers (CHOs) through affiliations with the West African Health Organization (WAHO). Through recruitment drives, more clinical and non-clinical specialists could join the health workforce. It is also critical to focus efforts to retain health workers and non-medical staff, through retention strategies including improved conditions of service as well as harnessing SLeSHI to further incentivize quality of service at the Primary and Secondary Healthcare levels.

Medical Equipment & Infrastructure

Both immediate and long-term investments are needed to rehabilitate and expand hospitals so that they can meet the needs of Sierra Leone's growing population, which is markedly higher than when most hospitals in the country were built (over 50 years ago).

Infrastructural improvements should be paired with plans to maintain health facilities and equipment. Health interventions that require specialized medical equipment much be improved to reduce waiting times and improve diagnostics. To this end, it is recommended that the MoHS establish a dedicated Directorate of Medical Equipment and Devices charged with improving the management of medical equipment and devices across all levels of the health system. The MoHS should also improve the availability and training of biomedical technicians for maintenance of medical equipment.

To raise the profile of these efforts, the MoHS should also widely distribute the National Policy on Management and Maintenance of Medical Equipment and Devices as well as the standard equipment list.

Integrated Disease Surveillance and Response (IDSR) & Laboratory Capacity

Standardization of laboratory infrastructure at each level of the health system as well as training curriculums that will be adapted by all training institutions. It is also crucial to expand early warning systems through capacity building for serological surveillance, coordination between human and animal laboratories under a One Health approach and incorporating all private health facilities into the IDSR reporting system. All of these approaches require increased government funding for both Clinical and Public Health Laboratory Programs.

Integrated Supportive Supervision (ISSV)

While ISSV has shown promise, the MoHS must conduct operational and other analyses of ISSV results to inform programs activities, and integrate ISSV activities into the broader monitoring and evaluation framework for measuring health systems performance. Strengthening ISSV should also involve counselors in the management of health facilities and to build their capacity to support patient and community access to, and use of, health services.

Maternal Health

The MoHS is already committed to providing quality, equitable health care for pregnant and lactating mothers in order to reduce maternal and infant mortality. While the Free Health Care Initiative (FHCI) does this through provision of free health care services for women and children, more supplies are often needed to be reflective of catchment populations. Reducing maternal and infant mortality should focus on both curative and preventive measures, the latter of which are often underemployed. Such a multi-faceted approach to reducing Maternal Mortality Ratio (MMR) should also address teenage pregnancy and post-abortion care (PAC); ensure availability of life-saving medicines and supplies; be supported by strong referral, data, and Maternal Death Surveillance and Response (MDSR) systems; and Quality Improvement (QI) systems linked to supervision and mentorship of healthcare providers.

Nutrition

While malnutrition remains a challenge, several recommendations were considered to address this. Many focused on increasing production of nutrient-rich orange fleshed sweet potatoes (OFSP) in collaboration with Ministry of Agriculture, improving dietary diversification, and to inform nutritional interventions with market linkages to ensure the availability, accessibility, affordability and sustainability of foodstuffs used to treat malnutrition and offered as social support for patients that need it.

Non-Communicable Diseases (NCDs)

Several in-depth presentations and discussions yielded a number of recommendations for the short-, medium-, and long-terms, many of which should be implemented by the Directorate of NCDs and Mental Health:

Short-term

- NCDs and MH Directorate to set-up a working group comprising all NCDs and MH partners
- Presidential MH Adviser to provide technical support to the NCDs and MH Directorate
- NCDs Directorate to integrate MH into Primary Health Care (WHO PEN PLUS)
- NCDs Directorate to train and assign NCDs and MH Focal Points in all 16 districts
- NCDs Directorate to engage and train Bike Rivers and road users on causes of road traffic accidents (RTAs)
- NCDs Directorate to request for PHUs along highways staff support on emergencies
- NCDs Directorate to mobilize more resources from the government and partners (materials, human and financial resources) to support NCDs and Mental Health implementation.

Medium-term

- NCDs Directorate to liaise with partners to support the Directorate's approach in hospitals
- NCDs Directorate to advocate for recruitment and deployment of more psychiatric nurses and psychiatrists to regional hospitals
- Directorates of Diaspora/NGO Coordination and HRH to deploy health professionals from the diaspora to complement the efforts of MoHS in achieving UHC
- NCDs Directorate to strengthen operational research, data management, and HMIS reporting
- NCDs, Training and Research Directorates to build the capacity of Neurosurgeons, Dermatologists, and Oncologists to manage and prevent NCDs and Mental Health conditions.

Long-term

- NCDs and MH Directorate to establish accidents/emergencies centers along highways to address accidents

Public-Private Partnerships (PPP) & Other Partnership Models for Health

Above all, close collaboration with local communities as well as government counterparts are a prerequisite for effective coordination. Important, too, is the participation of all active donors and stakeholders in all stages and forms of coordination, and for partners to direct resources towards MoHS priority areas, strategic objectives, and its national health strategic plan. Linkages from programs to community structures also promotes sustainability of interventions.

PPPs and other partnership models represent unique opportunities for the MoHS to augment its ability to pursue national health priorities. To explore these possibilities further, Summit experts and participants noted that it would be helpful to provide technical assistance to develop a PPP health policy, formulate a PPP stakeholder forum, including a private sector engagement mechanism, build institutional frameworks for PPP in health, and strengthen the functioning of the PPP unit with the addition of a coordinator and technical assistants.

It was also recommended that Service Level Agreement (SLA) signatories be made mandatory for all partners as mandated by the Development Cooperation Framework (DCF), and the process to be decentralized to DHMTs with clear partner mapping nationwide. The MoHS should also explore operationalization of a Technical Working Group (TWG) Directorate to support TWGs that develop and oversee implementation of health policies and plans. The Directorate should be responsible for creating clear reporting lines and terms of reference (ToR) for TWG members.

Other diverse platforms for collaboration should also be explored for respective stakeholders to share experiences and engage in dialogue with the government.

1. INTRODUCTION

1.1 Background

Sierra Leone had made progress in improving the health status of the population over the past years. The 2019 Demographic and Health Survey report shows significant progress in health indicators compared to the previous DHS results. For example, the Maternal Mortality Ratio (MMR) fell to 717 per 100,000 live births (from 857 in 2008 and 1165 in 2013 DHSs respectively); and under-5 mortality fell to 122 per 1,000 live births compared to 140 and 156 in 2008 and 2013 respectively. The trend is similar for other indicators such as the infant mortality rate (75 per 1,000 live births), neonatal mortality rate (31 per 1,000 live births) and total demand for family planning (increased to 46%). Life expectancy is estimated at 54 years.

The government has prioritized integration of the Sustainable Development Goals (SDGs) targets into national policies and plans. Institutional arrangements have also been made to drive and monitor progress with implementation. To keep the country on track of meeting the SDGs, Sierra Leone has expressed its commitments to attaining the health-focused SDGs by developing the UHC Roadmap 2021-2030; revising the National Health and Sanitation Policy and the National Health Sector Strategic Plan; developing a Health Financing Strategy; developing a Health Information System (HIS) Policy; developing a Research for Health Policy; and revising the Monitoring and Evaluation Strategic Plan.

Similarly, there has been significant support and response from stakeholders, including international organizations, businesses, civil society organizations, private sector players in the health sector, regulatory bodies, academia, local leaders, youth, and others who, through a wide range of actions and initiatives, have identified entry points to advance and improve service delivery implementation. The Ministry of Health and Sanitation (MoHS) has been implementing the deepest reform in decades, to better respond to the paradigm shift at the heart of the Universal Health Coverage (UHC) 2030 Agenda. However, progress has been slow on many SDGs health targets, and the most vulnerable people, especially women and girls continue to suffer the most. There is the need for a major transformative effort to move faster towards realizing the goals set out in the 2030 Agenda. The MoHS, in collaboration with its partners, has convened a National Health Summit (NHS) as a means for deeply exploring the issues that impede progress and how to accelerate achievement of the health-focused SDGs targets and better improve service delivery and health outcomes in Sierra Leone.

Therefore, the NHS did not only review progress but also provided political leadership, guidance and recommendations for transforming healthcare delivery in Sierra Leone in addition to setting the agenda for future collaborative engagements for sector reform and progress. It marks the beginning of what hopes to be an annual delivery forum that provides the space for key actors to identify mechanisms and strategies that will accelerate the transformation of health service delivery and improve population health outcomes.

Health workforce remains a crucial component in delivering high quality, affordable, and accessible health care services in the country. For the health sector to meet its goals and objectives, it is largely dependent on the availability of trained and qualified health care workers and ancillary staff, appropriate skills mix, and well-motivated service providers that are capable of delivering efficient and effective gender responsive health care services. The NHS will provide a forum for further passionate and well-informed discussions on how to mitigate the current challenges confronting the health workforce.

1.2 Summit Organization and Management

Objectives of the Annual Health Summit and MoHS Performance Award

The NHS was organized around achieving several objectives:

- Identify challenges that have impeded progress towards achievement of Universal Health Coverage and the health-related SDG targets;
- Provide a forum for all relevant actors to identify actions through engagement and dialogue that will accelerate the transformation of Sierra Leone's health service delivery system;
- Map out more productive ways for working with partners in the health sector for optimal benefits to the people of Sierra Leone;
- Recognize; appreciate and award outstanding performance in the health sector.

In addition to the above, the NHS also sought to steward the political leadership, guidance and recommendations coming out of the conference toward accelerating progress towards the UHC 2030 agenda.

Methodology/Approach

To achieve the above objectives, the Ministry of Health and Sanitation used the following methods:

- Presentations by MoHS Directorates and health development partners (HDPs)
- Keynote addresses from notable professionals and thought leaders in the health sector
- Group discussions in breakout sessions
- Experience-sharing from other sectors and/or external agencies
- Plenaries
- Panel discussions
- Interludes: songs, poems or melodramas
- Health booths to display key achievements made by MoHS Directorates, programmes and partners.

Management and Operations

A Health Summit Steering Committee was established by the Executive Management Committee (EMC) to provide oversight and overall leadership for the planning, organization, resource mobilization and implementation of the summit. The below task specific sub-committees managed the day-to-day activities required for the success of the Summit. All committees and sub-committees were composed of a mix of representatives from MoHS, HDPs, NGOs and CSOs—routine meetings and clear reporting pathways ensured cohesiveness and agility in Summit planning.

- Logistics Committee
- Programmes Committee
- Communications Committee
- Awards Committee
- Resource Mobilization Committee
- Conference Committee

Logistics Committee

The logistics team was responsible for harmonizing and coordinating the overall execution of the health summit and the performance awards. Their duties included identifying and defining event procedures, ensuring special arrangements for participants were met, organizing efficient use of space and technologies in addition to structuring exhibitions and a host of other event planning needs.

Programmes Committee

The programmes team provided technical and methodological guidance for the Summit and ensured that the relevance and synthesis of programmatic content met the objectives of the Summit. Committee members were responsible for conceptualizing high level thematic issues that aligned national and international health priorities and they facilitated engagement of subject matter experts and presenters, nationally and internationally, among many other things.

Communications Committee

The communications committee worked to facilitate communication between and among individuals, committees, units, institutions and the public on matters related to the Summit. The committee produced media related materials including radio announcements and press conferences; designed printable materials; and engaged media houses to ensure the public was knowledgeable of the event and its outcomes.

Awards Committee

The awards committee served to assess, identify and recommend recipients for performance awards based on agreed upon guidelines and criteria. The committee included a technical award panel that designed nomination categories and managed the selection process in partnership with the Executive Management Committee of the MoHS. Awardees were selected based on results of public SMS voting which accounted for 60%; and the consensus of the award technical panel which accounted for 40% of the total score per nominee.

Resource Mobilization Committee

The resource mobilization committee provided input for, consulted on and otherwise supported fundraising activities for the health Summit in order to ensure adequate resources were made available to execute the convention in a meaningful way and to the caliber deserved by the Sierra Leonean people. The committee engaged a multitude of partners to communicate the objectives and needs of the Summit and ensured that all funds raised were accounted for and used in a manner that was compliant with all partner agreements.

2 OPENING CEREMONY

2.1 Call to Order

Speaker: Ms. Emmanuella Anderson, Health Coordinator, DPPI, MoHS Sierra Leone

Condensed remarks:

The MoHS has made progress in its goal to ensure equitable, affordable universal access to health care services. Despite great strides in extending quality care to all, challenges persist.

To address continuing challenges, MoHS organized the National Health Summit (NHS) to convene stakeholders, exchange ideas, identify solutions, and recognize those that have had great achievements in improving the quality and accessibility of health services in Sierra Leone.

The goal of the NHS is to develop a clear roadmap for transforming Sierra Leone's health sector and accelerating progress toward Universal Health Coverage (UHC) for all the people of Sierra Leone.

2.2 Welcome & Chairman's Opening Remarks

Speaker: Mr. Morie Momoh, Permanent Secretary, MoHS Sierra Leone

Following Muslim and Christian prayers and introduction by the *Chief Nursing and Midwifery Officer Sr. Mary Fullah*, *Mr. Morie Momoh, the Permanent Secretary of the MoHS*, addressed the audience.

In addition to thanking the MoHS, partners, and the planning committee for organizing the National Health Summit, the Permanent Secretary emphasized that health should no longer be seen as a cost but as an investment in human and national development. Improving health care delivery will contribute to human development index improvement. We must be strategic in identifying strategies to improve health service delivery in the context of COVID-19, with a focus on health systems strengthening and health financing.

Throughout the next days, all stakeholders will evaluate and strategize a new health strategy to ensure that we build a results-oriented health system by looking at different thematic areas. He ended by thanking the health summit planning committee for their efforts.

2.3 Health Summit Objectives

Speaker: Dr Francis Smart, Director of Policy, Planning and Information, MoHS, Sierra Leone

Dr. Smart communicated the strategic objectives of the National Health Summit to all participants and recalled the following legal frameworks and visions underpinning the NHS:

- The 1991 Constitution of Sierra Leone requires that the State "provides adequate medical and health facilities for all persons in Sierra Leone irrespective of color, race, geographical location, religion and political affiliation having due regard to the resources of the State";
- The health sector strategic objective of the Medium-term National Development Plan (2019-2023) is to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national healthcare delivery system that is affordable for everyone and accessible to all.

- The Ministry of Health and Sanitation's Vision is, "All people in Sierra Leone have equitable access to affordable quality healthcare services and health security without suffering undue financial hardship."
- The National Health and Sanitation Policy Goal is "to strengthen the health and sanitation systems performance to ensure equitable access to quality and affordable essential health and sanitation services for all people in Sierra Leone."
- National Health Sector Strategic Plan 2021-2025, Strategic Pillar 2: Leadership & Governance requires that the Ministry "conduct annual national health sector dialogue forums."

2.4 Statements by Development Partners – CSOs and HDPs

Civil Society Organizations (CSOs)
Speaker: Mr. Victor Lansana Koroma, Chair of RMNCAH+N Civil Society Organization

Mr. Koroma emphasized the importance of human-centered approach that provides access to health services without financial hardship. He reiterated health as a human right and not a privilege reserved for the wealthy; clarifying that all persons are entitled to health irrespective of race, tribe, education, religion, political affiliation, etc. He also stated that the health sector must be prepared to respond well to emergencies.

Health Development Partners (HDPs)
Speaker: Dr. Isaac Ahemesah, Chair of the Health Development Partners

Dr. Ahemesah noted that Health Development Partners (HDPs) have made significant investments towards improving health service delivery at all levels of the health system and celebrated gains in HIV/TB/Malaria outcomes and reductions in infant, neonatal and maternal mortality rates. He noted, however, that there was still work to be done to avoid preventable deaths and morbidities.

