The Sierra Leone

National Hospital Strategy

for Service Delivery Transformation

Making Hospitals Fit-for-Purpose

Republic of Sierra Leone

2025-2030

1st Edition

May 2025

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Foreword

It is with a profound sense of purpose and commitment to the health and well-being of our people that I present the Sierra Leone National Hospital Strategy for Service Delivery Transformation 2025–2030. This document marks a transformative step toward redefining our nation's hospital system into centres of excellence that deliver high-quality, safe, integrated, and sustainable healthcare services for the people of Sierra Leone.

Our country faces significant challenges, from under-resourced health facilities and workforce constraints to the increasing demands of a growing and urbanizing population. At the same time, we recognize the extraordinary potential that exists within our healthcare system. This strategy has been developed through an inclusive, evidence-based process, engaging stakeholders from across government, clinical services, civil society, and the international community. It reflects our collective determination to modernize hospital services, improve patient outcomes, and ensure that everyone has equitable access to quality care.

At its core, this strategy is guided by the principles of equity, quality, sustainability, community participation, innovation, and accountability. It is designed to address not only the clinical and operational challenges but also to establish robust legal, governance, and financing frameworks that support long-term improvements. By harmonizing our efforts with global commitments such as Universal Health Coverage and the Sustainable Development Goals, we are poised to create a resilient health system that can adapt to future challenges and emergencies.

I extend my sincere appreciation to all those who have contributed their expertise and passion to this endeavour. It is my firm belief that with the full support of our partners, and through steadfast political commitment, this strategy will serve as a catalyst for reform, ultimately transforming our hospitals into beacons of hope and excellence. Together, we are writing a new chapter in the history of Sierra Leone's healthcare—one that is built on the pillars of innovation, inclusiveness, and unwavering dedication to the welfare of our people.

Let this strategy be a call to action for every stakeholder across our nation to join in its implementation, ensuring that no one is left behind in our journey toward a healthier, stronger Sierra Leone.

Austin Demby

Dr. Austin H. Demby

Minister of Health

Remarks

I share with you a vision encapsulating our commitment to transforming hospital services across Sierra Leone. The National Hospital Strategy for Service Delivery Transformation 2025–2030 is not merely a document. It is a comprehensive roadmap to excellence that reaffirms our duty to deliver safe, effective, and patient-centred care at every level of hospital service delivery.

Our hospitals have long been the cornerstone of our healthcare system, yet we are aware of the systemic challenges that have hindered optimal service delivery. This strategy directly addresses these challenges by setting clear objectives and actionable plans, ranging from the modernization of infrastructure and enhancement of clinical protocols to bolstering our human resource capacity and strengthening our supply chain systems.

Central to this initiative is our unwavering focus on quality and accountability. By standardizing clinical guidelines and integrating advanced digital health technologies, we are taking decisive steps to ensure that every patient receives timely and high-quality care. Our approach is holistic and evidence-based, rooted in comprehensive assessments and enriched by the invaluable input of frontline health professionals, communities, and international partners.

As the Chief Medical Officer, I am proud to lead this effort. I am acutely aware of the challenges ahead, but I also recognize the tremendous opportunity we have to redefine hospital care in our country. Through strengthened leadership, innovative financing models, and a renewed focus on training and retention of our healthcare workforce, we are laying the foundation for a resilient system that not only meets today's needs but is also poised to face tomorrow's uncertainties.

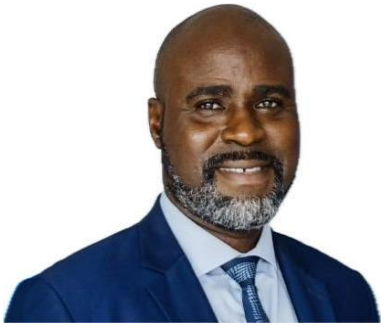
I call upon every clinician, administrator, and support staff to embrace this vision. Let us work collaboratively to ensure that our hospitals become the epitome of excellence, a true reflection of our nation's resolve to provide equitable and quality healthcare for all. Together, we will build a legacy of care that transcends challenges and transforms lives.

Dr Sartie Kenneh

Chief Medical Officer

Ministry of Health

Acknowledgement



I wish to express my sincere gratitude to everyone who has contributed to developing the Sierra Leone National Hospital Strategy for Service Delivery Transformation 2025–2030. This strategy is the product of a collaborative effort and highly consultative process that has brought together the expertise, passion, and dedication of numerous individuals across our health sector. I am deeply honoured to have worked alongside visionary leaders, skilled clinicians, dedicated administrators, and engaged community representatives who have all played a vital role in shaping this ambitious and practical roadmap.

I thank the Minister of Health and the Chief Medical Officer for their unwavering support and strategic guidance. Their commitment to transforming our hospitals into centres of excellence has provided the foundation for this strategy. I also appreciate the contributions of our hospital management teams and frontline healthcare workers, whose insights and experiences have enriched every section of this document.

The process of developing this strategy was both challenging and inspiring. It required us to examine every facet of hospital service delivery, from infrastructure and clinical care to governance and financial sustainability. I am proud that through this journey, we have identified clear and actionable steps to create a resilient, patient-centred, and equitable hospital system that will benefit the people of Sierra Leone.

The MoH profusely acknowledges the financial and technical support by WHO in the development of this strategy. More specifically, the MoH appreciates the team led by Mr Foday Musa (Director of Hospitals and Ambulance Services), and including Dr Abdul Jibril Njai (MoH), Dr Abdul Razak Mansaray (WHO), Dr Janette Karimi (WHO), and Dr Brian Adu Asare (WHO), all of whom provided day-to-day technical assistance throughout the development of the strategy.

Special thanks go to Dr Mariama Mustapha, the Public Health Consultant, who provided technical assistance and leadership in designing and writing this strategy.

The role played by other UN agencies including UNICEF and UNFPA is highly appreciated. I am particularly grateful to our partners, donors, and international collaborators who have shared their expertise and resources. Their contributions have enhanced the quality of our strategy and underscored the importance of collaboration in overcoming the challenges we face in healthcare delivery.

As we implement this transformative strategy, I remain fully committed to ensuring that our hospitals deliver the high-quality care our communities deserve. By continuing to work collaboratively, we will build a sustainable hospital system that meets current and future needs, leaving a legacy of excellence and compassion for generations to come.

Thank you to everyone who has been part of this journey. Together, we will transform challenges into opportunities and create a hospital system that is truly fit for purpose.

Dr. med. Mustapha Sundifu Kabba

Deputy Chief Medical Officer - Clinical Services

List of Abbreviations

A&E	Accident & Emergency
AIDS	Acquired Immune Deficiency Syndrome
AMS	Antimicrobial Stewardship
ART	Antiretroviral Therapy
BP	Blood Pressure
BPEHS	Basic Package of Essential Health Services
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHA	Community Health Assistant
CHCs	Community Health Centres
CHO	Community Health Officer
CHPSs	Community Health Posts
CHWs	Community Health Workers
CS	Caesarean Section
CSC	Community Scorecard
DHS	Demographic and Health Survey
DHIS2	District Health Information System 2
DHMT	District Health Management Teams
DMO	District Medical Officer
DPS	Directorate of Pharmaceutical Services
DPT	Diphtheria, Pertussis, and Tetanus
DPPI	Directorate of Planning, Policy and Information
DTC	Drugs and Therapeutics Committee
EHR	Electronic Health Record
EHSP	Essential Health Services Package
eLMIS	Electronic Logistics Management Information System
EID	Early Infant Diagnosis
EmONC	Emergency Obstetric and Newborn Care
EOC	Emergency Operation Centre
FHCI	Free Healthcare Initiative
FMC	Facility Management Committee
FP	Family Planning
GDP	Gross Domestic Product
GGE	General Government Expenditure
GoSL	Government of Sierra Leone
HIV	Human Immunodeficiency Virus
HMC	Hospital Management Committee
HMIS	Health Management Information System
HRH	Human Resources for Health
ICU	Intensive Care Unit
IHR	International Health Regulations
IUCD	Intrauterine Contraceptive Device
KPIs	Key Performance Indicators
LIMS	Laboratory Information Management System
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation

MCHA	Maternal and Child Health Assistant
MCHP	Maternal and Child Health Post
MDCSL	Medical and Dental Council of Sierra Leone
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
mPCR	Modern Contraceptive Prevalence Rate
MTNDP	Medium-Term National Development Plan
NAPHS	National Action Plan for Health Security
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NHSCS	National Health Supply Chain Strategy
NHSP	National Health and Sanitation Policy
NHSSP	National Health Sector Strategic Plan
NMSA	National Medical Supplies Agency
NPHA	National Public Health Agency
NSC	National Steering Committee
OOP	Out-Of-Pocket
PBF	Performance-Based Financing
PFM	Public Financial Management
PHC	Primary Health Care
PHUs	Peripheral Health Units
PPP	Public Private Partnership
RMNCAH+N	Reproductive, Maternal, Neonatal, Child and Adolescent Health & Nutrition
SARA	Service Availability and Readiness Assessment
SCBU	Special Care Baby Unit
SDGs	Sustainable Development Goals
SDHS	Sierra Leone Demographic and Health Survey
SECHN	State Enrolled Community Health Nurse
SGBV	Sexual and Gender Based Violence
SLeSHI	Sierra Leone Social Health Insurance Scheme
SLIHS	Sierra Leone Integrated Household Survey
SOs	Strategic Objectives
SOP	Standard Operating Procedure
STGs	Standard Treatment Guidelines
TB	Tuberculosis
TAG	Technical Advisory Group
TBD	To Be Determined
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIGME	UN Inter-agency Group for Child Mortality Estimation
UNFPA	United Nations Population Fund
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive Summary

Background and Introduction

Sierra Leone faces significant healthcare challenges, including an under-resourced hospital system, disparities in service delivery, and high disease burdens. The healthcare infrastructure is characterized by aging facilities, limited specialist care, and weak governance structures. The country continues to struggle with high maternal and child mortality rates, a growing burden of non-communicable diseases, and vulnerability to infectious disease outbreaks. Limited financial and human resources further exacerbate the situation, making it difficult to provide consistent, high-quality healthcare services.

The healthcare system in Sierra Leone is structured into three tiers: primary, secondary, and tertiary care. However, hospitals, which serve as the backbone of the health system, often operate with insufficient funding, outdated equipment, and a shortage of trained healthcare workers. Rural communities face even greater challenges due to limited access to healthcare facilities and specialist services.

In response to these challenges, the government has developed the **National Hospital Strategy for Service Delivery Transformation (2025-2030)** to strengthen hospital services and align them with national health policies and global commitments such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). This strategy aims to establish a more efficient, equitable, and sustainable hospital system that meets the needs of the people of Sierra Leone.

Development of the Strategy

The strategy was developed through a highly consultative, evidence-based approach, involving extensive stakeholder engagement, field assessments, and analysis of health system gaps. The methodology included:

- **Desk Reviews**: Analyzing existing national and global policies, reports, and frameworks related to hospital service delivery.
- **Key Informant Interviews**: Engaging with policymakers, healthcare professionals, and development partners to understand existing challenges and opportunities.
- **Rapid Hospital Assessments**: Evaluating the functionality, capacity, and gaps in selected hospitals across the country.
- **Validation Workshops**: Ensuring feedback from stakeholders was incorporated into the final strategy document.

This participatory approach ensured that the strategy is not only evidence-based but also reflective of the priorities and realities within Sierra Leone's healthcare system. The development process emphasized inclusivity, with input from the Ministry of Health, hospital administrators, medical personnel, non-governmental organizations, and community representatives.

