NATIONAL HEALTH SECTOR STRATEGIC PLAN

2021-2025

Towards Universal Health Coverage and Health Security

LIST OF TABLES

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ABBREVIATIONS AND ACRONYMS

A&E units	Accident and Emergency units
AMR	Antimicrobial Resistance
BEmONC	Basic Emergency Obstetric and New-born Care
BFHI	Baby Friendly Hospital Initiative
CARE	CARE International (Name of an NGO)
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CHCs	Community Health Centres
CHIS	Community Health Information System
CHO	Community Health Officer
CHW	Community Health Worker
CMO	Chief Medical Officer
CSOs	Civil Society Organisations
DDMS	Directorate for Drugs and Medicines Supply
DHIS2	District Health Information System Version 2
DHMT	District Health Management Team
DPPI	Directorate of Policy, Planning and Information
DQA	Data Quality Audit
EHSP	Essential Health Services Package
ENT	Ear, nose and throat
FBO	Faith Based Organisation
FHCI	Free Healthcare Initiative
FIT	Facility Improvement Team
GDP	Gross Domestic Product
GLM	Governance, Leadership and Management
GoSL	Government of Sierra Leone
HCW	Healthcare Worker
HF	Health Facility
HIP	Health Infrastructure Plan
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System

HRH	Human Resources for Health
HRIS	Human Resources Information System
HSSG	Health Sector Steering Group
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IFMIS	Integrated Financial Management Information System
IGR	Internally generated Revenue
IHP	International Health Partnership
IHR	International Health Regulations
iHRIS	Integrated Human Resources Information System
IMAM	Integrated Management of Acute Malnutrition
KPI	Key Performance Indicator
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MCHA	Maternal and Child Health Aid
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MICS	Multiple Indictors Cluster Survey
MoF	Ministry of Finance
MoHS	Ministry of Health and Sanitation
MTNDP	Medium-Term National Development Plan
NAPHS	National Action Plan for Health Security
NCDs	Non-Communicable Diseases
NCRA	National Civil Registration Authority
NGO	Non-Governmental Organisation
NHA	National Health Accounts
NHFS	National Health Financing Strategy
NHSP	National Health and Sanitation Policy
NHSSP	National Health Sector Strategic Plan

NHWA	National Health Workforce Account
NMSA	National Medicines Supply Agency
OOP	Out of Pocket
PBF	Performance Based Financing
PHC	Primary Health Care
PHE	Public Health Emergency
PHU	Peripheral Health Units
PIC	Policy Implementation Committee
PPM	Planned Preventative Maintenance
PPP	Patient Protection Policy
PPP	Public Private Partnerships
QA	Quality Assurance
QI	Quality Improvement
QoC	Quality of Care
REDISSE	Regional Disease Surveillance Systems Enhancement
RMC	Respectful Maternity Care
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
RMNH	Reproductive, Maternal, New-born Health
RRIV	Request Report Issue Voucher
SARA	Service Availability and Readiness Assessment
SBCC	Social Behaviour Communication Change
SDGs	Sustainable Development Goals
SDP	Service Delivery Point
SECHN	State Enrolled Community Health Nurse
SLA	Service Level Agreement
SLDHS	Sierra Leone Demographic and Health Survey
SLESHI	Sierra Leone Social Health Insurance
SLSS	Sierra Leone Living Standards Survey
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SOP	Standard Operating Procedure
SRHR	Sexual Reproductive Health and Rights
STG	Standard Treatment Guidelines

TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WBG	World Bank Group
WFP	World Food Program
WHO	World Health Organization
WISN	Workload Indicators of Staffing Needs

FOREWORD

The Ministry of Health and Sanitation (MoHS) is pleased to present the third National Health Sector Strategic Plan (NHSSP 2021–2025), developed in line with the vision and mission set out in the National Health and Sanitation Policy (2021) and the Roadmap for Universal Health Coverage 2021–2030. Given the immense challenges facing Sierra Leone, achieving the vision is only possible if we give more attention to delivering quality healthcare services in tandem with the pursuit of universal access. This document belongs, not only to Government, but to the entire health sector, including its multiple partners and stakeholders.

Sierra Leone has made impressive gains in reducing infant mortality rates and mortality rates in children under five years old, through declines in morbidity and mortality for malaria and other childhood diseases. Neonatal mortality has also gone down, as has maternal mortality. These declines were, however, not fast enough to reach the Millennium Development Goal (MDG) targets. The unfinished work of reaching some of the MDG 2015 targets is taken forward in the NHSSP 2021–2025, which focuses on the need to establish more robust health systems, the problems of equity in access to and use of health services, sustainable health financing, and the quality of healthcare service provision.

While communicable diseases still account for the majority of the country's disease burden, the incidence of non-communicable diseases has been growing and currently accounts for a significant proportion of the overall disease burden. These challenges are compounded by the poor skills mix among healthcare workers (HCWs), low health financing levels and frequent stockout of essential commodities and medical supplies for service delivery.

This NHSSP 2021–2025 is anchored by the National Health and Sanitation Policy (NHSP), Roadmap for attaining Universal Health Coverage (UHC), and the Medium-Term National Development Plan (MTNDP).

The NHSSP 2021–2025 is based on the following 11 strategic priorities:

1. Healthcare financing
2. Leadership and governance
3. Human resources for health
4. Health infrastructure
5. Community participation and ownership
6. Service delivery
7. Essential medicines and health technology
8. Health information, technology and monitoring and evaluation (M&E)
9. Quality of care
10. Disease prevention, health promotion and healthy environments
11. Health security and emergency.

To ensure that the strategic priorities articulated in this strategy are implemented, a healthcare financing strategy has been developed alongside the NHSSP to help address challenges posed by current health financing levels and modalities. There will, therefore, be greater efforts made towards resource mobilisation, transparency and social accountability, as well as more determined measures to strengthen the health system as a whole.

This NHSSP focuses on better performance of health facilities and individuals in the health system, and improved prioritisation to ensure health facilities are well stocked with medicines, supplies and staff. Prevention of communicable and non-communicable diseases, including through healthy diets and action against malnutrition, will receive high priority at national, regional, district, community and household level. The NHSSP is committed to community-based healthcare to extend coverage of key maternal and neonatal interventions, and stronger health promotion, disease prevention and health security and emergency measures. Its implementation should pave the way to improved quality of care at primary level, moving our health facilities towards certification and then accreditation.

Key features to achieve harmonisation and a coordinated approach include:

a) Integrated delivery of a reviewed package of essential health services
b) Strengthened comprehensive local council health planning

c) Better management of health facilities at all levels
d) Health system strengthening in aspects such as integrated logistics system, human resources, and district health information systems.

This NHSSP should not be seen as the endpoint, but only the beginning, of achieving health sector goals. Its implementation will involve continuous dialogue, debate and innovations around each strategic pillar to ensure best practice and maximum results. Through regular annual action plans and reviews, the strategy has been given the flexibility to respond to the emerging challenges of the future, and the space to learn the lessons of the past. The annual planning exercises should be guided by evidence-based prioritisation criteria that should focus on addressing critical bottlenecks to quality service delivery and utilisation.

This NHSSP is the guiding reference document for the preparation of annual plans at the national, programme, local council, CSO and implementing partner levels. I therefore invite you all to consult and use it extensively for the betterment of national health outcomes over the next five years.

Austin Demby

Dr. Austin Demby

MINISTER OF HEALTH AND SANITATION

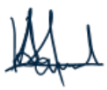
ACKNOWLEDGEMENTS

The Ministry of Health and Sanitation (MOHS) would like to thank all those who, in diverse ways, contributed to the production of this third National Health Sector Strategic Plan (NHSSP). Your individual contributions and efforts are highly appreciated. Bilateral and multilateral partners, together with non-governmental organisations, made vital contributions to the development of the Plan.

Special thanks go to the World Bank, World Health Organization (WHO), United Nations Children Fund (UNICEF) and CARE International, without whose continued technical and financial support it would not have been possible to produce this document. The NHSSP 2021–2025 was developed under the leadership of the Policy, Planning & Information Directorate, through a participatory process involving all Directorates in the MoHS, other Ministries, Departments and Agencies (MDAs), development partners, civil society organisations, non-governmental organisations, faith-based institutions, district health management teams, district councils, hospitals, training institutions and community stakeholders and beneficiaries. Valuable feedback received from all the stakeholders and partners was not only informative, but also played a large role in shaping the content of this document.

The Ministry further acknowledges sacrifices made by each participant at consultative meetings, where everybody had to observe COVID-19 precautions, including the wearing of face masks and observing social distancing at all times. Hopefully, this document will instil a sense of pride and accomplishment in all stakeholders in the sector.

Finally, stakeholders are encouraged to refer to this document for guidance on every aspect of operations in the health sector. We continue to count on you for the successful implementation of the NHSSP 2021–2025 and look forward to our collective work ahead. I end by emphasising that owning this document goes beyond participating in its formulation, but in its consistent use. The MoHS remains committed to the dissemination and utilisation of NHSSP 2021–2025 for central and decentralised annual planning, monitoring and evaluation.



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1. INTRODUCTION

The Government of Sierra Leone developed a Medium-Term National Development Plan (MTNDP) 2019–2023 with the strategic objective of accelerating the human capital development "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 and accessible for everyone".

Consequently, the Ministry of Health and Sanitation has embarked on a system-wide health sector reform geared towards an integrated and harmonised health system strengthening, which reduces fragmentation and administrative inefficiencies through effective accountability and transparency mechanisms. This reform is being guided by a comprehensive National Health and Sanitation Policy that envisioned "equitable access to affordable quality healthcare services and health security to all Sierra Leoneans without suffering undue financial hardship". The policy attempts to address the challenges that continue to impede the effectiveness, efficiency and coherence of health service delivery and the emergency response capabilities. These include, but are not limited to, the increasing fragmentation across governance structures, strategic policy and planning processes, over reliance on external funding mechanisms, medical supply chain systems and external actor engagements.

The fundamental policy objective of the National Health and Sanitation Policy is to achieve Universal Health Coverage (UHC) of essential health services to improve the overall population-based health outcomes. The goal of UHC is to ensure that every individual and community, irrespective of their social and financial circumstances, should have timely access to high quality health services they need without risking financial hardship by 2030.

The UHC Roadmap is thus designed to achieve these desired outcomes through six strategic policy directions:

1. Sustainable financing and financial protection
2. Health system reform for UHC
3. Equitable access to health services
4. Quality of health services
5. Disease prevention, health promotion and healthy environments

6. Health security and emergency.

This National Health Sector Strategic Plan (NHSSP) 2021–2025 aims therefore to provide a coherent framework to drive health sector coordination through the next five years. It is a five-year implementation plan for the UHC Roadmap, providing costing and funding options. The NHSSP as well as the accompanying National Health Financing Strategy (NHFS) will be used to evaluate the NHSP and UHC Roadmap progress in Sierra Leone. The NHSSP aims to provide cohesion with the overall national priorities while providing direction for the sub-sector policies and strategies.

1.1. Plan Development Process

The process of developing the NHSSP was supported financially by the World Bank and coordinated by the Directorate of Policy, Planning and Information (DPPI). An international consultant was hired to provide technical support in drafting the NHSSP document for regional consultations with relevant stakeholders across the health sector of both state and non-state actors. The draft plan was reviewed and validated in inclusive and participatory consultative workshops at regional and national levels.

1.2 Strategic Priorities and Pillars

Building on the strengths and progress demonstrated in Sierra Leone and considering identified challenges and obstacles, the following vision, mission, goals, core values and policy objectives were articulated for the Sierra Leone National Health Sector Strategic Plan, aligned with its National Health and Sanitation Policy and Universal Health Coverage (UHC) Roadmap (see Figure 1 *Achieving Universal Health Coverage in Sierra Leone – Theory of Change*).

Vision

All people in Sierra Leone have access to affordable quality healthcare services and health security without suffering undue financial hardship.

Mission

Building resilient and responsive health systems to provide and regulate comprehensive healthcare services in an equitable manner through innovative and appropriate technology and partnerships, while guaranteeing social and financial protections.

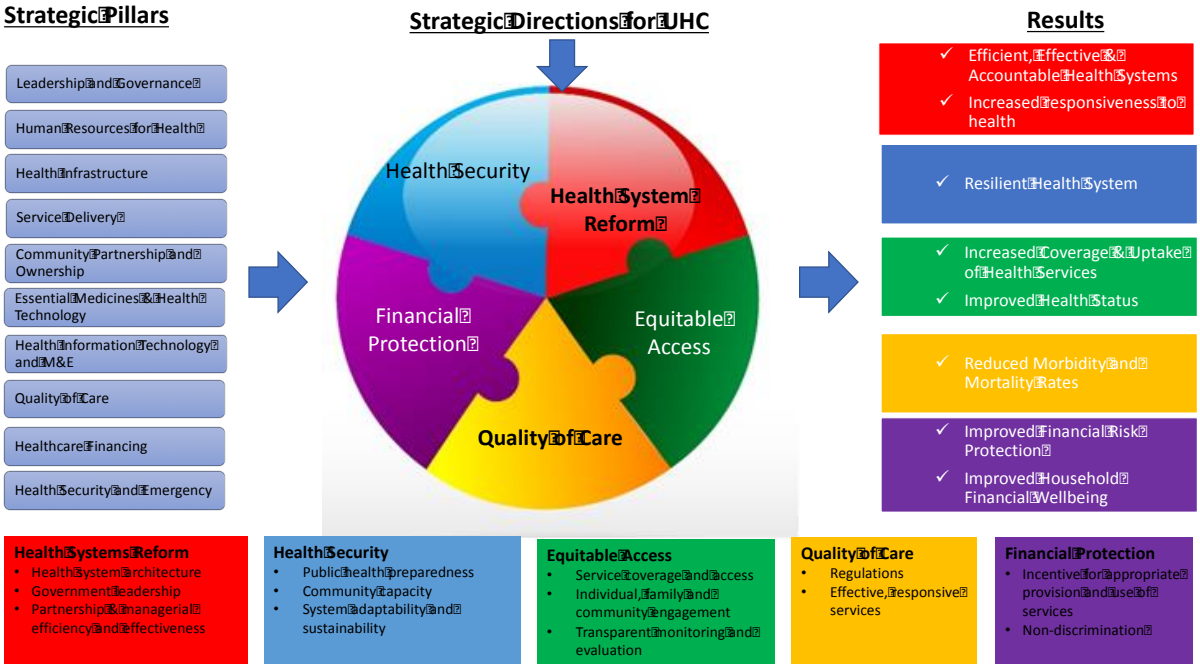
Goal

All people in Sierra Leone have equitable access to quality and affordable health and sanitation services whether public or private at all times without any undue financial hardship by 2030.

Strategic Objective

To transform the health sector to an adequately resourced and functioning national healthcare delivery system that is affordable and accessible to all especially the most vulnerable segment of the population (MTNDP 2019–2023, 2019).

Figure 1 Achieving Universal Health Coverage in Sierra Leone – Theory of Change



Source: ***DPPI, MoHS (2020), Sierra Leone UHC Roadmap, 2020***

Each of the six Strategic Direction Priorities comprise critical initiatives for advancing towards UHC and include the following:

1. Sustainable financing and financial protection
2. Health system reform for UHC
3. Equitable access to health services
4. Quality of health services
5. Disease prevention and health promotion
6. Health security and emergency.

Strategic Direction Priorities contribute to Overall Strategic Priority Result(s) areas referred to as Strategic Pillars. There are eleven Strategic Pillars that fit under the Strategic Direction Priorities. Each strategic pillar has its own strategic objective, input/activity, output, outcome and impact, and overall timeline per activity. The strategic pillars are:

1. Healthcare financing
2. Leadership and governance
3. Human resources for health
4. Health infrastructure
5. Community participation and ownership
6. Service delivery
7. Essential medicines and health technology
8. Health information, technology and M&E
9. Quality of care
10. Disease prevention, health promotion and healthy environments
11. Health security and emergency.

This National Health Sector Strategic Plan (NHSSP) 2021–2025 aims to provide one coherent plan to drive health sector coordination through the next five years. It is the five-year implementation plan of the UHC Roadmap, while the UHC Roadmap and NHSSP are anchored on the National Health and Sanitation Policy (NHSP). The NHSSP as well as the accompanying National Healthcare Financing Strategy (NHFS) will be used to evaluate the NHSP and UHC Roadmap progress in Sierra Leone. The NHSSP aims to provide cohesion with the overall

national priorities while providing direction for the sub-sector policies and strategies already developed and those to be developed.

2. SUSTAINABLE HEALTH FINANCING

2.1 Strategic Pillar 1: Healthcare Financing

According to the National Health Accounts (NHA, 2018), of the total health expenditure, household out-of-pocket (OOP) spending was the main source of health financing (US$206 million, 64.6%), followed by donor partners (30.6%), GoSL (4.0%), and corporations (0.8%)[1]. The high OOP expenditure is a risk of impoverishment to households from catastrophic healthcare expenditure and provides a challenge to sustaining and expanding health services to meet the growing demand for care. However, the Government of Sierra Leone (GoSL) has increased budgetary allocations to health, from 6.8% in 2012 to 11% in 2020, which demonstrates the priority towards the health sector.

In terms of where OOPs are spent, 65.2% are on medicines, 21.7% on consultations, 7.2% on inpatient expenses, and 5.8% for travel[2]. Very high amounts are spent on medicines. With high drug stockouts in public facilities, people tend to purchase medicines at private pharmacies and other private vendors. Thus, one way to decrease OOP spending is to ensure medicines are available in public facilities. A strategy will be to decrease drugs stocked at corporate institutions[3].

Ear-marked taxes and contributions by sector employees were to fund the scheme, which was to cover both out- and in-patient primary and maternity care. However, the health insurance scheme is not yet operationalised as it is not fully approved[4]. Such a risk pooling mechanism would contribute to household financial protection from catastrophic health

[1] Sierra Leone National Health Account 2018, 2018

[2] World Bank Group, Poverty and Equity Brief, Sub-Saharan Africa, Sierra Leone, October 2020, 2020

[3] Ministry of Health and Sanitation Sierra Leone in collaboration with the World Bank Group, Sierra Leone Private Health Sector Assessment (Version 1.0)

[4] The Ministry of Health and Sanitation in collaboration with the World Bank Group, *Sierra Leone Private Health Sector Assessment (Version 1.0)*

expenditure and increase access and utilisation. Supporting its full implementation is therefore included as a strategy.