Dr. Ahemesah encouraged all partners to work together to come up with actionable solutions that are gender-sensitive and rights-based that will strengthen health service delivery in the public health sector to accelerate the achievement of UHC. Improving health outcomes must be guided by data and should include investment in scientific research to ensure greater effectiveness and efficiency in the health sector.

He stated that HPDs are committed to working with government to developing sustainable and reliable health financing structures to reduce out-of-pocket payments for health services and to ensure services are available across the country. SLeSHI could be an important step in expanding UHC, noted.

Dr. Ahemesah acknowledged shrinking of funding due to COVID-19 and the Russia-Ukraine conflict and requested that the Government of Sierra Leone (GoSL) continue to commit funding to the health sector.

He reminded the audience of the links between environment and health, emphasizing the social determinants of health and the need to place community and people at the center of all health interventions, along with protection of the environment to ensure better health outcomes.

2.5 Statement on behalf of the Consular and Diplomatic Corps

Speaker: Mr. Sean Kmako, Nigeria High Commissioner

Mr. Kmako recognized the many commitments and support provided by countries such as Ireland, China, Japan, UK, US, Cuba, Nigeria, and Germany (among others) to strengthen health service delivery in Sierra Leone. Recognizing the gap in HRH in Sierra Leone, development partners need to invest in producing larger numbers of highly skilled health workers to ensure UHC.

Mr. Kmako also noted the following ongoing bilateral partnerships:

The Peoples Republic of China's role in the recently launched Health on the Wheels Initiative, conceived by the MoHS as part of the strategic road map of the health sector, which focuses on strengthening health systems, improving access to basic healthcare services in remote areas, as well as, actualizing universal health coverage in the country.

The Republic of Germany's work with the MoHS to support decentralization and introduction of a digital epidemic surveillance reporting system to improve long-term healthcare. The country is also engaged in epidemic prevention with the establishment of an epidemiological control system and strengthening peripheral health facilities.

The Republic of Ireland's continued support to integrate health service delivery and provide nutrition services for women and children at the community & facility levels, through its partners.

The Federal Republic of Nigeria's strategic partnership with the GoSL, particularly through its Technical Aid Corps (TAC) program. Nigeria has consistently deployed experienced medical experts in the delivery of critical healthcare services to the populace, most especially, people in the rural areas. In addition to this, there are ongoing efforts geared towards building human capital development by way of supporting the establishment of medical faculty to train postgraduate Sierra Leonean doctors in key medical disciplines.

Mr. Kmako noted that there are less than 500 doctors in a country of about 7.5 million people. To achieve the desired transformation toward UHC, the country needs to consistently produce at least 5,000 medical doctors yearly. He called upon his colleagues and other development partners to intensify efforts geared towards empowering Sierra Leone medical professionals as the country moves towards raising the bar in the health sector and attaining UHC.

2.6 Statement on behalf of UN Agencies

Speaker: Dr. Babatunde Ahonsi, UN Resident Coordinator

Key summary points from Dr. Ahonsi's remarks:

- Acknowledgement of the impacts of the COVID-19 pandemic on health service delivery and available financing for the health sector
- UN's re-commitment to supporting the MoHS to transform health service delivery
- Financial expenditures on health are a SMART investment in human development and productivity over the life course
- Population level improvements in health can be achieved with appropriate prioritization of low-cost solutions
- Should also pay attention to other sectors that impact health such as WASH, environment, transport, etc. in order to have sustainable improvements in population health outcomes
- UN notes achievements in investments and improvements of HRH in the country, including increasing the number of new Health Care Workers trained each year to address the gap in Healthcare Workforce

- UN emphasizes the importance of prioritizing human development that doesn't leave anyone behind, which includes UHC

2.7 Statement on Health Financing

Speaker: Mr Bokarie Kalokoh, Deputy Minister of Finance, MoF, Sierra Leone

Key summary points from Deputy Minister Kalokoh's remarks:

- Recognized GoSL's commitment to reducing the out-of-pocket expenditures of Sierra Leoneans for health services; this is especially important for those that would slip into health-related poverty
- Social health insurance is a means of transforming current health service delivery; investing in health services is an investment in human and economic development of Sierra Leone
- Ministry of Finance is working with other ministries such as labor & health and SLeSHI to identify sustainable, realistic health financing opportunities within the national economy
- GoSL prioritizes increasing the production of HCWs and upgrading existing nurses to address HRH gaps
- Sierra Leoneans currently pay 61% OOP for health services which is a huge financial burden; social health insurance aims to reduce OOPs
- Ministry of Finance commits to working with MoHS to providing support to improve UHC and health outcomes, and requests the MoHS to continue to identify priorities for investment in the health sector

2.8 Status of the Health Sector

Speaker: Dr. Sartie Kenneh, Acting Chief Medical Officer, MoHS, Sierra Leone

Dr Kenneh detailed the status of the health sector and included the following statistics, trends, and thematic areas:

- A decline in the **maternal mortality ratio** (MMR), recognizing that there is still progress to be made, with the goal of reducing the MMR from 717 to 70 deaths per 100,000 live births by 2030.
- A need to use a multi-faceted approach to reduce MMR: addressing teenage pregnancy and post-abortion care (PAC); availability of life-saving medicines and supplies; referral systems; data systems; maternal Health Surveillance and Response (MDSR) systems; and Quality improvement (QI).
- **Teenage pregnancy**: 21% of teenage girls are already mothers with the highest rates in Pujehun, Moyamba and Falaba. Must focus on increasing CPR; already have traditional methods nearing 0% and seeing increases in modern methods
- Observed improved trends in the reduction of **child, infant and neonatal mortality**, which could be attributed to running 16 Special Care Baby Units (SCBUs) across the country.
- **Nutrition and Immunization**: While individual vaccinations have high rates, there is still work to be done to avoid outbreaks. Stunting is declining, but more is needed to reduce wasting.
- **HIV and Malaria:** the rate of HIV in Sierra Leone is 1.7% of the population, but twice as many women are infected than women. Percentage of children who have positive malaria microscopy tests has declined from 43% in 2013 to 22% in 2021.
- **Non-communicable diseases** (NCD): burden of NCDs and injuries has significantly risen in past two decades and therefore needs to be prioritized moving forward to avoid access morbidity and mortality

- **Emergency Preparedness and Response** (EPR): 97% of all events for outbreaks are now notified within 24 hours and responded to within 48 hours: demonstrates huge improvements in the robustness of the surveillance system.
- **Structure of Health System** includes 1,324 health facilities in the country, with the vast majority being PHUs (<50 are hospitals). There is an adequate network of PHUs but there is inequitable access to quality emergency, secondary and tertiary services. Many hospitals were built 50+ years ago and need to be updated through investments in infrastructure. CMO hopes to see brand new state of the art hospitals in the next few years, and to work closely with training institutions to prioritize HRH and train an adequate supply of specialists.
- **Availability of equipment and supplies**: only about 25% of facilities have all necessary equipment available, while only about 2% of facilities have all basic amenities such as water and electricity.
- **Laboratories, diagnostics and blood services**: opportunity for public private partnerships to strengthen availability of supplies, reagents, and other services.
- **Health workforce**: 85% of the health workforce are nurses, but professional nurses account for <30%. There are 12,781 GoSL-employed health workers, but this excludes 9,000 CHWs and traditional birth attendants (TBA).
- **Healthcare financing**: Goals include rolling-out SLeSHI and reaching the 15% government expenditure on the health sector. Focused on significant funds used for overseas medical treatment. From 2013-2018, over USD 2.4 million spent on overseas medical treatment on 130 Sierra Leoneans. GoSL spends Le 130 million on average per patient sent abroad for treatment.
- **Health Management Information System** (HMIS): Currently largely paper-based but there is interest in moving toward electronic records management (EMR)
- **National Emergency Medical Services** (NEMS): 84 active and 16 (1 per district) back-up ambulances per district

  Medicines and medical supplies: the GoSL has now committed to fund FHCI for the first time in the initiative's history. Today, however, only 98 of the 250 essential medicines are procured. The government should continue to explore public-private partnerships in supply chain strengthening. Connaught Hospital has piloted a PPP pharmacy and is interested in expanding to other district hospitals.

Major challenges—some emphasized above—center on weak health financing, data systems (HMIS), and a number of HRH challenges including high attrition rates of skilled staff and the need for investment in training specialists.

Dr Kenneh calls on NHS participants to prioritize key strategies for addressing the current challenges:

- Implement social health insurance
- PPP to improve delivery of health services
- Provision of specialized services
- Local manufacturing of drugs and other medical commodities
- Support for digitalization of data collection
- Strengthen ambulance service
- Diaspora engagement
- Programs to increase health workforce production and retention of health workers
- Prioritize health service delivery at life stages so that no one is left behind
- Pooled procurement and harmonized supply chain
- Need to establish a national public health agency

2.9 Setting the Stage for Life Stages Model for Service Delivery

Speaker: Dr. Austin Demby, Hon. Minister of Health and Sanitation

Key points from Dr. Demby's remarks:

The foundation for UHC is about not leaving anyone behind and providing timely, appropriate and high-quality services at an affordable price.

- PHC and hospital services remain central and are both critical for attainment of UHC
- Implementing the life stages approach to achieving UHC will ultimately lead to accelerated human capital development (HCD) gains
    - Start from pregnancy and provide a continuum of care through to geriatrics; care should be monitored by clear targets
        - Minister's challenge: reduce MMR below 70 per 100,000 by 2030

Foundation for effective delivery of the life stages model includes:

- Trained, responsive, and sufficient number of health workers that are patient-focused
- Supply chain drugs and regulation
- Equipment, supplies and maintenance
- Research, data, and information systems
- Health security
- Functional ambulance service
- Health financing, leadership, partnership and collaboration

5-point strategy for reducing MMR from 717 to <300 by 2025:

1. Reduce teenage pregnancy
    - Sexual and reproductive health education for in and out of school adolescents
    - Ensuring access to Family Planning
    - Quality, non-biased pregnancy care
2. Improve access to quality PHC through PHUs and CHWs
    - PHUs must have critical equipment, infrastructure, amenities + HRH to be able to provide quality, respectful maternal care
    - Directorate of Science, Technology and Innovation (DSTI) is developing an application that will support monitoring of pregnancy + ensuring women receive quality care (eg: sending care reminders, linking women to health facilities, etc.)
3. Improve ambulance services
4. Reliable real-time data
    - Disaggregate data by neighborhood, ward, chiefdom, facility, district, and national level to monitor implementation of health services in real-time. Use this data to send support to where it is needed on a weekly basis rather than quarterly
5. Secondary and tertiary facilities for emergencies and complex cases
    - Secondary & tertiary facilities must have adequate infrastructure, blood services and OBGYN specialists

2.10 Remarks and Introduction of Keynote Speaker

Speaker: First Lady Mrs. Fatima Maada Bio

Mrs. Fatima Bio introduced the keynote speaker. The First Lady thanked the work of the GoSL in working to provide quality health services to the people of Sierra Leone, including the Minister of Health, all health workers, and the President.

> *"For a country to be a progressive country, you don't have to just have an educated country, but you also have to have a country with the right health facilities to take care of its people".*

2.11 Presidential Keynote Address

Keynote Speaker: His Excellency President Rtd. Brigadier Julius Maada Bio

Key points from President Bio's remarks:

- Transforming Military 34 hospital to become the biggest government owned hospital in country that is built by Sierra Leoneans to ensure Military 34 can continue to serve the Sierra Leonean people and save lives:
    - The 100-bed pediatric ward is nearly ready to be handed over, working to build a nursing school; 100 bed women's + 100 bed men's ward currently under construction
    - Working to build a state-of-the-art one stop center to provide support to victims as part of "Hands off our girls" at 34; hope to have it completed by the end of 2022
        - Funded by the Maada and Fatima Bio Foundation, not through GoSL
- HE emphasized the interconnected nature of sustainable development: it requires investments and improvements to infrastructure, education, health, governance and other sectors.
- HE extended his appreciation to health development partners (specifically Global Fund, World Bank, People's Republic of China) and health workers to achieve the collective vision of improving health outcomes and providing equitable access to affordable quality healthcare
    - HE acknowledged that there are challenges, but through collaboration, Sierra Leone can overcome the obstacles and achieve UHC
- National health priorities should include:
    - Reducing maternal, infant, and child deaths
    - Recruiting more HCWs and providing improved pay and health insurance
    - Expanding immunization
    - Improving services for Mental health, Malaria, HIV and TB
    - Regularizing the delivery of drugs
    - Upgrading infrastructure and laboratories nationwide
    - Strengthening ambulance services
    - Developing health policies
    - Redesigning health surveillance systems
    - Operationalizing a health insurance scheme
    - Working with the private sector in order to strengthen the health system
- The government has invested than 70 Billion Leones in hospitals infrastructure rehabilitation
- HE recommits SL to pursue of UHC and collaborate with partners to ensure the delivery of quality, affordable health services for all Sierra Leoneans

2.12 Vote of Thanks

Speaker: Hon. Princess Dugba, Deputy Minister of Health and Sanitation

Hon. Princess Dugba, Deputy Minister of Health and Sanitation, took the podium to give the Vote of Thanks. She extended her gratitude to the dignitaries present, diplomatic corps, media, international community, and Health Summit planning teams that made this all possible.

Following the remarks, pictures were taken with the presidential entourage and the opening ceremony courtesies of the first day of programming concluded.