Strategic Framework

Vision: An equitable, accessible, affordable, resilient and transformative hospital system that delivers quality services at every life stage, ensuring no one is left behind.

Goal: To transform hospital services across Sierra Leone into centers of excellence that deliver quality, safe, integrated and sustainable healthcare services, contributing to the nation's health and well-being.

Overall Objective: To enhance the efficiency, quality, equity, and accessibility of hospital services in Sierra Leone by addressing systemic challenges, fostering innovation, and integrating community engagement into healthcare delivery.

The strategy is guided by the following principles:

- **Equity**: Ensuring fair access to hospital services for all individuals, particularly underserved populations.
- **Quality of Care and Person-Centred Approach**: Standardizing clinical protocols and ensuring a high level of patient care.
- **Sustainability and Efficiency**: Promoting cost-effective solutions and sustainable healthcare financing mechanisms.
- **Community Participation**: Engaging communities in hospital planning, management, and service delivery.
- **Innovation**: Leveraging digital health technologies and research for evidence-based improvements.
- **Accountability**: Strengthening governance, financial management, and performance monitoring mechanisms.
- **Resilience**: Enhancing hospital preparedness for public health emergencies and disasters.

To address these issues, the strategy is built around 10 Strategic Objectives (SOs), and aligns with global and regional frameworks, including the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), and the International Health Regulations (IHR). It emphasizes equity, quality, accountability, innovation, and resilience as guiding principles.

The strategy will be implemented in three phases over six years:

- Phase 1: Preparation and Capacity Building (Year 1): Focus on stakeholder engagement, capacity building, baseline assessments, and resource mobilization.
- Phase 2: Implementation and scaling (Years 2–4): Execute strategies to address key gaps across thematic areas, and scale successful interventions.
- Phase 3: Sustainability and Impact Assessment (Years 5–6): Evaluate progress, document lessons, and put in place sustainability plans.

By 2030, the strategy aims to achieve:

- Improved access to equitable and quality hospital services.
- Increased healthcare workforce density and retention.
- Reduced mortality rates and better health outcomes across all life stages.
- Strengthened health security and emergency preparedness.

Table 1: Summary of strategies by strategic objective

Strategic Objective	Strategies
SO1: To establish a cohesive and updated legal and regulatory framework that ensures compliance, accountability, and the effective governance of hospital services in line with national priorities and international standards.	Strategy 1.1. Update and harmonize Hospital-related legislation to address outdated provisions and overlapping mandates. Strategy 1.2. Establish and enforce mechanisms for the regulation of public and private hospitals to ensure service quality and patient safety.
SO2: To strengthen leadership, governance, and coordination mechanisms to promote effective management and multi-sectoral collaboration across all levels of hospital service delivery.	Strategy 2.1. Build leadership and management capacity at national, sub-national, and hospital levels. Strategy 2.2. Strengthen the role of Hospital Boards and Hospital Management Committees to enhance oversight and accountability. Strategy 2.3. Establish coordination platforms to align government, private sector, and donor priorities Strategy 2.4. Decentralize decision-making to empower hospital-level leaders.
SO3: To secure sustainable and equitable healthcare financing mechanisms that reduce financial barriers and ensure efficient resource allocation for hospital service delivery.	Strategy 3.1. Increase government budget allocations to hospitals. Strategy 3.2. Explore innovative financing models for hospitals, such as performance-based financing, earmarked taxes, and public-private partnerships. Strategy 3.3. Strengthen financial management systems to improve resource efficiency and transparency. Strategy 3.4. Develop mechanisms to allocate resources equitably, prioritizing underserved areas and vulnerable populations.
SO4: To upgrade, expand, and maintain hospital infrastructure to meet national and international standards and address rural-urban disparities.	Strategy 4.1. Prioritize investment in Water, Sanitation, and Hygiene infrastructure. Strategy 4.2. Establish standards and blueprints for hospital design and construction. Strategy 4.3. Promote the use of renewable energy solutions to improve sustainability. Strategy 4.4. Implement a maintenance plan for hospital equipment and infrastructure.
SO5: To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.	Strategy 5.1. Increase recruitment, training and retention of healthcare workers, particularly specialists, to address numbers and skill sets in hospitals. Strategy 5.2. Introduce mentorship and leadership programs to build management capacity. Strategy 5.3. Strengthen the HRH information systems in hospitals. Strategy 5.4. Decentralize and strengthen HRH management functions at the hospital level, providing authority and resources.

Strategic Objective	Strategies
SO6: To deliver high-quality, integrated, and patient-centred hospital services that address the health needs of individuals across all life stages.	Strategy 6.1. Standardize clinical guidelines and protocols to ensure consistency in care delivery. Strategy 6.2. Improve the efficiency and effectiveness of the referral system and Linkages. Strategy 6.3. Promote a more integrated and coordinated approach to healthcare delivery. Strategy 6.4. Establish mechanisms to ensure the delivery of quality health services. Strategy 6.5. Expand specialized services to underserved regions. Strategies 6.6. Enhance the management of clinical emergencies.
SO7: To ensure the uninterrupted availability of essential medicines, equipment, and supplies through an efficient, transparent, and sustainable supply chain system.	Strategy 7.1. Strengthen supply chain management systems to minimize stockouts and wastage. Strategy 7.2. Enhance patient safety, optimize medication therapy and ensure rational medicine use in hospitals through comprehensive pharmaceutical care. Strategy 7.3. Increase investments in storage facilities and infrastructure. Strategy 7.4 Strengthen laboratory services in all hospitals. Strategy 7.5. Strengthen drug management in all hospitals.
SO8: To strengthen health information systems and foster a culture of research and innovation to enhance evidence-based decision-making and improve hospital service delivery.	Strategy 8.1. Strengthen DHIS2 management and data quality by investing in technical and organizational capacity building. Strategy 8.2. Advance digital health implementation to guide the adoption and integration of technologies, such as electronic health records, telemedicine, and mobile health. Strategy 8.3. Facilitate collaboration between research institutions, universities, and the MoH, to develop a national health research agenda.
SO9: To embed human rights, gender equity, and meaningful community engagement into hospital services to ensure inclusivity and responsiveness to community needs.	Strategy 9.1. Promote Human Rights, Equity, and Gender Approaches in Hospitals Strategy 9.2. Strengthen community engagement, ownership and cultural sensitivity in healthcare delivery. Strategy 9.3. Establish robust community feedback and accountability mechanisms.
SO10: To build a resilient hospital system that is well-prepared for and capable of responding to public health emergencies and disasters.	Strategy 10.1. Establish and regularly update emergency preparedness plans for hospitals. Strategy 10.2. Train hospital staff in emergency response and disaster management. Strategy 10.3. Ensure adequate stockpiling of emergency supplies and medicines. Strategy 10.4. Establish standards and blueprints for hospital design and construction, including emergency response infrastructure. Strategy 10.5. Implement comprehensive waste management plans in all health facilities, including training for healthcare waste handlers and the provision of appropriate equipment and personal protective equipment.

Chapter 1

Background and Introduction

1 Background and Introduction

1.1 Country Profile

Sierra Leone, officially The Republic of Sierra Leone, is located on the southwest coast of West Africa. The country is bordered by Liberia on the southeastern side and Guinea on the northern and Northeastern side. Covering 71,740 km^2, the country features diverse environments, from savannas to rainforests, and has a tropical climate with a dry season from November to April and a rainy season from May to October. With a GDP per capita of USD 757.9 (2023), Sierra Leone is a low-income nation. In 2023, the Population Division of the United Nations Department of Economic and Social Affairs estimated its population at 8.8 million.

Administratively, the country is divided into five major regions, namely the Northern Region, Northwestern Region, Southern Region, Eastern Region, and the Western Area, where the capital Freetown is located. The four provinces are divided further into fourteen districts, which are in turn sub-divided into chiefdoms, governed by local paramount chiefs. The Western Area is divided into two districts, with no chiefdoms. With the recent devolution of services to local communities, the country has been divided into 21 local councils which are then further sub-divided into 392 wards.

Figure 1: Map of administrative districts in Sierra Leone

The population grows at 2.2% annually (1), increasing demand for healthcare services. While 57.5% of the population lives in rural areas, urban populations are rising, driven by migration.

This shift brings health challenges like overcrowding and sanitation issues. Health infrastructure will face extra strain if it does not keep up with population growth.

1.2 Overview of The Country's Health Care System

The Ministry of Health (MoH) centrally coordinates Sierra Leone's healthcare system, handling regulation, resource mobilization, service provision, quality assurance, policy development, and workforce capacity-building. The MoH also directly oversees tertiary referral hospitals. The Ministry of Local Government and the MoH have a joint responsibility for oversight of district health, including primary and secondary levels of care.

At the district level, District Health Management Teams (DHMTs) are responsible for managing, monitoring, and delivering healthcare services. These teams provide disease prevention, health promotion, health education, and safe water and environmental sanitation services, under the guidance of the District Medical Officer (DMO). The DHMT is responsible for planning, organizing and monitoring health provision, training personnel, working with communities and supplying equipment and drugs. District Councils oversee the operations of the DHMTs and health facilities in their districts, with the exceptions of regional and tertiary hospitals.

At policy level, the National Health Sector Strategic Plan (NHSSP II) provides the overall direction for the health sector. The government provides healthcare services guided by the Basic Package of Essential Health Services (BPEHS 2015 - 2020). This has now been replaced by the Essential Health Services Packages 2021 – 2030 (EHSP 2021 – 2030).

Sierra Leone's healthcare system is based on a primary healthcare model with three tiers: primary, secondary, and tertiary. Primary care is provided at the community level by Community Health Workers (CHWs), and at Peripheral Health Units (PHUs) by Maternal and Child Health Posts (MCHPs), Community Health Posts (CHPs) and Community Health Centres (CHCs). PHUs refer patients to the district hospitals, and these secondary-tier facilities also accept walk-ins as they operate outpatient and family medicine units. The district hospitals at the secondary tier provide more specialized services, while tertiary hospitals serve as referral centres and educational institutions. Finally, specialized regional hospitals and teaching hospitals comprise the tertiary tier of care. This three-tiered structure is interconnected through a referral system, with PHUs referring to district hospitals, district hospitals to regional hospitals, and regional hospitals to tertiary facilities.

Ideally, the first point of contact with the health system should be in the community through the community health units served by the CHWs. The CHWs, who are mostly volunteers, deliver preventive health services in the community and refer complex cases to health facilities, but they face challenges like high attrition and low motivation.

According to the Basic Package of Essential Health Services (BPEHS) 2015-2021, MCHPs are intended to be staffed by three Maternal and Child Health Assistants (MCHAs), while CHPs are to include two MCHAs, a State Enrolled Community Health Nurse (SECHN), a midwife, and support staff. CHCs offer more comprehensive services and have additional staff, including a Community Health Assistant (CHA), Community Health Officer (CHO), pharmacy technician, and lab assistant (2). CHCs refer complicated cases to higher-level facilities. The District Hospitals are meant to offer specialized services with specialist doctors - at minimum, an anaesthetist, surgeon, obstetrician, gynaecologist, paediatrician, physician and dentist (2).

The private health sector in Sierra Leone comprises formal and informal sectors, as well as civil society and professional associations. The formal sector includes both for-profit entities, which play a role in service delivery and supply chain, and not-for-profit organizations, such as NGOs and faith-based groups, which contribute more substantially to expanding healthcare coverage and services delivery across the country. Informal providers, including traditional birth attendants, traditional healers, and informal drug sellers, primarily serve rural areas and have limited regulatory oversight.