The NHSP and UHC Roadmap propose a progressive increase to 15% of Gross Domestic Product (GDP) for public health expenditure, linked with financial and development indicators and absorptive capacity. In order to do this, a strategy is to increase government budget allocation to health and mobilise more resources from fines and taxation. In addition to allocating more resources, better targeting methods to reach disadvantaged populations, appropriate patient cost-sharing arrangements for primary care, and introducing subsidies and targeted financial incentives such as vouchers or conditional cash transfers are also recommended.

Pillar Strategic Objective

Establish innovative and sustainable healthcare financing mechanisms that support resilient quality healthcare with special focus on the most vulnerable and disadvantaged populations.

Table 1 Health Financing

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Establish innovative and sustainable healthcare financing mechanisms that support resilient quality healthcare service delivery, with a special focus on the most vulnerable and disadvantaged populations by the year 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key Activities
Specific Objective 1	Reduce out-of-pocket health expenditure by 20% by 2025					
Strategy 1.1	Reduction in out-of-pocket expenditure on health	Healthcare financing strategy developed and implemented	Out-of-pocket expenditure reduced by 2025	National	2021–2025	Develop and implement a context-specific Healthcare Financing Strategy with strong government, sector and partner commitments
		SLeSHI pilot phase to be implemented by mid-2022		National	2022–2025	Support the full implementation of the SLeSHI to increase access and affordable quality healthcare services
		Synergies built to link financial and social protection mechanisms		National	2021 – 2022	Build potential synergies by linking financial protection mechanisms in health with broader social protection mechanisms
		Introduce financial incentives mechanism to improve service		National	2021–2022	Provide targeted financial incentives, including vouchers or conditional cash transfers, matched with adequate supply, so as to improve the use of

		utilisation at all levels				services, especially preventive and routine services
		National Health Account study conducted regularly (2019 and 2020 are urgent)		National	2021–2025	Conduct 2019, 2020 and subsequent National Health Account studies.
Specific Objective 2	Increase government budget allocation to health by at least 15% (Abuja Declaration 2001) by 2025					
Strategy 2.1	Resource mobilisation and financial allocation to the health sector	Domestic funding increased	Increased domestic funding and enhanced financial sustainability	National	2021–2025	Organise advocacy meetings with stakeholders to identify sin taxes (tobacco, alcohol, gaming and/or betting) on health in order to increase domestic funding to ensure financial sustainability and ability to withstand economic volatility
		Abuja declaration achieved		National	2021–2025	Conduct advocacy with key stakeholders to achieve the Abuja Declaration 15% target
Strategy 2.2	Collection of internally generated revenue (user fees) in health facilities, starting with hospitals	Collection of revenue improved at all health facilities.	Internally generated revenue (IGR) improved and sustained	Health facilities	2021–2025	Digitise the collection of user fees in health facilities

Specific Objective 3	Build capacity in healthcare financing by 2025					
Strategy 3.1	Capacity building	Information and Communications Technology (ICT) facilities for healthcare financing procured	Local capacity for healthcare financing built	Healthcare financing Staff	2021–2025	Procure computers, accessories, economic analysis software packages
		Ten health economists trained				Conduct training for ten health economists in local institutions
						Organise in-service training programmes for national and district health financing staff in healthcare financing, leadership and management (short- and medium-term programmes)

Overall Strategic Priority Results:

- Improved financial risk protection
- Improved household financial wellbeing.

3. HEALTH SYSTEM REFORM FOR UNIVERSAL HEALTH COVERAGE

3.1 Strategic Pillar 2: Leadership and Governance

The GoSL's MoHS stewards the health sector. It is responsible for increasing responsiveness to the population's health needs, ensuring programmes and activities to improve outcomes and advancing towards financial risk protection. The MoHS determines and shapes health policy environment regarding service delivery, resource mobilisation, allocation and regulation.

The District Health Management Teams (DHMTs) steward health services at the district level throughout Sierra Leone. They are responsible for managing, monitoring and overseeing service delivery. They also manage, monitor and oversee disease prevention, health promotion, health education, safe water and environmental sanitation service provision[5].

In striving to promote community ownership and developing a people-centred health system, the MoHS collaborates with civil society, non-governmental organisations, international donor partners, the private sector and other national government agencies. As this collaboration strengthens, health provision will continue to improve, enabling valuable capacity and resources to be channelled to the sector.

Public Private Partnerships (PPP) contribute to strengthened service delivery. In Sierra Leone, over 90% of healthcare services are delivered by the public sector, while 10% are either private or faith based. It is agreed that the public sector cannot provide all needed health services without the involvement of the private sector; therefore, the public sector has already started to, and will continue to, engage with the private sector in the health system to meet SDG 3. Strategies have been included to increase the foundation and building institutions for increased private sector collaboration and partnerships in the health system, emphasising setting institutional arrangements, building capacity, increased dialogue.

Pillar Strategic Objective

To prioritise UHC as a commitment at all levels of action to improve health outcomes.

[5] Ministry of Health and Sanitation Sierra Leone and The World Bank Group, Public Expenditure Review for Sierra Leone, Health Sector, Draft October 2020

Table 2 Leadership and Governance

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key Activities						
Strategic Objective: Prioritise UHC as a commitment at all levels of action to improve health outcomes by 2025						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Develop relevant laws, policies and regulations that impact population health outcomes by 2025					
Strategy 1.1	Policy formulation and regulations	Sub-sector policies and relevant strategic plans developed and revised: • FHC Policy • Health Act • SRHR Act • Mental Health Act • HSC Act • SLeSHI Act • National Medicines Supply Agency (NMSA) Act • Allied Health Professionals Act • Nurses and Midwives Council Act • Health infrastructure	Governance mechanism is strengthened, and leadership capacity built across all levels to improve health outcomes by 2030	National	2021–2025	Develop Free Health Care Policy Develop Health Act Develop Reproductive Health Act Revise Mental Health Act Revise Health Service Commission Act Revise SLeSHI Act Revise NMSA Develop Allied Health Professionals Act Revise Nurses and Midwives Council Act Revise Pharmacy and Drugs Act Develop National Food and Nutrition Policy Revise Food Safety Act

		Policy • Private Health Sector Investment Policy • National Food and Nutrition Policy • Regulation of the Code of Marketing of Breast Milk Substitute • Revised Pharmacy and Drugs Act • Revised Hospital Board Act • Established medical accreditation and certification system for all persons living with disabilities				Develop Health Infrastructure Policy Develop a policy framework and legislation for private sector investment in the health sector Revise Hospital Board Act Establish a functional accreditation system of medical certificates for all persons living with disabilities Revise the Sierra Leone Medical and Dental Council Act Develop and enact Tobacco Bill Develop scope of practice, standards for credentials, registration and certification
Strategy 1.2	Decentralisation and devolution of the health sector	Policy briefs and advocacy tools developed		National	2021–2025	Advocate for full decentralisation and devolution in the health sector Support the decentralisation devolution process for the health sector
Specific Objective 2	Restructure governance, leadership and management (GLM) systems across all levels in the health sector to achieve UHC by 2025					

Strategy 2.1	Governance, leadership and management (GLM) in the health sector	Revised Organograms	Governance mechanism is strengthened, and leadership capacity built across all levels to improve health outcomes by 2030	National District	2021–2025	Revise the organogram of MoHS at national and district levels
		Guidelines on establishment of directorates and programmes developed at all levels				Develop guidelines on the establishment of directorates and programmes with clearly defined mandates
		Induction for managers, MS, DMOs, etc.				Develop a GLM induction programme for managers at all levels
Strategy 2.2	Coordination and integration of vertical programmes in the health system to minimise fragmentation across programmes	Revised coordination structures (HSSG, HSCC)		National	2021–2022	Revise existing coordination structures and mechanism (HSSG, HSCC)
		Health Sector Compact developed for NHSSP				Develop Health Sector Compact for implementation of NHSSP
		Health projects development unit established				Establish Health Projects Development unit
		Health development partners coordination platforms reviewed				Review health development partners coordination platforms
Specific Objective 3	Develop planning tools for operationalising the UHC Roadmap by 2025					
Strategy 3.1	Integrated	NHSSP developed	Governance	National	2021	Develop and effectively implement a

	planning		mechanism is strengthened, and leadership capacity built across all levels to improve health outcomes by 2030	District		National Health Sector Strategic Plan
		Annual operational plan for the health sector developed			2021–2025	Develop annual operational plan for the health sector
		Primary Health Care (PHC) UHC Model for Sierra Leone developed			2021	Conduct assessment for the piloting of PHC UHC Model
					2021–2022	Pilot PHC UHC Model
					2022–2025	Scale up PHC UHC Model in Sierra Leone
		Joint annual national health sector performance review			2021-2025	Develop district performance lead tables
						Conduct joint annual health sector performance review
						Conduct annual national health sector dialogue forum

Overall Strategic Priority Results:

- Evidence-based policies
- Improved stewardship
- Improved population health outcomes.

3.2 Strategic Pillar 3: Human Resources for Health

Qualified and experienced health worker availability with a balanced skill-mix is central to the provision of the essential services and products for health. In order to enable UHC, the availability of appropriately qualified and experienced human resources for health must be increased by aligning health workforce production with the needs of the population. An enabling working environment is key for the retention of health workers at all levels. Distribution of available health workers and increased training of health workers remain central to enabling a strong health workforce. The current health workforce on the government payroll has low density (6.4 per 10,000 population)[6]. It was estimated that there are around 20,000 health workers in Sierra Leone who work in a variety of cadres; approximately 50% are volunteers and not on the government payroll[7].

Increased specialisation of the health workforce through training and competency-based education to better align with the health needs is important. An annual multi-stakeholder Human Resources for Health (HRH) forum for medical training institutions and other stakeholders may be held to assess intake numbers and priority areas, to match the sector needs. This may include both pre-service and in-service training to upgrade competencies of certain health workers to those most needed, such as more midwives, registered nurses, medical doctors, and biomedical scientists/technicians, among others, focusing on quantity and quality.

Health workforce performance management and accountability may be strengthened, based on a comprehensive review of staffing norms, making use as needed of the Workload Indicators of Staffing Needs (WISN). A facility-by-facility health workforce gap analysis may be conducted annually to inform HRH recruitment and deployment. In order to increase equitable distribution of HRH, dedicated enrolment slots at the pre-service training institutions may be

[6] Ministry of Health and Sanitation Sierra Leone, Universal Health Coverage Roadmap for Sierra Leone 2021–2030, 2020

[7] World Health Organization: Regional Office for Africa, *Health Systems and Services for UHC and other Health-related SDG Targets: Scoping Mission Repor*t, Freetown, Sierra Leone, s.n. June 10–14 2019

reserved for candidates who accept and sign a service bond for work in defined underserved areas. Sustaining staff balance can be facilitated by adopting an acceptable metric for routine monitoring of equitable HRH distribution. In order to make up for the shortage of medical doctors in the public sector, the compulsory retirement age may be increased to 65 years, which is in conformity with other Government professionals, including the judiciary.

The Community Health Workers (CHWs) are not remunerated, have no funding, and there is a lack of consensus about the roles and typology of the cadre. Considering and gradually integrating relevant global guidelines and recommendations for CHW strengthening, including regarding payment, training, integration in the health system, accreditation, supportive supervision and performance management will enhance this cadre's effectiveness.

Finally, HRH stewardship, planning management and regulation may be strengthened as there is no National Health Workforce Account (NHWA) implementation currently. Expanding the Technical Working Group (TWG) on HRH to include faith-based organisations (FBOs) and self-financing private sector, as well as other stakeholders including training institutions, may help track HRH priority actions and their implementation.

1. Strengthening and formalising relationships among HRH training institutions and Government to maximise effective training based on needs
2. Strengthened institutional leadership and governance capacities at national and district level including HRH management units
3. Capacity building for human resource practitioners and managers in HRH data management and evidence generation and use for decision making, and performance accountability and management
4. Implementing the NHWA and use of indicators for HRH intervention progress measurement
5. Private health sector assessment, which is underway, can help determine how best to maximise complementarity with Government interventions
6. HRH regulatory body capacity strengthening
7. HRH training accreditation body established nationally

8. District Health Management Teams (DHMTs) supportive supervision and mentoring training
9. PHU training for skills enhancement and acquisition for effective provision of care
10. National level supervisory and mentorship training are all very important for increased HRH stewardship, planning management and regulation strengthening.

The HRH Strategy 2017–2021 outlines the intervention areas, measurable targets and a monitoring and evaluation (M&E) framework necessary to train, deploy, manage, and regulate an appropriate health workforce with the right skills, in the right places to meet the country's health needs. A reviewed HRH Strategy will be needed and fully aligned in support of HRH training and deployment in an equitable way. The strategy would need to ensure sustainability of the FETP and veterinarian training programmes that have been funded by REDISSE.

Pillar Strategic Objective

To attain minimum health worker density and sustain a high performing workforce that is equitably distributed and delivering high quality care services.

Table 3 Human Resources for Health

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Attain a minimum density of 45 skilled health workers per 10,000 members of the population and sustain a high performing workforce that is equitably distributed and delivering high-quality care services by 2025						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Establish health workforce stabilisation programme by 2025					
Strategy 1.1	Health workforce production	Critical staff cadre scholarship programmes exist	The minimum health worker density of 45 skilled health workers (physicians and nurses or midwives) per 10,000 of the population is attained and equitably distributed by 2025; said health workers are providing high-level healthcare	National District	2021–2025	Support scholarship programmes for critical cadres of staff
		Post-graduate training for doctors, nurses, midwives and Community Health Officers (CHOs) conducted				Conduct post graduate training for doctors, nurses, midwives and CHOs
		Graduate training for doctors, nurses and CHOs conducted				Conduct graduate training for doctors, nurses and CHOs
		Basic training for nurses and CHOs conducted				Conduct basic training for nurses and CHOs
		Mentoring and coaching conducted				Conduct mentoring and coaching at all levels

		The capacity of medical educational institutions and programmes is built to produce a competent healthcare workforce	services that are equitable and accessible to all people in Sierra Leone		2021–2022	Assess the capacity of medical training institutions (all cadres) and programmes to deliver competency-based education programmes
					2021–2025	Institute an annual multi-stakeholder HRH forum with training institutions and other relevant stakeholders to plan the numbers and priorities areas for student in-take in line with the needs of the health sector
						Collaborate with academia (training institutions and Ministry of Education) to scale up the training of health workers to ensure supply responds to epidemiological and demographical transitions of the country
						Establish direct-entry midwifery education programme(s) to accelerate the production of professional midwives
						Institute short-term programme(s) to rapidly upgrade qualified excess state-enrolled community health nurses (SECHNs) to become midwives and nurses
						Expand the scope of Maternal and Child Health Aids' (MCHA) training to upgrade MCHAs with requisite qualifications and potential
		Post-graduate training for nutritionists on				Conduct post-graduate training for nutritionists on dietetics and lactation counselling

		dietetics and lactation counselling conducted				
Strategy 1.2	Health workforce distribution	SOP for health workforce distribution developed (Workload Indicator for Staffing Needs – WISN)	Optimised health workforce	National District	2021–2025	Develop SOP for health workforce distribution Develop and institutionalise the implementation of workload indicators for staffing needs
Strategy 1.3	Health workforce retention	Financial and non-financial incentive schemes developed			2021–2025	Provide financial and non-financial incentives (e.g., remote allowance)
		Compulsory retirement age for health workers raised to 65 years				Raise voluntary retirement for medical doctors to 60 years and compulsory retirement to 65 years
		Performance-based financing (PBF) scheme developed and implemented				Implement PBF
		Retention policy strategy implemented				Implement retention policy strategy
		Code of practice developed				Develop code of practice for health workers

Overall Strategic Priority Result:

- Equitably distributed, high-performing workforce that delivers high-quality care services.

3.3 Strategic Pillar 4: Health Infrastructure

The health infrastructure is unequally distributed throughout the country, with lower access to health services for those in rural and areas. Equipment in available facilities is often under-used[8]. Strengthening health infrastructure for increased access to services has received significant resources over the past five years. Basic Emergency Obstetric and New-born Care (BEmONC) and Comprehensive Emergency Obstetric and New-born Care (CEmONC) facilities have been refurbished and renovated as part of this effort[9] (referenced the HSSP, 2017). However, provision of essential health services is a major challenge and the majority of PHC facilities that do exist do not have the power, water, sanitation and hygiene, and equipment necessary to provide these services.

A lack of clear health infrastructure development blueprint and standards for health infrastructure and minimum equipment constituting each level of health infrastructure gives rise to a proliferation of self-designated health facilities without standards. In order to provide a clearer blueprint, a Health Infrastructure Plan (HIP) that provides a long-term investment programme would be needed. Additionally, a Planned Preventive Maintenance (PPM) strategy for physical infrastructure and medical equipment would contribute to the prolonged life span of the sector's infrastructure. Infrastructure policy may also be developed for WASH, IPC, and electricity requirements especially for tertiary level facilities for their quality operations. A decentralised asset registry system and non-functional medical equipment disposal policy and plan should be developed for the district level.

The regulatory environment may be reviewed and enforced for system strengthening. Procedures for facility opening and closing, including accreditation legislation, should be established. Internal and external autonomous accreditation bodies as well as an independent Health Commission on Quality of Care (QoC) to relate with health professional regulatory bodies may be established. Finally, universities, colleges and vocational training programmes

[8] Ministry of Health and Sanitation Sierra Leone, *National Health and Sanitation Policy 2021*

[9] Ministry of Health and Sanitation Sierra Leone, *National Health Policy*

may institutionalise national biomedical training for basic medical and diagnostic equipment usage capacity building. A curriculum for biomedical training and medical equipment and devices standards may be developed in collaboration with the Ministry of Technical and Higher Education.

Based on the above analysis, the following strategic actions may be implemented: introduction and enhancement of health infrastructure planning; regulatory environment review; institutionalisation of national biomedical training[10].