3 KEY ACHIEVEMENTS AND PLENARY TOPICS

Chair:
Prof. Osman Sankoh, Chief Statistician General

Facilitator:
Ms. Juliet Laverley

Speakers:
Dr. Alie Wurrie, DCMO - Public Health
Dr. Mustapha Kabba, DCMO - Clinical Services
Dr. Parfait Uwaliraye, Rwanda Ministry of Health
Dr. Joia S. Mukherjee, CMO, Partners In Health
Ms. Vanessa Kerry, CEO, Seed Global Health
Dr. Grosbeck Parham, Zambia

3.1 Plenary Presentation – PHC Service Delivery: Key Achievements, Challenges and Opportunities

Presenter: Dr. Alie Wurie, DCMO, Public Health, MoHS Sierra Leone

Themes	Key Points
Components of a PHU	• Clinic • Water supply, toilet system and sanitation • Waste management • Staff quarters (key to rural staff retention)
Key achievements in PHC service delivery:	• Increase of PHUs from 1,334 in 2020 to 1,363 in 2021 • Increased development, recruitment and distribution of health workforce • National policy/strategy to set the direction of PHC (PHC handbook, CHW polices, national eye care policy, essential service package, etc.) • Free Health Care Initiative (financial risk protection) • Reform in supply chain management • Increased tasks with task shifting duties • Advanced PHC services with mobile clinics • Digitization of PHUs at pilot phase • Establishment of DHMTs in Falaba & Karene • Improvements in provision of key health services like ANC, immediate breastfeeding after birth, etc.
Bottlenecks and Challenges	• PHC services lack the required support like infrastructure, HR, lab facility, community outreach, referral systems • Weak data systems • Weak performance monitoring and accountability system • Poor supply chain • Lack of sufficient financing
Opportunities	• High level political commitment to PHC • Defined governance structures and commitment to decentralizing PHC • Existing community health structures (VDC, FMC) • CHWs • Free Health Care Initiative (FHCI) • Improved electricity availability through solarization of PHUs • Leveraging partnerships with HDPs, NGOs, CSOs and private sector
Way forward	• Build infrastructure/HRH at PHU level • Strengthen linkages between community-based activities and PHUs • Improve digitization/quality of HMIS/LMIS • Establishment of PPP for cost recovery drugs in CHCs • Establishment of traditional medicine practitioners' unit at DPHC • Mainstreaming outreach services by PHU staff + mobile clinics

3.2 Plenary Presentation – Clinical Services: Secondary & Tertiary Care Facilities

Presenter: Dr. Mustapha S. Kabba, DCMO for Clinical Services, MoHS

Key Achievements	
● MoHS has invested LE 25 Billion to start renovation of referral and regional hospitals ● Oxygen supply units in major referral and regional hospitals. Plans for construction in Pujehun, Kailahun, Kabala ● NEMS: approximately 2,000 referrals monthly, of which 75% are obstetric/pediatric referrals ● FHCI drugs and services ● Recruitment and training of health workers ● Health financing (eg: service charter revised and displayed for patients to see in some public hospitals, revenue collection centralized in some hospitals + work towards SLeSHI) ● Technology: feasibility assessments and consultations in collaboration with DSTI on IT development in public hospitals to digitize administrative processes and patient records ● Leadership and governance (ex: working with hospital administrators to build capacity, monitoring service delivery through the Directorate of Hospital Inspection and the Director of Hospitals and Ambulance Services)	
Challenges	
Infrastructure	● Insufficient space ● Inequity in distribution of referral/secondary hospitals ● Lack of essential and specialized equipment ● Insufficient water and electricity ● Inadequate ambulance and utility vehicles
Health Workforce	● Insufficient number of HCWs, lack of specialized staff ● Lack of biomedical engineers ● Lack of professionalism and motivation ● 70% of health workers are in urban areas, but only 38% of the population lives in urban areas
Health Financing	● Delay in subventions to the hospitals; subventions are too small ● Service charter not always displayed ● No centralized system of revenue collection in most hospitals
Technology	● Lack of internet ● Lack of patient and administrative information systems
Drugs & Supplies	● Lack of emergency/essential drugs ● Limited storage space or improper storage ● Lack of digital drug inventory
Opportunities	
● Develop and re-organize existing infrastructure ● Enhance or create specialized service like cardiology, neurosurgery, oncology ● Upgrade ancillary services like laboratory, radiology, etc. ● Build new modern hospitals ● Employ more qualified staff ● Conduct regular accreditation exercises in collaboration with the Teaching Hospitals Administration and SLMDC ● Strengthen coordination and supervision of hospitals ● Encourage public private partnerships ● Provide equipment and vehicles to hospitals ● Support and improve NEMS ● Support blood donation activities ● Digitize administrative and patient records	

3.3 Plenary Presentation – The Rwanda Experience: Strengthening Health Service Delivery Towards UHC

Presenter: Dr. Parfait Uwaliraye, Ministry of Health, Rwanda

Dr. Uwaliraye emphasized that the SDGs, constitution, and various national policies guide the country's integrated, community-driven development plans. Key components to advancing UHC in Rwanda cut across several thematic areas:

Themes	Key Points
Leadership and Governance	• Decentralized with actors at central, district, sector, cell and village level • CHWs play an important role in delivering PHC; cases that cannot be treated in community are referred to the upper levels according to the health system pyramid
Health Workforce	• Rwanda Ministry of Health created the HRH secretariat in order to increase the number of qualified health professionals in the country; now have 1.08 HCW/1,000 population
Equitable access to essential medical products	• Timely and available information and research ○ Significant investment in digital systems to improve quality of health services including EMR, e-LMIS, IFMIS for public finance management, IPPS (RBM) for staff planning + management • Effective, safe, quality service delivery
Financial Risk Protection	• Health insurance law 2016 states that all residents in Rwanda must have health insurance • 85.9% of population covered by Community Based Health Insurance (CBHI), 6% has another type of insurance (RAMA, MMI and private health insurance) • CBHI is the only health insurance scheme targeting informal sector • CBHI was first introduced in 2005 with purpose of increasing use of health services and improving financial risk protection for population

Dr. Uwaliraye also emphasized the importance of improving quality health services by ensuring:

- Quantity and quality of HRH
- Appropriate supply chain distribution of drugs & commodities
- Proper digital systems to support service delivery + data quality at all levels

3.4 Plenary Presentation — Eliminating Cervical Cancer: Lessons from Zambia that could inform Sierra Leones' Strategy

Presenter: Dr. Grosbeck Parham

Zambia has demonstrated extreme improvement in cervical cancer awareness and the availability of screening, treatment, and appropriately trained health workers in the past 20 years. There are several lessons that Sierra Leone can draw upon and steps to follow. Below are some of the key recommendations for introducing services for cervical cancer:

- Perform a rapid assessment to get a "real story" of cervical cancer in Sierra Leone as possible

    - Overcome first-step fears: don't allow Sierra Leone's present inability to treat all cancer cases impede efforts to start
- Choose a prevention intervention that fits the circumstances in Sierra Leone: find local solutions for local problems instead of replicating models/programs from elsewhere
- Incorporate appropriate technology
- Extend services to women in communities rather than a passive approach to case finding
    - Locate screening and treatment services in the same facility (one-stop-shop) to avoid losing patients to follow-up
- Set up a system to track patients who miss appointments for follow-up
- Raise awareness, including addressing myths and misconceptions
    - Partner with community/traditional leaders to spread accurate messaging about cervical cancers and have better population reach
    - Willingness to learn about, respect and influence local beliefs
- Establish a simple data collection system
- Emphasize the importance of commitment and leadership
- Utilize task-shifting and empower women to provide medical care to other women

3.5 Plenary Presentation – Government Accompaniment and Health as a Human Right

Presenter: Dr. Joia Mukherjee, CMO, Partners In Health (PIH)

In Haiti, PIH leveraged HIV funding to help rebuild the public sector with the government in the driver's seat in confirming the right to health. Achieved this in Haiti by:

- Reducing user fees
- Using HIV money to input essential drugs (eg: penicillin, anti-malarial)
- Paid public sector staff, many of whom were volunteers
- Hire, train, pay and supervise CHWs
- Greatly increased the patient flow for PHC and by extension UHC

Dr Mukherjee contends that governments, not NGOs, are charged with the duty to respect, protect and fulfill the right to health; health is interlinked with other social and economic rights such as food, housing, water, sanitation and job security. However, the legacies of colonialism and centuries of impoverishment have left governments with insufficient monetary and human resources to achieve the right to health. $192 Billion is extracted out of Africa yearly, but only $30 Billion comes in as aid (2015).

PIH prioritizes aligning funding with government policies, plans and priorities; other partners and the international community at large should do the same. To truly achieve health as a human right, governments must be central in the provision of care. NGOs and other external actors should work within national plans to strengthen facilities, operations and human resource capacity.

3.6 Plenary Presentation – HRH: The Backbone of Achieving UHC

Presenter: Vanessa Kerry, CEO, Seed Global Health

Ms. Kerry highlighted the multiple threats and inequity posed by COVID19, climate change, war, migration + political upheaval; this can lead to reversal of progress made in recent years to improving health outcomes.
As an example, vaccination availability differs greatly between low- and high-income countries. COVID-19 pandemic could push an additional 150 million people into poverty.

Health is central to individual, community, national and internal security in addition to being central to justice; critical to health service delivery is HRH, and there is a chronic shortage of health workers on the Africa continent and in Sierra Leone in particular.

HRH is the foundation of UHC: a well-distributed, well-trained and well-resourced workforce is essential to reaching more people with high quality care that meets the populations' needs with dignity.

HRH includes both clinical and non-clinical health staff (eg: public health, IT, drug management, engineering, etc.); need to prioritize a fit for purpose workforce.

Ebola outbreak in 2014 was an example of how infectious disease outbreaks can decimate health systems, and similar issues have been observed during COVID-19 (high mortality in health workforce, lack of sufficient # health workers, supply chain issues, etc.).

4 PARALLEL THEMATIC SESSIONS

This chapter contains the summary report on the NHS technical parallel presentations. Clinicians and experts from within and beyond Sierra Leone discussed a number of topics, organized around six (6) thematic areas:

4.1 Approach to implementing the life stages model of service delivery
4.2 Critical management, functional & infrastructural reforms in the health sector
4.3 Health security and Emergencies - Preparing for Crises by Building a Resilient Approach in Normal Times - Lessons Learned from COVID-19
4.4 Human Resource for Health and Gender Mainstreaming
4.5 Health Financing, Partnership & Coordination
4.6 Importance of Data (Health Management Information Systems

Each thematic area is comprised of sub-areas, or "tracks" highlighting specific areas of focus.

4.1 Approach to Implementing the Life Stages Model of Service Delivery

This section has 3 parts: maternal and newborn health; child, school, and adolescent health; and NCDs.

4.1.1 Maternal and Newborn Health

Presentation 1: "Sick Newborn Care – Special Baby Care (SCBU)"
Dr. Tom Sesay, Directorate of Reproductive and Child Health, MoHS, Sierra Leone

Key recommendations:

- Pregnant women should bring relatives to donate blood early, especially for mothers at risk
- More Free Health Care supplies are needed to be reflective of the catchment population
- Introduce nutritional programs to women of childbearing age to prevent maternal deaths

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Presentation 2: 'Updates on Maternal Death Surveillance & Response in Sierra Leone"
Dr. Francis Moses, Reproductive Health and Family Planning Program, MoHS Sierra Leone

Key recommendations:

- Improve and scale up the health education unit of the ministry, which must be present and more visible in the facilities and the communities.
- More doctors need to be posted to district hospitals

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Presentation 3: "Blood Services: Status & Opportunities"
Professor Gevao, National Blood Service Program

Key recommendations:

- Provide incentives for blood donors in the form of free services
- Include different local stakeholders in the community sensitization efforts
- Supportive supervision of blood services and integration of blood services into broader facility programs and interventions.

4.1.2 Child, School, and Adolescent Health

Presentation 1: "Service Challenges, Opportunities, and the Way Forward"
Sr. Patricia Bah, Program Manager, School and Adolescent Health Services, MoHS Sierra Leone

Key recommendations:

- First aid supplies in schools, school clinics (especially in boarding schools), youth-friendly services and extensive health curriculum that includes physical activity, sexuality courses, nutrition, mental health, sickle cell disease, and hand hygiene.
- Improve the physical and social school environment
- Funding to launch and implement the nutrition policy;
- Work toward better service integration and coordination.

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Presentation 2: "Improving Infant and Young Child Nutrition: With Orange Flesh Sweet Potato (OFSP) and Added Value Products"
Ms. Aminata Shamit Koroma, Director of Nutrition Services, MoHS, Sierra Leone

Key recommendations:

- Increasing production of OFSP in collaboration with the Ministry of Agriculture; improving dietary diversification; thinking about market linkages (availability, accessibility, affordability and sustainability), value addition, partnerships, and community engagement.

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Presentation 3: "Eye Health Care; Early Diagnostics and Intervention"
Dr. Jalikatu Mustapha, Ophthalmologist, MoHS, Sierra Leone

Key recommendations:

- Expand retinal surgery
- Launch the Eye Care Policy
- Pursue an ophthalmologist training program in Sierra Leone
- Increase funding from GOSL and partners
- Improve integration of services at all levels of the health system
- Improve coordination, sensitization and awareness on issues, preventive measures and available services on the three thematic areas.

4.1.3 Non-communicable Diseases (NCDs)

Presentation 1: "State of NCD in Sierra Leone"
Dr. Santigie Sesay, Director of NCDs and Mental Health, MoHS, Sierra Leone
Dr. Theresa Ruba Koroma, Lecturer, Dept. of Internal Medicine, University of Sierra Leone

Key recommendations:

- NCDs and MH Directorate to train and assign NCDs and MH Focal Points in all 16 districts
- NCDs and MH Directorate to mobilize more resources from government, and partners (Materials, Human and Financial) to support NCDs and MH implementations – Short- and medium-term plan
- NCDs and MH Directorate to strengthen operational research, data management, and HMIS reporting – Medium- and long-term plan

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Presentation 2: "Partnering to Develop a Sustainable Oncology Practice in Sierra Leone"
Dr. Philip Anderson, Country Manager, Roche Products Ghana Ltd.

Key recommendations:

- Strengthen partnerships and collaboration towards achieving the UHC especially through greater investments in research and development, as well as through awareness raising, diagnostic testing, improved health care capacity, and greater funding for oncology.

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Presentation 3: "Integrating NCDs and Mental Health in Sierra Leone"
Dr. Jusu Mattia, MoHS, Sierra Leone
Dr. Gregory Jerome, Chief Medical Officer, Partners In Health (PIH) Sierra Leone

Key recommendations:

- Prioritization of NCD and Mental Health strategies including greater funding to execute easily implementable activities
- Review and repeal the 1902 Mental Health Act
- Pursue private public partnerships (PPP) and coordination to address inadequate resources (human, financial, and material)

4.2 Critical management, functional & infrastructural reforms in the health sector

This section has two parts: Quality of Care and Leadership & Governance.

4.2.1 Quality of Care

Presentation 1: "**Classification of Causes of Death (CoD) in Children Under 5 Years"**
Dr. Ikechukwu Ogbuanu, CHAMPS

Summary: CHAMPS and partners have instituted a notification system, minimally invasive tissue sampling, clinical abstraction of cases, and verbal autopsies. Combined information is submitted to the CoD Panel that determines the ultimate CoD. This is also integrated with the MoHS and local DMHTs. Results are applicable across the country context.

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Presentation 2: "**Hospital Performance Monitoring and Improvement Framework"**
Mr. Ibrahim Foday Musa, Hospital Inspectorate, MoHS Sierra Leone

Summary: Directorate of Hospital Inspection is mandated to conduct inspections of all public and private health facilities in Sierra Leone. Key activities of the Directorate include developing KPIs for monitoring quality of care at facilities; conducting facility spot checks to monitor quality and staff attendance; compile data on quality of care at facilities; and staff verification at all government and faith-based hospitals.
Change management: as a new Directorate, there's been resistance to their mandate. Logistics and manpower to conduct visits 24/7 has been a challenge.

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Presentation 3: "Strengthening Systems for High Quality through Standard-Based Quality Assurance and Improvement"
Ms. Bonifacia B. Agyei, PharmAccess SafeCare Ghana

Summary: Poor quality of care causes more deaths than lack of access to care. PharmAccess works to improve healthcare markets for better quality of care for all via specific focus on supply and quality of medications. This framework of quality improvement has shown promise in other countries. Components of this work: research, access to finance through the Medical Credit Fund, digital innovations, and realizing UHC through mobile technology. Developed a SafeCare quality improvement

framework (scale 1-5) to monitor trajectory of quality of care at facilities. Building blocks for quality assurance and improvement are enabled by digital technologies.