Sierra Leone has 1,428 health facilities: 65 hospitals, 258 CHCs, 433 CHPs, and 672 MCHPs (3). The country also has over 9,000 CHWs deployed at the community level to deliver health promotion services (3). With an average of 1.8 health facilities per 10,000 people, Sierra Leone surpasses most neighboring countries' facility density (4). However, its in-patient and maternity bed densities per 10,000 people (12 and 8, respectively) fall short of WHO's recommended thresholds (4).

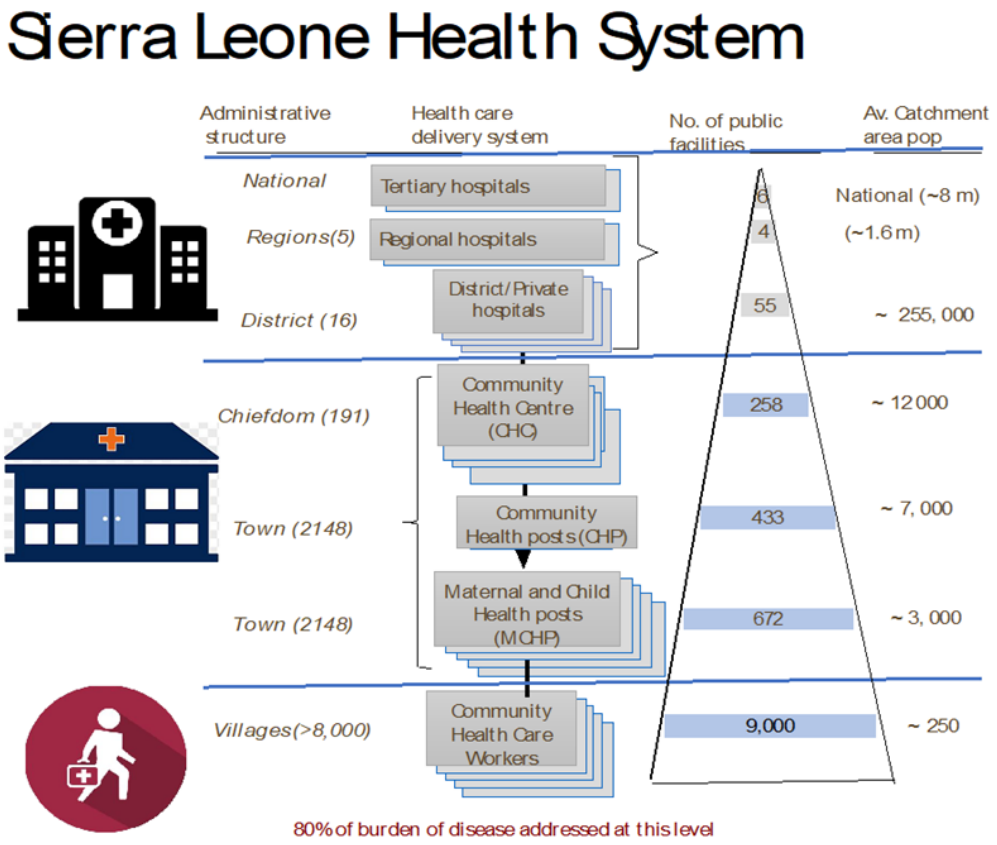


Figure 2: Overview of Sierra Leone Health System

Source : Sierra Leone RMNCAH and Nutrition Strategy 2017—2025

Chapter 2

Situational Analysis

2 Situation Analysis

2.1 Health Status of the Population

Sierra Leone faces a significant burden of communicable diseases, including malaria, tuberculosis, and vaccine-preventable diseases, along with maternal, perinatal and nutritional conditions, which together account for 58% of the country's disease burden (5). At the same time, non-communicable diseases (NCDs) like cardiovascular disease, cancers, chronic respiratory diseases, diabetes, and injuries are increasingly common, causing 42% of deaths. Malnutrition remains a public health concern, with anaemia affecting 68% of children under five and 47% of women of reproductive age (5).

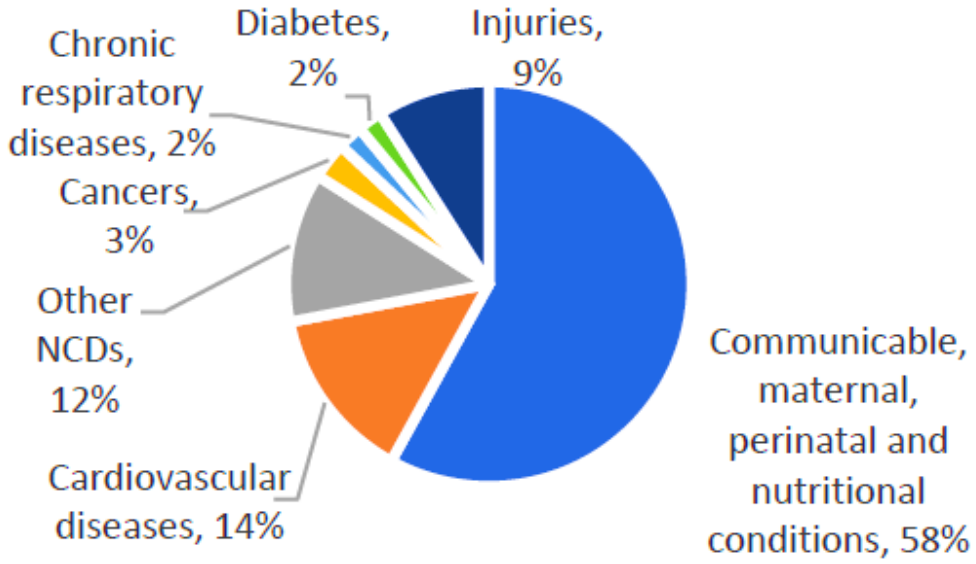


Figure 3: Estimated Sierra Leone mortality distribution

Source: WHO Country Cooperation Strategy 2022–2025, Sierra Leone

Sierra Leone has seen improvements in key health indicators since 2000. Life expectancy has increased to 54.3 years. According to the UN Inter-agency Group for Child Mortality Estimation (UN IGME), the under-5 mortality rate dropped from 141 to 105 per 1,000 live births between 2015 and 2021, though it remains above the SDG target of 25 per 1,000 (6). Neonatal mortality declined from 35 to 31 per 1,000 live births in the same period, but it too remains above the SDG target of 12 per 1,000 live births (6).

From 2000 to 2020, the maternal mortality ratio (MMR) fell from 1,682 to 443 per 100,000 live births (7), and currently stands at 354 per 100,000 live births, reflecting modest health system improvements. Since 2010, primary and secondary healthcare infrastructures have expanded significantly, with the introduction of free healthcare initiatives and better access to Emergency Obstetric and Newborn Care (EmONC) services. Enhanced access to high-impact maternal and child health interventions. However, the maternal mortality ratio of the country is still one of the highest globally.

The age-standardized mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 647 per 100,000 in males and 644 in females in 2021 (5). NCDs account for an estimated 29 700 deaths every year in Sierra Leone (males 14 000; females 15 700) (5).

In 2023, there were 3,345 new Human Immunodeficiency Virus (HIV) infections in Sierra Leone and 1,834 AIDs related deaths (8). The country has not yet achieved the 95-95-95 targets for adults and children (95% of all people living with HIV know their HIV status, 95% of all people diagnosed with HIV receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy have viral suppression). The country's cascade is currently at 88-87-66 and 37-32-24 for adults and children respectively (8). The mother to child transmission rate of HIV was reportedly 12.04% which is above the global target of <5% in a breastfeeding population like Sierra Leone (8).

Despite high knowledge of contraception, the modern contraceptive prevalence rate (mPCR) among 15-19 years old remained low at 21% (9). In 2017, the Service Availability and Readiness Assessment (SARA) found that many facilities provide services to adolescents, although these were mainly family planning (FP) services, whereas provision of other services like HIV testing and ART were low at 60% and 34% respectively (10). 23% of adolescents were pregnant, highlighting the need for adolescent friendly health services (10).

The capacity to provide surgical services and NCD services was low despite the need for these services e.g. CS delivery rate was 4%, which is lower than the WHO recommendation. Only 6.8% of adults with raised blood pressure were on medications (10). Despite NCDs becoming an increasing cause of mortality, the awareness of the diseases and service availability was low as indicated in the table below. Hospitals provide NCD services, but most do not have NCD clinics for regular patient follow up (10).

Strengthening service delivery can significantly improve service delivery across all the life stages, by creating mechanisms for receiving referral cases needing surgical and the complicated NCDs services while supporting PHUs to build capacity to provide basic care for non-complicated cases.

Table 2: Key Health Indicators for Sierra Leone

Indicator	Performance	Data Source
Maternal Health		
Maternal Mortality Ratio	354 per 100,000 live births	MMEIG 2023
Antenatal Care (at least one visit)	97%	SDHS 2019
Antenatal Care (four visits)	79%	SDHS 2019
Pregnant women with anaemia	47%	SDHS 2019
Health facilities conducting haemoglobin test	5%	SDHS 2019
Delivery by skilled health workers	87%	SDHS 2019
Access to caesarean section	4%	SDHS 2019
Availability of resuscitation equipment	43%	SDHS 2019
Blood typing in CEmONC facilities	47%	SARA 2017
Cross matching in CEmONC facilities	27%	SARA 2017
Sufficiency of blood supply in CEmONC facilities	31%	SARA 2017

Indicator	Performance	Data Source
Newborn and Child Health		
Under-5 Mortality Rate	105 per 1,000 live births	UN IGME 2023
Neonatal Mortality Rate	31 per 1000 live births	UN IGME 2023
Full Immunization Coverage (12-23 months)	56%	SDHS 2019
DPT1 Coverage	94.60%	SDHS 2019
DPT3 Coverage	78.10%	SDHS 2019
Measles Vaccination (first dose)	74.70%	SDHS 2019
Measles Vaccination (second dose)	54.40%	SDHS 2019
Stunting (under 5)	26.2%	SLNNS 2021
Wasting (under 5)	5.2%	SLNNS 2021
Underweight (under 5)	11%	SLNNS 2021
Early initiation of breastfeeding	89.4%	SLNNS 2021
Exclusive breastfeeding (0-6 months)	52.7%	SLNNS 2021
Reproductive Health		
Knowledge of modern contraception (married women)	98%	SDHS 2019
Knowledge of modern contraception (unmarried women)	99%	SDHS 2019
Modern contraceptive use (women 15-49 years)	24%	SDHS 2019
Total Fertility Rate	4.2	SDHS 2019
Modern Contraceptive Prevalence Rate (15-19 years)	21%	SDHS 2019
HIV treatment coverage (pregnant women)	87%	UNAIDS 2024
Vertical transmission of HIV	12.04%	UNAIDS 2024
Early Infant Diagnosis (EID) coverage	18% (2023)	UNAIDS 2024
Prevalence of anaemia among women of reproductive age (% of women ages 15-49)	48.4% (2019)	World Bank
Adolescent Health		
Adolescent pregnancies (15-19 years)	21.30%	SDHS 2019
Facilities offering adolescent health services	89%	SARA 2017
Facilities offering adolescent HIV testing	60%	SARA 2017
Facilities offering ART to HIV-positive adolescents	34%	SARA 2017
Facilities offering adolescent IUCDs	15%	SARA 2017
Adult and Geriatric Health		
Adults with raised BP (25-64 years)	34.80%	STEPS 2009
Adults with raised BP on medication	6.80%	STEPS 2009
The age-standardized mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes)	647/100,000 Females; 644/100,000 Males	WHO 2023
HIV prevalence (adults 15-49 years)	1.8%	UNAIDS 2024
PLHIV receiving ART	77,000+	UNAIDS 2024
Drug-sensitive TB treatment coverage	93%	NLTCP 2024
Facilities offering TB services	13%	NLTCP 2024
Treatment success rate (drug-sensitive TB)	92%	NLTCP 2024
Utilization of rapid diagnostics at TB diagnosis (GeneXpert utilization)	36%	NLTCP 2024
Drug-resistant TB treatment coverage	32%	NLTCP 2023
Treatment success rate (drug-resistant TB)	78%	NLTCP 2023
People with TB and their households facing catastrophic total costs (Modelled data, 2021)	91%	WHO Global TB Report 2024
Gender-Based Violence		