Pillar Strategic Objective

Redesign the health service delivery environment to optimise functionality, effectiveness and performance for service delivery, especially in deprived and challenged communities.

[10] Ministry of Health and Sanitation Sierra Leone, Universal Health Coverage Roadmap for Sierra Leone 2021–2030, 2020

Table 4 Health Infrastructure

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key Activities						
Strategic Objective: Redesign the health service delivery infrastructure and environment to optimise functionality, effectiveness and performance for service delivery, especially in deprived and challenged communities by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Develop policy on health facility establishment, maintenance and regulation by 2025					
Strategy 1.1	Advocate for infrastructural development and maintenance of health facilities	Advocacy plan developed	The landscape of the health infrastructure is redefined, and its functionality and performance are optimised by having fit-for-purpose structures for service delivery as well as to accommodate staff, especially in deprived and challenged	National	2021–2022	Hire two consultants (local and international)
						Conduct priority setting for health facilities infrastructure development and needs assessment for health facilities maintenance
		Advocacy tools developed				Develop advocacy tools.
		Ten advocacy meetings held				Conduct 10 advocacy meetings targeting 50 participants per session
Strategy 1.2	Formulation of policy for health infrastructure establishment and maintenance	Draft policy on establishment and maintenance of health facilities developed		National	2021–2023	Conduct a three-day-long workshop for 50 participants to develop a draft plan for the establishment and maintenance of health facilities infrastructure
		Draft strategic plan on establishment and maintenance health facilities infrastructure				Conduct a three-day-long workshop for 50 participants to develop a draft plan for the establishment and maintenance of health facilities infrastructure

		developed	communities			
Strategy 1.3	Consensus building for the development of policy and strategic plan for health facilities infrastructure and maintenance	Five regional consultative meetings conducted and reports for policy and strategic plan available		Regional		Conduct five one-day-long consultative meetings for 100 participants per region on the draft plan for the establishment and maintenance of health facilities infrastructure
						Conduct five one-day-long consultative meetings for 100 participants per region on the draft plan for the establishment and maintenance of health facilities infrastructure
						Conduct a one-day-long meeting for 100 participants to validate a draft plan for the establishment and maintenance of health facilities infrastructure
						Conduct a one-day-long meeting for 100 participants to validate a draft plan for the establishment and maintenance of health facilities infrastructure
		Copies of policy and strategic plan				Print and disseminate 1,200 copies of the policy and strategic plan for the establishment and maintenance of health facilities
Strategy 1.4	Licensing and accreditation of health facilities	Health facilities licensing and accreditation policy guidelines developed		National, Regional and District	2021–2022	Conduct a three-day-long workshop for 50 participants to develop draft policy guidelines for the licensing and accreditation of health facilities
						Conduct three one-day-long consultative meetings for 100 participants per region on

						draft policy guidelines for the licensing and accreditation of health facilities
						Conduct a one-day-long meeting for 100 participants to validate draft policy guidelines for the licensing and accreditation of health facilities
						Print and disseminate 500 copies of the policy guidelines for the licensing and accreditation of health facilities
		Health facilities licensing and accreditation national, regional and district committees established and operationalised				Establish one national, five regional and sixteen committees for the licensing and accreditation of district health facilities
					2021–2025	Support quarterly national, regional and district health facilities licensing and accreditation committee meetings
						Conduct an annual three-day-long meeting for 50 participants at national level to review licensing and accreditation committees
		Yearly health facilities licensing and accreditation review reports published				Publish and disseminate health facilities licensing and accreditation reports
						Develop and validate health facilities licensing and accreditation tools
						Conduct a half-yearly, 20-day-long assessment of health facilities accreditation standards for all licensed health facilities to inform the licensing review process

Specific Objective 2	Establish, upgrade, maintain and sustain fully equipped health facilities and support structures to meet standard national blueprints and requirements by 2025					
Strategy 2.1	Resource mobilisation	• Concept notes written • Proposals developed • Donor mapping conducted • GoSL budget secured	The landscape of the health infrastructure is redefined, and its functionality and performance are optimised by having fit-for-purpose structures for service delivery and accommodate-ed staff, especially in deprived and challenged communities	National and district levels	2021–2025	Develop resource mobilisation plan for the health facilities infrastructure development and medical assets maintenance management strategic plan
Strategy 2.2	Decentralisation, outsourcing and public–private partnership (PPP)	MOUs developed		National and district levels	2021–2025	Conduct health facilities infrastructure and asset maintenance assessment and donor mapping exercise
						Conduct public–private partnership health summit to mobilise PPP support for the health sector infrastructure development plan
		Contracts approved				Through public–private partnership and decentralisation, outsource healthcare waste management activities
Strategy 2.3	Oversight and supervision	• Standard designs of health facilities available • Oversight committees for construction, rehabilitation and renovation of health		National	2021–2023	Develop standard health sector blueprint designs for all types of health facilities in the public and private sectors

		• facilities • Supervision reports				
Strategy 2.4	Capacity building	Infrastructural assessment reports and procurement plans for 78 CEmONC sites		National and district levels	2021–2023	• Conduct infrastructural assessment reports for 78 EmONC sites • Develop construction designs
		Construction, rehabilitation, renovation implementation plan			2021–2023	Develop construction designs and plans
		Construction completion certificates				Award contracts for construction, rehabilitation, renovation and upgrading of priority health facilities
		Thirteen CEmONC health facilities renovated to EmONC standards				Renovate 13 CEmONC health facilities functioning to meet EmONC and Facility Improvement Team (FIT) standards
		Twenty-six BEmONC health facilities upgraded to meet EmONC standards			2021–2025	Upgrade 26 BEmONC health facilities to meet EmONC and FIT standards

		Infrastructural development completed in 12 health facilities for staff housing				Construct staff housing infrastructural development in 12 health facilities
		New-born health units in 14 CEmONC health facilities with equipment				Support equipping of new-born health units in 14 CEmONC health facilities
		Twenty-six health facilities for Baby-Friendly Hospital Initiative (BFHI) certification assessed (at least 80% passed)			2021–2025	Assess and support equipping of 26 health facilities for BFHI certification to include BFHI space and creche for staff
		On-the-job training for EmONC lab assistants for haematology, microscopy and biochemistry supported (at least 20% of all specified lab assistants)			2021–2023	Support on-the-job training for EmONC lab assistants for haematology, microscopy and biochemistry
		Equipment procurement delivery notes			2021–2025	Equip laboratories to ensure provision of integrated laboratory services to the highest standards of quality testing

						Provide each health facility with access to safe utilities and basic amenities that meet minimum infrastructure and sanitation standards
						Provide each health facility with access to standard facilities for infection prevention and control
		Construction, rehabilitation, or renovation completion certificates			2021–2025	Expand the space for in-patient facilities in all hospitals according to the recommended standards
Strategy 2.5	Monitoring and evaluation	Health facilities development plan monitored and reported		National and district	2021–2025	Develop health facilities infrastructure development and assets management strategic plan implementation plan
		Infrastructural development monitoring reports				Conduct monitoring and evaluation of all health facilities infrastructure and medical assets maintenance management activities and duly report
Strategy 2.6	Innovation and technology	• Laboratories equipped with standard equipment • Accident and emergency (A&E) departments, intensive care		National and district levels	2021–2025	• Equip all EmONC facilities with fit-for-purpose technology • Equip all health facilities with sustainable innovations in health waste management • Provide equipment and laboratory reagents in all laboratory facilities

		units (ICUs) and EmONC facilities are well equipped with state-of-the-art, high-tech equipment				
Specific Objective 3	Establish and maintain functional infrastructure for medical assets maintenance management systems for health facilities by 2025					
Strategy 3.1	Inventory Management Information System for health facilities infrastructure and medical assets	Quarterly health facility development and medical asset management reports	The landscape of the health infrastructure is redefined, and its functionality and performance are optimised by having fit-for-purpose structures for service delivery and to accommodate staff, especially in	National and district	2021–2025	Establish organisational structures at national, regional and district levels for the management and maintenance of health infrastructure and the maintenance of medical assets
						Develop management and maintenance information systems for the effective management of medical assets and health infrastructure development
Strategy 3.2	Capacity building	Institutions training biomedical scientists		National and district	2021–2025	Advocate for institutionalisation of national biomedical training at universities, colleges and vocational institutions
		Health facilities with biomedical scientists/engineers				Train and deploy biomedical scientists in all health facilities

		Health facilities with equipped health facilities maintenance and inventory systems	deprived and challenged communities			Establish and equip units in all hospitals and at all DHMTs to manage and maintain the health facilities
Strategy 3.3	Public–private partnerships	Health facilities with PPP support for health facility maintenance		National and district	2021–2025	Outsource infrastructure and medical asset management where required and possible
Strategy 3.4	Innovations and technology	Facilities with software for the management of health infrastructure and assets		National and district	2021–2025	Procure and install appropriate software for the management of infrastructure and medical assets

Overall Strategic Priority Result:

- Effective, efficient and accountable health systems
- Increased responsiveness to health needs.

4. EQUITABLE ACCESS TO HEALTH SERVICES

4.1 Strategic Pillar 5: Community Participation and Ownership

Fundamental to the achievement of Sustainable Development Goals (SDGs) in Sierra Leone lies the vast potential of communities throughout the country to participate fully in their health outcomes. This includes participation in the generation, application and diffusion of knowledge related to their own health. Empowered community involvement in designing, planning and developing health interventions enables the voice of the majority of the people to be included in health interventions for their own benefit. It increases the collective voice of the communities and enables health programmes to be more closely aligned with the way people throughout the country read their own reality. Capacity may be strengthened to enable informed community participation.

An important health goal is to decrease the adolescent birth rate, both globally and in Sierra Leone specifically. Due to the high proportion of marriages of girls by the age of 18 years, and the correlation this has on the adolescent birth rate, in order to decrease the latter, there will be a focus on decreasing marriage for those under the age of 18 years. The 2007 Child Rights Act sets the marriage minimum age as 18 years[11]. Adolescent births are correlated with poorer maternal and child health and child nutrition outcomes. In line with the legislation, and to promote the health of its population, the MoHS will include the prevention of those under the age of 18 as part of its strategy. Community participation and ownership will be central to the achievement of this strategy.

Pillar Strategic Objective

Build and strengthen community systems to effectively shape and influence health service design, provision and outcomes at all levels.

[11] UNESCO. ACT: Supplement to the Sierra Leone Gazette Extraordinary Vol. CXXXVIII, No. 43 dated 3rd September, 2007. *The Child Right Act, 2007.* [Online] [Cited: December 7, 2020.] http://www.unesco.org/education/edurights/media/docs/08ca923c5231b0fbc88f532d4f2cc6299909eb8c.pdf

Table 5 Community Participation and Ownership

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Build and strengthen community systems to effectively shape and influence health service design, provision and outcomes at all levels by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Redesign community structures and platforms to implement UHC Roadmap by 2025					
Strategy 1.1	Community participation and ownership	Community health management structures and feedback mechanism for UHC built at all levels	Community participation and ownership of service delivery	National District	2021–2025	Revitalise community health management structures (facility management committees, inter-religious council, traditional healers and rulers, market women, media, civil society groups, professional associations/trade unions, people with disabilities) and feedback mechanism for UHC at all levels
		Community health management structures supported				Support community health management structures
		Women and youth groups participate in health activities				Support women and youth groups to participate in health activities
		Community "welbodi" partnerships and social safety net developed				Develop community "welbodi" partnerships and social safety net
Specific Objective 2	Support community engagements by 2025					

Strategy 2.1	Social mobilisation	Strategy to monitor and strengthen coordination and collaboration with CSOs, community media outlets, and NGOs on community health development adopted	Community participation and ownership of service delivery	National District	2021–2025	Adopt a deliberate strategy to monitor and strengthen coordination and collaboration with CSOs (particularly community-based organisations), community media outlets and NGOs on community health development
		Community and health service interaction established				Establish and strengthen community and health service interaction to enhance needs-based and demand-driven provision of health services
		Mechanism for social mobilisation for health security and emergency established				Develop and implement a mechanism for social mobilisation for health security and emergency
		Two-way ICT feedback mechanism between communities and health stakeholders developed				Develop a two-way ICT feedback mechanism between communities and health stakeholders
		Health facility utilisation increased				Promote early health-seeking behaviour (seek treatment at a recognised health facility)

Specific Objective 3	**Promote healthy lifestyle at family and community levels to 100% by 2025**					
Strategy 3.1	Health promotion	Health-promoting ICT platforms developed at community level	Community participation and ownership of service delivery	National District	2021–2025	Develop health-promoting ICT platforms at community level
		Community structures linking psychosocial counselling with social welfare structures established				Establish community structures linking psychosocial counselling with social welfare structures
		Improved nutritional knowledge and practices that enable people (pregnant and lactating mothers and children under-five) to adopt and maintain healthy dietary practices throughout their lifespans will be promoted at facility and community level				Promote at community and facility level nutritional knowledge and practices that enable people (pregnant and lactating mothers and children under-five) to adopt and maintain healthy dietary practices throughout their lifespans
		Reproductive health literacy tools integrated into community structures				Integrate reproductive health literacy tools into community structures

		Health and sanitation committees developed in schools and communities				Develop health and sanitation committees in schools and communities
		Hygiene and sanitation integrated into the school curriculum				Integrate hygiene and sanitation into school curriculum
		Families and communities supported to practise hygiene and sanitation				Support families and communities to practise hygiene and sanitation
		Families and communities supported to promote physical activity				Support families and communities to promote physical activity

Overall Strategic Priority Result:

- Community systems that effectively drive and influence health service design, provision and outcomes.

4.2 Strategic Pillar 6: Service Delivery

Sierra Leone has a large public healthcare system; 1,203 (94%) of the total 1,284 registered health facilities are Government owned and 81 (6%) are privately owned and operated. Registered private facilities tend to provide care paid through user fees at point of service and operate mainly in urban areas.

There are three tiers of service delivery in the public health system, including the primary, secondary, and tertiary tiers. Primary care is delivered at the community level by CHWs, and at Peripheral Health Units (PHUs) by Maternal and Child Health Posts, Community Health Posts and Community Health Centres. PHUs refer patients to the district hospitals, and these secondary tier facilities also accept walk-ins. Finally, specialised regional hospitals and the teaching hospitals comprise the tertiary tier of care. The private health sector includes formal private for-profit and not-for-profit NGO and faith-based organisation facilities as well as informal providers. The informal private health sector includes traditional birth attendants, traditional healers, and informal drug sellers who operate mostly in rural areas and for whom there is little regulatory oversight. The private sector also includes indirect support for care provision through associations and civil society.

Over the period of the NHSSP, PHUs will shift from selective to comprehensive care provision, including a package of primary care, preventive, promotive, curative and rehabilitative services. These services will be provided equitably and with quality, efficiency and effectiveness. CHWs will be included in the integrated PHC teams. A clear and sustainable referral pathway system, between the various tiers of care, will be strengthened. Integrated service delivery models will be designed and implemented, to ensure greater linkage between primary, secondary and tertiary care, including both public and private hospitals. The district level will provide most of the secondary services, such as neonatal care and caesarean section, be distributed to ensure access to all the population including emergency transportation and have ten categories of specialist skills within the district – and four or more of these to be available within each sub-district, through strengthened sub-district and district hospitals. A short-term strategy will include strategic care purchasing – primarily through insurance

schemes – from private hospitals after due diligence, until public care is strengthened. Public hospitals will be strengthened as part of a tax financed single payer health system, with pre-paid care, universal access to specified free drugs and diagnostics, and undergoing evaluations and certifications of quality care provision.

Pillar Strategic Objective

To expand service coverage and increase equitable access to improve uptake in quality healthcare services at all levels, with a special focus on community participation and ownership in service delivery.

The service delivery is anchored on the life stages programming framework. In this way, the serve delivery is directly linked with Human Capital Development, the MTNDP and the SDGs indicators and targets.