4.2.2 Leadership and Governance

Presentation 1: "Status of Integrated Supportive Supervision (ISSV) - Challenges and Opportunities"
Jattu Bernadette Sellu; National ISSV Coordinator, MoHS, Sierra Leone

Key recommendations:

- Planning for the 13th round of ISSV, integrating ISSV budget across the Directorates, program and units, and organizing Joint Coordination Stakeholders meeting with DHMT, Hospitals and health partners from all 16 districts.
- Improve publication and dissemination of results through MoHS webpage
- Conduct operational and other analyses of ISSV results to inform programs activities
- Involve the Counselors in the management of health facilities and build their capacity to support patient and community access to, and use of, health services

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Presentation 2: "Health System Strengthening - PIH's Experience in Kono"
Dr. Bailor Barrie; Executive Director, PIH-Sierra Leone and Mr. Friedrich Conrad, Director of Policy and Partnerships, PIH-Sierra Leone

Key recommendations:

- Share the PIH information and data to inform decision makers
- MOHS to replicate PIH model in other facilities to improve health outcomes

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Presentation 3: "Maintenance and Management of Medical Equipment and Devices in Sierra Leone"
Dr Dennis Marke, Program Manager, Health System Strengthening, MoHS, Sierra Leone

Key recommendations:

- Improve the ME interventions and services to attain better health services and outcomes (reduction on waiting time, improving diagnostic)
- Improve availability of HR/Technicians for Medical Equipment use and maintenance
- Widely distribute the National Policy on Management and Maintenance of Medical Equipment and Devices and standard equipment list

4.3 Health Security and Emergencies - Preparing for Crises by Building a Resilient Approach in Normal Times - Lessons Learned from COVID-19

This section has two parts: Surveillance and Health Emergencies Preparedness & Response

4.3.1 Surveillance

Presentation 1: "National Laboratory Services"
Mrs Doris Harding, Program Manager, Public Health Laboratories, MoHS, Sierra Leone

Key recommendations:

- Better integration of services, equipment rental agreements, implementation of LIMS, diagnostic reference labs, and lab renovations.

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Presentation 2: "Strengthening Public Health Infrastructure for Disease Surveillance, Prevention and Control"
Dr James Squire, Program Manager, Surveillance, MoHS Sierra Leone

Key recommendations:
- Strengthen and expand early warning systems
- Build capacity for advanced epidemiologists
- Incorporate all private health facilities into the IDSR reporting system
- Build laboratory capacity for serological surveillance
- Continuous training of health workers in disease surveillance

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Presentation 3: "Strengthening Community Inclusive Participation and Resilience Building for Sustainable Health Care"
Mr Mattia Koidomoh, National Coordinator, Christian AID

Key recommendations:
- Train in country biomedical engineers for equipment maintenance
- Standardize laboratory infrastructures for all laboratory tiers
- Institutionalize all personnel training and standardize laboratory training curriculum to be adapted by all training institutions
- There should be Government funding for both clinical and Public Health Laboratory Programs
- There should be coordination between human and animal laboratories under the one health approach

4.3.2 Health Emergencies Preparedness and Response

Presentation 1: "Status of Health Security and Emergency Response in Sierra Leone"
Dr. Mohammed Alex Vandi

Challenges:
- Timeliness of reporting is generally low across the 16 reporting districts.
- Low coverage in BCG, MR1 & 2 vaccines indicate low immunity among children for vaccines preventable diseases like measles and other outbreaks.
- Regarding Human Papilloma Virus (HPV) vaccines: there are an estimated 670 women diagnosed with cervical cancer each year in Sierra Leone. Cervical cancer cases are underreported as only few hospitals within Freetown are reporting. Even with this high incidence of cervical cancer, HPV vaccines are yet to kick start due to numerous challenges.

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Presentation 2: "One Health in Action"
Mukeh Kenneh Fahnbulleh, Directorate of Health Security and Emergencies (DHSE), MoHS

Recommendations:
- Advocacy, building consensus, and establishing a One Health platform
- Establish an inter-ministerial committee for formulating policies and providing oversight
- One Health requires continuous support to strengthen preparedness, prevention, and response mechanisms to tackle future outbreaks in Sierra Leone.

4.4 Human Resource for Health and Gender Mainstreaming

This section has two parts: Health Services & Gender Mainstreaming and Capacity building & Addressing health worker shortages

4.4.1 Health Services & Gender Mainstreaming

Presentation 1: "Gender Mainstreaming and Policy Framework"
Anita Esther Momoh - Ministry of Gender and Children's Affairs

Summary: Gender mainstreaming is not just about numbers of women in programs, but also the roles and influence that women have at levels of government. It is important to adapt policies based on gender-sensitive and disaggregated statistical data and evidence as many of the policies that affect women are not developed or implemented by women. Gender mainstreaming processes should be designed and executed with a plan to develop a gender and women's empowerment bill.

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Presentation 2: "Gender Mainstreaming at the Ministry of Health and Sanitation"
Mariam Sow – Special Advisor on Gender Mainstreaming and Diaspora Engagement at Ministry of Health and Sanitation

Summary: There have been key gaps over the years in relation to gender equity in MoHS beginning with leadership. MoHS deals with all aspects of health including physical and mental wellbeing by emphasizing human dignity and gender respect. However, there is still a need for a clear and well-defined approach to gender mainstreaming even with service provision. 60% of the MoHS workforce are women and more than 60% of MoHS program beneficiaries are women, but there are very few women in leadership. Proposing new theory of change in the ministry, which notes that gender mainstreaming is essential from top to bottom. Key recommendations include: appointing women to leadership positions, developing gender-sensitive policies, communicating change processes and expectations, working with partners and stakeholders and the diaspora and involving educational institutions in the process.

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Presentation 3: *"Preventing and Responding to Gender Based Violence"*
Sonia Gilroy – Gender and Rights Specialist at UNFPA

Summary: Gender based violence a multi-sectoral issue that requires multi-sectoral response. Need to work in coordinated fashion, to ensure there is survivor-centered care. At least 62% of women experience GBV in SL at some point in their life. GBV is a prevalent human rights violation in the world. No true equal society. Negatively affects our development goals, gender inequality and GBV is hindering progress. Some good practices to note are that prevention is best. Legal frameworks – sexual offences act should be amended and a national male involvement strategy should be implemented. Key recommendations include: increasing STI drugs at par levels at all One Stop Centers, expanding key essential drugs list to address GBV drugs; train staff for GBV essential care; increase number of safe homes; improve multi-sectoral coordination.

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Presentation 4: "The Need for Gender Mainstreaming in the Health Services as it relates to National Development"
Valnora Edwin – Fifty-Fifty Group

Summary: Gender discussions are often a last thought, an add-on, however gender issues need to be prioritized in every health focused conversation. It is important to note that equality precedes equity and women need to be present when laws, policies and programs are being developed. A key recommendation is to increase professional working exposure for women to promote understanding,

reduce stereotypes, myths and bias against genders. Women not a homogenous group and gendered nuances should be taken into consideration when health systems policies are being developed.

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Presentation 5: "The Need for Gender Mainstreaming in the Health Services as it relates to National Development"

Dr. Alphaeus Koroma – Director of institute of Gender research and documentation, Fourah Bay College/University of Sierra Leone

Summary: Substantive gender equality means all aspects of society have to be approached with a gender lens. There has to be equality of opportunity and access in order to achieve results. If boys and girls had equal opportunities in schools, the results of this would be evident and would translate into a more powerful nation. However, we tend to prescribe responsibility differently by gender and that is where things go wrong. Rwanda has the largest number of female MPs and such a thing is possible in Sierra Leone as well. There is a need for equal participation of genders in society and in the health sector. Although gender equality is used as a buzzword to attract funding, there are still gaps when it comes to understanding the fundamentals of the concept, which is not just dividing the roles or the beneficiaries 50/50. There is a human rights rationale to gender equity and if women are not empowered, development will be stagnant.

4.4.2 Capacity Building & Addressing Health Worker Shortages

Panelists:

- Prof Kehinde Oluwadiya. Ag. Chief Medical Director, University of Sierra Leone Teaching Hospitals Complex, Freetown
- Maryann Maina, Strathmore University Business School- Kenya

Presentation 1: "Health Workforce Training and Education"

Prof. Mohamed Samai. Director, Directorate of Training & Research, MoHS, Sierra Leone

Summary: Existing HRH challenges exist, including a shortage of doctors, nurses and midwives; also, there is no uniform approach to entry and training requirements for specific programs and across institutions. Some proposed actions to remedy this should include investments in local postgraduate training in health specialties; establishment of joint task force on undergraduate & PGME (MOHS/MTHE/MF/TEC/Universities); commence Dentistry training & Direct entry into Midwifery; expansion of Undergraduate Medical Training; recruitment drive for Clinical & Non-clinical Specialists; reform of the Health Regulatory Bodies - separate regulation of product from service; upgrade School of Clinical Health Services (SCHS) from a Faculty to an Autonomous College (NU); promote science education in Elementary & Secondary schools; develop proper retention strategies including improved conditions of service; develop Sustainable Strategies for CPD.

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Presentation 2: "Midwifery Training Needs Assessment: A review of 435 records in eight health facilities"

Mr Mustapha Sonnie, SEED Global

Summary: Gaps in midwifery clinical training at health facilities in Sierra Leone need to be assessed from multiple perspectives with a view to improve key areas of clinical practice. Conclusions and findings include: limited clinical skills by practicing midwives and nurses; inconsistent adherence to clinical guidelines and protocols; incompleteness and inaccuracy of medical records; inadequate supply of consumables and drugs for key interventions; shortage of preceptors, equipment, and supplies. SEED Global is able to: work with MoHS to address the identified gaps in quality midwifery clinical training including key skills and practice competencies; provide midwife educators to identified and associated

practice facilities, starting in Makeni and focusing on PPH. Will expand to Bo soon; ensure coordination with relevant ministries, local councils, and NGOs to ensure alignment.

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Presentation 3: "Using mid-level providers to address physician shortage at the primary care level– global & regional practices"

Ishmail A Sillah, University of Arizona & Richard Kaimbay- Office of CCHO

Summary: With the intention of bridging the gap to meet the critical physician shortage, there are existing challenges, which include: weak collaborations with MoHS – no policy framework or strategic plan, there are also no institutionalized subspecialties and there is inadequate support of office of CHO to supervise new graduates and interns CHOs. CHO training focuses on primary health care and therefore does not have a defined career progression path like the Clinical Sciences program**.** Recommendations that would address these challenges include: establishing affiliations with WAHO to compliment MOHS support to CHOs; strengthening collaborations between Njala University & MoHS; supporting research opportunities in assessing the CHOs influence in the healthcare delivery system; enabling SLeSHI to provide the support needed to motivate the health workforce and to improve the quality of service at PHC level; providing resources to optimize infrastructural development to help achieve UHC goals.

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Presentation 4: "Teaching Hospital Complex: Crucible for middle to high level healthcare professional development in Sierra Leone"

Prof Kehinde Oluwadiya. Ag. Chief Medical Director, University of Sierra Leone Teaching Hospitals Complex, Freetown

Summary: Considering the role of USLTHC in training of middle-to high-level healthcare professionals in Sierra Leone, existing challenges include: inadequate number of specialist grade workforce; available residency position not fully filled; lack of certain specialist cadre; lack of sophisticated equipment and infrastructure; lack of autonomy from the MoHS. In conclusion, the USLTHC needs to be a part of any agenda for addressing health worker shortages in the country. Recommendations include: accreditation of residency programs; COMAHS and USLTHC should work more in synergy to deliver on the mandate for medical education; USLTHC and the National Postgraduate College of Health Specialties should work more in synergy for postgraduate training.

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Presentation 5 (Virtual): "Capacity Building Models"

Maryann Maina- Strathmore University Business School- Kenya

Summary: One model that could aid in building HRH capacity in Sierra Leone is the Institute of Healthcare Management in Kenya, which offers Healthcare Leadership & Management programs – the only one of its kind in the sub region. Programs are 90% online and include PhD and MBA in Healthcare Management, Executive Education Programs as well as Research and Consulting in Healthcare. Such programs are replicable in Sierra Leone.

4.5 Health Financing, Partnership & Coordination

This section has three parts: UHC, Health Financing and Partnership & Coordination

4.5.1 Universal Health Coverage (UHC)

Presentation 1: "Appreciative Inquiry and Methods of Transformation (AIM-T) (Strength-based approach)"

Matron Mary Fullah, Chief Nursing and Midwifery Officer, MoHS, Sierra Leone

Summary: Considering methods and approaches to rendering quality patient care, maintaining consistent review and evaluation of improved staff performance and attitude for sustainability and ownership is priority. At times, the weak relationship between health care worker and patient hinders quality patient care. Recommendations include: using the appreciative inquiry method to transform the attitude of health workers towards delivering a patient centered care approach and to use lessons learned from AIM-T process and integrate them into related strategies and guidelines.

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Presentation 2: "Strengthening Primary Health Care (PHC) for Universal Health Coverage (UHC) - CHW Strategy"

Dr. Brima Osaio Kamara and Mrs. Emmanuella Anderson

Summary: Current challenges within the system include: limited investment in financial, human resource and logistics to provide equitable service delivery; decentralization of funds to perform critical functions is still yet to be fully devolved; limited control over socioeconomic factors including water, electricity, road network and gender factors that fall outside the health sector; and poor quality of care related to staff attitude and behavior, which is rooted in staff welfare and motivation. It is recommended that the Government commits to increasing domestic resource allocation to PHC by at least 0.6 percent of GDP annually to cover the minimum operational budget for PHU service delivery and ensure robust performance management systems (target setting, proactive service outreach, and performance monitoring) at the PHU level.

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Presentation 3: "Advances in health financing for UHC"

Dr. Paul Smith, Abt Associate UK

Summary: Considering the non-transparent management of user fees in Sierra Leone, MoHS should address legal, procedural, and technological factors affecting health financing. It is recommended that funds be allocated directly to PHUs and DHMTs with oversight by council to shorten the turnaround time, additionally, it would be beneficial to establish a monitoring mechanism on the appropriate use of user fees. Ultimately, there is also a need to attract donor funding and reduce user fees.

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Presentation 4: "Status of Environmental Health Services towards UHC"

Mrs Doris Bah, Environmental Health Directorate, MoHS Sierra Leone

Summary: The current status of environmental health services (EHS) is inadequate, with a limited number of personnel to conduct sanitary inspections, improper disposal of waste by tricycle and limited awareness raising on indiscriminate waste disposal. To improve EHS, it is recommended that MoHS recruit more Public Health Aid Assistants/Sanitary Inspectors to monitor and supervise residences; Local Council to ensure the monitoring of waste disposal using tricycles; IEC materials should be developed and disseminated and guidelines and policies on Environmental Health and Sanitation should be enforced.

4.5.2 Health Financing

Presentation 1: "Gaps in FHCI and Supply Chain Funding (Financing Supplies: Status, Needs, Achievements and Gaps)"

Dr. Lawrence Sandi, NMSA

Summary: Considering the gaps in the Free Healthcare Initiative (FHCI) and Supply Chain Management, NMSA needs to be further empowered to undertake critical components of the supply chain such as procurement of drugs and medical supplies, warehousing and distributions. The development of the national supply chain strategy for the implementation of FHCI is also key. The FHCI provides free healthcare services to pregnant women, lactating mothers, Ebola survivors, under-five children and

persons with disabilities. However, there was no clear implementation strategy to support the drugs and medical supplies for the FHCI. Challenges in the implementation of FHCI range from funding allocation to reducing stockouts of drugs and supplies, consumption rates of the drugs, and awareness creation of services packages at the community level. To effectively run the FHCI program on an annual basis, including procurement, warehouse, and distribution, US$24.7 million is needed for products (including nutritional items) between 2022 and 2026. However, support is mainly through donor partners indicating a significant funding gap of US$18 million, which minimized stockout of drugs and medical supplies, including safe blood and nutrition. Therefore, there is a need to strengthen resource mobilization to support the procurement of the drugs, community awareness creation for the FHCI package, and improve public-private partnerships for the implementation of FHCI for the beneficiaries.