Indicator	Performance	Data Source
Women experiencing physical violence (15-49 years)	61%	SDHS
Women experiencing sexual violence (15-49 years)	7%	SDHS
Spousal violence (ever-married women)	61%	SDHS
Women seeking help for violence	40%	SDHS

2.1.1 The National Hospital System

This section provides an overview of the key findings, challenges and recommendations in the national hospital service delivery in Sierra Leone by thematic areas derived from the health system building blocks. Situation analysis of the national hospital service delivery identified a complex network of interlinked, systemic, and institutional problems that contribute to some of the failings of the national hospital system. While Sierra Leone has made notable progress in hospital service delivery, systemic challenges in governance, financing, infrastructure, workforce capacity, supply chains, and emergency preparedness continue to hinder healthcare improvements. Addressing these bottlenecks through comprehensive reforms, targeted investments, and stronger stakeholder coordination will be critical for transforming hospital services and achieving Universal Health Coverage (UHC) in Sierra Leone.

2.1.1.1 Legal and Regulatory Framework

The legal and regulatory framework for hospital service delivery in Sierra Leone is characterized by a mix of outdated and newly implemented policies. While progress has been made with the enactment of the National Medical Supplies Agency (NMSA) Act (11) and other regulatory measures, several gaps persist. Many laws are outdated and do not align with current healthcare needs, creating enforcement challenges. Additionally, the existence of separate acts governing selected Hospital Boards and Teaching Hospitals Complex Administration can lead to overlapping mandates and potential confusion regarding responsibilities (12,13). This highlights the need for clear coordination and communication between these entities. Weak enforcement of existing laws, lack of accountability mechanisms, non-functionality of Hospital Boards, and insufficient stakeholder involvement in legal framework development etc., hinder effective implementation. To address these challenges, there is a need to update and harmonize existing laws, strengthen enforcement mechanisms, and enhance stakeholder engagement to ensure compliance with healthcare regulations.

2.1.1.2 Governance, Leadership and Coordination

Hospital leadership, governance, and coordination remain fragmented, affecting service delivery across different levels of the health system (14). Although some improvements have been noted, especially in crisis response during the Ebola outbreak, overall governance structures lack cohesion. Decision-making processes are centralized, limiting efficiency at district and facility levels. Poor coordination among stakeholders, including government agencies, donors, and non-governmental organizations, results in misalignment of priorities and fragmented implementation of health initiatives (14). Leadership accountability is weak, with unclear lines of responsibility contributing to ineffective hospital management (14). There is also limited strategic management capacity among hospital administrators (14). Strengthening leadership and governance through capacity-building programs, establishing clear accountability structures, and improving coordination frameworks are critical to enhancing hospital service delivery.

2.1.1.3 Sustainable Hospital Financing

Healthcare financing remains a major constraint to effective hospital service delivery in Sierra Leone. The government has increased its budget allocation to healthcare, reaching 11% of total spending in 2020, and introduced initiatives such as the Free Healthcare Initiative (FHCI) to improve financial access (15,16). However, out-of-pocket payments still account for 46.6% of total health expenditure, placing a significant financial burden on households and contributing to inequities in healthcare access (5). The health system remains highly dependent on donor funding, which is often unpredictable and unsustainable. Inefficiencies in budget allocation and utilization further exacerbate financial challenges. Budget allocations to hospitals are not disbursed quarterly as expected. Despite efforts to introduce the Sierra Leone Social Health Insurance Scheme (SLeSHI) to improve risk pooling and financial protection, its implementation has been slow (17,18). To ensure financial sustainability, the government must explore alternative funding mechanisms such as public-private partnerships, strengthen financial planning and accountability, and accelerate the implementation of health insurance schemes.

2.1.1.4 Hospital Infrastructure

There are 55 districts and private hospitals, five regional hospitals, and six referral hospitals (3). Hospital infrastructure in Sierra Leone has seen some improvements, particularly in urban areas, where new health facilities have been constructed and existing ones upgraded. However, the distribution of hospital infrastructure remains inequitable, with rural communities facing significant challenges in accessing healthcare services (14). Many hospitals suffer from aging infrastructure, insufficient maintenance, and a lack of essential amenities such as electricity, water, and sanitation. Medical equipment is often inadequate or poorly maintained, limiting the ability of hospitals to provide quality care. Furthermore, there is no standardized infrastructure blueprint, leading to inconsistencies in hospital design and service capacity (17). Investments in hospital infrastructure, particularly in underserved areas, along with the implementation of routine maintenance schedules and better resource allocation, are needed to ensure hospitals are functional and capable of delivering quality services.

2.1.1.5 Human Resources for Health

Human resources for health (HRH) face severe shortages across all levels of the healthcare system, with significant disparities between urban and rural areas. While the government expanded training programs for healthcare workers, including specialists like obstetricians, and paediatricians, the overall density of health professionals remains critically low at 6.4 per 10,000 population, far below the national target of 45 per 10,000 (17). The workforce distribution is highly uneven, with rural areas particularly underserved, exacerbating regional disparities in healthcare access (14) (17). Low salaries, poor working conditions, and limited career development opportunities contribute to high attrition rates, making staff retention a persistent challenge. Additionally, there is an imbalance in the skill mix, with a lack of specialists in key medical fields, forcing general practitioners to handle complex cases beyond their training. Strengthening recruitment, improving retention strategies through competitive salaries and incentives, and investing in continuous professional development are essential to addressing these workforce challenges.

2.1.1.6 Hospital Service Delivery

Hospital service delivery has improved in some areas, notably in maternal and child health, with a reduction in maternal and under-five mortality rates and the establishment of Special Care

Baby Units (SCBUs) for neonatal care. However, service delivery remains fragmented, with weak referral systems, and inconsistent integration of healthcare services across different levels of care. The healthcare system faces challenges in addressing the specific needs of different age groups across the life stages, highlighting the need for a more integrated and person-centred approach to healthcare delivery (2). Many hospitals lack the capacity to provide specialized services, forcing patients to travel long distances for advanced medical care. There are significant disparities in service quality between urban and rural hospitals, contributing to inequities in health outcomes. Limited availability of basic medical supplies, stockouts of essential medicines, and outdated clinical guidelines further compromise the quality of care. Strengthening referral pathways, integrating healthcare services to ensure continuity of care, and addressing regional disparities in service provision are key priorities for improving hospital service delivery.

2.1.1.7 Essential Medicines, Equipment and Diagnostics

The availability of essential commodities, equipment, and diagnostics remains a major challenge in Sierra Leone's hospitals. While the adoption of the National Health Supply Chain Strategy (2023-2027) represents a step forward in addressing supply chain inefficiencies, frequent stockouts of essential medicines and medical supplies continue to hinder service delivery (19). The supply chain system suffers from poor coordination, inadequate forecasting, and over-reliance on donor-funded medical supplies. Many hospitals also face difficulties in accessing advanced diagnostic tools and spare parts for medical equipment repairs, further limiting their capacity to provide quality care. Establishing a more robust supply chain management system, investing in local production of essential medical commodities, and improving procurement and distribution mechanisms are critical steps toward ensuring the availability of essential healthcare supplies.

2.1.1.8 Health Information

Health information systems, research, technology, and innovation are still underdeveloped, limiting the use of data for evidence-based decision-making. The adoption of DHIS2 as the national Health Management Information System (HMIS) has improved data collection and reporting rates, but data quality issues persist (20,21). Hospitals still rely on paper-based records, leading to inefficiencies and delays in accessing critical patient information. The country lacks an integrated digital health system, and there is minimal investment in health research and innovation. Weak coordination between research institutions and the Ministry of Health further limits the use of research findings in policy development. To enhance data-driven healthcare planning and decision-making, Sierra Leone needs to invest in digital health infrastructure, improve data integration across healthcare facilities, and strengthen partnerships with research institutions.

2.1.1.9 Gender, Human Right and Community Engagement

Human rights, gender, and community engagement efforts have gained some traction, particularly with the deployment of 9,000 Community Health Workers (CHWs) and the adoption of the Community Scorecard for monitoring healthcare services (22). However, gender disparities persist in healthcare access, with women facing barriers to sexual and reproductive health services. Community participation in health planning remains weak, with limited engagement of marginalized groups in decision-making processes. To address these challenges, policies must prioritize equity, enhance community involvement in health governance, and

implement targeted interventions to promote gender equality in healthcare access and leadership.

2.1.1.10 Health Emergencies

Hospital service delivery and emergency readiness have seen improvements, particularly in outbreak response, with Sierra Leone achieving a 90% detection rate for infectious disease outbreaks (14). The establishment of the National Public Health Agency (NPHA) and the development of the National Action Plan for Health Security (NAPHS) have strengthened emergency preparedness. However, significant gaps remain, including inadequate training for emergency response teams, limited stockpiles of essential medical supplies, and weak disaster preparedness at hospital levels (23). Many hospitals lack the necessary infrastructure and personnel to handle large-scale emergencies, making the health system vulnerable to future crises (23). Strengthening emergency preparedness through regular training, investment in emergency medical stockpiles, and the establishment of rapid response mechanisms will be essential for building a more resilient healthcare system.

2.2 Rationale/Justification for a National Hospital Strategy

Given the myriads of challenges, key actions and services have been identified to improve health service delivery in hospitals. One such action is the development of a National Hospital Strategy for Service Delivery Transformation. This plan aims to create a comprehensive roadmap for managing hospitals and devise strategies for administering clinical services nationwide, with the overarching goal of setting and progressively implementing standards and ensuring quality care despite challenging circumstances. There is a need to reform and improve the role of hospitals as a critical element in the national health system, with the provision of services as one of its missions in the UHC era through developing a national hospital strategy using WHO and related frameworks.

The National Hospital Strategy prioritizes essential hospital services and interventions that will have the greatest impact on population health outcomes, aligning with the Essential Health Services Package for UHC and RMNCAHN strategy given the resource constraints.

The strategy also supports the empowerment of hospital management teams to effectively manage hospital service delivery. Quality of care and patient centred care across all hospitals is prioritized, aligning with the National Healthcare Quality and Patient Safety Policy. This includes development, implementation and enforcement of standards, promotion of evidence-based practices, and implementation of robust monitoring and evaluation mechanisms.

The strategy emphasizes meaningful community engagement in all aspects of hospital service delivery, from planning and design to implementation and evaluation. This includes creating mechanisms for community feedback and accountability, and empowering communities and other social services.

The strategy addresses the challenges of human resources for health, including recruitment, retention, training, and equitable distribution of healthcare workers across rural and urban areas. The strategy further outlines a plan for sustainable financing of hospital service delivery,

exploring innovative financing mechanisms and aligning with national health financing policies and the UHC Roadmap.