Figure 2 The Life Stages Framework for Essential Health Services Programming

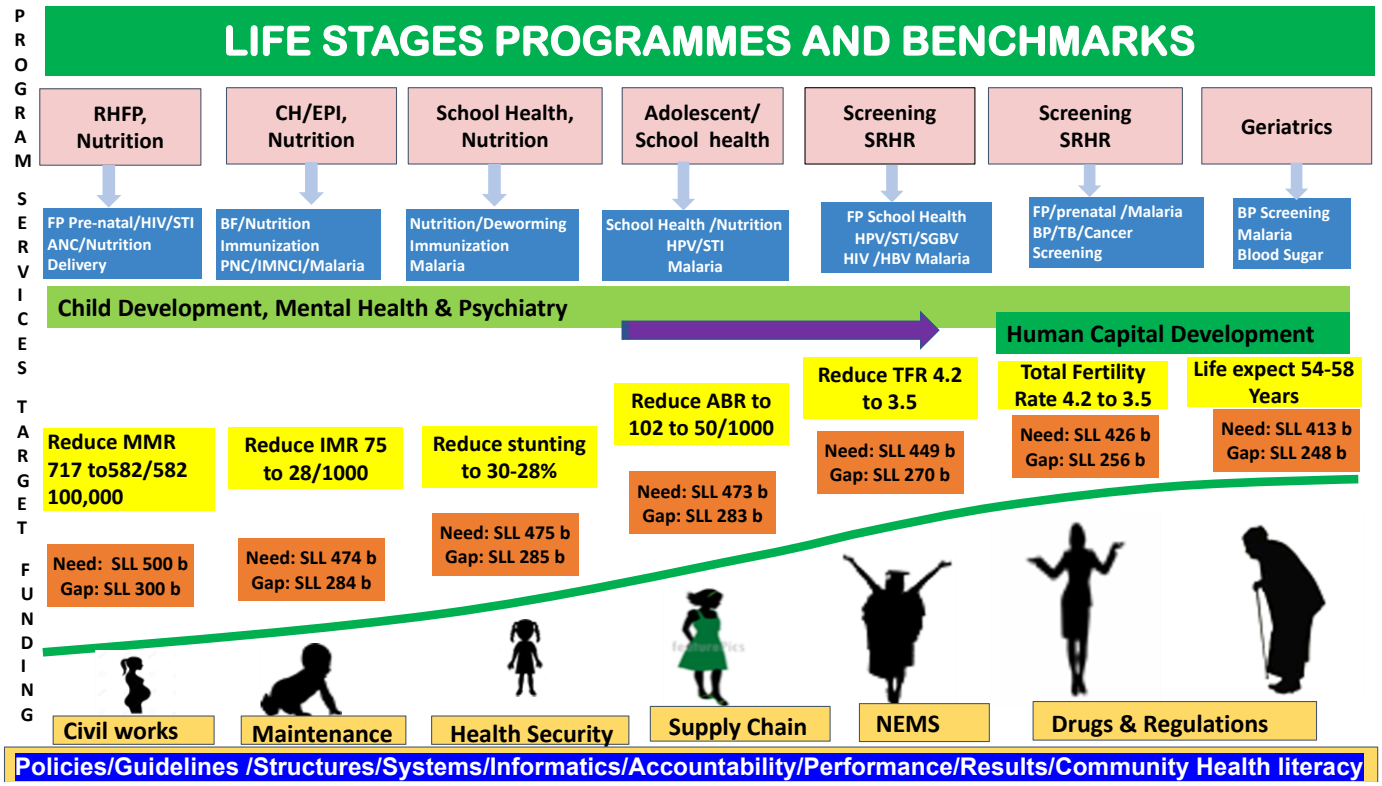


Table 6 Service Delivery

Strategic objective, Specific objectives, Strategies, Output, Outcome, Target, Timeline and Key activities						
Strategic Objective: Expand service coverage and increase equitable access to improve uptake in quality healthcare services at all levels, with a special focus on community participation and ownership in service delivery by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Redesign, develop and sustain a community-based PHC delivery model that delivers improved equitable access and quality of services, efficiency and effectiveness					
Strategy 1.1	Service delivery package alignment with UHC Roadmap	Basic package transformed into Essential Health Services Package for UHC (EHSP – UHC)	Service coverage is expanded, and equitable access increased with improved uptake in quality healthcare services at all levels	National	2021–2025	Update and transform the basic package into EHSP
		EHSP piloted				Pilot EHSP
		EHSP rolled out				Rollout EHSP
Strategy 1.2	Integration of CHW services	Service models, including CHWs, integrated into PHC	CHWs' services fully integrated for comprehensive community-based service delivery	National District Community	2021	Devise service delivery models comprising CHWs as part of integrated PHC teams
		Reviewed CHW service package integrated into the EHSP to deliver PHC services for UHC			2021–2025	Redefine the CHW service package as part of the overall review of the EHSP and strengthen CHW capacity on delivering integrated PHC services, including birth and death notifications, on the path towards achieving UHC

Strategy 1.3	Free Healthcare Initiative (FHCI)	FHCI guidelines developed	Increased utilisation of quality Reproductive, maternal, new-born, child and adolescent Health (RMNCAH) services	National	2022	Develop FHCI guidelines
		FHCI operational plan developed				Develop FHCI operational plan
Strategy 1.4	Continuum of care across RMNCAH life cycle and other disciplines	Guidelines for referral pathways developed		National District	2021–2025	Develop guidelines for referral pathways
		NEMS operations supported				Support NEMS operations
		Treatment guidelines and SOPs developed				Develop treatment guidelines and SOPs
		Mentorship and coaching conducted				Conduct mentorship and coaching
		Community and outreach services conducted				Conduct community and outreach services
Strategy 1.5	Collaboration, partnership, networking and coordination for quality health service delivery	Decentralised Service Level Agreement (SLA) with strengthened national, district and community level oversight		National District	2021–2025	Decentralise SLA with strengthened national, district and community level oversight
		SLA management and oversight supported				Support SLA management and oversight

Specific Objective 2	Develop a strategy for hospitals focusing on standard health service delivery by 2025					
Strategy 2.1	Policy and regulation formulation	Hospital strategic plans developed	Standardised hospital service delivery	National	2021–2025	Develop a strategic plan for hospitals
		Hospital operational plans developed		District	2021–2022	Develop an operational plan for hospitals
		Hospital investment plan developed				Develop an investment plan for individual hospitals
Strategy 2.2	Remodelling A&E units in hospitals	Management guidelines developed for A&E units	Standardised hospital service delivery	National District	2021–2025	Develop guidelines for A&E units in hospitals
		Equipped A&E units in all hospitals				Equip A&E units in all hospitals
		Well-trained A&E staff recruited				Recruit and train HCWs to specialise in A&E
Strategy 2.3	Intensive care unit (ICU) management	Develop standard guidelines and protocols for ICUs in hospitals	Standardised hospital service delivery	National District	2021–2025	Develop standard guidelines for ICUs in hospitals
		ICUs in all hospitals upgraded and equipped				Upgrade and equip ICUs in all hospitals

Strategy 2.4	Redesigning integration of critical healthcare services	Appropriate integrated service delivery models designed	Standardised hospital service delivery	National District	2021–2025	Design appropriate integrated service delivery models
		Guidelines and protocols developed linking PHC with hospital and post-hospital care (home or community care, palliative service, hospice, geriatrics, long-term care)	Standardised hospital service delivery	National	2021–2025	Develop protocols linking primary healthcare with hospital and post-hospital care (home or community care, palliative service, hospice, geriatrics long-term care)
Strategy 2.5	Developing Patient Protection Policy (PPP) and agreement for public, private and faith-based hospitals and clinic services	Disease-specific treatment guidelines for hospitals developed	Standardised hospital service delivery	National District	2021–2025	Develop disease-specific treatment guidelines for hospitals
		PPP policy and agreement developed			2021–2022	Develop PPP policy and agreement
		Hospital service package developed				Develop hospital service package
		Service charter popularised				Develop and popularise service charter
		Mobile clinics or services conducted				Conduct mobile clinics/services

		PPP developed				Develop PPP
Strategy 2.6	Capacity building for screening, diagnostic and treatment of NCDs	Annual operational plan for NCDs developed	Standardised hospital service delivery	National District	2021–2025	Develop annual NCD operational plan
		Functional screening programmes established				Establish screening programmes for NCDs (diabetes, hypertension, cancers, mental health, etc.)
		Strengthened nutrition units in government district hospitals				Strengthen Nutrition Directorate units in all hospitals for effective NCD programme
		NCD strategy reviewed				Review NCD strategy
		National cancer treatment centre established				Establish national cancer treatment centre
Strategy 2.7	Making functional ear, nose and throat (ENT), oral health and eye clinic services at national and district level	Functional ENT, oral and eye clinics established in all district hospitals	Standardised hospital service delivery	National District	2021–2025	Establish functional ENT, oral and eye clinics in all district hospitals
		Mobile ENT, oral and eye care services or clinics conducted at community level				Conduct mobile ENT, oral and eye care services at community level

Strategy 2.8	Making functional rehabilitative units at tertiary and district hospitals	Functional rehabilitative units at tertiary and district hospitals	Rehabilitative services expanded in all tertiary and district hospitals	National District	2021–2025	Establish functional rehabilitative unit in all district hospitals
Specific Objective 3	Develop and implement a national strategy on diagnostics and laboratory services by 2025					
Strategy 3.1	Capacity building for diagnostics and laboratory services	Annual operational plan developed for diagnostics and laboratory services	Standardised Hospital service delivery	National District	2021–2025	Develop annual services operational plan for diagnostics and laboratory
		Guidelines and protocols developed for diagnostics and laboratory services				Develop guidelines and protocols for diagnostics and laboratory services
		Service Charter for laboratory services developed and popularised				Develop and popularise Service Charter for laboratory services
		National, district and peripheral health facilities laboratory units equipped				Equip national, district and peripheral health facilities laboratory units

Overall Strategic Priority Results:

- Expanded, people-centred essential health services
- Increased equitable **access** to improved uptake in **quality** healthcare services that is **affordable** at all levels
- A special focus on community participation and ownership of service delivery.

4.3 Strategic Pillar 7: Essential Medicines and Health Technology

Access to high quality, safe, efficacious and cost-effective essential medical products, vaccines and technologies are necessities for a health system. However, the accessibility to essential products for health remains a challenge in Sierra Leone.

A strong pharmaceuticals production and supply chain management system will enable quality medical product availability at all service delivery levels. This would require sufficient investments and funding for the system, including data, and a revision of the essential drugs procurement donation policy to minimise expired drug stocking. Supply chain management governance, data collection, increased rational drug use and strengthened coordination mechanisms would further improve the system.

A national annual medicines, medical supplies and laboratory technologies procurement plan would contribute to decreasing stockouts. A TWG will be established, trained and accompanied to coordinate the annual procurement plan, with a view to digitising procurement processes in the long term. The Logistics Management Information System (LMIS) can be linked to the national medical stores and strengthened throughout the PHC system. Finally, the National Medicines Supply Agency (NMSA) can be strengthened to function as per their mandate, managing the Last Mile Distribution System, the LMIS, and improving strategic purchasing and management of the framework contracting system, and improving visibility of the supply chain's stocks and goods.

The establishment of a Drugs and Therapeutic Committee in all tertiary facilities, development and adherence to Standard Treatment Guidelines (STGs) in hospitals and Treatment Cards in PHUs would contribute to strengthened rational use of medicines. The Sierra Leone Directorate for Drugs and Medicines Supply (DDMS) restructured to Directorate of Pharmaceutical Services (DPS) and NMSA may be reviewed to ensure complementarity of roles, for both to function most effectively, as stipulated for NMSA in the 2017 Act.

Traditional Medicines and Products are a major part of the health experience of people in Sierra Leone. In order to include these in the formal sector, research and development may be undertaken to ensure quality standards for consumption, covered by a policy, strategy and costed implementation plan. Incorporating evidence-based traditional medicines and products

into the formal health system will validate the culture and beliefs of many people, improve patronage of the formal health system, and enable some regulation for these medicines and products for population well-being. Formalising them would also contribute to taxation.

Pillar Strategic Objective

To foster an effective, efficient and sustainable pharmaceutical management system that meets priority health needs.

Table 7 Essential Medicines and Health Technology

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Foster an effective, efficient and sustainable pharmaceutical management system that meets the health needs of the population by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Support the pharmaceutical services governance and management structures for rational use of medicines, medical supplies and safe blood products by 2025					
Strategy 1.1	Resource mobilisation	Costed Supply Chain Management Strategic Plan developed and implemented	An effective, efficient and sustainable pharmaceutical management system is fostered that meets priority health needs through the provision of adequate quantities of good quality, safe, efficacious and affordable medicines, vaccines, medical supplies, equipment and health technologies to provide improved services that are accessible and acceptable to the	National	2021 – 2025	Develop and implement a sustainable, costed Supply Chain Management Strategic Plan
		Annual procurement plan developed				Develop annual procurement plans for pharmaceuticals
		Quarterly forecasting of drugs and commodities required				Conduct quarterly forecasting of drugs and commodities
		Blood bags and commodities procured				Procure blood bags and other commodities for blood donation
		Advocacy tools for budget allocation for NMSA				Advocate for increased budgetary allocation for NMSA operation in GoSL budget
		Drug-testing laboratories established at major border crossing points				Establish drug-testing laboratories at major border crossing points

		SOPs and guidelines on the use of drugs developed and reviewed	people of Sierra Leone			Develop and/or review SOPs and guidelines on the use of drugs to treat certain cases
Strategy 1.2	Supportive supervision	Commodity management teams established and trained in supportive supervision		National	2021	Integrate commodity management in supportive supervision and mentoring
Strategy 1.3	Coordination and networking	National and district commodity security coordination committees established and oriented (every district)		National District	2021 – 2025	Establish and orientate national, district and chiefdom commodity security coordination committees
		District commodity security coordination committees established				Establish and orient district commodity security coordination committees
		Quarterly meetings of national, district and chiefdom commodity security coordination committees conducted				Conduct quarterly meetings for the national, district and chiefdom commodity security coordination committees
Strategy 1.4	Capacity building	Procurement form training completed	An effective, efficient and sustainable pharmaceutical management system	National	2021 – 2025	Conduct training for commodity management teams
		Training on procurement		District		Conduct procurement form training

		conducted	is fostered and that meets priority health needs through the provision of adequate quantities of good quality, safe, efficacious and affordable medicines, vaccines, medical supplies, equipment and health technologies to provide improved services that are accessible and acceptable to the people of Sierra Leone.			
		Facility renovations and maintenance supported				Support facility renovations and maintenance
		Local manufacture of medicines and commodities promoted				Promote and support the local manufacture of essential medicines and commodities
		Approaches for rational use of medicines introduced				Conduct rational use of medicines and deploy health technologies through interventions composed of a mix of educational, managerial and regulatory approaches
		Drug and Therapeutic Committees established in 60% of hospitals				Establishment of Drugs and Therapeutic Committees in all hospitals and PHUs
		STGs and Treatment Cards in hospitals and PHUs respectively developed, reviewed and adhered to				Develop frequent reviews and adherence to STGs and Treatment Cards in hospitals and PHUs respectively
		DDMS identified the gaps in its structure and its functionality				Review DDMS to identify the gaps in the structure and its functionality
		NMSA provided with autonomy				Implement NMSA 2017 Act
		Wastage rate of commodities reduced				Reduce inefficiencies and wastage during procurement, storage and delivery through

						transparent and accountable mechanisms
		Treatment protocols developed				Put in place a system to adopt, update, disseminate and institutionalise necessary public health standards, health service delivery protocols, and clinical practice guidelines and/or pathways
		Medicines and health commodities monitored				Conduct supportive supervision and monitoring on commodity management at hospital and PHU levels
Specific Objective 2	Support effective and efficient innovative technologies, mechanisms and processes for procurement, storage and last mile distribution mechanisms for essential health commodities, including safe blood products, by 2025					
Strategy 2.1	Pharmaceutical supply chain management	Quantification committees expanded	An effective, efficient and sustainable pharmaceutical management system is fostered that meets priority health needs through the provision of adequate quantities of good quality, safe, efficacious and affordable medicines, vaccines, medical supplies,	National	2021–2025	Expand quantification committees
		Annual procurement plan completed				Develop annual procurement plans
Strategy 2.2	Commodity security	Commodity security ensured by NMSA		National District Service delivery points (SDPs)	2021–2025	Conduct commodity security committee meetings
Strategy 2.3	Provision of safe blood services	Safe blood policy and strategy revised		National	2021–2025	Revise safe blood policy and strategy

		Operational plan on safe blood services developed	equipment and health technologies to provide improved services that are accessible and acceptable to the people of Sierra Leone	District		Develop operational plan on safe blood services
		National and district blood banks rehabilitated and equipped				Rehabilitate and equip district blood banks
		Regional blood banks established				Establish and equip regional blood banks (in four regions)
		Community blood donation drives supported				Support community blood donation drives
Strategy 2.4	Capacity building	TWG developed annual procurement plan		National	2021–2025	Establish and build the capacity of the TWG
		Last mile distribution conducted				Conduct last mile distribution
		Comprehensive annual procurement plan developed				Develop comprehensive annual procurement plan

Specific Objective 3	**Support pharmacovigilance and medicines regulatory mechanisms to ensure internationally accepted standards on efficacy, safety, quality and use of medicines and health technologies by 2025**					
Strategy 3.1	Pharmaco-surveillance	Implemented internationally accepted regulatory standards on efficacy, safety, quality and use of medicines and health technologies	An effective, efficient and sustainable pharmaceutical management system is fostered that meets priority health needs through the provision of adequate quantities of good quality, safe, efficacious and affordable medicines, vaccines, medical supplies, equipment and health technologies to provide improved services that are accessible and acceptable to the people of Sierra Leone	National	2021–2025	Implement internationally accepted regulatory standards on efficacy, safety, quality and use of medicines and health technologies
		Post-market surveillance conducted				Conduct post-market surveillance mechanisms to detect, report and recall medicines and health technologies determined to be spurious, falsely-labelled, expired, falsified or counterfeit
Strategy 3.2	Quality assurance	Quality assurance of essential medicines assured		National District	2021–2025	Conduct quality assurance in (private and public) procurement and distribution mechanisms for essential medicines and health technologies, including traditional medicines
Strategy 3.3	Regulatory mechanisms	Rational use of medicines and technology		National	2021–2025	Ensure rational use of medicines and deploy health technologies through interventions composed of a mix of educational, managerial and regulatory approaches

Overall Strategic Priority Result:

- An effective, efficient, technology savvy and sustainable pharmaceutical supply chain management system that meets the health needs of the population.

4.4 Strategic Pillar 8: Health Information, Technology and M&E

4.4.1. An Accountability Framework

The MoHS has developed monitoring and evaluation frameworks for determining progress toward policy, programme and intervention implementation. In collaboration with other donors and Statistics Sierra Leone, it has collected, analysed and used data for decision making for years. Moving forward, it will continue to build on its strengths and improve areas of challenge.

Routine and continuous monitoring of the progress and achievement of health outcomes will be carried out under the responsibility of the MoHS and DPPI Team. Each institution that is implementing the strategy will have clearly defined roles aligned with their mandates. Monitoring will be undertaken for inputs, outputs, outcomes and impact.

Monitoring financial, physical and organisational issues will be undertaken. Input delivery tracking to all districts, programmes and directorates – including among others construction and rehabilitation of PHUs, drug supply, health staff postings and training provision – will constitute the primary elements of physical monitoring. A major tool for this monitoring will be the District Health Information System Version 2 (DHIS2) to be implemented by Quarterly Supervision Missions, with findings reported through Quarterly Sector Reports and Annual Health Statistics Reports, with responsibilities taken by sector staff for their area of expertise[12]. In addition to national-level indicators, district-level key performance indicators (KPIs) will be reported quarterly, to inform sector performance monitoring, with room for directorates and programmes to expand the indicators tracked for their specific work programme. Data provision for the monitoring of NHSSP implementation will come from a variety of sources (see Table 8 overleaf).

[12] Ministry of Health and Sanitation Sierra Leone, *Health Sector Monitoring and Evaluation Stategic Plan 2021–2025*, Freetown, Sierra Leone : s.n.