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Presentation 2: "Status of Sierra Leone Social Health Insurance (SLeSHI) Scheme"

Dr. Michael Amara - SLeSHI

Summary: Sierra Leone Social Health Insurance Scheme (SLeSHI) was enacted in 2017 to provide health insurance for every Sierra Leoneans using a dual pronged approach for payments. The sales program has a functional secretariat with diverse technical workings (including SLeSHI members, Ministerial representatives, donors, and NGOs). Additionally, functional working group(s) have been established and charged with the responsibility of developing relevant tools for operational implementation. Through GIZ, GOPA consulting firm was hired to provide technical assistance to redesign the existing systems of the SLeSHI Secretariat. A major accomplishment has been made to fast-track the implementation of the scheme by drafting the accreditation manual for the service providers, developing the roadmap, and review ACT 2017 for amendments. In addition, SLeSHI staff have conducted a site visit to Senegal to understudy their social health insurance in order to apply lessons learned to strengthen the implementation of the scheme in Sierra Leone. SLeSHI plans to relaunch the operation of the program in 2022, thus creating public awareness of the benefit of the scheme. For readiness, we must prepare the accreditation manual and the validation of the benefits package for the enrolment of the beneficiaries. To minimize fraud and improve quality of care, there is a need for establishing ICT to monitor implementation of the scheme. Core challenges to implementing SLeSHI is the limited human resources and inadequate funding for its implementation.

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Presentation 3: "Technical Support to the Implementation of the Sierra Leone Social Health Insurance Scheme"

Summary: Data and evidence are an essential requirement for the implementation of health insurance schemes in both high- and low-income countries. In the Sierra Leone context, there is no need to re-event the wheel for the implementation of SLeSHI. The drivers to implement SLeSHI hinge on the governance system from local and national levels and there must be a clear workflow to indicate the roles and responsibilities of each respective personnel in the governance structure. To achieve this, at first, there is a need for the value for money to provide quality care. For instance, people paying for treatment are expected to get quality medical intervention. This approach drives the sustainability of the SLeSHI scheme. Second, the system evaluates the scheme with clear expected outcomes communicated to the beneficiaries. To conclude, the development of sensitivity analysis will be highly recommended for people to understand how the SLeSHI works to ascertain the quality of care among beneficiaries. Strong political will is very important to support the implementation of SLeSHI to develop a ring-fence approach with a strong workforce.

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Presentation 4: "Possible Investment Opportunities Within the Health Sector"
Dr. Sheku Bangura – PPP

Summary: NASSIT was established by the Act of Parliament (no.5). Medical care is one of the nine contingencies outlined by the ILO in the Social Security Minimum Standards. To augment social security priority, NASSIT conducted a pilot survey in June 2007, on Social Security Priorities and Needs. The survey revealed that healthcare needs should be prioritized. The establishment of SLeSHI is a wake-up call to strengthen the internal and external relationship between NASSIT and SLeSHI. The difference between NASSIT and SLeSHI, which indicates that NASSIT pays pensions to other categories of staff for social insurance schemes while SLeSHI will cater to medical service providers. Therefore, it has been requested by the audience and panelists that SLeSHI should be autonomous from NASSIT, to better enforce the Sierra Leone health insurance scheme.

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Presentation 5: "Creating Value: Transforming Consumer Health Experience – Infrastructure and Management –The UHG Story"
Frederick Amissah

Summary: The UHG showcases technology-based in constructing the modern state-of-the-art hospitals in Ghana and Liberia, Africa. The organization has built 16 (15 in Ghana and 1 in Liberia) hospitals using the high technology-based approach. The hospitals mostly have accommodation facilities for both Clinicians and Non-Clinicians. This provides an opportunity for onsite technical training on the equipment including continuous preventive and corrective maintenance. The presenter shared pictorial evidence of hospitals they have built-in Ghana and Liberia respectively. Most of these hospitals were funded using the NASSIT funding mechanisms in both Ghana and Liberia. Most of the hospitals projected were built within 24 months. Recommendations include: integration of all supply chain activities by both GOSL and partners; pooling financing (basket fund) for the supply chain; PPP concept financing for NMSA activities (warehouse construction); improve funding cooperation between NASSIT and SLeSHI; improve internally generated revenues in health facilities; increase affordability and availability of drugs at all levels of care through partnerships with the private sector; robust monitoring of commodities at district and PHUs level needed (e.g. digitalization for consumption data/rational use/and prescribing partners).

4.5.3 Partnership & Coordination

Presentation 1: "Health Sector Partnership Coordination Models & Service Level Agreement (SLA): Status and Opportunities"
Sulaiman Phoray Musa- Donor Liaison Directorate

Summary: Partnership in the health sector is needed to improve population health outcomes and improve health system responsiveness to population health needs. To achieve this, partners are needed to complement the government's efforts. As Sierra Leone's health sector is heavily donor driven, with approximately 85% of funding to the health sector coming from external funding (WHO), this partner support needs to be regulated. However, many partners are present in the country and are not registered in the national partner databases. The GoSL introduced the Development Cooperation Framework (DCF), which laid the foundation of the Service Level Agreement (SLA), which had been piloted in 2015. The SLA has 3 phases of enforcement, and it is paramount that all partners existing in the health sector should have one. There are internal and external coordinating structures in MoHS that support donor coordination such as Health Sector Coordinating Committee (HSCC), Health Sector Steering Group (HSSG), Directorates, Technical Working Groups (TWG), Country Coordinating Mechanism (CCM), HDPs, and the Health Non-Governmental Organization (HNGO) Forum. It is recommended that: SLA signatory should be made mandatory for all partners as mandated by the DCF, and the process to be decentralized to the DHMT with clear partner mapping nationwide; engagement

with development partners to direct resources towards MoHS priority areas and strategic objectives of the national health sector strategic plan; operationalization of directorate TWGs with clear reporting lines and terms of reference (ToRs); there should be linkages of programs to community structures to promote sustainability of the interventions; MOHS should leverage on Public Private Partnership for key investment in the health sector to address critical areas.

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Presentation 2: "Donor partner coordination models"

Sylvester Suh, CHAI

Summary: Sierra Leone's health sector relies heavily on external funding where GoSL accounted for approximately 10% of the total health expenditure, while donors and households (Out-of-pocket) each accounted for 40% of contributions between 2015-2016. Sierra Leone's health sector receives the largest share of donor funding with at least $2 Billion Dollars (USD) being contributed by donors from 2008-2017, outweighing the government's contribution. Types of coordination include i) project specific coordination, ii) informal sectoral coordination, iii) substantive sectoral coordination and iv) strategic sectoral coordination. Irrespective of the nature of donor coordination, without close collaboration with the local communities and the government, effective coordination cannot be achieved. The following are key recommendations: close collaboration with the local communities and the government is a prerequisite for effective coordination; participation of all active donors and stakeholders in all the stages and forms of coordination is essential; establish diverse platforms for the respective stakeholders to share experiences and have dialogue with the government.

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Presentation 3: "Lessons Learned from Implementing Saving Lives II"

Flaviour Nhawu, Senior Team Leader Saving Lives II project, IRC

Summary: The UNITE Saving Lives program implemented by 6 partners (previously 9) and funded by FCDO between 2018-2022. The project is implemented through a multifaceted approach to strengthen quality, expand access and build demand for RMNCAH services to reduce maternal and child mortality. The project is implemented across 14 Districts, 92 CHCs 14 District Hospitals. When the program started, one of the primary goals was reduction of maternal mortality but the majority of the hospital blood banks were not functional. This had to be addressed first and was done through procurement of essential supplies and equipment as well as staff capacity building as guided by NSBS. Although the program's mentorship achieved improvement in mentees performance from their baseline assessments, the lower cadre staff need more time and effort to achieve similar improvements compared to the higher cadres, the program experienced a high number of mentee dropouts from their mentorship programs due to DHMT initiated health worker transfers. Lessons learned highlight that working with and through the government was critical in achievement of the successes of the project hence key in promoting sustainability of intervention and co-funding of key interventions is important in improving efficiency and promoting government ownership. Investing in quality data systems encourages the use of evidence to inform implementation of interventions. There is need to address the gap in human resources and accountability in the health system. Investing in more sustainable referral systems is needed as well as investing in local structure and regulation in the health system. Lastly, re-evaluation of the FHCI is needed to determine its impact and efficiency in functioning.

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Presentation 4: "Public Private Partnership for Health Current Landscape and Opportunities"

Abu Kamara- National PPP Unit & Cyrus Sheriff

Summary: Public-Private Partnership (PPP) is an agreement between a private partner and government entity with the intention of the private entity to realize profit while bearing the risk and management responsibilities. The PPP Act was enacted in 2014 and is complemented by the Public Procurement Act 2016. PPP is essential to UHC because the government cannot fund all health sector activities. It provides an opportunity for an effective resource management approach that catalyzes innovation. Some key

challenges encountered while implementing PPP is the limited access to capital for the private entities constrains growth and is a driver for health sector segmentation; human resource constraints adversely impact sustainable growth in the private health sector due to limited access to skilled health care workers and managers; regulatory environment impedes growth for the private health sector. Some key recommendations to improving PPP in the country include: providing technical assistance to develop a PPP health policy; formulating a PPP stakeholder forum including a private sector engagement mechanism; building institutional frameworks for PPP in health; and capacity building of existing MoHS staff in the PPP unit such as the PPP coordinator and addition of technical assistants is needed to strengthen the functioning of the unit.

4.6 Importance of Data (Health Management Information Systems)

This section has two parts: Data use and Systems and Interoperability.

4.6.1 Data Use

Presentation 1: "Effective Health Sector M&E Models, Scorecards"
Mr. Ibrahim Kamara, Data Manager DPPI, MoHS

Summary: The national M&E model has set up appropriate systems to collect, store and analyze routine health information at all levels of health service delivery. Human resources in M&E unit is reported to be critically understaffed with a gap of 454 personnel (for all technical areas). About 90% of M&E Officers and Assistants – the critical staff needed to transform their digitization agenda - are volunteers and all data clerks are volunteers. Key monitoring tools include: District Health Management Information System (version 2), RMNCAH Scorecard and EMR applications. Data flow is from the community via CHWs to the national level, through the health facilities and districts. Like with other programs or units, the M&E Unit has challenges such as: late payment for hosting of DHIS2 Data, unintegrated data quality audit, lack of salaries for HIS staff, insufficient mobility for monitoring of sector activities, institutionalization of data use and digitizing the Health Information System. DPPI monthly bulletin may not continue due to lack of funds from the supporting donor.

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Presentation 2: "Building National Rehabilitation and Assistive Technology (AT) Program Management Information System to Support Medical Disability Registration, Assessment and Certification System"
Dr. Ismail Kebbie, Program Manager, National Rehabilitation Program, MoHS, Sierra Leone

Summary: With support from GDI-UKAID, CHAI has been implementing a health system strengthening project to build foundations for the development of AT services in Sierra Leone. While there is a general record at the National Commission for Persons with Disability, no medical records exist. Currently about 67% of persons with disability are in the productive age group and the Disability Prevalence Rate is 1.3%. It is recommended that there is: endorsement and commitment to support the Development of Medical Disability Registration, Assessment and Certification System; agreement for the utilization of the MoHS DHIS2 Platform; resource mapping for the full development, deployment of a Digital Medical Disability Registration, Assessment and Certification System from MDAs; development of Medical Assessment Technical Guidelines, for example; *threshold* to disburse benefits to PWDs based on the degree of the disability; monitoring and disbursement of the disability benefits using Unique ID; NCPD engagements with MoHS to sign MoU with medical board to kick start development of technical guidelines.

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Presentation 3: "The Importance of Data (Health Information Management Systems) at The Ola During Children's Hospital"

Dr. Ayeshatu Mustapha, Medical Superintendent ODCH – MoHS, Sierra Leone

Summary: The presentation highlighted improvements at the tertiary pediatric hospital in the past years. The current in-patient capacity of the hospital is 196 beds. Bed occupancy exceeds capacity at times. There was a chronically weak recording and reporting system. Hence, the need to strengthen hospital information management systems as prioritized in the ODCH's strategic plan 2018-2023. ODCH solicited support from UNICEF as part of FCDO-funded Saving Lives Program for implementation of a new HIMS system at ODCH. Key improvements reported at ODCH as a result of strategic planning, improved data management, teamwork and communication include case mortality improved by 5.13% (from 14.50% in 2020 to 9.37% in 2021), health information management improved from disorganized paper filling to well organized paper filling and now electronic systems capturing retrospective data. Highlights were made on the actions taken to enhance effective and sustainable health management information systems, such as: increasing professional data collection personnel, developing Data Improvement Plan, standardizing systems and procedures that mitigate errors in patient record collection and increased quality data management, developing Standard Operating Procedures (SOPs) for the documentation and standardization of the end-to-end process of retrieving medical charts for inpatient stay, outpatient clinic, and emergency admission, built human resource capacity, introduced bi-monthly general departmental meetings, developed a customized offline database for all hospital deaths and in-patients, filed, labeled, and sorted charts on shelves for easy identification, and developed hospital indicators list for reporting. Despite the gains made in improving health records at ODCH, three main activities were reported as next steps to expand on the gains made. They include improvement of well-structured inventory management systems in the pharmacy department, introduction of a computerized maintenance management system in the equipment maintenance department, and the rollout of Electronic Medical Record (EMR) System.

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Presentation 4: "Scaling up maternal newborn child health outcomes using mobile technology in Bonthe District"

Mr. Saffa A. Koroma, World Vision

Summary: WVI MNCH Program discussed use of digital technology to accelerate health outcomes and the impact on health outcomes. The importance of CommCare mobile phone app as an approach used to implement timely and targeted counseling (TTC) approach to maternal care at community level was outlined. The TTC is an individual-level behavior change communication model for pregnant women and caregivers of children under five years, addressing about 7-11 life-saving interventions for maternal and child health and nutrition. Trained CHWs are used to give accurate, preventive and care-seeking information to create demand for services and empower families to improve health outcomes. CommCare approach contributed to improving maternal and child health in Bonthe Island where the proportion of fully immunized children increased from 51.61% (2017) to 70.56% (2019) and the proportion of mothers who delivered in health facilities and were assisted by skilled attendanst increased from 92.0% to 99.2% in the same period. The infant mortality rate also declined from 80.773 deaths per 1000 live births in 2018 to 78.643 deaths per 1000 live births in 2019. In conclusion, while several innovative data dissemination and data use solutions are being implemented across the health sector, there is an urgent need to integrate these solutions, scale them up where it has been established to save lives, and more importantly, strive to make them sustainable for the health sector.

4.6.2 Systems and Interoperability

Presentation 1: "Exploring Electronic Medical Record (EMR)"
Christoph Larsen, DPPI/GIZ

Summary: EMR is a digital facility management tool designed to improve data quality at the PHUs for better decision making and patient management. The challenges of dealing with paper works by the facility workers are huge and not sustainable. Digital facility management tools can be used in HMIS Reporting, Patient Registration, Vital Signs, Patient Encounters, Warning Signs, Laboratory, ICD-11, Prescribing & Dispensing, Patient Referrals, Attendance Monitoring, Human Resources and Drugs, Reagent & Supplies.

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Presentation 2: "Integrated Health Data Platform"
Serge M. A. Somda- WAHO

Summary: There are data gaps across member states, therefore the integrated health data platform will ensure data coverage with data contents and data elements that are accessible to patients and available for healthcare workers' use. Regional health observatory (RHO) works principally on country's data. It was initially designed for COVID-19 and it is publicly available. ECOWAS countries agreed on the indicators for the dashboard, which is in line with the data governance policy of ECOWAS.