The strategy also incorporates considerations for health security and emergency preparedness, strengthening the health system's capacity to respond to public health emergencies and aligning with national and international frameworks like International Health Regulations (IHR) 2005.

The National hospital Strategy recognizes the role of the Primary Healthcare System in strengthening hospital service delivery, for example by reducing the patient burden on hospitals. There is a need to reinforce primary care to manage common presentations, diseases and conditions at outpatient and community levels before people seek care at hospitals. Strengthening primary care through improved clinical and diagnostic capacities and using well defined referral/counter-referral systems would alleviate pressure on the hospital system. Improving hospitals' efficiency and quality, as well as integration with primary care, is critical to raising hospitals' performance. It would also be cost effective to do so. Without hospitals, primary health care services, and investments made in hiring staff or new equipment, lack a point of reference and an effective referral network. If hospitals are dysfunctional, services at all levels suffer.

2.3 Alignment with Global and National Policies and Initiatives

A Sierra Leone National Hospital Strategy for Service Delivery Transformation aligns with, draws lessons from, and leverages existing policies and strategies at the global, regional, and national levels. The importance of alignment for achieving broader health goals cannot be overemphasized. By aligning with these global, regional, and national policies and strategies, a Sierra Leone National Hospital Strategy for Service Delivery Transformation creates a comprehensive and coordinated approach to improving the health and well-being of the residents, contributing to the achievement of national and international development goals.

At the Global level, the strategy aligns with**:**

- **Sustainable Development Goals (SDGs):** The National Hospital Strategy aligns with the SDGs, particularly SDG 3, which focuses on ensuring healthy lives and well-being for all (24,25). This strategy will contribute to achieving the targets set forth in the SDG framework, such as reducing maternal and child mortality, ending epidemics of major communicable diseases, and ensuring universal access to sexual and reproductive healthcare services.
- **International Health Regulations (IHR 2005):** Sierra Leone has committed to IHR 2005, which seeks to prevent, control, and respond to the international spread of disease (14). The National Hospital Strategy, in the context of health security, considers the country's obligations under this framework to prevent, detect, and respond to public health emergencies.
- **Universal Health Coverage (UHC):** Sierra Leone has committed to achieving UHC by 2030. This ambitious goal requires provision of affordable and accessible quality healthcare to all citizens without causing financial hardship (14). The National Hospital Strategy is instrumental in realizing this commitment by ensuring efficient and equitable provision of quality hospital services across the country, which are also supporting primary healthcare

services. The strategy aligns with the core strategic pillars of the UHC road map as shown in figure 4 below.

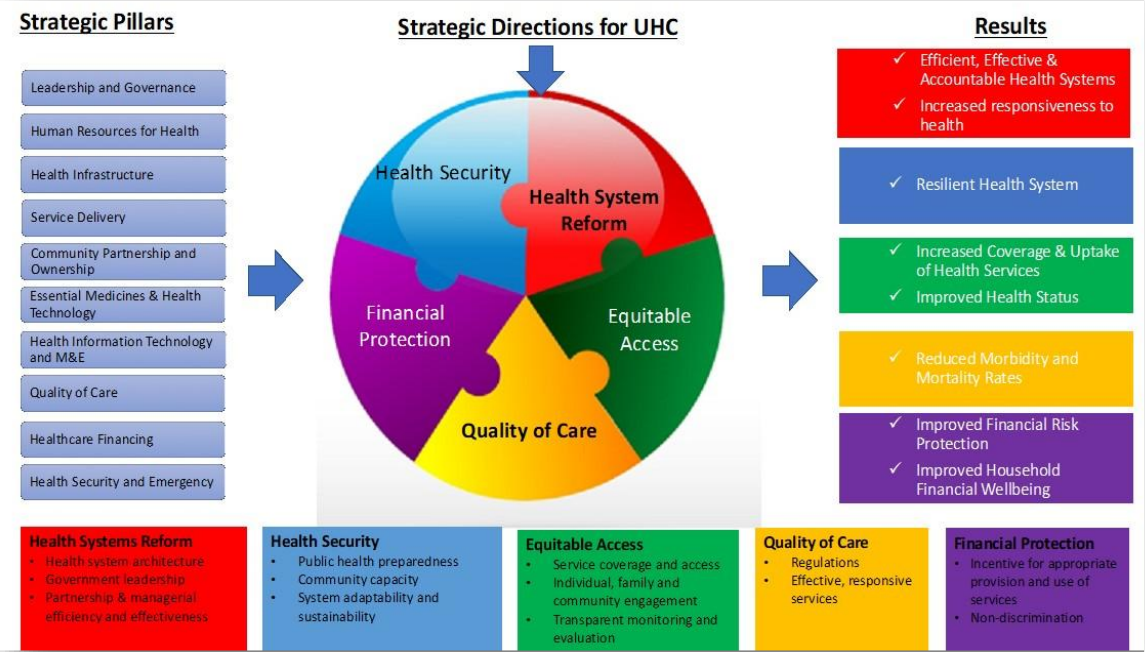


Figure 4: UHC Theory of Change

Source: Sierra Leone RMNCAH & Nutrition Strategy 2017—2025

- **Making Hospitals Fit for Purpose Framework for Action:** In June 2023, WHO/Europe, together with the Ministry of Health of Azerbaijan, co-hosted a high-level regional meeting in Baku, Azerbaijan on the future of hospitals. Focusing on the theme of 'Fit-for-purpose hospitals: prioritizing quality and sustainability to meet the demands of modern healthcare', the meeting introduced a tailored conceptual framework for action that provides a clear understanding of the strategic shift needed to drive the transformation of hospitals and how the levers can be deployed. The framework is centred around the idea of improving the performance of hospitals and ensuring that all patients receive high-quality care. The Sierra Leone National Hospital Strategy recognizes the role of hospitals and the need to heal, improve, and transform hospitals in the health care system.

At the Regional level, the strategy aligns with:

- **Ouagadougou Declaration on PHC and Health Systems in Africa 2008:** The International Conference on Primary Health Care and Health Systems in Africa, meeting in Ouagadougou, Burkina Faso, from 28 to 30 April 2008, reaffirms the principles of the Declaration of Alma-Ata of September 1978, particularly in regard to health as a fundamental human right and the responsibility that governments have for the health of their people (24). The National Hospital Strategy for service delivery transformation aligns with these principles to strengthen Sierra Leone's hospital system to improve access, equity and quality of hospital services to better meet the health needs of the populations.
- **2019 Cotonou Declaration on Community Component of PHC in the Central and West African Region:** This declaration highlights the importance of community engagement and ownership in achieving health goals (24). The National Hospital Strategy considers how to

effectively involve communities in shaping and influencing the design and delivery of hospital services.

The Sierra Leone National Hospital Strategy for Service Delivery Transformation aligns with the following key national documents:

- **Medium-Term National Development Plan (MTNDP):** The MTNDP recognizes health as a priority area for human capital development and calls for community participation and the empowerment of vulnerable groups (24). The National Hospital Strategy aligns with these broader national development goals and priorities.
- **National Health and Sanitation Policy (NHSP):** The vision of the NHSP is "All people in Sierra Leone have equitable access to affordable quality healthcare services and health security without suffering undue financial hardship' (14,17). The aim of the NHSP includes strengthening the health and sanitation systems in the country thereby ensuring equitable access to quality and affordable services (14,17). The hospital strategy is directly guided by the NHSP, and reflects the policy's vision, mission, and goals, including its emphasis on resilience, responsiveness, innovation, and collaboration.
- **National Health Sector Strategic Plan (NHSSP):** This five-year plan outlines specific objectives and strategies for achieving the goals outlined in the NHSP (17,24). The National Hospital Strategy contributes to the NHSSP's strategic priorities and pillars, including sustainable health financing, human resources for health, service delivery, and community engagement.
- **The Sierra Leone Framework for The Person-Centred Life Stages Approach to Health Service Delivery 2023-2030:** This framework promotes a service delivery model that is person-centred, where the health of an individual is prioritized at all life stages (2). It further seeks to provide holistic care for a client at one stop and therefore calls for the integration of services and mechanisms to ensure that patients are not lost to follow-up (2). The hospital strategy is directly guided by this framework and promotes integrated, person-centred care in hospitals across the life stages.
- **Other National Policies and Strategies:** Several other national policies and strategies relevant to hospital service delivery transformation, include the Sierra Leone Healthcare Financing Strategy 2021-2025, the Free Healthcare Initiative (FHI), the Reproductive, Maternal, Neonatal, Child and Adolescent Health & Nutrition Strategy (RMNCAH+N), the Essential Health Services Package, National Health Care Quality and Patient Safety Policy, and various sub-sectoral policies (14,17,24). The National Hospital Strategy would ensure that duplication of effort is avoided across these initiatives and would ensure further coherence in service delivery in hospitals.

Chapter 3

Approach

3 The Development of the Sierra Leone National Hospital Strategy for Service Delivery Transformation

3.1 Methodology/Approaches

The National Hospital Strategy was developed through a highly consultative process involving different players. The specific phases for the National Hospital Strategy development include Inception; Desk review; Primary data collection, analysis and preliminary report writing for the Situation Analysis; Consultative meetings for validation of findings and development of the strategy; Writing of the strategy. The figure below outlines the development process of the National Hospital Strategy.

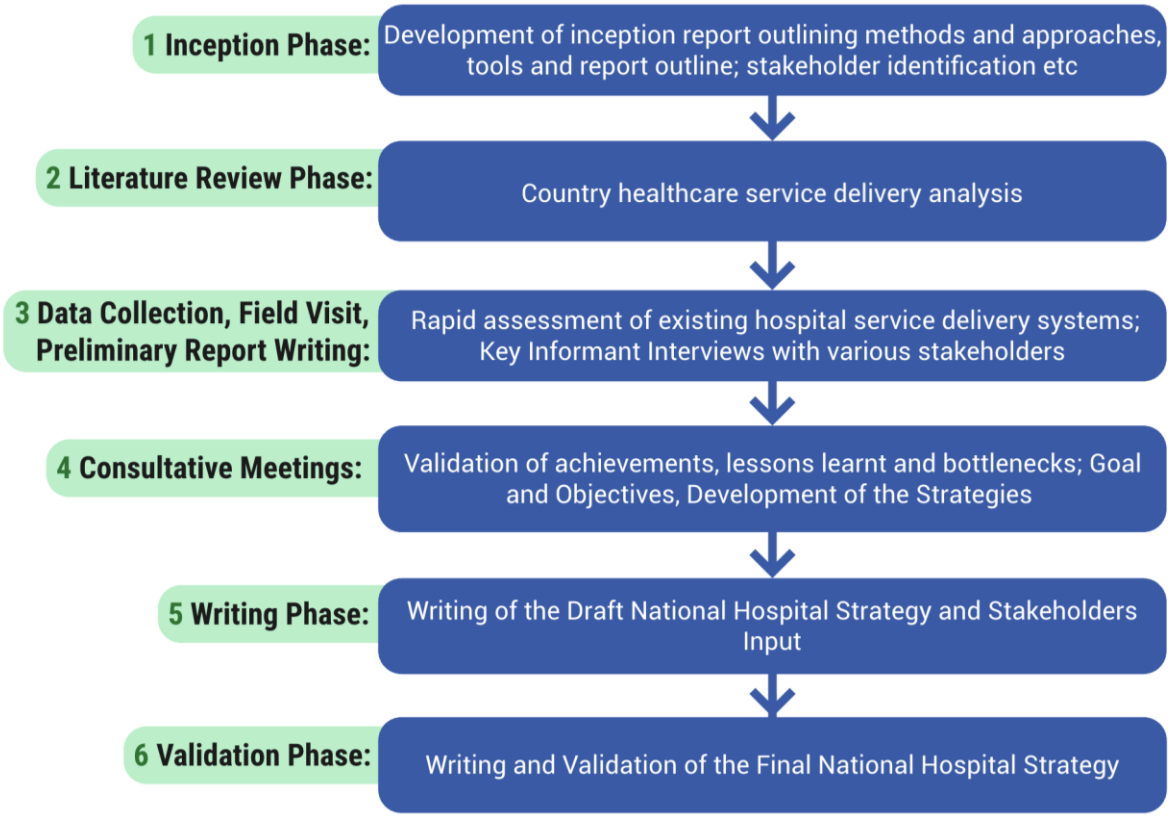


Figure 5: The Sierra Leone National Hospital Strategy Development Process

The development of the strategy was informed by a detailed review of the country's health sector publications for service delivery. The review involved a comprehensive evaluation of current national and global healthcare policies and frameworks impacting hospital service delivery and an assessment of existing hospital service delivery systems nationwide. The review helped to identify achievements, bottlenecks, and key recommendations to address the identified bottlenecks in hospital service delivery in Sierra Leone.