Table 8 Sources of NHSSP Implementation Monitoring Data

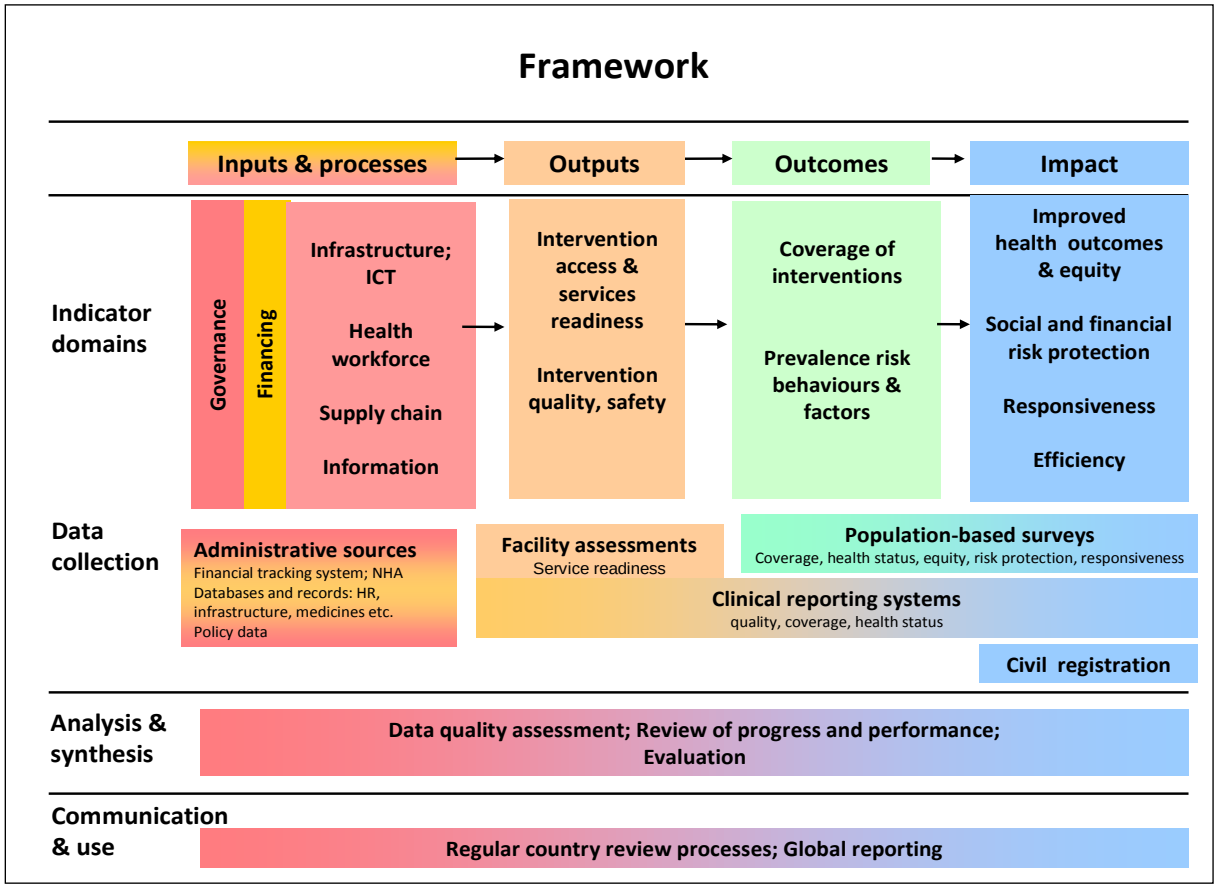
Source	Description
Health Management Information System (HMIS)	Routine system that generates administrative reports on health system finances, human resources, commodities, equipment and infrastructure inputs. Includes DHIS2, HRIS and LMIS, among others. There are approximately 16 tools that currently provide data that feed into HMIS
District Health Information Management System (DHIMS)	The backbone of the HMIS, the electronic DHIS2 database includes data from around 1,350 PHUs (including public, NGO, FBO, and other private) and 52 hospitals across 16 health districts
Human Resources Management Information System	Provides the primary source of data on the health workforce deployed in public health facilities nationally, with decentralised management. Does not currently track annual health training institution graduate numbers
Logistics Management Information System	Records essential data items, including stock-keeping records (e.g., stock or bin cards), transaction records (e.g., requisition and issue vouchers), consumption records (e.g., daily activity, tallies of amount of product used or dispensed daily), Request Report Issue Voucher (RRIV) summary forms (i.e., for reporting of stock acquisition and levels at facilities)
Civil Registration	The National Civil Registration Authority holds responsibility for civil registration and collaborates with the MoHS, which provides birth and death notification and medically certifies cause of death
Maternal Death Reviews	Facility and community level maternal death surveillance and reviews are conducted (with more hospital investigations). The system for maternal death surveillance and response (MDSR) is still being established at the community level
Health Facility Surveys	• Census: Assess geographic distribution and availability of public and private health services, to be conducted biannually • Service Availability Readiness Assessment (SARA): Assess service readiness with data quality assessment and record review, to be conducted biannually from a representative sample of facilities
Integrated Disease Surveillance and Response System	Fully transformed to web-based electronic platform using Integrated Disease Surveillance and Response (IDSR), with active disease surveillance data in all public health facilities, which send weekly electronic reports to districts, which then send them to the national system for immediate analysis and evidence-based action

Population-based Surveys	• **Demographic and Health Survey: National survey conducted approximately every five years** • **Multiple Indicator Cluster Survey: National survey conducted approximately every five years** • **Other surveys: (Standardised Monitoring and Assessment of Relief and Transitions) SMART, Malaria Indicator Survey, Client Satisfaction Survey**
National Health Accounts	Captures government, DP and individual health expenditure, to be completed every two years. GoSL expenditure is also tracked in Integrated Financial Management Information System (IFMIS)

Source: ***Authors' summary from Sierra Leone National M&E Strategy 2021–2025***

As indicated in the National M&E Strategy, the IHP+ M&E framework will be used as a guide for accountability (Figure 3).

Figure 3 The IHP+ M&E framework



Source: ***Sierra Leone National M&E Strategy 2021–2025***

High quality data are essential for evidence-based decision making. HMIS data quality may be improved through periodic data quality assessment, to ensure internal and external consistency and external comparisons of population data. Data will be verified for accuracy from district to PHUs and hospitals, and from national to district, hospitals and PHUs including public and private facilities, including personal visits to at least half of the facilities. Involving independent groups for quality checking, documenting processes, conducting annual verification through facility surveys, developing data quality report cards, sharing data inconsistency reports publicly and training and supervising data collection will also assist with data quality[13]. Supportive supervision will enable work performance improvement through improved knowledge and skills of health staff from mentorship and during visits by supervisors. This will also take place at the two levels listed for data verification, above.

Research, data analysis and dissemination will be central to strategy implementation. A Health Research Strategic Plan will be developed to guide research for programme and service delivery improvement. Data analysis at all levels of the health sector will assist with evidence-based decision making. Data will be disaggregated by sex, place of residence and wealth quintile. It will track the effectiveness and efficiency of the sector's progress toward its targets and will be disseminated to facilitate usage for decision making.

District health reviews, programme quarterly reviews, and half-yearly data reviews will be carried out, in addition to national level reviews including the Annual Health Sector Performance Review, Mid-term Evaluations and End-term Evaluation. Additionally, a Joint Annual Review will take place on years excluding those with mid-term and final evaluations. They will be undertaken in collaboration with non-state actors including DPs. Finally, mid-way into the NHSSP implementation period (approximately 2023), a national review to assess progress will be carried out. Data will be provided by a representative sample of implementing

[13] Ministry of Health and Sanitation Sierra Leone, *Sierra Leone Health Sector Monitoring and Evaluation Stategic Plan 2021–2025*, Freetown, Sierra Leone : s.n.

entities, covering all areas of the M&E Framework, focusing on inputs, outputs and outcomes[14]. Data generated will be translated into useful presentations of information and disseminated for decision making.

4.4.2. Performance Management

Annual reviews will assist in assessing progress toward achieving NHSSP objectives, with Annual Operations Plans identifying annual targets based on performance and resource availability. A Performance Review will be based on health information assessment and will prioritise certain areas for analysis using criteria transparently together with all stakeholders, led by HSCC. The DPPI will lead the Annual Review organisation during the first quarter of each year, with an Annual Review Report as a key output. The report will feed into the Comprehensive District Plans for the year following the review, whose report will detail results, lessons learned, best practices, challenges and recommendations. Likewise, a mid-year Health Sector Performance Review will be conducted to support performance strengthening throughout the year. There will be district-level meetings and stakeholder meetings at the community, district and national levels, which all support performance enhancement. Analytical products will report on achievements and progress, development impact, sector performance at all levels, and will be shared with stakeholders to facilitate course planning implementation[15]. Data access will be facilitated at the district level using the integrated data warehouse's outputs, web-based access to statistics for partners and others via the integrated warehouse portal and publicly available Government health service statistics. The MoHS, led by DPPI, has strong processes in place for performance assessment and enhancement.

Additionally, a performance management system may assist the MoHS in measuring outputs, outcomes, and impacts of programmes, projects and activities. These may be shared with stakeholders, including patients and partners. The system is a management tool,

[14] Ministry of Health and Sanitation Sierra Leone, *Sierra Leone Health Sector Monitoring and Evaluation Stategic Plan 2021–2025*, Freetown, Sierra Leone : s.n.

[15] Ministry of Health and Sanitation Sierra Leone, *Sierra Leone Health Sector Monitoring and Evaluation Stategic Plan 2021–2025*, Freetown, Sierra Leone : s.n.

promoting increased participation among sector stakeholders. Such a tool would assist focus on sector goals, enabling each agency and collaborator to contribute to progress. Scorecards may be developed for facilities such as hospitals, agencies, and international health partners, among others. Scorecards assist MoHS to monitor and evaluate its work; formulate policies and standards; and adjust the work as needed to better align with the sector vision.

4.4.3. Challenges

There are many strengths in the M&E system, and there are also some challenges. The Health Information System governance framework and mechanisms may be strengthened; the health sector performance structure may be strengthened; the DHIS management and data collection sector capacity may increase; the M&E capacity especially at decentralised levels may be strengthened; and a long-term strategy for infrastructure improvement, maintenance and sustainability for ICT may be developed. Improving health service delivery through utilisation of the results of performance measures may likewise be strengthened.

Pillar Strategic Objective

To establish a robust, digitally-savvy, comprehensive, fully integrated, harmonised and well-coordinated HMIS and M&E systems that effectively guide sector monitoring and impact evaluation, accountability, learning and evidence-based policy decision making.

Table 9 Health Information, Technology and M&E

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Establish robust, digitally savvy, comprehensive, fully integrated, harmonised and well-coordinated HMIS and M&E systems that effectively guide sector monitoring and impact evaluation, accountability, learning and evidence-based policy decision making by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Develop Health Management Information System (HMIS) governance framework and mechanisms by 2025					
Strategy 1.1	Build sector capacity for District Health Information Management System (DHIMS), including data collection and management	Core local team trained to manage DHIMS	A robust HMIS that is comprehensive, fully integrated, harmonised and well-coordinated is established and generates quality information with the use of modern technology, which is trusted and used by stakeholders at all levels in driving health system decisions in Sierra Leone and which	National District	2021, 2022	Train core team of local staff in DHIMS backend management
		PHU Staff and partners trained to use DHIMS			2021–2025	Train programme staff, DHMT focal persons and partner institutions in proper use of DHIMS
		Health facilities staff trained on data entry into DHIMS				Train health facility staff to input data into DHIMS at facility level

		Information, education and communication (IEC) on births and deaths strengthened	guides the monitoring of the implementation of sector activities and the evaluation of their impact			Strengthen IEC on birth and death registration (e.g., include information on reason for births and death registration on child's card)
		Parents' NIN included on under-fives cards				Include parents' NIN numbers on under-fives card
		Health sector digitisation plan developed				Develop health sector digitisation plan
		Quarterly monitoring field visits conducted				Support quarter monitoring field visits
		ICT equipment procured				Procure equipment for ICT at all levels
		Train health workers in the use of ICT systems				Train health workers in the use of ICT systems
Strategy 1.2	Institutionalise data utilisation (and digitisation of HMIS	PHU and hospital report using digital means		National	2021–2022	Recruit consultant for digitisation of data collection registers

	data collection), analysis and use	Health staff trained in use of digitised registers		District	2021–2025	Train staff in use of digitised registers
		Local organisations engaged to coach staff in use of digitised registers				Engage local organisations to coach PHU staff in use of digitised registers
Strategy 1.3	Institutionalisation and integration of HMIS, Community Health Information System (CHIS), Logistics Management Information Service (LMIS) and the Integrated Human Resources Information System (iHRIS), as well as other parallel health information systems	HMIS reporting digitised at health facility and community levels		National District	2021, 2022	Digitise CHIS
		LMIS digitised		HF/SDPs	2021–2025	Digitise LMIS
		iHRIS digitised				Digitise iHRIS
		EPI data digitised				Digitise immunisation data collection
		Nutrition data digitised				Digitise Integrated Management of Acute Malnutrition (IMAM) data collection
		Births and deaths registration digitised and linked with National Civil Registration Authority (NCRA) database				Digitise data on births and death registration and link with NCRA database
		M&E strategy developed		National	2021	Develop M&E strategy

Strategy 1.4	Data Quality Audit (DQA)	Data quality assessment checklist digitised and conducted quarterly		National District HS/SDPs	2021, 2022	Digitise and incorporate data quality checklist into DHIS
		Quarterly data quality audit (DQA) conducted		District	2021–2025	Quarterly DQA of PHU conducted by district staff
		DQA conducted by national		National		DQA of PHU conducted by national staff
Strategy 1.5	Harmonisation and integration of data collection, reporting and health information infrastructure within and between levels	HMIS/M&E TWG expanded and functional		National	2021	Expand the M&E/HMIS TWG to include other stakeholders, e.g. (NCRA, SSL, university, private sector
		Functional HMIS/M&E TWG			2021–2025	Maintain a functional TWG with membership from active producers and users of the health information
		All data collection systems integrated into DHIS2		National	2021–2025	Integrate all data collection systems into the DHIS2
		DPPI supported for coordination of HMIS		National	2021–2025	Support DPPI as the coordinating department for Health information in the sector
		Quarterly review meetings instituted at district and		National	2021–2025	Conduct quarterly review meetings

Strategy 1.6		national level		District		
		Annual joint reviews instituted		National District	2021–2025	Conduct annual joint sector reviews
		Annul health sector report produced		National District		Produce annual health sector report
	Monitor and evaluate policies, strategies, projects and programmes in a timely, effective and professional manner	Projects evaluated		National	2021–2025	Conduct end-of-project evaluations and disseminate results
		Periodic surveys supported		National	2021–2025	Conduct Multiple Indictors Cluster Survey (MICS)
						Conduct SARA survey
						Conduct SMART survey
						Conduct SDI survey
						Conduct malaria indicator survey
						Conduct DHIMS
Strategy 1.7	Data interoperability	HRIS policy developed			2021, 2022	Make DHIMS the main platform for the storage of all routine health sector data
						Develop HRIS policy
Strategy 1.8	Local capacity building for biomedical research	Public health research unit established			2021–2025	Establish public health research institute

		Local capacity for research built		National		Support local capacity for research
		Joint research with sub-regional research institutions				Link with sub-regional research institutions to conduct joint research
		National health research agenda priorities set				Develop local agenda for priority research
		Ethics committees for bio-sociomedical strengthened				Strengthen Ethics Committee for biomedical research
Specific Objective 2	Build strong information system infrastructure using Information Communication Technology (ICT) innovations by 2025					
Strategy 2.1	Capacity building	Local ICT infrastructure for HMIS access built				Build local ICT infrastructure to improve access to HMIS
		Long-term strategy for ICT infrastructure sustainability developed		National	2022	Develop a long-term strategy for ICT infrastructure improvement, maintenance and sustainability

		Cybersecurity compliance of online applications, patient records, databanks and individual insurance claims developed			2021–2025	Establish cybersecurity compliance of online applications, patient records, databanks and individual insurance claims
		Local staff to manage ICT infrastructure recruited and trained				Recruit and train local staff to manage the ICT infrastructure

Overall Strategic Priority Result:

- Increased coverage and uptake of health services
- Improved health status.

5. QUALITY OF HEALTH SERVICES

5.1 Strategic Pillar 9: Quality of Care

Quality of Care (QoC) can be strengthened with autonomous governance structures at the national and district levels; establishing and strengthening these structures for quality at national, district and hospital levels would support increased quality. There is a quality programme management unit, and its scope and mandate should be reviewed, in addition to capacity, progress and lessons learned, for possible progression to a national quality directorate or commission. This would be one way to add QoC governance into the health system. However, a QoC governance structure with full autonomy, mandate and legal protection may lend even greater weight.

Capacity building for structures, including planning, implementation, training, supervision, and monitoring and evaluation; national and district quality coordination platform with staff leading and managing QoC at district and hospital level; mechanisms established at all delivery tiers for ensuring quality as part of the processes, would all be helpful for improved health outcomes.

The UHC Roadmap outlines the following to ensure adequate achievement of quality:

a) Minimise harm to patients, including from medical errors and preventable injuries
b) Evidence-based guidelines and scientific knowledge as the basis for healthcare
c) Respectful and responsive care to needs, values and preferences
d) Minimising care provision and receipt delays
e) Decreased wastage of equipment, supplies, and human resources
f) Equitable care in terms of quality and accessibility irrespective of person
g) Integrated care across facilities and providers with a high degree of coordination.

Pillar Strategic Objective

Support provision of healthcare services at all levels that is safe, efficient, timely, equitable, accessible, respectful, responsive and people-centred using evidence-based interventions that

results in the best possible outcomes and provided by a competent and compassionate workforce in an enabling environment in accordance with national standards.