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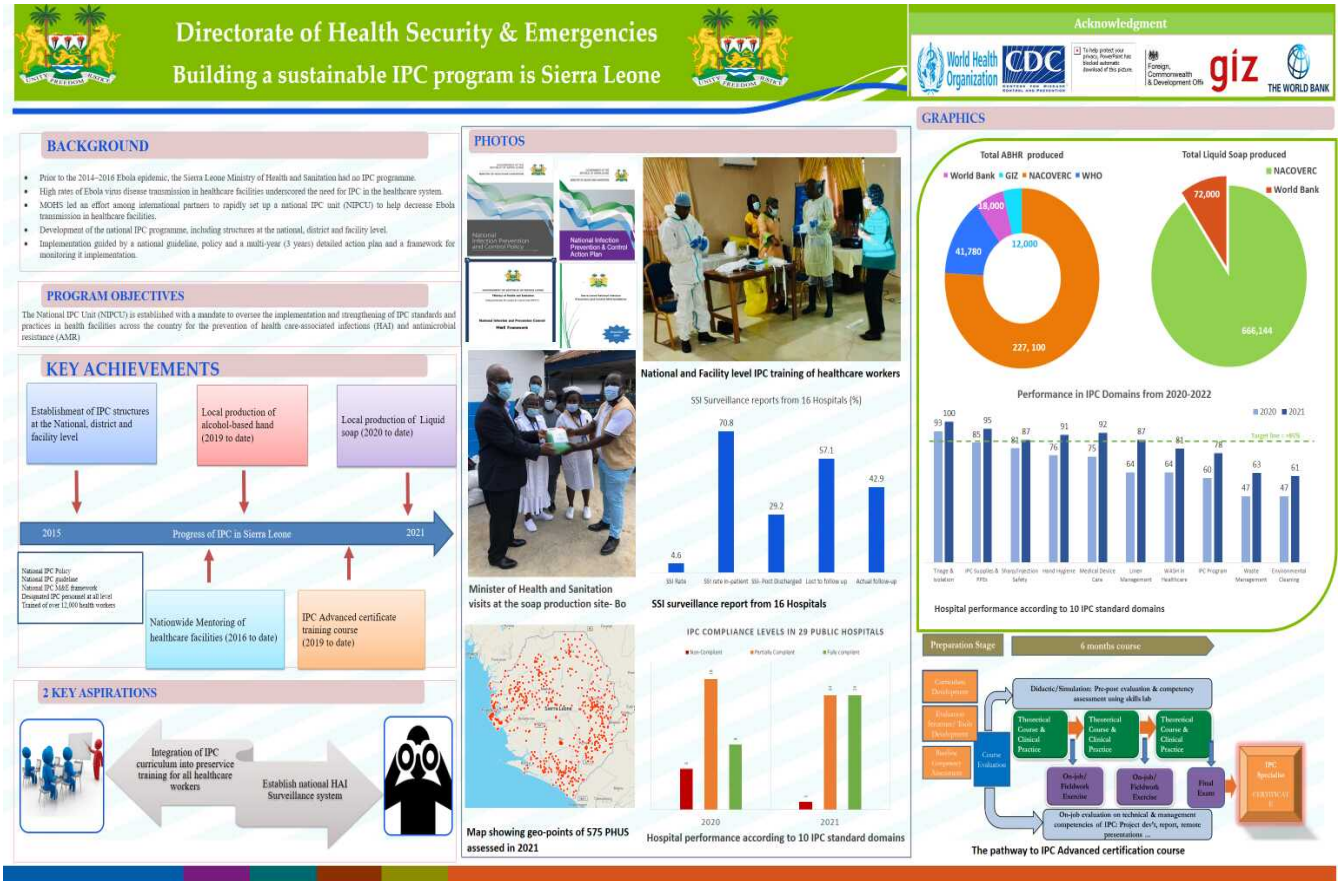
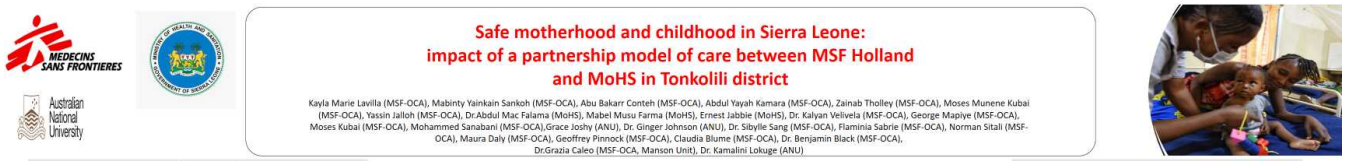
Presentation 3: "Data for Improved Service Delivery and Health Outcomes"
Aminata Jalloh- DSTI

Summary: Directorate of Science, Technology & Innovation is providing technical support to MoHS on Health Information Data and Health Information Management. The aim is to build and maintain health systems and data infrastructures that provide access to key insights. The Directorate has just developed Pregnancy Registration and Service Tracking (PReS Track) App, which is aimed at reducing maternal and neonatal mortalities by 50%. It is being piloted in selected facilities (PHUs). The Directorate with support from partners is also piloting the use of Drones in health care commodity delivery to hard-to-reach areas. Current challenges include the fact that there are too many systems for data collection/capture and management; weak telecom penetration in some remote areas; poor internet connectivity for data systems; high cost of operations of the existing data systems; inadequate human resource capacity for data management; lack of systems integration. Some recommendations that would strengthen DSTI include: integrating all existing systems for data collection/capture and management; engaging mobile companies to increase coverage for internet connectivity for data systems; WAHO support to strengthen data systems of member states.

4.7 Poster Presentations

In other to allow more discussions during the Summit and not cluster presentations, an opportunity was given to stakeholders to showcase their work, achievements , challenges and solicit collaboration from other partners through the display of several posters, which were presented at inter-sections of the conference lobby.





Safe motherhood and childhood in Sierra Leone: impact of a partnership model of care between MSF Holland and MoHS in Tonkolili district

Kayla Marie Lavilla (MSF-OCA), Mabinty Yainkain Sankoh (MSF-OCA), Abu Bakarr Conteh (MSF-OCA), Abdul Yayah Kamara (MSF-OCA), Zainab Tholley (MSF-OCA), Moses Munene Kubai (MSF-OCA), Yassin Jalloh (MSF-OCA), Dr.Abdul Mac Falama (MoHS), Mabel Musu Farma (MoHS), Ernest Jabbie (MoHS), Dr. Kalyan Velivela (MSF-OCA), George Mapiye (MSF-OCA), Moses Kubai (MSF-OCA), Mohammed Sanabani (MSF-OCA),Grace Joshy (ANU), Dr. Ginger Johnson (ANU), Dr. Sibylle Sang (MSF-OCA), Flaminia Sabrie (MSF-OCA), Norman Sitali (MSF-OCA), Maura Daly (MSF-OCA), Geoffrey Pinnock (MSF-OCA), Claudia Blume (MSF-OCA), Dr. Benjamin Black (MSF-OCA), Dr.Grazia Caleo (MSF-OCA, Manson Unit), Dr. Kamalini Lokuge (ANU)

Background

- Since 2016, Médecins Sans Frontières (MSF-Holland) and Ministry of Health and Sanitation (MoHS) implemented reproductive and child health programme in partnership in Tonkolili district at Hospital and in selected PHUs.
- A key characteristic of the partnership include a Shared governance model. Fig.1
- In addition, operational research is used to support monitoring and to evaluate the model of care; research is done in collaboration with Australian National University (ANU), MoHS and MSF-Holland.
- Two mixed method Health seeking behaviours (HSB) studies done in 2016/17 and 2021.

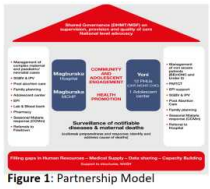


Figure 1: Partnership Model

Aim

→ Benchmark any progress made since the 2016/17 (HSB1) study and remaining barriers ;

→ Compare barriers and health outcomes between MSF-Holland PHUs supported and unsupported catchment areas;

→ Provide robust updated health information enabling future evaluation of the impact of MOHS and MSF partnership.

Methods

Sequential mixed methods study in MSF-Holland supported and unsupported areas in Yoni chiefdom of Tonkolili District.
Study articulated over 3 Phases:

Phase 1: Household survey and structured interviews
Phase 2: in-depth interviews (IDIs)
Phase 3: triangulation of data with MDSR line list data

60 clusters or villages selected: 30 in areas supported by MSF and 30 in areas unsupported.

Results

Participants

- 1,164 women, 1,177 care giver (of 1,559 children under 5 years) and 110 (9.5%) adolescent with history of pregnancy (aged 15 to 19 years)
- 42 IDIs conducted with mothers, carers of children under five, adolescents, community leaders and health care workers.

Results 1: Key changes: 2016/17 vs 2021

Significant decrease of mothers and care givers who reported experiencing at least one barrier to access care (Figure 2)

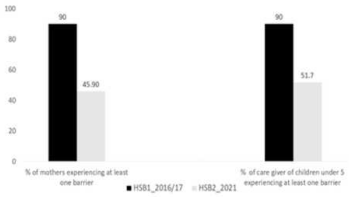


Figure 2:Barriers to care

Drastic fall in the under 5 mortality rate, from 1.55 per 10,0000/day to 0.25 per 10,000/day.

Significant Increase in the proportion of those giving birth in facilities from 52% in 2016 to 91% in 2021.

Results 2: Key differences: Unsupported vs MSF Supported

Health Outcome	Unsupported		Supported	
	(%)	95%CI	(%)	95%CI
Experienced at least one barrier that delayed or prevented access to care during pregnancy	50.5	46.5-54.5	0.41	36.8-45.0
Delivering outside a health facility	10	8.3-13.2	7.4	5.5-9.9
Stillbirths (in the two years prior to the survey)	4.5	3.1-6.5	0.014	0.6-2.8
Complications during labour or delivery	10.9	8.6-13.6	7.2	5.3-9.7
Under 5 mortality rate	0.44 per 10,000/day	0.2-0.7	0.17 per 10,000/day	0.1-0.3

Table 1: Barriers and outcomes in supported and unsupported area

40% of adolescents (who previously experience a pregnancy) in both areas have an **unmet need for contraception**.

Results 3: Sensitivity of MDSR and Sanctions for not giving birth in a healthcare facility

Comparison of the study results and MDSR estimates showed that around **40% of maternal deaths were not captured by the MDSR** surveillance system (Maternal mortality rate: 32.8 per 100,000 women of reproductive age (MDRS) vs 54.7 per 100,000 (HSB2))

Sanction and fine

" They will fine us one hundred thousand leones (100,000 (10,779 USD)) and we will beg them that we don't have that kind of money things are not easy. The distance is too far and we cannot find motor bike on time that is why the baby was delivered at home and that is why you need to help us in this community in terms of the hospital because women are ready to give birth to children free of charge but we don't have money to go" .
*(**TBA, supported area**)*

Conclusions

- Since 2016/17 considerable progress has been made, with better health outcomes in this community.
- The MSF-MoHS delivery model of free and accessible care at primary and referral level has played pivotal role on improving access to quality care.
- However, less improvements have been documented in catchment area without MSF PHUs support.

Recommendations

- MoHS could with sufficient resourcing (for example via development funds and partners) fully implement Free healthcare initiative has it been demonstrated to be effective in Tonkolili MSF Partnership Model.
- Ensure free and accessible primary care, referral and transport for all pregnant women and children
- Address high levels of unmet need for contraception through engagement with adolescents to co-design acceptable, accessible, and safe models of sexual and reproductive care.
- Continue to improve the quality of emergency obstetrics care at hospitals and PHUs.
- Resource routine maternal death surveillance and response (including community surveillance), and implement research on factors contributing to under-reporting of maternal deaths and home birth;
- Further invest in partnership with communities to achieve all of the recommendations above.

Acknowledgements

We would like to thank the study teams and colleagues in the project for their support, and, most importantly, the communities of Tonkolili for participating in this stud

5 KEYNOTE ADDRESS BY HON. MINISTER OF HEALTH AND SANITATION: LEADERSHIP VISION FOR TRANSFORMING THE HEALTH SECTOR – INTEGRATED MANAGEMENT REFORMS TO DRIVE UHC & LAUNCHES

Excerpts from Speech by Honorable Minister

The opening session for day two commenced with a keynote address from the Honorable Minister of Health and Sanitation on **Leadership Vision for Transforming the health sector – Integrated management reforms to drive UHC**. In his statement, he acknowledged the support from the President and Vice President for the health summit. He explained that Healthcare is not just MoHS but everyone's business. He continued that in this regard, everyone is a leader.

In his speech, the Hon. Minister provided the following guidance as examples of how to translate leadership into action in the health sector;

- Active deliberations have helped Sierra Leone re-shape policies towards primary health care. PHC policy will need to be re-shaped further as the health needs of the population change with time.
- Processes are important, but they should be linked to specific health outcomes. One of the outcomes that Sierra Leone currently seeks is a reduction in the maternal mortality ratio (MMR). Rwanda has reduced MMR from 850 to 200 in a few years.
- Leadership is not about settling for less. We must set a mind on a goal to achieve the ultimate goal. For example, Now Rwanda seeks to eliminate maternal deaths altogether.
- Leadership doesn't mean doing things yourself. It means bringing people together to share vision. It means listening and sharing a common vision about the health outcomes that we seek as a country.
- Leaders and managers should have a clear vision and they should have consultations. There should be fair allocation of responsibilities based on competencies. Delegation should be matched with follow up. Managers should not abdicate duty or responsibility. Evaluation should be based on health outcomes, not processes. Leaders and managers should keep acknowledging and encouraging good work. Relevant corrective action should be taken in regard to poor performance. Encourage people doing work and support people who are not doing well, supported with opportunity for re-training etc.

Highlight of the event

The Hon. Minister launched the Primary Health Care Handbook 2021, the CHW Policy 2021 and the Maternal and Child Health Handbook. He described the documents as important resources as Sierra Leone seeks to standardize service delivery in the strive for UHC. He concluded by directing that the handbooks and policy were posted online on the MoHS website to ensure easy access.

6 BUSINESS MEETING AROUND THEMATIC AREAS CHALLENGES, RECOMMENDATIONS, AND NEXT STEPS

Dr. Isaac Ahemesah- Chairman of health NGO partners welcomed all that were present and thanked the Ministry of Health for organizing the summit, the development partners and INGOs for financial and technical support to execute the summit.

Purpose of Meeting: A deliberation with business partners to translate recommendations derived from the summit into practical next steps to ensure that activities are realistic and achievable with commitments and support from partners.

Proposed Next Steps:

- A small group will identify and establish targets for the recommendations that have been made.
- The meeting is also an opportunity for financial commitments and targets to be made to ensure the activities become operationalized.
- Lessons learnt from the summit should be conducted to ensure continuous improvements are made ahead of the 2023 summit.