Key informant interviews were held with national level respondents from relevant Ministry of Health departments/units, UN agencies, development partners, Civil Society organizations and

Non-Governmental Organizations. The interviews at this level provided national level findings covering achievements, bottlenecks and recommendations for improving hospital service delivery to ensure quality clinical services. Findings from the national level interviews were triangulated during field level interviews with service providers, clients and community members. Stakeholder mapping was done with the task team/TWG. A generic key informant interview guide covering the 10 thematic areas was used.

Field visits to conduct rapid hospital assessments were organized to 10 purposively selected hospitals (representing 20% of hospitals nationwide), as a representative sample from all the regions, and from all levels of services and included a private hospital. The field visits evaluated the current state of the hospitals and assessed the actual practice related to hospital service delivery.

Using findings from the situation analysis, several consultative meetings were held with stakeholders at national and regional levels to develop the vision, goal, objective, and strategic priorities of the strategy. The findings from the consultative meetings were used to develop the detailed hospital strategy.

Chapter 4

Strategic Framework

4 The Framework of The Sierra Leone National Hospital Strategy for Service Delivery Transformation

4.1 Vision

An equitable, accessible, affordable, resilient and transformative hospital system that delivers quality services at every life stage, ensuring no one is left behind.

4.2 Goal

To transform hospital services across Sierra Leone into centers of excellence that deliver quality, safe, integrated and sustainable healthcare services, contributing to the nation's health and well-being.

4.3 Overall Objective

To enhance the efficiency, quality, equity, and accessibility of hospital services in Sierra Leone by addressing systemic challenges, fostering innovation, and integrating community engagement into healthcare delivery.

4.4 Strategic Objectives

This strategy will implement 10 interlinked strategic objectives (SOs) derived from the WHO health systems building blocks and the strategic pillars of UHC and focused on addressing the identified bottlenecks and gaps in hospital service delivery in Sierra Leone. These SOs also ensure that the health system is resilient enough to safeguard the availability, demand, and uptake of high-impact and comprehensive hospital services.

The 10 strategic objectives are:

- ***Legal and Regulatory Framework***
  - ***SO1: To*** establish a cohesive and updated legal and regulatory framework that ensures compliance, accountability, and the effective governance of hospital services in line with national priorities and international standards.
- ***Governance, Leadership and Coordination***

  SO2: To strengthen leadership, governance, and coordination mechanisms to promote effective management and multi-sectoral collaboration across all levels of hospital service delivery.
- ***Sustainable Hospital Financing***
  - ***SO3:*** To secure sustainable and equitable healthcare financing mechanisms that reduce financial barriers and ensure efficient resource allocation for hospital service delivery.
- ***Hospital Infrastructure***

  SO4: To upgrade, expand, and maintain hospital infrastructure to meet international standards and address rural-urban disparities.
- ***Human Resources for Health***

SO5: To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.

- ***Hospital Services Delivery***

  SO6: To deliver high-quality, integrated, and patient-centered hospital services that address the health needs of individuals across all life stages.

- ***Essential Medicines, Equipment and Diagnostics***

  SO7: To ensure the uninterrupted availability of essential medicines, equipment, and supplies through an efficient, transparent, and sustainable supply chain system.

- ***Health Information***

  SO8: To strengthen health information systems and foster a culture of research and innovation to enhance evidence-based decision-making and improve hospital service delivery.

- ***Gender, Human Right and Community Engagement***

  SO9: To embed human rights, gender equity, and meaningful community engagement into hospital services to ensure inclusivity and responsiveness to community needs.

- ***Health Emergencies***

  SO10: To build a resilient hospital system that is well-prepared for and capable of responding to public health emergencies and disasters.

4.5 Guiding Principles

In alignment with Sierra Leone's health policy goals and international strategies and goals, the implementation of the Sierra Leone National Hospital Strategy will be guided by the following principles:

- **Equity**: There should be fair access to hospital services for all individuals, especially vulnerable and underserved groups, such as people living in rural communities, women, and children. Addressing health disparities is critical to achieving UHC. This strategy will prioritize access to hospital services for all, particularly underserved and vulnerable populations.
- **Quality of Care and Patient-Centred Care**: Care delivered in hospitals should be safe, effective, timely, and patient-centred care. Quality improvement efforts should include adherence to clinical guidelines, training healthcare workers, and implementing monitoring and evaluation systems. This strategy will ensure the highest standards of clinical safety, effectiveness, and patient-centeredness.
- **Sustainability and Efficiency**: Financial, operational, and environmental sustainability of hospital services to ensure resilience and continuity is crucial. This includes efficient resource use, investment in renewable energy, and environmentally friendly waste management systems. This strategy will promote long-term financial, operational, and environmental sustainability in hospital services.
- **Community Participation**: Communities should be actively involved in the design, implementation, and evaluation of hospital services ensures accountability, responsiveness, and alignment with local health needs. This can include platforms like Community Scorecards and Facility Management Committees. This strategy will foster inclusive decision-making processes by involving communities and stakeholders at every level.

- **Innovation**: Adopting innovation and appropriate technologies is essential to improving service delivery. Hospitals should integrate telemedicine, electronic medical records, and innovative medical technologies to enhance efficiency and access. This strategy will promote the leveraging of technology and innovative solutions to address systemic healthcare challenges.
- **Accountability**: Transparent and accountable hospital management builds public trust and ensures efficient use of resources. Mechanisms for performance monitoring, regular audits, and public reporting should be established. This strategy will promote the establishment of robust monitoring and evaluation systems to ensure transparency and continuous improvement.
- **Resilience**: Hospitals must be prepared to adapt and respond to crises such as pandemics, natural disasters, and other emergencies. This requires robust emergency preparedness plans, trained response teams, and integrated health security frameworks. This strategy will promote the strengthening of hospital systems to adapt to and recover from public health emergencies and disasters.

4.6 Strategic Framework

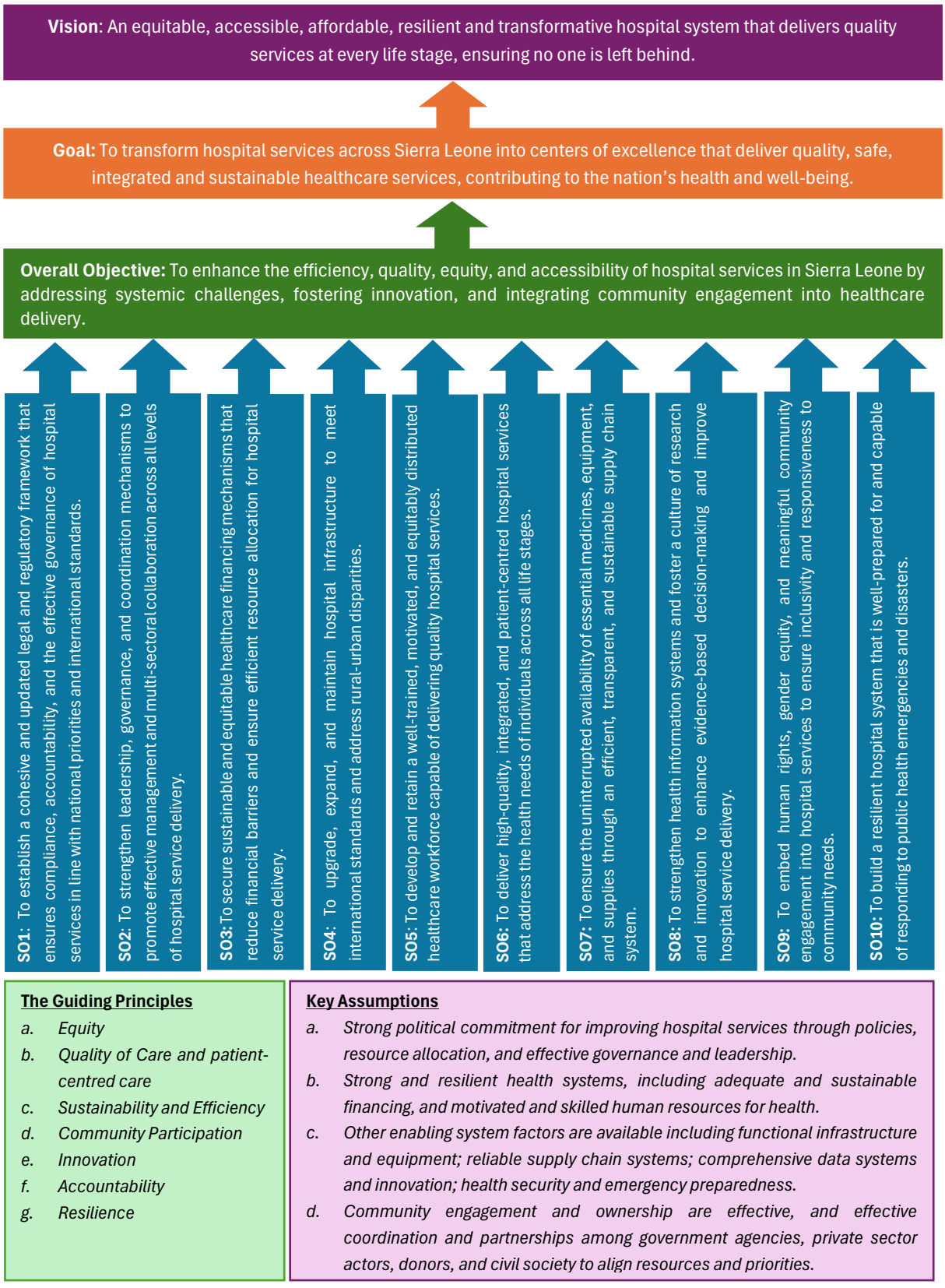


Figure 6: The Sierra Leone National Hospital Strategy Framework

Chapter 5

Strategies

5 Strategies by Strategic Objective

This section of the strategy presents prioritized strategies that will be implemented towards the achievement of the 10 SOs. Each SO starts with a detailed contextual analysis presenting key achievements and bottlenecks and then continues with a list of the key strategies and actions to be implemented to achieve the objective. The operational plan annexed to this strategy (Annex 1) presents the specific activities to be implemented under each strategy during the six years of implementation.