Table 10 Quality of Care

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key activities						
Strategic Objective: Support provision, at all levels, of healthcare services that are safe, efficient, timely, equitable, accessible, respectful, responsive and people-centred, using evidence-based interventions that result in the best possible outcomes, and which are provided by competent and compassionate workforce in enabling environments in accordance with national standards by 2025						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Develop relevant policies and regulatory system for quality of service in the health sector by 2025					
Strategy 1.1	Policy formulation and regulation	Appropriate guidelines, standards and tools for health sector regulation, licensing, certification, quality assurance and accreditation developed	Percentage of targeted health facilities, establishments, services and products continuously compliant to licensing standards (80% by 2025)	National District	2021–2025	Develop appropriate guidelines, standards and tools for health sector regulation, licensing, certification, quality assurance and accreditation
		Inspection and licensing of private and public healthcare facilities conducted				Conduct inspection and licensing of private and public healthcare facilities

		Regulatory mechanism for professional bodies, healthcare practitioners and healthcare facilities established				Establish regulatory mechanism for professional bodies, healthcare practitioners and healthcare facilities
		Functionality of health services regulatory bodies supported				Support functionality of health services regulatory bodies
Specific Objective 2	Develop leadership and governance structures for quality health services by 2025					
Strategy 2.1	Institutional framework development	Independent, autonomous and functional regulatory bodies for the health sector established	Proportion of targeted health facilities, establishments, services and products compliant with QoC standards (80% by 2025)	National District	2021–2025	Establish independent, autonomous and functional regulatory bodies for the health sector
		National and district leadership structures established (e.g., Healthcare Quality Commission)		National	2021–2022	Establish national and district leadership structures for quality management
		Guidelines on quality management developed				Develop training guidelines on quality management

		Functional national biomedical department for quality management of medical equipment established		National	2021–2025	Establish functional national biomedical department for quality management of medical equipment
		Development of national standards and guidelines for clinical service delivery and diagnostic procedure adherence				Support training institutions to integrate quality of care best practices in curricula
Specific Objective 3	Develop capacity for quality healthcare services at point of care by 2025					
Strategy 3.1	Capacity building	Development of referral pathway standards for adherence facilitated	Proportion of health facilities using quality improvement (QI) tools (80% by	National District	2021–2025	Facilitate development of referral pathway standards for adherence

		Tools for monitoring, supervision, mentoring, coaching and preceptorship for quality health services are developed and applied	2025)			Develop and implement tools for monitoring, supervision, mentoring, coaching and preceptorship for quality health services
		Training guidelines on quality management developed				Support development of national standards and guidelines for clinical service delivery and diagnostic procedure adherence
		Quality assurance (QA) mechanisms in health training institutions instituted				Develop QA tools for training institutions
		Training institutions to integrate quality of care best practices in curricular supported				Develop standards for training institution
		Staff trained on use of QA tools				Conduct training on use of tools
		Standards piloted				Train and pilot standards to identify gaps
		QA committee set up				Set up QA committee
		Guide developed for QA committee				Develop guide for selection criteria and chain of command (oaths) for committee members

		Student protection policy developed				Develop student protection policy
Specific Objective 4	Develop and implement patients' experience of care strategy by 2025					
Strategy 4.1	Quality Assurance (QA)	Strategy for assessing patients' experience of care developed and implemented	Increased willingness of patients to visit the same health facilities after first experience	National District HF/SDPs	2021–2025	Develop and implement strategy for assessing patients' experience of care
		Relevant guidelines and tools for assessing patients' experience of care developed and implemented				Develop and implement relevant guidelines and tools for assessing patients' experience of care
		Independent ethics committee at district and hospital levels established				Establish independent ethics committee at district and hospital levels
		National Patients' Charter developed and popularised				Develop and popularise a National Patients' Charter
		Mechanism to monitor compliance with National Patients' Charter developed				Institute mechanism to monitor compliance with National Patients' Charter

		Patient data protection and confidentiality mechanisms instituted				Institute patient data protection and confidentiality mechanisms
		Respectful Maternity Care (RMC) and Charter in all reproductive maternal, new-born health (RMNH) at all levels instituted				Adopt RMC and Charter and roll out
		HCWs trained on RMC				Develop training guide for RMC
						Train HCWs and patients on RMC (pilot)
		Monitoring tool for RMC developed				Develop monitoring tools for RMC
		RMC Patient Committees or groups established				Establish RMC Patient Committees or groups

Specific Objective 5	**Develop framework for monitoring, evaluation and learning for quality of health services by 2025**					
Strategy 5.1	Monitoring, evaluation and learning for quality	Quality of Care (QoC) monitoring plan developed	Percentage of health facilities with completion of health performance scorecards (50% by 2025)	National District HF/SDPs	2021–2025	Develop quality of care monitoring plan
		Monitoring and evaluation visits to facilities conducted		National District		Conduct monitoring and evaluation visits to facilities
		Patient experience of care assessments conducted				Conduct patient experience of care assessments
		Quality of care findings, recommendations and patients' experience of care report documented and disseminated				Document and disseminate quality of care findings, recommendations and patients' experience of care report
		Patients' safety assessment conducted, and recommendations implemented				Adapt a Patient Safety Assessment tool

		Field enumerators trained and tool tested				Train enumerator and field test the tool
		Learning collaborative sessions and Continuing Professional Development (CPD) conducted				Conduct national learning collaborative sessions and CPD (peer-to-peer review, learning collaborative)

Overall Strategic Priority Result:

- Reduce morbidity and mortality rates by 50% by 2025.

6. DISEASE PREVENTION, HEALTH PROMOTION AND HEALTHY ENVIRONMENTS

6.1 Strategic Pillar 10: Disease Prevention, Health Promotion and Healthy Environments

There is a focus on the following: early detection and response to early childhood development delays and disability; adolescent and sexual health education; physical activity; nutrition; tobacco, alcohol and substance use; and counselling and screening for primary and secondary prevention from chronic illness.

Additionally, water, sanitation and hygiene; hazardous waste pollution; occupational health and safety; housing and human settlements; and transportation safety in collaboration with other sector Ministries, for effective inter-sectoral collaboration and coordination to promote these.

Pillar Strategic Objective

To encourage, empower and support all people in Sierra Leone to adopt healthy lifestyles and habits, including adolescent girls' protection and development, with increased access to improved physical environment and promotion of healthy dietary habits, intensify maternal, infant and young child feeding counselling that results in the best possible health outcomes.

Table 11 Disease prevention, Health promotion, Healthy environment Specific objective, Strategy, Output, Outcome, Target, Timeline and Key activities						
Strategic objective: Promote healthy eating; good nutrition; increased physical activity and reduced use and negative impacts of substance abuse						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Promote good nutrition, healthy eating and active living throughout the life cycle stages by 2025					
Strategy 1.1	Policy formulation	Policy and strategy on healthy lifestyle developed	Prevalence of raised blood glucose / diabetes among adults reduced by 50%	National District Community	2021–2022	Develop policy and strategy that guides healthy lifestyle and habits
		Exclusive breastfeeding promoted by CHWs				Conduct quarterly stakeholders' meetings at chiefdom level to promote exclusive breastfeeding prior to age six months and with complementary feeding until two years of age by CHWs
		Legislation and conventions on substances abuse implemented			2021–2025	Implement existing legislation and international conventions on narcotics, psychotropic substances and precursor chemicals
		Alcohol policy developed and implemented		National District		Produce and implement alcohol policy that will strengthen regulations on the production, marketing and sale of alcoholic beverages

		Mental Health Policy and strategy revised and implemented				Revise the Mental Health Policy and strategy to raise the level of mental healthcare, remove emphasis on institutional care and protect the rights of persons with mental disorders. Support implementation of the Mental Health Policy.
Strategy 1.2	Health education and promotion of healthy eating habits, good nutrition and increased physical activity	Population aware of healthy eating and good nutrition		National District Community		Develop guidelines for the implementation of healthy lifestyle and habits
		Alcohol use discouraged				Encourage and promote abstinence from alcohol or moderation in alcohol consumption
		Healthy eating and good nutrition promoted				Conduct SBCC campaigns to promote healthy eating, good nutrition and active living, especially for pregnant and lactating women, under-five children and other vulnerable groups, such as those living with TB or HIV/AIDS
		Active living promoted				In collaboration with local government, establish recreational and physical programmes that increase safety, provide education

						and facilitate physical activity, such as walking and cycling
Strategy 1.3	Food security	Intersectoral work in collaboration with other ministries, donor partners, among others	Stunted growth in children under the age of five years reduced (30% – 25%)	National District Community	2021–2025	Conduct intersectoral meetings and work in collaboration with other ministries, donor partners, among others with other ministries to reduce food insecurity
		Management support provided for malnourished children and TB and HIV patients				Provide support management of severe and moderate acute malnutrition for children under the age of five years, pregnant and lactating women, nutritional support for TB and HIV/AIDS patients, increased micronutrients supplementation and deworming
Specific Objective 2	Empower the population by improving health literacy, social support systems and community security by 2025					
Strategy 2.1	Health literacy	Education and health literacy (reproductive health) of adolescent girls promoted in collaboration with other sectors/communities	Children under 5 years who are wasted (SDG 2.2.2) (5% to 3%)	National District Community	2021–2025	Collaborate with the education sector to promote education of adolescent girls that will lead to improved health outcomes (reproductive health literacy has been correlated with delayed pregnancy and marriage, thereby strengthening maternal and child health outcomes for the future)

Strategy 2.2	Strengthening social support systems	• The aged and persons with disabilities and special needs supported • Safe and secure environment for women's and youth groups		National District Community	2021–2025	Develop socially supportive and integrated societies that: • Offer equal opportunity for both men and women • Safeguard the rights of children • Empower the vulnerable, including the aged and persons with disabilities and special needs
		Family planning services with focus on adolescents in communities				Provide high-quality services for family planning (80%)
		Sexual education integrated in the school curriculum		National	2021–2022	Integrate sexuality education in the school curriculum (80%) that specifically promotes the necessity of consent
		School health clinics established and supported cross the country		National District Community	2021–2025	Support school health clinics across the country
		Communities sensitised on delaying early marriage and teenage pregnancy		District Community	2021–2025	Conduct sensitisation at community level on delaying early marriage and pregnancy

Strategy 2.3	Improving community security	Assured communities of a safe and secure environment		National District Community	2021–2025	In collaboration with MDAs, communities are assured of a safe and secure environment where socioeconomic activities will thrive, within the confines of the law
		Services provided for persons with disabilities (PWDs)				Provide services for the aged and for persons with disabilities (PWDs)
Specific Objective 3	Improve physical environment by increasing access to potable water, sanitation and hygiene, improving on air pollution, noise, hazardous substances, safer transportation systems by 2025					
Strategy 3.1	Policy formulation Collaboration	A sub-strategy prepared that delineates: • Increased universal access to potable water • Improved sanitation and hygiene facilities • Cleaner air through the reduction of hazardous substances • Reduction in harmful noise levels • Safer human settlements and housing safety	Population with access to at least basic sanitation service (16% to 45%)	National	2021–2025	Develop and implement the sub-strategy that will delineate: • Universal access to safe drinking water, improved sanitation and hygiene facilities; cleaner air through decreased exposure to hazardous substances and reduction in exposure to harmful noise levels • Human settlements and housing to be safer, especially for women, children and adolescents • Safer transportation system with increased safety and view to decreasing road traffic accidents

		anchored on the life-stages approach • Transportation system with increased safety				

Overall Strategic Priority Result:

- . Increased primary and secondary prevention of illness by 50% by 2025.

7. HEALTH SECURITY AND EMERGENCY

7.1 Strategic Pillar 11: Health Security and Emergency

There have been many lessons learnt from Regional Disease Surveillance Systems Enhancement (REDISSE), and these must be considered and incorporated in a national strategy focusing on health security and emergency. Resources could be mobilised including domestic financing for an Emergency Operations Centre (EOC) budget line and for implementing the costed National Action Plan for Health Securities (NAPHS). The NAPHS includes a key strategic vision, priorities and objectives, and these must be prioritised in the health security and emergency work, through implementation of the NAPHS.

Sierra Leone has done an excellent job in its COVID-19 response. Having a health system that is able to prevent, detect and respond to public health threats and minimises risks to health, social and economic consequences of public health hazards is important. Finalising the Public Health Act will assist the Directorate for Health Security and Emergency in its national policy implementation. Strengthening intersectoral collaboration through the development of a mechanism for increased national health security in emergencies would be appropriate.

There is a weak surveillance training system and disease surveillance and cross-border security.

The use of appropriate technologies to strengthen surveillance, creating an M&E framework for routine antimicrobial resistance (AMR), management of data, analysis and reporting, and incorporating AMR reporting into MoHS (national) pathogen reporting system with plans and procedures for report sharing could contribute to strengthened surveillance mechanisms for infections prevention and disease control

The following investments and activities merit being adopted and institutionalised in a sustainable fashion: surveillance systems, laboratory capacity and diagnostics for priority diseases, preparedness systems for Public Health Emergencies (PHE) responses, and workforce development (see the National Action Plan for Health Security (NAPHS) for greater details and depth of information).

The following will be developed and disseminated:

a) Strong cooperation among stakeholders to implement a food safety programme
b) Operationalising the National Food Safety Authority and Sanitary Port, National Food and Feed Safety Act,
c) Guidelines and training programmes for surveillance response, diagnostic and laboratory testing for food safety
d) National SOPs for food import and export.

Human resources and organisational structure related capacities should be built for animal and veterinary public health. Technical capacity development programmes should be strengthened; the biosafety and biosecurity system for dangerous pathogens should be operationalised; treatment centres for infectious diseases established; technical and human capacity for biosafety strengthened; and medical countermeasures, such as the strengthening of ICUs, should be put within the health sector.

Overall, strengthening the legislative framework in compliance with international health regulations (IHR) and GHSA; strengthening effective disease detection, prevention and control surveillance mechanisms; establishing mechanisms for surveillance and response that strengthen multi-sectoral collaboration for more effective rapid response to food borne disease outbreaks and food safety emergencies; and operationalising surveillance mechanisms for zoonotic diseases are recommended.

Pillar Strategic Objective

Establish and maintain technologically appropriate disease surveillance mechanisms, robust epidemic outbreak warning systems capable to prevent, detect and adequately respond to public health threats and hazards.

Table 12 Health Security and Emergency

Strategic objective, Specific objectives, Strategies, Output, Target, Timeline and Key Activities						
Strategic Objective: Establish and maintain technologically appropriate disease surveillance mechanisms, robust epidemic outbreak warning systems capable of preventing, detecting and adequately responding to public health threats and hazards by 2025.						
	Strategy	Output	Outcome	Target	Timeline	Key activities
Specific Objective 1	Provide effective surveillance and response mechanisms for timely disease and risk factor detection, prevention, control and evaluation					
Strategy 1.1	Cross-border disease surveillance and response mechanisms	Early warning disease surveillance and response systems established and maintained	A country that is safe and secure from the health and economic consequences of public health hazards and a health system that is able to prevent, detect and respond to public health threats through all-sector collaboration	National District Community	2021–2025	Develop and maintain early warning disease surveillance and response systems
		Cross-border engagement and partnership with sister countries supported				Support cross-border engagement and partnership with sister countries
		Community awareness, readiness and skills for disease and disaster prevention, preparedness, response and recovery built				Build community awareness, readiness and skills for disease and disaster prevention, preparedness, response and recovery
		Cross-border digital system built				Build a cross-border digital surveillance system

Strategy 1.2	Zoonotic diseases surveillance mechanisms	Capacity for animal health or veterinary public health, including human resources and organisational structures, built		National District	2021–2025	Build capacity for animal health or veterinary public health, including human resources and organisational structures
		Zoonotic disease surveillance system developed				Develop zoonotic disease surveillance system
Specific Objective 2	Establish an independent and effective public health security and response structures by 2025					
Strategy 2.1	Institutional framework on public health for national and global health security	Independent Public Health Agency established	A country that is safe and secure from the health and economic consequences of public health hazards and a health system that is able to prevent, detect and respond to public health threats through all-sector collaboration	National District	2021–2025	Establish a National Public Health Agency
		Surveillance and emergency preparedness and response supported				Support surveillance and emergency preparedness and response
Strategy 2.2	Environmental health and food safety inspection	Sanitary inspection of food, compounds, markets and other public places revitalised			2021–2025	Revitalise sanitary inspection of food, compounds, markets, and other public places
		Food safety guidelines and training programmes for surveillance, response, diagnostics and laboratory testing facilities developed and disseminated			2021–2025	Develop and disseminate food safety guidelines and training programmes for surveillance, response, diagnostic and laboratory testing

		Food importing and exporting national SOPs developed and operationalised		National	2021–2025	Develop and operationalise food importing and exporting national SOP
Strategy 2.3	Infectious disease case management	Isolation and treatment centres for infectious diseases established at all levels		National District		Establish isolation and treatment centres for infectious diseases at all levels
		Screening programmes for hepatitis, cervical cancer (HPV), etc. established				Establish screening programmes for hepatitis, cervical cancer, etc.
		Vaccination service against hepatitis, cervical cancer (HPV), etc.				Provide vaccination service against hepatitis, cervical cancer (HPV)

Overall Strategic Priority Result:

- Functional and resilient Public Health Agency responsive to public health threats, disease outbreaks and health emergencies by 2025.