A communique or aide memoire will be developed and widely distributed to capture the following:

- Prioritization of agreed activities from the summit
- Strengthening emergency services in the hospital focusing on child health care.
- Achievements from now to next summit, prioritize recommendations for effective delivery.
- Strategy should be developed to shift women's position, most disadvantaged to access data.
- Community partnership - bottom top approach
- Strengthening referral systems from Regional to PHUs.
- All health programs should be mainstreamed, policies developed and implemented, gender unit to be instituted within the ministry,
- Climate change preparedness in our health activities.
- Consideration of diaspora coordination in Sierra Leone health sector. Ways of reaching out for technical, financial and other possible support
- Opportunity for support from donors - Ministry to work with partners to ensure that new programs being developed target the gaps.
- MoHS and Donor coordination must be increased.
- Environmental health and sanitation - called for support in the unit.
- Internal management and functional review recommendations to be part of the larger recommendations from the summit
- Consider people living with disabilities - assistive technologies for people living with disability. A policy and strategy available.
- Firm commitment from Diaspora in health research and other support in service delivery.
- Clinical governance team to be developed, accountability at all levels, program performance, service delivery. Capacity building- reformat the scheme. TWG or task force to support the process.

7 CLOSING CEREMONY

7.1 Closing Address: H.E. Vice President Dr. Mohamed Juldeh Jalloh

Full Transcript:

Madam First Lady, Ministers of Government, Honourable Members of Parliament, Members of the Diplomatic and Consular Corps, Our Development Partners, Our ever-outstanding healthcare professionals, Distinguished Ladies and Gentlemen, good evening again.

Let me start these short remarks by thanking our partners who have endured with us these heady deliberations. Your support has been timely and invaluable, and we believe we could be better and do a lot more with your precious support in expertise, equipment, supplies, and funding resources.

Let me also thank you, our healthcare professionals, once more, for all that you do so selflessly and so passionately. It is truly a labour of love, and we appreciate and commend every moment you promote, protect, and nurture lives. You are there from the first moments of life and tend to the last breath. For that, thank you and thank you so much more.

In my keynote at the plenary, I noted that this national health summit should be both a moment of reflection and a moment of introspection. This first ever national summit goes beyond the everyday activities of giving care with compassion and doing everything that is in the best interests of patients, while treating patients and their families with true empathy. It goes beyond getting better skills and a better work environment or advocating on behalf of patients. It is about asking ourselves what we can keep doing better and how we can be better.

I am reminded of what Dale Carnegie, the inspirational American writer whose focus on self-improvement has always been enlightening. He notes that "Inaction breeds doubt and fear. Action breeds confidence and courage."

He furthers that, "If you want to conquer fear, do not sit at home and think about [fear itself]. Go out and get busy." We have not feared the inevitable that there are gaps in our health service delivery models and standards of care. We have not feared to address persistent questions and outcomes to be met. We have got ourselves busy over the last three days and we have held deep and meaningful conversations that have opened our eyes.

Together, we will use those recommendations to adjust our strategies, engage our partners, and make healthcare service delivery even better in this nation.

But this night is also about recognising those persons and institutions that have been truly outstanding. Together, we have reduced maternal and child mortality over the last four years and we have reduced the incidence of malaria and common disease burdens. We have successfully fought off every wave of COVID that has been thrown at us and our vaccination rates are higher than the average in Africa. We have refurbished more hospitals and recruited and trained more health care workers. We now have better working conditions and more professional enhancement training across board. We now operate a national emergency medical service and run a more efficient national medical supplies agency. These are no mean achievements. All the foregoing you have done collectively and done in the best interests of our nation. Thank you. If I could, I could award every healthcare professional. But we

can only recognise the few among us who have gone beyond the call of duty. They have done things that are praiseworthy and worthy of emulation.
Dr. Austin Demby, I want to thank you for your leadership and thank you for showing us that when we get governance right and engage our practitioners, stakeholders, and partners in one room, we stop talking and working at cross purposes. When we discuss what all of us could do together, as a collective, only good can come of it.

To everyone in this room and those who are on and off duty tonight, thank you for all you do. As a Government, I make a firm commitment that proceedings from this national health summit will be closely studied and implemented with all due diligence.

Let me close by once more thanking all participants and all awardees here tonight. May God bless Sierra Leone.

8 AIDE MEMOIRE

The Aide Memoire summarizes key findings and important recommendations resulting from the National Health Summit and is a culmination of deep insights by thought leaders over several days. Particularly, the Aide Memoire reflects the discussions and agreements arrived at the business meeting of the Ministry of Health and Sanitation, other government Ministries, Department, Agencies, Health Development Partners and other key stakeholders including NGOs/CSOs. It reflects concerted efforts and collective commitments from Government and Development Partners to ensure the availability of resources required to implement the health sector strategic plan (2021-2025). The document devises practical formulae for the implementation of the Life Stages Approach; this will see the formation of technical working groups mandated with the responsibility to come forth with a manual for the adaptation and integration of the Life Stages Approach across MoHS directorates and programs. Embedded also in the Aide Memoire is the agreement to implement strategic declarations (such as the Kobeibu Declaration of 2018, Galliness Declaration of 2020, and the Independent Management and Functional Review of 2021) that'll enhance management, functional and infrastructural reforms in the health sector. Incorporated into the Aide Memoire is also a requirement for the development of a capital investment plan, scale-up plan for the institutionalization of standards for quality of care at health care facilities, among other things. The Aide Memoire will also be utilized as a health sector monitoring tool, and implementation of the activities will be reported during routine HSCC. A full copy of the signed document is provided in Annex 2 of this report.

Photo: The Aide Memoire was officially signed and launched on Thursday 28th April 2022

The recommendations and plans contained in the Aide Memoire are categorized as follows:

1) Approach to Implementing the Life Stages Model of Service Delivery
2) Management, Functional & Infrastructural Reforms in the Health Sector
3) Service Delivery for Universal Health Coverage (UHC)
4) Health Security and Emergencies; Preparing for Crises by Building a Resilient Approach in Normal Times
5) Human Resource for Health and Gender Mainstreaming
6) Health Financing, Partnership & Coordination
7) Importance of Data (Health Management Information Systems)
8) Monitoring the Implementation of Aide Memoire

9 ANNEXES

Annex 1: Photographs recapping networking events, exhibitions, poster presentations and visiting booths

Annex 2: Signed Aide Memoire

Annex 3: Poster Presentations

Annex 1: Photographs

High Level Opening Ceremony

Boy's Leg Saved by Connaught Hospital

Remarks and Introduction of Keynote Speaker by First Lady Mrs. Fatima Maada Bio

Presidential Keynote Address by His Excellency Rtd. Brigadier Julius Maada Bio

Cross-section of Development Partners and MDAs

Vote of Thanks by Mrs. Princess Dugba, Deputy Minister of Health and Sanitation

Cross-section of Interactions at Poster Presentations

Cross-section of Exhibitions of Collective Work of Health Development Partners and MoHS

Cross-section of Health Summit Plenary Sessions

The Minister of Health and Sanitation Addressing HDPs at the Business Meeting

Vice President at Awards Ceremony

Permanent Secretary Officiating the Awards Ceremony

Deputy CMO – Clinical receiving an Award on Behalf of Connaught Hospital for Transformational Leadership

High Points of Awards Ceremony – UNICEF CSD Health Manager Presenting Award to Service Provider

High Points of Awards Ceremony – Happy Health Care Workers receiving Award for Excellent Performance

Annex 2: Signed Aide Memoire

GOVERNMENT OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION

2022 ANNUAL HEALTH SUMMIT AND RECOGNITION AWARDS CEREMONY

Aide Memoire

PREAMBLE

The inaugural 2022 Annual Health Summit and the Recognition Awards Ceremony was held at the Bintumani International Conference Centre, Freetown, Sierra Leone from the 7th to 9th of April 2022 with the theme: "Transforming Health Service Delivery Towards Universal Health Coverage". The specific objectives were to:

- Identify challenges that have impeded service delivery and progress towards achievement of Universal Health Coverage and health SDG targets;
- Provide the forum for all relevant actors to identify actions through engagement and dialogue that will speed up the transformation of Sierra Leone's health service delivery system;
- Map out more productive ways for working with partners in the health sector for optimal benefits to the people of Sierra Leone;
- Recognize, appreciate and award outstanding performance in the health sector.

The opening ceremony was chaired by the Permanent Secretary of Ministry of Health and Sanitation (MOHS), Mr. Morie Momoh, with the Keynote Address delivered by the President of the Republic of Sierra Leone, His Excellency President Retired Brigadier Julius Maada Bio.

The Summit objectives were presented by Dr. Francis Smart, Director of Policy, Planning and Information, MOHS. Statements were made by various dignitaries including Mr. Victor Lansana Koroma, the Chairman, RMNCAH+N on behalf of Civil Society Organizations in health; Isaac Ahemesah, the Country Director of UNAIDS on behalf of Health Development Partners Group.

His Excellency Henry John Omaku, the Nigerian High Commissioner to the Republic of Sierra Leone, presented on behalf of the Dean of Consular and Diplomatic Corps. Other Speakers were Dr. Babatunde Ahonsi, the United Nations Resident Coordinator to Sierra Leone and Mr. Bockarie Kalokoh, the Deputy Minister of Finance. Dr. Sartie Kenneh, the Acting Chief Medical Officer, presented on the status of the health sector. Dr. Austin Hinga Demby, the honourable Minister of Health and Sanitation made a presentation on "Setting the Stage for Life Stage Model for Service Delivery". Among the participants were Parliamentarians, Paramount Chiefs, Local Council representatives, and Ministers of State.

A statement by the Ministry of Finance indicated that the Ministry collaborates effectively with the health sector and has demonstrated full commitment and willingness to implement the Sierra Leone Social Health Insurance (SLeSHI) to contribute to the reduction in high household out of pocket (OOP) expenditure on health. This is to contribute to the attainment of UHC by 2030. The Minister indicated that the government recruited about 5000 workers for the health sector within the last 4 years to improve health outcomes.

The United Nations Resident Coordinator commended the MOHS for creating an enabling environment that facilitates collaboration between the United Nations system and the Ministry. The Resident Coordinator further commended the Ministry for implementing programmes that contributed to the improvements in some of the health outcomes. The government was encouraged to keep on increasing its investments in health workforce and health financing as they are necessary for the attainment of UHC and other SDGs. He indicated the willingness of the UN system to continue collaborating with the government for the attainment of SDGs and other national development goals. Whilst congratulating the Ministry for holding the inaugural national health Summit, he called for its institutionalisation to maintain the momentum for this sectoral engagement and create a mechanism to monitor the implementation of the recommendations.

The Acting Chief Medical Officer (CMO) presented the status of the health sector discussing its recent achievements, challenges and way forward. He acknowledged the need for concerted action from all staff and key stakeholders to further improve health outcomes.

The representative of CSOs congratulated the government on some policy reforms in the health sector which are yielding positive results. He highlighted some challenges including unapproved payments at health facilities and the high household out of pocket health expenditure, which is impoverishing a certain segment of the population. He highlighted the need to review the implementation of the Free Health Care Initiative (FHCI) and the adoption of integrated human-centred and human rights approaches for service delivery especially during emergencies. He reiterated the need to strengthen accountability, information and data management to improve health outcomes.

The representative of Health Development Partners (HDPs) indicated that significant improvement in the health sector has been noted and MOHS should be commended to continue to work assiduously for more gains since the wealth of a nation is in the health of the population. He stated that good investments are made by HDPs to improve health outcomes and called for the most effective use of such scarce resources. Whilst congratulating the Ministry, he recommended the adoption of gender-sensitive and rights-based approaches to service delivery. He called for increased and sustained actions towards the establishment of SLeSHI, as financial accessibility is very important for the attainment of UHC. He cautioned about the possibility of dwindling resources because of COVID-19 and the Russian-Ukrainian war and advised on strategies to introduce value for money principles into sector programmes.

The remark made on behalf of the Consular and Diplomatic Corps recognised the contributions made by many countries to the health sector. The Nigerian High Commissioner to Sierra Leone acknowledged that there were challenges with Human Resources for Health (HRH) and a need for increased investment to produce and retain a more qualified health workforce for Sierra Leone to achieve the UHC and SDGs by 2030.

The honourable Minister of Health and Sanitation extended his appreciation to all staff of MOHS for their contributions to sector achievements. He asked for further dedication and hard work to improve health outcomes for all living in Sierra Leone. He also extended his appreciation to partners including HDPs, NGOs, CSOs and the users of the sector's services for their support over the years. The Minister recognised the need for local leadership in health services delivery

and urged the Local Councils and Chiefs to collaborate more with the Ministry to play their mandated roles in social development, especially health.

The Summit also discussed the need for the government to increase domestic funding to the Supply Chain Management system. A call was made for partners to harmonise their country programmes and ensure alignment with government priorities. Government should strengthen partners management and programmes monitoring through mapping among others.

The meeting acknowledged the need for adequate numbers of health workforce who are equitably distributed and well-resourced and motivated. The health workforce is a very important input and due to their relatively large number and huge cost outlay, they should be efficiently managed and utilised. A call has been made to promote gender parity in management and leadership in the health sector.

The Ministry identified Mental Health as one area that does not receive the required attention. The honourable Minister called for the institutionalisation of mental health training across all levels. He called for prioritisation of mental health point of care and improved career pathways.

A The MOHS recently developed several key sector strategic documents including UHC Roadmap, National Health and Sanitation Policy, National Health Sector Strategic Plan, National Health Sector Monitoring Strategy, Health Information System Policy, National Research for Health Policy and Health Financing Strategy among others. The Ministry has been congratulated for the development of these strategic documents. Health sector stakeholders were encouraged to mobilise resources and galvanise actions towards their implementation for the attainment of UHC by 2030.

A business meeting between MOHS leadership and senior management and Health Development Partners including NGOs and CSOs was held on the 9th of April 2022. It agreed on key recommendations made during the Summit. The discussion covered some targets and possible financial opportunities.

His Excellency the President indicated that his government is very much committed to the health sector and would continue increasing investment in the sector in line with his government's human capital development agenda.

This aide memoire reflects the discussions and agreements arrived at the business meeting of the Ministry of Health and Sanitation, other government Ministries, Department, Agencies, Health Development Partners and other key stakeholders including NGOs/CSOs. It also reflects the collective responsibility of the Government and Development Partners for ensuring the availability of agreed resources for the implementation of the health sector strategic plan (2021-2025) and central government to provide sufficient funding for the implementation of its programmes.

1) Approach to Implementing the Life Stages Model of Service Delivery

The inability of the health sector to achieve its desirable health outcomes has been linked to weak integration between programmes in the Ministry and weak intersectoral collaboration. Certain segments of the population do not get the right programmes designed and implemented to cater for their health needs. The meeting discussed the integration of services at all levels to ensure a continuum of care across the life stages and not leave anybody behind. The meeting thought that it was necessary to reflect on how to institutionalise the Life Stages Model of service delivery in the Ministry.

The meeting agreed that the life stages approach should be institutionalised in programming across all directorates and programmes. To achieve this the Ministry will:

- form a working group with Terms of Reference (TOR) to develop framework or manual on how to adapt the life stages approach in programming across all directorates and programmes. The first draft TOR should be submitted by ending of May 2022 (DRCH);
- develop a framework or manual on how to adapt the life stages approach in programming across all directorates and programmes. The first draft framework should be submitted by ending of July 2022 (DRCH).

2) Management, Functional & Infrastructural Reforms in the Health Sector

The health sector recognises the importance of governance, leadership and management in delivering its mandates. The Ministry has made several attempts to address the challenges through implementation of the recommendations of the Kobeibu Declaration (2018); the Internal Management and Functional Review - Galliness Declaration (2020) and the Independent Management and Functional Review (2021). Poor infrastructural development and medical devices management were discussed at the Summit. The call to rectify the situation has been called for.