SO1: To establish a cohesive and updated legal and regulatory framework that ensures compliance, accountability, and the effective governance of hospital services in line with national priorities and international standards.

Contextual Analysis

The legal and regulatory landscape for hospital service delivery in Sierra Leone is complex and still evolving. While the 1991 Constitution guarantees the right to health and access to adequate medical facilities, there is a patchwork of legislation, with some laws predating key developments in the health sector and others still awaiting full implementation. This creates potential discrepancies and challenges in ensuring coherence and creating a practical regulatory framework.

Below is an overview of the key laws and regulations for hospital service delivery:

- **The 1991 Constitution of Sierra Leone:** This serves as the foundation, obligating the state to provide adequate medical and health facilities for all persons in Sierra Leone (14). It guarantees the highest quality healthcare services within available resources.
- **The Hospital Boards Act, 2003:** This Act establishes Hospital Boards for the improved management of specified hospitals in the Western Area and districts of Sierra Leone (12). It further states that each hospital should have a Hospital Management Committee. It outlines the composition, functions, and responsibilities of these boards and committees, including maintaining high standards of medical care, training, and administration (12). This Act is not fully implemented in hospitals, as most hospital boards are not active.
- **The Teaching Hospitals Complex Administration Act, 2016:** This Act creates a Teaching Hospitals Complex Administration responsible for the uniform administration of teaching hospitals in Sierra Leone (13). It defines the composition, functions, and responsibilities of the Administration Board, emphasizing undergraduate and postgraduate training for medical and allied health professions.
- **The Public Health Act, 2022:** This Act repeals and replaces the Public Health Act, 1960, to provide for the promotion, protection and improvement of public health and wellbeing in Sierra Leone, the protection of individuals and communities from public health risks, the prevention and control of the spread of infectious diseases, local government and community participation in protecting public health, and to provide for early detection of and prompt response to diseases and public health threats and to provide for other related matters (26).

- **Medical Practitioners and Dental Surgeons (Amendment) Act, 2008:** This Act established the "Medical and Dental Council of Sierra Leone" (MDCSL) as a statutory body responsible for regulating medical and dental practice within the country. It is essentially the legal framework governing the operations of the MDCSL to oversee the standards of medical and dental practice, ensuring qualified practitioners and proper healthcare delivery (27).
- **The Allied Health Professions Act, 2020:** This Act provides for the establishment of the Allied Health Professions Council, to provide for the regulation, including the registration of allied health professions and allied health facilities and to provide for other related matters (28).
- **The Sierra Leone Health Service Commission Act 2011:** This Act provides for the establishment of the Sierra Leone Health Service Commission to assist the Ministry responsible for health in the delivery of affordable and improved healthcare services to the people of Sierra Leone (29).
- **The Sierra Leone Social Health Insurance Authority Act, 2017:** This Act provides for the establishment of the Sierra Leone Social Health Insurance Authority, to provide for the administration of a Social Health Insurance Scheme providing health care insurance services throughout Sierra Leone (30).
- **The Pharmacy and Drugs Act, 2001:** This Act governs the regulation of pharmacy practice and medicines control in Sierra Leone. It establishes the Pharmacy Board of Sierra Leone and outlines its responsibilities, including licensing, inspections, and market surveillance of pharmaceuticals (31,32). It is noted that this Act may need to be updated to cover the full scope of the Pharmacy Board's roles.
- **The National Medical Supplies Agency (NMSA) Act, 2017:** This Act establishes the NMSA, responsible for procuring, warehousing, and distributing drugs and medical supplies for all public health institutions in Sierra Leone (11). This reform aims to strengthen the pharmaceutical supply chain system but also presents management challenges during its implementation.

Some discrepancies and challenges were noted in these key laws and regulations for hospital service delivery including:

- **Overlapping Mandates:** The existence of separate acts governing selected Hospital Boards and Teaching Hospitals Complex Administration, which can lead to overlapping mandates and potential confusion regarding responsibilities. This highlights the need for clear coordination and communication between these entities.
- **Regulation of Private Hospitals:** There is no clarity on the regulatory framework for private hospitals. The NHSSP 2021-2025 mentions establishing mechanisms to regulate private hospitals in accordance with national and WHO clinical standards (14) but does not provide specific details.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 1.1. Update and harmonize Hospital-related legislation to address outdated provisions and overlapping mandates.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop a National Hospital Act for both public and private hospitals in alignment with existing Laws.
2. Develop Policies and simplified guidelines for implementing revised laws across all hospital tiers.
3. Capacitate key stakeholders including Ministry of Health (MoH) on the updated legal framework for effective enforcement.

Strategy 1.2. Establish and enforce mechanisms for the regulation of public and private hospitals to ensure service quality and patient safety.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop and disseminate comprehensive operational standards for hospitals, including staffing, infrastructure, and clinical care quality.
2. Establish a comprehensive electronic database that includes all hospitals to improve registration, license, oversight and regulation.
3. Facilitate training sessions for hospital managers for adherence to national hospital standards.
4. Build the capacity of regulatory bodies through specialized training programs focused on hospital standards and quality assurance.
5. Empower existing regulatory structures tasked with monitoring and enforcing compliance with hospital standards.
6. Conduct annual audits and inspections of public and private hospitals using standardized national assessment tools
7. Introduce a transparent electronic and/or toll-free reporting system for compliance issues, including whistleblower protection and a public feedback mechanism to monitor patient satisfaction and service delivery in hospitals.

SO2: To strengthen leadership, governance, and coordination mechanisms to promote effective management and multi-sectoral collaboration across all levels of hospital service delivery.

Contextual Analysis

The national health policy envisions secondary and tertiary services at the district and national level with at least four areas of specialization categories available: Internal medicine (physicians), Surgery (surgeons), Paediatrics (paediatricians), and Obstetrics and Gynaecology (obstetrician/gynaecologist) (14). Tertiary services, encompassing clinical, research, and teaching functions, are concentrated in national and regional facilities (14). In addition to this, several other departments complement the services provided at the hospital, including the laboratory, radiology, pharmaceutical, and administrative units. This creates a complex environment within the hospital, requiring the level of management capacity to ensure all the different units are well-utilized and can collaborate and partner effectively.

However, there are challenges in leadership and management at all levels, negatively affecting service delivery and other health system functions (14). Weaknesses in leadership and management stem from: lack of clarity on roles, inadequate capacity, weak coordination and enforcement of policies and regulations, weak risk management, centralization of key functions, including recruitment, decision-making, insufficient community participation in healthcare delivery and management, etc. (14)

Weak coordination between the government and health partners leads to misalignment with national priorities and fragmented implementation and support to hospitals (14). This arises from inadequate joint planning, harmonization of plans and budgets, weak procurement planning, and parallel procurement by donors. At each level, communication mechanisms among the government, donors, and implementing partners are inadequate (14). The legislative framework lacks clarity regarding the optimal health sector management for achieving the best health outcomes for the population (14).

There is a growing recognition of the need to shift from a predominantly vertical, top-down approach to a more people-centred health system (14). This presents an opportunity to empower communities and foster their participation in healthcare decisions. The Sierra Leone government's commitment to achieving Universal Health Coverage (UHC) by 2030 provides a framework for improving health systems and service delivery (14). To promote community ownership and develop a people-centred health system, the MoH collaborates with civil society, non-governmental organizations, international donor partners, the private sector and other national government agencies. As this collaboration strengthens, health provision is expected to improve, enabling valuable capacity and resources to be channeled to the sector.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 2.1. Build leadership and management capacity at national, sub-national, and hospital levels.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Strengthening national and sub-national structures for hospital management and leadership including defining organograms, with reporting lines.
2. Develop and roll out a leadership training and mentorship program for hospital managers and district health officers, focusing on hospital administration and management, accountability, strategic planning, financial management, and quality improvement.
3. Create a leadership certification program accredited by relevant national institutions to standardize competencies, making it mandatory before the assumption of office.
4. Organize annual leadership summits for health administrators to share the best practices and strengthen networks.
5. Incorporate leadership and governance training into continuing professional development programs for healthcare professionals.
6. Develop Terms of Reference (ToRs) for Hospital Management Teams with clear roles and responsibilities for each team member.

7. Establish integrated Hospital Technical Committees that operate under Hospital Management Teams, defining clear roles and responsibilities to support technical work within the hospitals according to the agreed TORs.
8. Introducing mandatory annual performance reviews for hospitals.

Strategy 2.2. Strengthen the role of Hospital Boards and Hospital Management Committees to enhance oversight and accountability.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Review and revise the hospital board Act into the hospital Act, mandates, and operating guidelines for hospital boards and management committees to update on composition, roles, and responsibilities.
2. Reactivate and Ensure Hospital Boards and Management committees are fully operational nationwide, ensuring community representation.
3. Facilitate capacity building for board members and Hospital Management Committees on financial oversight, performance monitoring, and governance best practices.
4. Develop standardized reporting templates for Hospital Boards and Hospital Management Committees to enhance transparency and accountability, including annual work plans, budgets, and performance review templates.
5. Establish a performance appraisal system to evaluate Hospital Boards' effectiveness annually.

Strategy 2.3. Establish coordination platforms to align government, private sector, and donor priorities

The following prioritized actions will be implemented under this strategy.

Key actions

1. Ensure strengthening of national coordination of partners and private sector support to hospitals.
2. Develop guidelines for hospitals on forming and implementing partnerships with partners and the private sector.
3. Develop a decentralized database for tracking partner-funded projects, resource allocation, hospital services availability and performance data to avoid duplication.

Strategy 2.4. Decentralize decision-making to empower hospital-level leaders.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Ensure there is a conducive legal and regulatory environment for hospital autonomy.
2. Develop and implement policy guidelines that create hospital autonomy in decision-making on administration, financial authority, and human resources.

3. Pilot Hospital Autonomy in management models in selected hospitals, with performance reviews to refine the approach.
4. Strengthen feedback mechanisms to track and address challenges arising from hospital autonomy.

SO3: To secure sustainable and equitable healthcare financing mechanisms that reduce financial barriers and ensure efficient resource allocation for hospital service delivery.

Contextual Analysis

Financial barriers to health services remain a serious challenge for most people. Health financing in Sierra Leone faces numerous challenges, including inadequate health expenditure per capita, high out-of-pocket spending, limited fiscal space, and heavy dependency on donors. The situation is further compounded by inefficient allocation and utilization of available funds, limited innovative health prepayment financing mechanisms and weak coordination of donor funding.

The National Health Policy's emphasis on sustainable healthcare financing creates an opportunity to develop innovative financing mechanisms and reduce reliance on out-of-pocket expenditures and donor funding (14).

Total Health Expenditure (THE) in Sierra Leone is relatively high but results in poor health outcomes (18). There is evidence that the value for money is poor compared to other Sub-Saharan African countries, potentially due to inefficiencies and low quality of care (18). The poor health outcomes, despite the relatively high level of health, suggest inefficiencies in allocating and utilizing healthcare resources (4,18).

Donor dependency is high, with donors financing a significant portion of the health sector programs and projects (4,15). This raises concerns about sustainability as it makes the healthcare system vulnerable to fluctuations in donor funding. This donor dependency also limits the government's control over the direction and priorities of health programs.