ANNEXURES

Annex 1(a): SUMMARY OF NHSSP INDICATIVE COSTS BY PILLAR SPECIFIC OBJECTIVE (2021–2025) – Scenario 1

SUMMARY OF INDICATIVE COST BY PILLAR SPECIFIC OBJECTIVES: 2021 - 2025							
		Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
1.0.	Pillar 1: Health Financing						
1.1.	Specific Objective 1: Reduce Out-of-pocket health expenditure by 20% by 2025	4,500,000,000	450,000,000	1,350,000,000	1,125,000,000	900,000,000	675,000,000
1.2.	Specific Objective 2: Increase government budget allocation to health by at least 15% (Abuja Declaration 2001) by 2025	166,840,000	16,684,000	50,052,000	41,710,000	33,368,000	25,026,000
1.3.	Specific Objective 3: Increase government budget allocation to 12% for Primary Healthcare (PHC) by 2025	6,250,000	625,000	1,875,000	1,562,500	1,250,000	937,500
1.4.	Specific Objective 4: Build capacity in the health financing unit by 2025	4,327,589,000	432,758,900	1,298,276,700	1,081,897,250	865,517,800	649,138,350
	Pillar 1 Total	**9,000,679,000**	**900,067,900**	**2,700,203,700**	**2,250,169,750**	**1,800,135,800**	**1,350,101,850**

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 1 continued overleaf

2.0.	Pillar 2: Leadership and Governance	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
2.1.	Specific Objective 2.1: Develop relevant laws, policies and practices that impact health outcomes for policy and institutional coherence for UHC by 2025	24,200,000,000	2,420,000,000	7,260,000,000	6,050,000,000	4,840,000,000	3,630,000,000
2.2.	Specific Objective 2.2: Restructure Governance, leadership and management systems across all levels in the health sector to achieve UHC	3,343,800,000	334,380,000	1,003,140,000	835,950,000	668,760,000	501,570,000
2.3.	Specific Objective 2.3: Develop planning tools for operationalising the UHC Roadmap	63,550,000,000	6,355,000,000	19,065,000,000	15,887,500,000	12,710,000,000	9,532,500,000
	Pillar 2 Total	**91,093,800,000**	**9,109,380,000**	**27,328,140,000**	**22,773,450,000**	**18,218,760,000**	**13,664,070,000**
3.0.	Pillar 3: Human Resource for Health						
3.1.	Specific Objective 3.1: Establish health workforce stabilisation programme by 2025	106,455,000,000	10,645,500,000	31,936,500,000	26,613,750,000	21,291,000,000	15,968,250,000
3.2.	Specific Objective 3.2: Increase Investment in health workforce	20,000,000	2,000,000	6,000,000	5,000,000	4,000,000	3,000,000
3.3.	Specific Objective 3.3: Strengthen governance, leadership and management for HRH	1,600,000,000	160,000,000	480,000,000	400,000,000	320,000,000	240,000,000
	Pillar 3 Total	**108,075,000,000**	**10,807,500,000**	**32,422,500,000**	**27,018,750,000**	**21,615,000,000**	**16,211,250,000**

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 1 continued overleaf

4.0.	Pillar 4: Health Infrastructure	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
4.1.	Specific Objective 4.1 Develop policy on health facility establishment, maintenance and regulation by 2025	10,182,500,000	1,018,250,000	3,054,750,000	2,545,625,000	2,036,500,000	1,527,375,000
4.2.	Specific Objective 4.2: Establish, upgrade, maintain and sustain fully equipped health facilities and support structures to meet standard national blueprints and requirements by 2025	733,537,500,000	73,353,750,000	220,061,250,000	183,384,375,000	146,707,500,000	110,030,625,000
4.3.	Specific Objective 4.3: Establish and maintain functional health facilities infrastructure and medical assets maintenance management structures and systems by 2025	37,377,000,000	3,737,700,000	11,213,100,000	9,344,250,000	7,475,400,000	5,606,550,000
	Pillar 4 Total	**781,097,000,000**	**78,109,700,000**	**234,329,100,000**	**195,274,250,000**	**156,219,400,000**	**117,164,550,000**
5.0.	Pillar 5: Community Ownership						
5.1.	Specific Objective 5.1: Redesign community structures and platforms to implement UHC Roadmap by 2025	19,500,000,000	1,950,000,000	5,850,000,000	4,875,000,000	3,900,000,000	2,925,000,000
5.2.	Specific Objective 5.2 Support community engagement by 2025	4,514,000,000	451,400,000	1,354,200,000	1,128,500,000	902,800,000	677,100,000
5.3.	Specific Objective 5.3 Promote healthy lifestyle at family and community levels to 100% by 2025	150,900,000,000	15,090,000,000	45,270,000,000	37,725,000,000	30,180,000,000	22,635,000,000
	Pillar 5 Total	**174,914,000,000**	**17,491,400,000**	**52,474,200,000**	**43,728,500,000**	**34,982,800,000**	**26,237,100,000**

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 1 continued overleaf

6.0.	Pillar 6: Service Delivery	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
6.1.	Specific Objective 6.1: Redesign, develop and sustain a community-based PHC delivery model that delivers improved equitable access and quality of services, efficiency, and effectiveness	882,604,000,000	88,260,400,000	264,781,200,000	220,651,000,000	176,520,800,000	132,390,600,000
6.2.	Specific Objective 6.2 Develop a strategy for hospitals focusing on standard health service delivery by 2025	105,700,000,000	10,570,000,000	31,710,000,000	26,425,000,000	21,140,000,000	15,855,000,000
6.3.	Specific Objective 6.3: Develop and implement a national strategy on diagnostics and laboratory services by 2025	1,700,000,000	170,000,000	510,000,000	425,000,000	340,000,000	255,000,000
	Pillar 6 Total	**990,004,000,000**	**99,000,400,000**	**297,001,200,000**	**247,501,000,000**	**198,000,800,000**	**148,500,600,000**
7.0.	Pillar 7: Essential Medicines and Health Technology						
7.1.	Specific Objective 7.1: Support the pharmaceutical services governance and management structures for rationale use of medicines and medical supplies by 2025	110,220,000,000	11,022,000,000	33,066,000,000	27,555,000,000	22,044,000,000	16,533,000,000
7.2.	Specific Objective 7.2: Support effective and efficient innovative technologies, mechanisms and processes for procurement, storage and distribution mechanisms essential health commodities for rationale use at the last mile by 2025	123,625,000,000	12,362,500,000	37,087,500,000	30,906,250,000	24,725,000,000	18,543,750,000

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 1 continued overleaf

		Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
7.3.	Specific Objective 7.3: Support pharmacovigilance and medicines regulatory mechanisms to ensure internationally acceptable standards on efficacy, safety, quality and use of medicines and health technologies and by 2025	16,750,000,000	1,675,000,000	5,025,000,000	4,187,500,000	3,350,000,000	2,512,500,000
	Pillar 7 Total	**250,595,000,000**	**25,059,500,000**	**75,178,500,000**	**62,648,750,000**	**50,119,000,000**	**37,589,250,000**
8.0.	Pillar 8: Health Information, Technology and M&E						
8.1	Specific Objective 8.1: Develop HMIS governance framework and mechanisms by 2025	116,750,000,000	11,675,000,000	35,025,000,000	29,187,500,000	23,350,000,000	17,512,500,000
8.2.	Specific Objective 8.2: Build strong information system infrastructure using Information Communication Technology (ICT) innovations by 2025	27,000,000,000	2,700,000,000	8,100,000,000	6,750,000,000	5,400,000,000	4,050,000,000
	Pillar 8 Total	**143,750,000,000**	**14,375,000,000**	**43,125,000,000**	**35,937,500,000**	**28,750,000,000**	**21,562,500,000**
9.0.	Pillar 9: Quality of Care						
9.1.	Specific Objective 9.1: Develop relevant policies and regulatory system for quality of service in the health sector by 2025	9,600,000,000	960,000,000	2,880,000,000	2,400,000,000	1,920,000,000	1,440,000,000
9.2.	Specific Objective 9.2: Develop leadership and governance structures for quality health services by 2025	5,800,000,000	580,000,000	1,740,000,000	1,450,000,000	1,160,000,000	870,000,000
		Total Cost (SLL)	**2021 (SLL)**	**2022 (SLL)**	**2023 (SLL)**	**2024 (SLL)**	**2025 (SLL)**

9.3.	Specific Objective 9.3: Develop capacity for quality healthcare services at point of care by 2025	11,500,000,000	1,150,000,000	3,450,000,000	2,875,000,000	2,300,000,000	1,725,000,000
9.4.	Specific Objective 9.4: Develop and implement patient's experience of care strategy by 2025	7,920,000,000	792,000,000	2,376,000,000	1,980,000,000	1,584,000,000	1,188,000,000
9.5.	Specific Objective 9.5: Develop framework for monitoring, evaluation and learning for quality of health services by 2025	5,700,000,000	570,000,000	1,710,000,000	1,425,000,000	1,140,000,000	855,000,000
	Pillar 9 Total	**40,520,000,000**	**4,052,000,000**	**12,156,000,000**	**10,130,000,000**	**8,104,000,000**	**6,078,000,000**
10.0.	Pillar 10: Disease Prevention and Control						
10.1.	Specific Objective 10.1: Promote health eating; good nutrition; increased physical activity and reduced use and negative impacts of substance abuse	21,378,000,000	2,137,800,000	6,413,400,000	5,344,500,000	4,275,600,000	3,206,700,000
10.2.	Specific Objective 10.2 Improve the physical environment by increasing access to improved water, sanitation and hygiene	38,350,000,000	3,835,000,000	11,505,000,000	9,587,500,000	7,670,000,000	5,752,500,000
	Pillar 10 Total	**59,728,000,000**	**5,972,800,000**	**17,918,400,000**	**14,932,000,000**	**11,945,600,000**	**8,959,200,000**

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 1 continued overleaf

		Total Cost	2021	2022	2023	2024	2025
11.0.	**Pillar 11: Health Security and Emergency**						
11.1.	Specific Objective 11.1: Provide effective surveillance and response mechanisms for timely disease and risk factor detection, prevention, control and evaluation	59,350,000,000	5,935,000,000	17,805,000,000	14,837,500,000	11,870,000,000	8,902,500,000
11.2.	Specific Objective 11.2: Establish an independent and effective public health security and response structure	503,800,000,000	50,380,000,000	151,140,000,000	125,950,000,000	100,760,000,000	75,570,000,000
	Pillar 11 Total	**563,150,000,000**	**56,315,000,000**	**168,945,000,000**	**140,787,500,000**	**112,630,000,000**	**84,472,500,000**
	GRAND TOTAL INDICATIVE COST	**3,211,927,479,000**	**321,192,747,900**	**963,578,243,700**	**802,981,869,750**	**642,385,495,800**	**481,789,121,850**

Annex 1(b): SUMMARY OF NHSSP INDICATIVE COSTS BY PILLAR 2021- 2025 – Scenario 1

NO.	HEALTH PILLAR	TOTAL COST	2021	2022	2023	2024	2025	% of utilisation assumption
		(SLL)	(SLL)	(SLL)	(SLL)	(SLL)	(SLL)	
1	Health Financing	9,000,679,000	900,067,900	2,700,203,700	2,250,169,750	1,800,135,800	1,350,101,850	10% Year1
2	Leadership and Governance	91,093,800,000	9,109,380,000	27,328,140,000	22,773,450,000	18,218,760,000	13,664,070,000	30% Year 2
3	Human Resource for Health	108,075,000,000	10,807,500,000	32,422,500,000	27,018,750,000	21,615,000,000	16,211,250,000	25% Year 3 20% Year 4 15% Year 5
4	Health Infrastructure	781,097,000,000	78,109,700,000	234,329,100,000	195,274,250,000	156,219,400,000	117,164,550,000	
5	Community Ownership	174,914,000,000	17,491,400,000	52,474,200,000	43,728,500,000	34,982,800,000	26,237,100,000	
6	Service Delivery	990,004,000,000	99,000,400,000	297,001,200,000	247,501,000,000	198,000,800,000	148,500,600,000	
7	Essential Medicines and Health Technology	250,595,000,000	25,059,500,000	75,178,500,000	62,648,750,000	50,119,000,000	37,589,250,000	
8	Health Information, Technology and M&E	143,750,000,000	14,375,000,000	43,125,000,000	35,937,500,000	28,750,000,000	21,562,500,000	
9	Quality of Care	40,520,000,000	4,052,000,000	12,156,000,000	10,130,000,000	8,104,000,000	6,078,000,000	
10	Disease Prevention and Control	59,728,000,000	5,972,800,000	17,918,400,000	14,932,000,000	11,945,600,000	8,959,200,000	
11	Health Security and Emergency	563,150,000,000	56,315,000,000	168,945,000,000	140,787,500,000	112,630,000,000	84,472,500,000	
	GRAND TOTAL	3,211,927,479,000	321,192,749,951	963,578,245,742	802,981,871,793	642,385,497,839	481,789,123,890	

Annex 2: At a Glance: Performance Indicators and Targets, Focus on Outcome and Impact Level, Data Source and Level of Disaggregation

Indicator	Data Source	Level of Disaggreg.	Baseline (National)	2025 Target
1. Coverage of essential health services [SDG 3.8.1] (UHC Service Coverage Index used)	HFS (Voluntary Natl Review, UHC global report 2019)	National, District	39 (2019)	45
2. Large household expenditure on health as a share of total household consumption or income [SDG 3.8.2] **A) 10% of HH total consumption/income** **B) 25% of HH total consumption/income**	SLIHS (Voluntary Natl Review, UHC global report 2019)	National, District	A) 54.2 (2019) B) 22.2 (2019)	A) 45 B) 18
3. Average life expectancy (in years)	Census	National	54 (2019)	58
4. Maternal mortality ratio (per 100,000 live births) [SDG 3.1.1]	DHS, MICS	National	717 (2019)	540
5. Under-five mortality rate (per 1,000 live births) [SDG 3.2.1]	DHS, MICS	National	122 (2019)	71
6. Neonatal mortality rate (per 1,000 live births) [SDG 3.2.2]	DHS, MICS	National	31 (2019)	23
7. Adolescent birth rate (births per 1,000 15–19-year-olds) [SDG 3.7.2]	DHS, MICS, HMIS	National, District	102 (2019)	74
8. Prevalence of HIV, female (% ages 15-24)	WDI, DHS, Sentinel surveillance	National, District	1.2 (2019)	0.6
9. Out-of-pocket health spending as percentage of total health expenditure	NHA	National	64.6	50.0
10. Coverage of Healthcare Insurance	DHS, MICS	National, District	0 (2020)	30
11. Proportion of the population with impoverishing health expenditure[1]	WDI, DHS, MICS	National, District	15.6 (2011)	10

12. Expenditure for primary healthcare as percentage of national government financing	SL Health PER	National	3 (2015–2019)	4.5
13. Government expenditure on health as percentage of total recurrent national budget (%)	MoF Annual Budget, NHA	National	11	15
14. Key health professionals by cadre per 10,000 population **A) Doctors** **B) Midwives** **C) Nurses** **D) Allied Health Workers** **E) Epidemiologists** **F) Veterinarians**	HRIS[1]	National, District	A) Physicians per 1,000 pop: 0.025 (2011) B) and C) Nurses and midwives per 1,000 pop: 0.224 (2016)	A) 0.040 B) and C) 0.440
15. Population living within 5 km of a health facility (%)	HFS	National, District	75	80
16. Access to a core set of relevant essential medicines [SDG 3.b.3] (%) (tracer drugs available in all facilities, SL SDI 2018 in SL PER 2020)	DHIS 2 SL SDI	National, District	32.2 (2018)	50%
17. Births attended by skilled health personnel [SDG 3.1.2] (%)	DHS, MICS, HMIS	National, District	87% (2019)	93%
18. Antenatal care coverage (4+ visits) (%)	DHS, MICS, HMIS	National, District	79% (2019)	91%
19. Postpartum care coverage within 2 days of birth – women (%)	HMIS	National, District	86% (2019)	97%
20. Postnatal care coverage within 2 days of birth – new-born (%)	DHS, MICS, HMIS	National, District	83% (2019)	94%
21. Antiretroviral therapy (ART) coverage among people living with HIV (%)	HMIS	National, District	45.0% (2020)	80%
22. Intermittent preventive therapy for malaria during pregnancy (IPTp) 3+ doses (%)	DHS, MICS, HMIS, MIS	National, District	36% (2019)	72%

23. Children receiving Penta-3 before 12 months of age (%)	DHS, MICS, HMIS,	National, District	76.2% (2019)	91%
24. Incidence of low birth weight among new-borns (%)	DHS, MICS, HMIS	National,	5 (2019)	3
25. Children under 5 years who are stunted [SDG 2.2.1] (%)	DHS, MICS, HMIS	National,	30% (2019)	25%
26. Population with access to at least basic sanitation service	DHS, MICS	National,	55% (2019)	70%
27. Percentage of those 20-24 years married by age 18 years	DHS, MICS	National	29.6% (2019)	20%
28. Raised blood pressure among adults (%)	STEP	National,	22.4	20%
29. Raised blood glucose/diabetes among adults (%)	STEP	National,	2.4%	2.0%
30. Percentage of health facilities submitting timely reports	HFIS	National, District	75%	90%
31. Maternal death reviews completed	Record review	National, District	450	900
3 2. Percentage of health facilities with completion of health performance scorecards	HPMS	National, District	0	30%

Source: ***Data sources indicated in table***[16]

Consumption expenditure on health (proportion of total expenditure) is used here as it was available in the *Sierra Leone Integrated Household Survey, Report 2018*.