The meeting agreed on:

i. The need to implement the remaining recommendations from the above reviews and declarations. The Ministry is to:
   - develop an implementation plan for the remaining recommendations (Office of Minister June 2022);

ii. Initiate discussions on the need to develop a capital investment plan. The Ministry is to:
   - develop a concept note for the development of a Capital Investment Plan for the health sector to include prioritisation of infrastructure and medical devices across all levels (End August 2022 by DPPI);

iii. With the Ministry's plan to build five new hospitals within the next five years, the Ministry should produce and share quarterly reports on the construction of the five new Hospitals to be built within five years (every quarter by DCMO- Clinical);

3) Service Delivery for Universal Health Coverage (UHC)

The Ministry has also prioritised Quality of Care by establishing a functioning programme under the Directorate of RCH. Inadequately trained HWF has been found to impact clinical decision making, which is linked with poor clinical governance. Related is that poor quality of care promotes late presentation of severe illnesses to health facilities. Patients often seek alternative curative care from pharmacies and traditional/herbal medicine. Poor infrastructural development and medical devices management were discussed at the Summit. The call to rectify the situation has been called for. The meeting has agreed that to:

i. Establish a dedicated directorate of medical equipment and devices within MOHS and improve the management of medical equipment and devices across all levels (MOHS, DHMTs, and facility). This Ministry is to:
   - develop Terms of Reference (ToR) for the setting up of an intra-sectoral Technical Working Group to manage the process including the development of

a concept note for the establishment of the Directorate for Medical equipment and devices for the health sector (end of September by DPPI and DPS);

ii. A scale up plan for the institutionalisation of standards for quality of care at hospitals (including accreditation and certification standards with performance monitoring/assessment tools) (DRCH by end of August 2022):
to develop Terms of Reference (ToR) for the formation of a working group to handle clinical governance and leadership (DCMO-Clinical by end of July 2022).

iii. The Ministry of Health and Sanitation should develop a Terms of Reference (ToR) to set up an intra-sectoral working group to start the discussions on incorporating alternative (traditional/herbal medicine into mainstream MOHS) (Directorate of PHC by end of June 2022).

4. Health Security and Emergencies; Preparing for Crises by Building a Resilient Approach in Normal Times

The Ministry has recognised the importance of health security and emergencies and the need to address it through implementing an updated legislation. The Public Health Ordinance, 1960 was being reviewed into a new Public Health Act; to provide the basis for the implementation towards addressing the challenges of health workforce, equipment, financing, intra- and inter-sectoral collaboration among others to build resilient health systems. Sierra Leone is affected by climate change, which has an inextricable link with health, as the burden of noncommunicable and infectious diseases are rising alongside growing incidence of climate-related challenges.
It was agreed that the Ministry should:

- provide a quarterly update on the development of the Public Health Act (DHSE);
- develop a concept note on how to incorporate climate change in programming in the Ministry (DCMO- PH by the end September 2022).

5. Human Resource for Health and Gender Mainstreaming

The Summit discussed challenges pertaining to inadequate numbers of the workforce; skills mix of trained Health Workforce (HWF) were discussed alongside maldistribution to the disadvantage of the non-urban communities. Linked was the weak regulation of the profession due to lack of capacity and resources and the absence of regulated in-service training to address the needs of the sector. The high number of health workers "volunteers" not on the government payroll is of great concern and is believed to undermine effective service delivery. Health Labour

Market Analysis undertaken in 2019 identified a lot of challenges in the health sector and made several recommendations to be implemented to address the challenges affecting the HWF.

The meeting has agreed that MOHS should:

- develop a concept note and Terms of Reference (ToR) for the revival of intersectoral HRH Steering and Technical Working Group (DHRH by end of May 2022);
- develop a concept note for the development of a strategy for the implementation of the recommendations of the Health Labour Market Analysis (HLMA) (DHRH by end of June 2022);
- develop a concept note for the development of revised HRH Policy and Strategy (DHRH by end of July 2022);
- develop concept note for the strengthening of HWF Regulatory bodies (Medical and Dental Council, Nursing and Midwifery Board, Allied Health Council) (DHRH by end of August 2022.

The Summit has also noted that gender parity has not featured prominently in policy discussions and decisions despite the nursing field being dominated by females aside the huge responsibility and contribution that can be gained from gender mainstreaming. Currently, there is no gender policy or strategy in the health sector nor a programme till very recently when an officer has been identified for the gender portfolio in the Minister's office. The Summit has agreed that gender should be prioritised by the Ministry doing the following:

- To develop Terms of Reference (ToR) to set up intersectoral working group to discuss the gender mainstreaming in the Ministry (CMO by end of June 2022);
- To set up intersectoral working group on gender mainstreaming in the health sector and call the first meeting (CMO by before the end of July 2022);
- To develop a concept note for the development of Gender Policy and Strategy for the health sector (CMO by end of August 2022).

6. Health Financing, Partnership & Coordination

Inadequate health financing and investment was discussed extensively to be one of the reasons for the sector not fully delivering on its mandate. High household out-pocket expenditure and high international funding of the sector raise the concern for sustainability. Calls have been made for an increase in domestic resource mobilisation and allocation to the health sector. The Summit discussed that much utility could be gained if accountability and appropriate governance of the limited resources are effectively applied to derive the desired value for money. The potential of

the private health sector has been identified and yet there is a minimal collaboration between the public and private health sectors. It was noted yet there is none in the health sector. The need to strengthen partnership and collaboration in the health sector was discussed with several recommendations made.

The meeting agreed that the MOHS should:

i. develop Terms of Reference (ToR) for the establishment/or revival of intersectoral Health Financing Working Group and Steering Committee (DPPI by end of June 2022);
ii. develop concept note to develop an implementation plan for the Health Financing Strategy (DPPI by end of August 2022);
iii. provide a quarterly update on the operationalization of Sierra Leone Social Health Insurance (SLeSHI) Scheme (DPPI);
iv. develop a concept note for the dissemination of the Private Health Sector Assessment Report (PPP Desk in IHPAU and DPPI by July 2022);
v. develop a concept note and Terms of Reference (ToR) for the establishment intersectoral Public-Private Partnership (PPP) for Health Working Group and Steering Committee (PPP Desk in IHPAU and DPPI by end of August 2022);
vi. develop a concept note for the development of a Strategy for Free Health Care Initiative (DPPI by end of September 2022);
vii. develop a concept note to disseminate Public Financial Management Act 2016 (Office of the Permanent Secretary by end of July 2022);
viii. develop a concept note for the development of a comprehensive partners and resources mapping (HSS Hub and DPPI by end of July 2022);
ix. develop a concept note for the development of a diaspora mapping (HSS Hub by end of July 2022);
x. develop a one-year plan of action (PoA) for integrated implementation and joint monitoring of results (DPPI by end of May 2022).

7. Importance of Data (Health Management Information Systems)

The ability of the Ministry to roll out a functioning eIDSR system to the facility level across the country was recommended. Several challenges inhibiting effective health information management systems were discussed and these relate to the availability of several parallel data systems, lack of resources including health workforce, capacity, equipment and funding. Weak

analytical capacity and limited use of information for policy and programme decisions at all levels have been discussed.

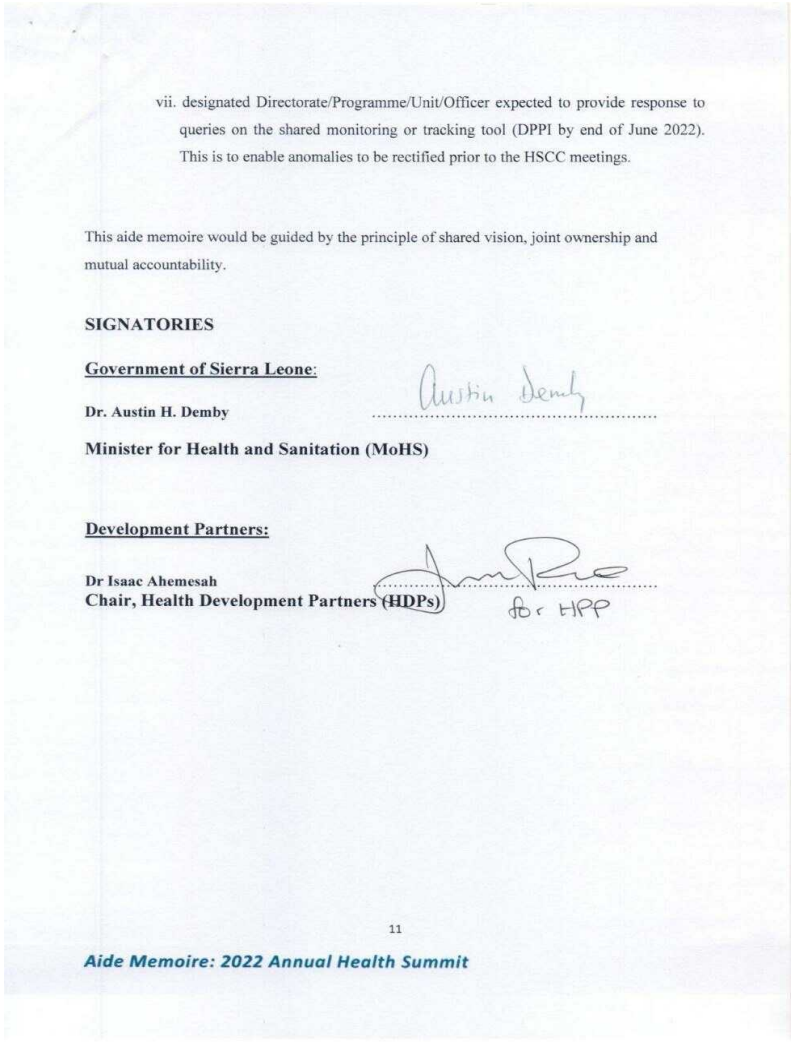
The meeting agreed that MOHS should:

- develop Terms of Reference (ToR) for the revival of the intersectoral HMIS/M&E technical working group and Steering Committee (end of June 2022 by DPPI);
- provide a quarterly update on the activities of the HMIS/M&E Working group (DPPI);
- develop a concept note for the development of a plan for action for the Health Information Systems and M&E Strategies (DPPI by end of August 2022);
- develop a plan for action to address the challenges confronting HMIS/M&E by end of September 2022 (DPPI).

8. Monitoring the Implementation of this Aide Memoire

The meeting agreed that the MOHS should:

i. developed a table to track the implementation of the activities agreed on (DPPI by end June 2022);
ii. designate the appropriate Directorate/Programme/Unit to be responsible for the monitoring of the implementation of the agreed activities of this aide memoire (DPPI by end of May 2022;
iii. designated Directorate/Programme/Unit/Officer would brief the Leadership and Management of the Ministry at least once monthly on the progress of implementation and remind the responsible task holders (DPPI by end of June 2022);
iv. make tracking of the implementation of this aide memoire be a standing agenda item on all Health Sector Coordinating Committee (HSCC) meetings;
v. designated Directorate/Programme/Unit/Officer would assist the Ministry to present progress to the Health Sector Coordinating Committee during every of its meetings (DPPI by end of June 2022);
vi. document progress on the implementation of the aide memoire and share with all signatories of this aide memoire at least one week prior to the holding of the HSCC meetings (DPPI by end June 2022);



vii. designated Directorate/Programme/Unit/Officer expected to provide response to queries on the shared monitoring or tracking tool (DPPI by end of June 2022). This is to enable anomalies to be rectified prior to the HSCC meetings.

This aide memoire would be guided by the principle of shared vision, joint ownership and mutual accountability.

SIGNATORIES

Government of Sierra Leone:

Dr. Austin H. Demby Austin Demby .....

Minister for Health and Sanitation (MoHS)

Development Partners:

Dr Isaac Ahemesah .....
Chair, Health Development Partners (HDPs) for HPP

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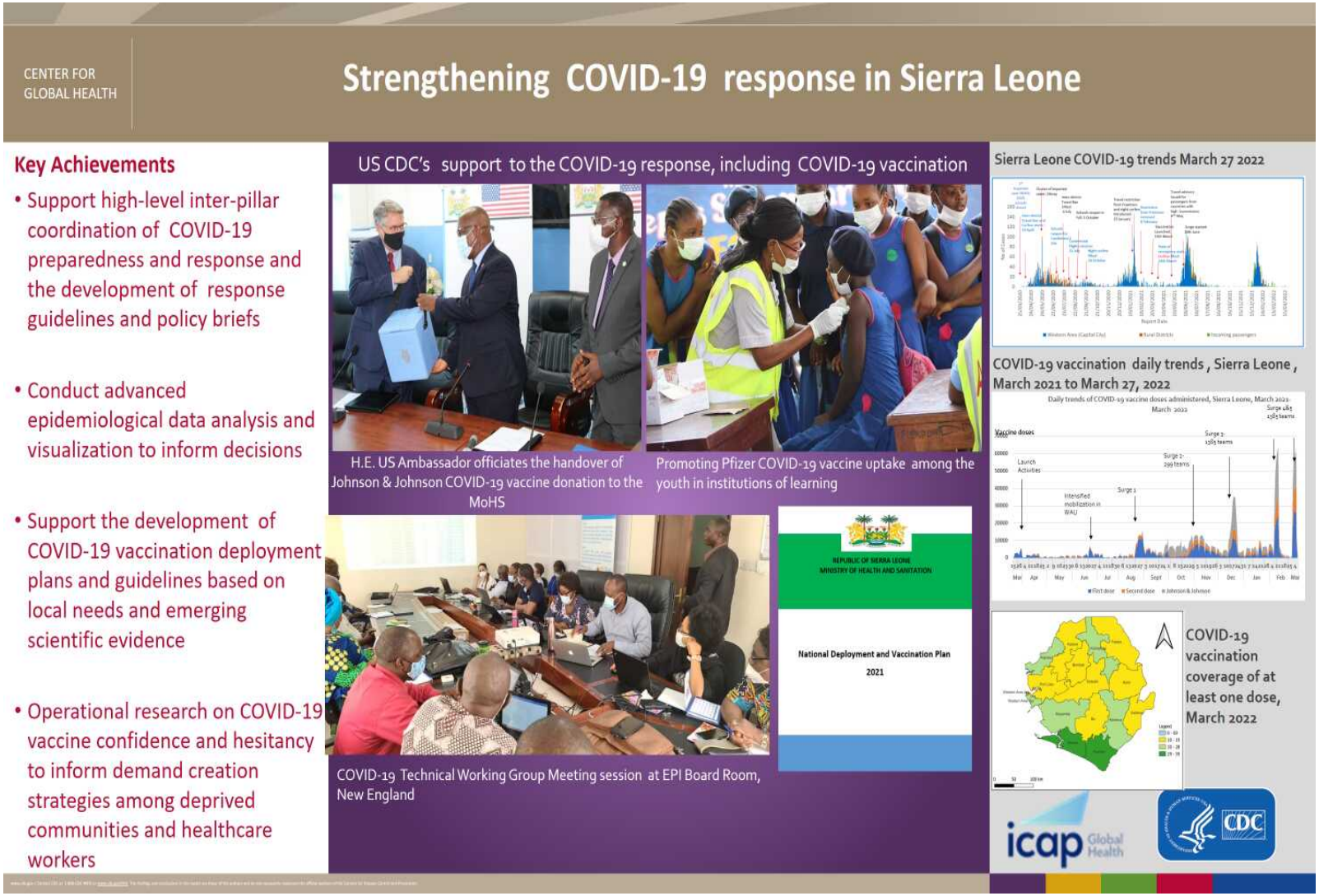
Aide Memoire: 2022 Annual Health Summit

Annex 3: Poster Presentations

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