[16] Statistics Sierra Leone, The World Bank, Government of Sierra Leone, *Sierra Leone Integrated Household Survey (SLIHS) Report 2018*, Freetown Sierra Leone: s.n., 2019

Annex 3: Health Financing: Indicators and Targets (example)

Health Financing Indicators and Targets				
Indicator	Data Source	Level of Disaggr.	Baseline (National)	2025 Target
9. Out-of-pocket health spending as percentage of total health expenditure	NHA	National	64.6	30.0
10. Percentage of national budget allocated to the health sector	NHA	National	11 (2020)	14
11. Coverage of Healthcare Insurance	DHS, MICS	National, District	0 (2020)	60
12. Proportion of the population with impoverishing health expenditure[1]	WDI, DHS, MICS	National, District	15.6 (2011)	10
13. Expenditure for primary healthcare as percentage of national government financing	SL Health PER	National	3 (2015–2019)	4.5
14. Government expenditure on health as percentage of total recurrent national budget (%)	MoF Annual Budget	National	11	15

ANNEX 4: SUMMARY OF DRAFT INDICATIVE COST BY STRATEGIC OBJECTIVES (NHSSP 2021–2025) – Scenario 2

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 1: Health Financing						
Specific Objective 1: Reduce out-of-pocket health expenditure by 20% by 2025	4,500,000,000	450,000,000	1,350,000,000	1,125,000,000	900,000,000	675,000,000
Specific Objective 2: Increase government budget allocation to health by at least 15% (Abuja Declaration 2001) by 2025	166,840,000	16,684,000	50,052,000	41,710,000	33,368,000	25,026,000
Specific Objective 3: Increase government budget allocation to 12% for Primary Healthcare (PHC) by 2025	6,250,000	625,000	1,875,000	1,562,500	1,250,000	937,500
Specific Objective 4: Build capacity in the health financing unit by 2025	4,327,589,000	432,758,900	1,298,276,700	1,081,897,250	865,517,800	649,138,350
Pillar 1 Total	9,000,679,000	900,067,900	2,700,203,700	2,250,169,750	1,800,135,800	1,350,101,850

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 2 continued overleaf

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 2: Leadership and Governance						
Specific Objective 2.1: Develop relevant laws, policies and practices that impact health outcomes for policy and institutional coherence for UHC by 2025	24,200,000,000	2,420,000,000	7,260,000,000	6,050,000,000	4,840,000,000	3,630,000,000
Specific Objective 2.2: Restructure governance, leadership and management systems across all levels in the health sector to achieve UHC	3,343,800,000	334,380,000	1,003,140,000	835,950,000	668,760,000	501,570,000
Specific Objective 2.3: Develop planning tools for operationalising the UHC Roadmap	63,550,000,000	6,355,000,000	19,065,000,000	15,887,500,000	12,710,000,000	9,532,500,000
Pillar 2 Total	91,093,800,000	9,109,380,000	27,328,140,000	22,773,450,000	18,218,760,000	13,664,070,000

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 2 continued overleaf

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 3: Human Resource for Health						
Specific Objective 3.1: Establish health workforce stabilisation programme by 2025	106,455,000,000	10,645,500,000	31,936,500,000	26,613,750,000	21,291,000,000	15,968,250,000
Specific Objective 3.2: Increase investment in health workforce	20,000,000	2,000,000	6,000,000	5,000,000	4,000,000	3,000,000
Specific Objective 3.3: Strengthen governance, leadership and management for HRH	1,600,000,000	160,000,000	480,000,000	400,000,000	320,000,000	240,000,000
Pillar 3 Total	108,075,000,000	10,807,500,000	32,422,500,000	27,018,750,000	21,615,000,000	16,211,250,000
Pillar 4: Health Infrastructure						
Specific Objective 4.1: Develop policy on health facility establishment, maintenance and regulation by 2025	10,182,500,000	1,018,250,000	3,054,750,000	2,545,625,000	2,036,500,000	1,527,375,000
Specific Objective 4.2: Establish, upgrade, maintain and sustain fully equipped health facilities and support structures to meet standard national blueprints and requirements by 2025	733,537,500,000	73,353,750,000	220,061,250,000	183,384,375,000	146,707,500,000	110,030,625,000

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 2 continued overleaf

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Specific Objective 4.3: Establish and maintain functional health facilities, infrastructure and medical assets maintenance management structures and systems by 2025	37,377,000,000	3,737,700,000	11,213,100,000	9,344,250,000	7,475,400,000	5,606,550,000
Pillar 4 Total	781,097,000,000	78,109,700,000	234,329,100,000	195,274,250,000	156,219,400,000	117,164,550,000
Pillar 5: Community Ownership						
Specific Objective 5.1: Redesign community structures and platforms to implement UHC Roadmap by 2025	19,500,000,000	1,950,000,000	5,850,000,000	4,875,000,000	3,900,000,000	2,925,000,000
Specific Objective 5.2: Support community engagement by 2025	4,514,000,000	451,400,000	1,354,200,000	1,128,500,000	902,800,000	677,100,000
Specific Objective 5.3: Promote healthy lifestyle at family and community levels to 100% by 2025	150,900,000,000	15,090,000,000	45,270,000,000	37,725,000,000	30,180,000,000	22,635,000,000
Pillar 5 Total	174,914,000,000	17,491,400,000	52,474,200,000	43,728,500,000	34,982,800,000	26,237,100,000

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 2 continued overleaf

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 6: Service Delivery						
Specific Objective 6.1: Redesign, develop and sustain a community-based PHC delivery model that delivers improved equitable access and quality of services, efficiency, and effectiveness	982,604,000,000	98,260,400,000	294,781,200,000	245,651,000,000	196,520,800,000	147,390,600,000
Specific Objective 6.2: Develop a strategy for hospitals focusing on standard health service delivery by 2025	110,700,000,000	11,070,000,000	33,210,000,000	27,675,000,000	22,140,000,000	16,605,000,000
Specific Objective 6.3: Develop and implement a national strategy on diagnostics and laboratory services by 2025	1,700,000,000	170,000,000	510,000,000	425,000,000	340,000,000	255,000,000
Pillar 6 Total	1,095,004,000,000	109,500,400,000	328,501,200,000	273,751,000,000	219,000,800,000	164,250,600,000
Pillar 7: Essential Medicines and Health Technology						
Specific Objective 7.1: Support the pharmaceutical services governance and management structures for rationale use of medicines and medical supplies by 2025	110,220,000,000	11,022,000,000	33,066,000,000	27,555,000,000	22,044,000,000	16,533,000,000
	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)

Specific Objective 7.2: Support effective and efficient innovative technologies, mechanisms and processes for procurement, storage and distribution mechanisms essential health commodities for rationale use at the last mile by 2025	539,625,000,000	53,962,500,000	161,887,500,000	134,906,250,000	107,925,000,000	80,943,750,000
Specific Objective 7.3: Support pharmacovigilance and medicines regulatory mechanisms to ensure internationally acceptable standards on efficacy, safety, quality and use of medicines and health technologies and by 2025	16,750,000,000	1,675,000,000	5,025,000,000	4,187,500,000	3,350,000,000	2,512,500,000
Pillar 7 Total	666,595,000,000	66,659,500,000	199,978,500,000	166,648,750,000	133,319,000,000	99,989,250,000
Pillar 8: Health Information, Technology and M&E						
Specific Objective 8.1: Develop HMIS governance framework and mechanisms by 2025	116,750,000,000	11,675,000,000	35,025,000,000	29,187,500,000	23,350,000,000	17,512,500,000
Specific Objective 8.2: Build strong information system infrastructure using ICT innovations by 2025	27,000,000,000	2,700,000,000	8,100,000,000	6,750,000,000	5,400,000,000	4,050,000,000
	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 8 Total	143,750,000,000	14,375,000,000	43,125,000,000	35,937,500,000	28,750,000,000	21,562,500,000
Pillar 9: Quality of Care						
Specific Objective 9 .1: Develop relevant policies and regulatory system for quality of service in the	9,600,000,000	960,000,000	2,880,000,000	2,400,000,000	1,920,000,000	1,440,000,000

health sector by 2025						
Specific Objective 9.2: Develop leadership and governance structures for quality health services by 2025	5,800,000,000	580,000,000	1,740,000,000	1,450,000,000	1,160,000,000	870,000,000
Specific Objective 9.3: Develop capacity for quality healthcare services at point of care by 2025	15,500,000,000	1,550,000,000	4,650,000,000	3,875,000,000	3,100,000,000	2,325,000,000
Specific Objective 9.4: Develop and implement patient's experience of care strategy by 2025	7,920,000,000	792,000,000	2,376,000,000	1,980,000,000	1,584,000,000	1,188,000,000
Specific Objective 9.5: Develop framework for monitoring, evaluation and learning for quality of health services by 2025	5,700,000,000	570,000,000	1,710,000,000	1,425,000,000	1,140,000,000	855,000,000
Pillar 9 Total	44,520,000,000	4,452,000,000	13,356,000,000	11,130,000,000	8,904,000,000	6,678,000,000

Summary of Indicative Cost by Pillar Specific Objectives (2021–2025) – Scenario 2 continued overleaf

	Total Cost (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)
Pillar 10: Disease Prevention and Control						
Specific Objective 10.1: Promote healthy eating; good nutrition; increased physical activity and reduce use and negative impacts of substance abuse	21,378,000,000	2,137,800,000	6,413,400,000	5,344,500,000	4,275,600,000	3,206,700,000
Specific Objective 10.2: Improve the physical environment by increasing access to improved WASH	600,000,000	60,000,000	180,000,000	150,000,000	120,000,000	90,000,000
Strategic 10.3 Strengthening the social support systems; and improving community security	43,750,000,000	4,375,000,000	13,125,000,000	10,937,500,000	8,750,000,000	6,562,500,000
Pillar 10 Total	65,728,000,000	6,572,800,000	19,718,400,000	16,432,000,000	13,145,600,000	9,859,200,000
Pillar 11: Health Security and Emergency						
Specific Objective 11.1: Provide effective surveillance and response mechanisms for timely disease and risk factor detection, prevention, control and evaluation	59,350,000,000	5,935,000,000	17,805,000,000	14,837,500,000	11,870,000,000	8,902,500,000
Specific Objective 11.2: Establish an independent and effective public health security and response structures	503,800,000,000	50,380,000,000	151,140,000,000	125,950,000,000	100,760,000,000	75,570,000,000
Pillar 11 Total	563,150,000,000	56,315,000,000	168,945,000,000	140,787,500,000	112,630,000,000	84,472,500,000
GRAND TOTAL INDICATIVE COST	3,742,927,479,000	374,292,747,900	1,122,878,243,700	935,731,869,750	748,585,495,800	561,439,121,850

ANNEX 5: SUMMARY OF DRAFT INDICATIVE COST BY PILLAR (NHSSP 2021–2025) – Scenario 2

SUMMARY OF NHSSP INDICATIVE COSTS BY PILLAR 2021- 2025 – Scenario 2								
NO.	HEALTH PILLAR	TOTAL COST (SLL)	2021 (SLL)	2022 (SLL)	2023 (SLL)	2024 (SLL)	2025 (SLL)	% of utilisation assumption
1	Health Financing	9,000,679,000	900,067,900	2,700,203,700	2,250,169,750	1,800,135,800	1,350,101,850	
2	Leadership and Governance	91,093,800,000	9,109,380,000	27,328,140,000	22,773,450,000	18,218,760,000	13,664,070,000	
3	Human Resource for Health	108,075,000,000	10,807,500,000	32,422,500,000	27,018,750,000	21,615,000,000	16,211,250,000	10% Year1
4	Health Infrastructure	781,097,000,000	78,109,700,000	234,329,100,000	195,274,250,000	156,219,400,000	117,164,550,000	30% Year 2
5	Community Ownership	174,914,000,000	17,491,400,000	52,474,200,000	43,728,500,000	34,982,800,000	26,237,100,000	25% Year 3
6	Service Delivery	1,095,004,000,000	109,500,400,000	328,501,200,000	273,751,000,000	219,000,800,000	164,250,600,000	20% Year 4
7	Essential Medicines and Health Technology	666,595,000,000	66,659,500,000	199,978,500,000	166,648,750,000	133,319,000,000	99,989,250,000	15% Year 5
NO.	**HEALTH PILLAR**	**TOTAL COST (SLL)**	**2021 (SLL)**	**2022 (SLL)**	**2023 (SLL)**	**2024 (SLL)**	**2025 (SLL)**	

8	Health Information, Technology and M&E	143,750,000,000	14,375,000,000	43,125,000,000	35,937,500,000	28,750,000,000	21,562,500,000	
9	Quality of Care	44,520,000,000	4,452,000,000	13,356,000,000	11,130,000,000	8,904,000,000	6,678,000,000	
10	Disease Prevention and Control	65,728,000,000	6,572,800,000	19,718,400,000	16,432,000,000	13,145,600,000	9,859,200,000	
11	Health Security and Emergency	563,150,000,000	56,315,000,000	168,945,000,000	140,787,500,000	112,630,000,000	84,472,500,000	
	GRAND TOTAL	3,742,927,479,000	374,292,747,900	1,122,878,243,700	935,731,869,750	748,585,495,800	561,439,121,850	

ANNEX 6: Glossary

Access: Access to healthcare refers to the ease with which an individual can obtain needed medical services.

Astana declaration: A commitment by member countries to prioritising disease prevention and health promotion and aiming to meet all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care.

Basic essential health services package: The package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. It consists of a list of services, including public health and clinical, provided at primary and/or secondary facilities and services.

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, arranged in a social structure according to relationships which the community has developed over a period of time.

Equity: The absence of avoidable, unfair, or remediable differences among groups of people defined socially, economically, demographically or geographically or by other means of stratification.

Global Health: Health considerations that cross-national boundaries and/or are global in nature and/or require global agreements in being addressed.

Governance: The process through which a government along with other stakeholders/partners interact, relate to citizens, make decisions and take steps regarding healthcare management and promotion.

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Healthcare: Efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals.

Health-In-All Policy: An approach for health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policymaking. It includes an

emphasis on the consequences of public policies on health systems, determinants of health, and well-being.

Health Promotion: A multidisciplinary field that relies on education and targeted interventions to help change behaviours and environments to improve health.

Infectious Diseases: Diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another, animal to person, or insect to person.

Lifestyle: The set of habits and customs that is influenced, modified, encouraged or constrained by the lifelong process of socialisation. These habits and customs include the use of substances, such as alcohol, tea or coffee; dietary habits; and exercise.

Multi-sectoral Approach: The joint action taken by health and other government sectors, as well as representatives from private, voluntary and non-profit groups, to improve the health of populations.

One Health: One Health is an approach to designing and implementing programs, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.

Option B+: A prevention of vertical transmission approach for expectant mothers living with HIV/Aids in which women are immediately offered treatment for life regardless of their CD4 count.

Palliative Care: An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Patient-Centred: An approach to care where an individual's specific health needs and desired health outcomes are the driving forces behind all healthcare decisions and quality measurements.

Patients' Rights: Basic rule of conduct between patients and medical caregivers as well as the institutions and people who support them.

Pluralistic System: A system that is based on incorporating divergent provider modalities.

Preventive Care: Care which has as a goal to decrease the burden of disease and associated risk factors.

Primary Healthcare: A whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.

Quality of Care: The degree to which health services are consistent with current professional best practice, knowledge and increase the likelihood of desired health outcomes.

Rehabilitation Service: Medical services provided to a patient to restore or to optimise functional capability.

Social Determinants of Health: The conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to healthcare.

Social Health Insurance: A form of financing and managing healthcare based on risk pooling. SHI pools both the health risks of the people on one hand, and the contributions of individuals, households, enterprises, and the government on the other. Thus, it protects people against financial and health burden and is a relatively fair method of financing healthcare.

Universal Health Coverage: All people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Well-being: Integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion. It is the keyword in the World

Health Organization's definition of "a state of physical, mental and social well-being and not merely the absence of disease or infirmity."

ANNEX 7: References

Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality, 2000 to 2017,* 2019

Government of Sierra Leone. Act No. 23, Public Health Ordinance, 1960

International Labour Organization. [Online] [Cited: December 3, 2020.] http://ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=104323&p_country=SLE&p_count=166.

Ministry of Health and Sanitation Sierra Leone and The World Bank Group, Public Expenditure Review for Sierra Leone, Health Sector, Draft October 2020. 2020.

Ministry of Health and Sanitation Sierra Leone in collaboration with the World Bank Group, *Sierra Leone Private Health Sector Assessment (Version 1.0)*

Ministry of Health and Sanitation Sierra Leone, *National Health Policy 2021*

Ministry of Health and Sanitation Sierra Leone, *Sierra Leone Health Sector Monitoring and Evaluation Stategic Plan 2021–2025*. Freetown, Sierra Leone : s.n.

Ministry of Health and Sanitation Sierra Leone, *Universal Health Coverage Roadmap for Sierra Leone* 2021–2030, 2020.

Ministry of Health and Sanitation, Government of Sierra Leone, Directorate of Health Systems, Policy, Planning and Information; Health Financing Unit. *National Health Account.* s.l. : (as quoted in Sierra Leone Private Health Sector Assessment, V1, WBG), 2018

Our World in Data. [Online] [Cited: December 4, 2020.] https://ourworldindata.org/grapher/ihr-core-capacity-index-sdgs

Sierra Leone National Health Account 2018, 2018.

Sophie Witter, Nouria Brikci, Tim Harris, Richard Williams, Sarah Keen, Ana Mujica, Alex Jones, Alex Murray, Barbara Bale, Bailah Leigh, Ade Renner, *The Sierra Leone Free Healthcare Initiative (FHCI): process and effectiveness review.* 2016. 10.13140/RG.2.1.2673.4960

Statistics Sierra Leone, *2015 Population and Housing Census.* s.l. : Statistics Sierra Leone, 2016

Statistics Sierra Leone, *Sierra Leone Demographic and Health Survey, 2019,* Rockville, Maryland, USA: The DHS Program, ICF, November 2019

Statistics Sierra Leone, the World Bank, and the Government of Sierra Leone, *Sierra Leone Integrated Household Survey (SLIHS) Report 2018,* Freetown, Sierra Leone : s.n., 2019

The Pharmacy Board of Sierra Leone. [Online] [Cited: November 20, 2020.] http://www.pharmacyboard.gov.sl/.

Tim Ensor, Tomas Lievens, Mike Naylor, Review of Financing of Health in Sierra Leone and the Development of Policy Options: Final Report. s.l. : Oxford Policy Management, 15 July 2008

UNESCO World Heritage List. Old Fourah Bay College Building. [Online] [Cited: November 19, 2020.] https://whc.unesco.org/en/tentativelists/5744/.

UNESCO. ACT: Supplement to the Sierra Leone Gazette Extraordinary Vol. CXXXVIII, No. 43 dated 3rd September, 2007. *The Child Right Act, 2007.* [Online] [Cited: December 7, 2020.] http://www.unesco.org/education/edurights/media/docs/08ca923c5231b0fbc88f532d4f2cc6299909eb8c.pdf.

UNFPA, Free Healthcare Initiative: UNFPA Support in Sierra Leone 2013.

United Nations Inter-agency Group for Child Mortality Estimation, *Levels and Trends in Child Mortality, Report 2019,* 2019.

World Bank Group, Poverty and Equity Brief, Sub-Saharan Africa, Sierra Leone, October 2020, 2020

World Bank Group, World Development Indicators, 2020

World Health Organization. Joint External Evaluation of the IHR Core Capacities of the Republic of Sierra Leone; Mission report: 31 October–4 November 2016. Geneva, Switzerland : World Health Organization, 2017

World Health Organization: Regional Office for Africa, *Health Systems and Services for UHC and other Health Related SDG Targets: Scoping Mission Report,* Freetown, Sierra Leone : s.n., June 10– 14, 2019.