General government allocations, donor financing and out-of-pocket (OOP) spending are the primary sources of healthcare financing. According to the National Health Accounts in 2020 of the total health expenditure, household out-of-pocket (OOP) spending was the primary source of health financing 46.6%, followed by donor partners (36.2%), GoSL (16.8%), and corporations (0.5%) (5). The high OOP expenditure is a risk of impoverishment to households from catastrophic healthcare expenditure. It provides a challenge to sustain and expand health services to meet the growing demand for care. The Government of Sierra Leone (GoSL) has increased budgetary allocations to health, from 6.8% in 2012 to 11% in 2020, demonstrating the priority towards the health sector. However, Government health expenditure remains below the target of 15% of the General Government Expenditure (GGE) set by the Abuja Declaration and falls short of international and regional standards required for UHC (15,16).

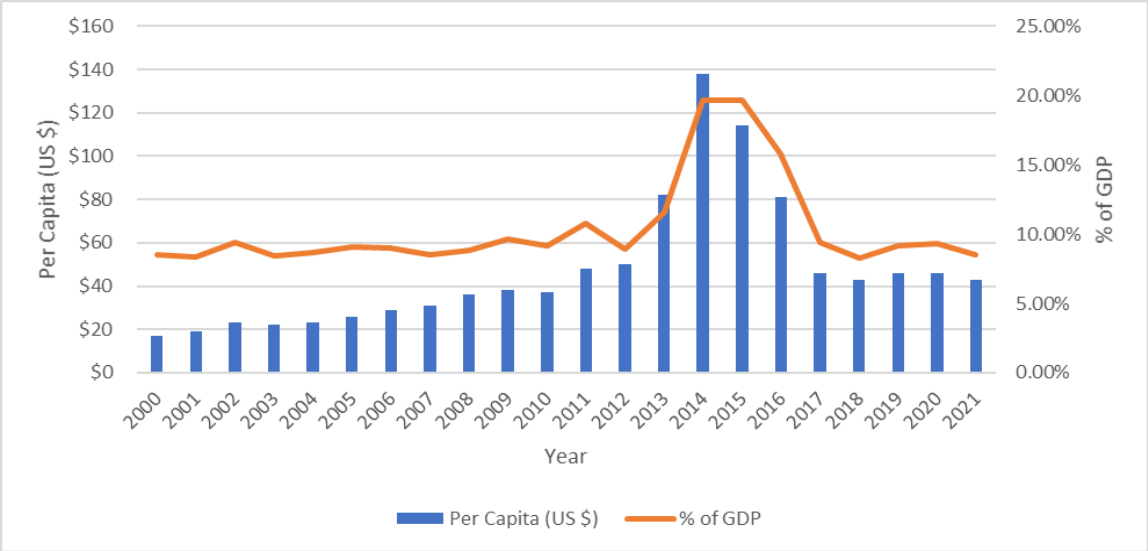


Figure 7: Sierra Leone Healthcare Spending Trend 2000-2024

Source: Adapted Analysis from Macrotrends/World Bank Data - SL Healthcare Spending

In terms of where OOPs are spent, 65.2% are on medicines, 21.7% on consultations, 7.2% on inpatient expenses, and 5.8% on travel (5). It is clear that very high amounts are spent on medicines. With high drug stockouts in public facilities, people purchase medicines at private pharmacies and other private vendors. The heavy reliance on out-of-pocket payments creates inequities in access to healthcare and exposes vulnerable populations to financial hardship (15). The high cost of healthcare is a significant barrier for many Sierra Leoneans (4).

With high out-of-pocket health expenditures, the possibility of most vulnerable people crossing over into poverty is high. To address this problem, the country has been designing a major health financing reform by introducing the Sierra Leone Social Health Insurance Scheme (SLeSHI). The SLeSHI scheme, intended as a mechanism for risk pooling, is yet to be implemented (18). Despite its official launch in 2017, its final form and shape are still under discussion (17,18).The slow progress in implementing SLeSHI hinders progress in risk pooling and financial protection (17,18).

The Free Health Care Initiative (FHCI), implemented in 2010, has contributed to removing financial barriers to basic healthcare, particularly for pregnant and lactating women and children under five years (15). Despite the FHCI, a significant portion of the population faces financial risks when accessing healthcare.

Performance-Based Financing (PBF) schemes were implemented in the past to improve quality services but stopped in 2016. A revised PBF scheme is under consideration and may be piloted in one district (15,18).

The government has also committed to strengthening Public Financial Management (PFM) (18,33). This is reflected in the availability of budget information online, the publication of annual execution statements, and the ongoing transition from a paper-based to an online internal payment system.

Despite improvements from devolution, coordination challenges persist due to the fragmented nature of the financing system (15). The absence of a robust social protection system further exacerbates financial risks associated with healthcare for vulnerable populations (15). A significant portion of capital expenditure is allocated as transfers to other government agencies without apparent purpose, raising concerns about transparency and efficiency (4). Weak public financial management capacity at the district level hinders effective and efficient use of resources (4).

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 3.1. Increase government budget allocations to hospitals.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop Hospital investment cases to present the economic benefits of increased hospital funding and service delivery.
2. Advocate for increased allocation of funds to hospitals based on financial gap analysis.
3. Advocate for the amendment of Public Financial Management in hospitals allowing generation of funds from health insurance schemes.
4. Increase hospital capacity to claim and account for health insurance funds.
5. Ensure mechanism for compensation to hospitals for exempted services, like Free Healthcare and emergency services.
6. Develop and implement a tracking system for health budget allocations to ensure timelines, effectively and transparently.

Strategy 3.2. Explore innovative financing models for hospitals, such as performance-based financing, earmarked taxes, and public-private partnerships.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Design and pilot performance-based hospital financing with clear performance indicators and linked incentives.
2. Introduce other innovative financing models for hospitals, such as earmarked taxes (tobacco, alcohol, mining, telecommunication, fuel and vehicle licenses, food handlers) and scale up successful models.
3. Restructure and facilitate private-public partnerships (PPPs) for Health to generate revenue.
4. Develop guidelines for PPPs in hospitals, clearly defining roles, responsibilities, and revenue-sharing agreements.
5. Creating crowdfunding (Public) funding platforms.
6. Create private wings and services in public hospitals, such as annexes, with clear accountability mechanisms.
7. Create hospital-based trust funds to address the issue of financial sustainability.

8. Host stakeholder engagement forums to attract private sector investment in hospital infrastructure and services.

Strategy 3.3. Strengthen financial management systems to improve resource efficiency and transparency.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop guidelines to guide hospitals in setting user fees and prices for services offered.
2. Develop a training package for hospital financing and train hospital accountants and management teams in basic financial management principles.
3. Develop standardized financial reporting templates for all hospitals to ensure comparability and transparency.
4. Digitize hospital financial management systems to track expenditures and generate real-time reports.
5. Conduct regular financial audits to identify inefficiencies and enhance accountability.
6. Annual bookkeeping and publication of income versus expenditures.

Strategy 3.4. Develop mechanisms to allocate resources equitably, prioritizing underserved areas and vulnerable populations.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Advocate for the use of population and service delivery utilization data, as well as hospital financial viability data, to create a need-based resource allocation to hospitals.
2. Establish a monitoring system to track and report on resource distribution by region and hospital type.
3. Conduct capacity building in public financial management for district council and health teams to ensure they can effectively allocate and manage hospital resources.
4. Engage and involve community representatives in planning and monitoring resource allocation to enhance transparency and equity.

SO4: To upgrade, expand, and maintain hospital infrastructure to meet national and international standards and address rural-urban disparities.

Contextual Analysis

Sierra Leone has made notable investments in strengthening hospital infrastructure over the past five years, including refurbishment and renovation, aiming to improve health outcomes (17). However, the distribution of hospital infrastructure across Sierra Leone is unequal, with rural communities facing more significant challenges in accessing hospital services than urban areas (14). Rural households are more likely to live further away from hospitals, hindering their access to necessary services (14).

Although several hospitals exist in Sierra Leone, many lack the necessary power, water, sanitation, hygiene, and equipment to provide essential health services (14,17). Despite investments in hospital infrastructure, equipment in existing facilities is often underutilized (17). A lack of precise blueprints, standards, and minimum equipment requirements for hospitals has resulted in a proliferation of self-designated hospitals without standardized guidelines (17). This inconsistency poses challenges for ensuring quality and equitable hospital service delivery.

A significant challenge lies in maintaining existing hospital infrastructure (17). Without a proper maintenance strategy, hospitals deteriorate, leading to decreased functionality and potentially compromising the quality of care. Furthermore, inadequate financial and human resources pose a significant obstacle to developing and maintaining hospital infrastructure effectively (17). Insufficient funding hinders the construction, renovation, and equipping of hospitals, while a shortage of skilled personnel limits the capacity to manage and maintain hospital infrastructure.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 4.1. Prioritize investment in Water, Sanitation, and Hygiene infrastructure.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Engage and advocate with national utility entities to prioritize hospitals in distribution of public utilities.
2. Plan for regular upgrade of hospital amenities, including WASH facilities.
3. Establish and ensure maintenance of back-up systems for water and other amenities for contingency or emergencies.

Strategy 4.2. Establish standards and blueprints for hospital design and construction.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Collaborate with engineering and architectural experts to create standardized hospital blueprints that consider environmental factors (heat, wind, dust, etc.), the level of the hospital etc.
2. Ensure blueprints incorporate sustainable practices, such as energy efficiency, waste management systems, hospital ergonomics, colour coding etc.
3. Ensure hospital infrastructure is easily accessible for people with disabilities.
4. Ensure hospital infrastructure includes mortuary facilities.
5. Validate and approve designs through regulatory authorities and stakeholder feedback.
6. Disseminate standards to contractors and hospital administrators for compliance.
7. Conduct regular audits to ensure new and renovated hospitals adhere to the standards.
8. Work with Local Government to prioritize improving roads leading to health facilities.

Strategy 4.3. Promote the use of renewable energy solutions to improve sustainability.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Identify hospitals with critical energy needs and prioritize them for solar energy installations.
2. Partner with renewable energy providers to secure funding and technical expertise.
3. Train hospital biomedical engineers/ maintenance staff in the maintenance and management of renewable energy systems.
4. Monitor energy usage to demonstrate cost savings and environmental benefits.
5. Advocate for installation and utilization of low and sustainable energy electricals and equipment in line with minimum quality standards, etc.

Strategy 4.4. Implement a maintenance plan for hospital equipment and infrastructure

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop tools and indicators to track infrastructure upgrades and maintenance.
2. Conduct a comprehensive assessment of hospital infrastructure needs to inform planning and funding.
3. Train district health coordination teams in the use of the tools for infrastructure oversight.
4. Conduct annual evaluations to assess functionality, utilization, and maintenance of facilities.
5. Establish maintenance units in hospitals to oversee routine and preventive maintenance of medical equipment.
6. Train biomedical engineers and technicians on maintenance protocols and repair techniques.
7. Develop an inventory system for tracking the lifecycle and maintenance schedules of medical equipment.
8. Collaborate with manufacturers to ensure the availability of spare parts and technical support.
9. Publish findings to inform future planning and resource allocation.
10. Use digital dashboards for real-time monitoring and reporting.
11. Establish an asset management and inventory system.

SO5: To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.

Contextual Analysis

The human resources for health (HRH) landscape in Sierra Leone reveals a system riddled with critical challenges that impede the effective delivery of hospital services. Deep-rooted challenges continue to hinder progress in strengthening HRH for hospital service delivery.

Sierra Leone's healthcare system is grappling with a profound shortage of qualified healthcare workers, impacting all levels of care, including hospitals (14,17). This scarcity is particularly pronounced in rural communities, where access to even basic healthcare remains a persistent

struggle (14). This stark reality underscores the uneven distribution of healthcare professionals, further exacerbating health inequities between urban and rural populations.

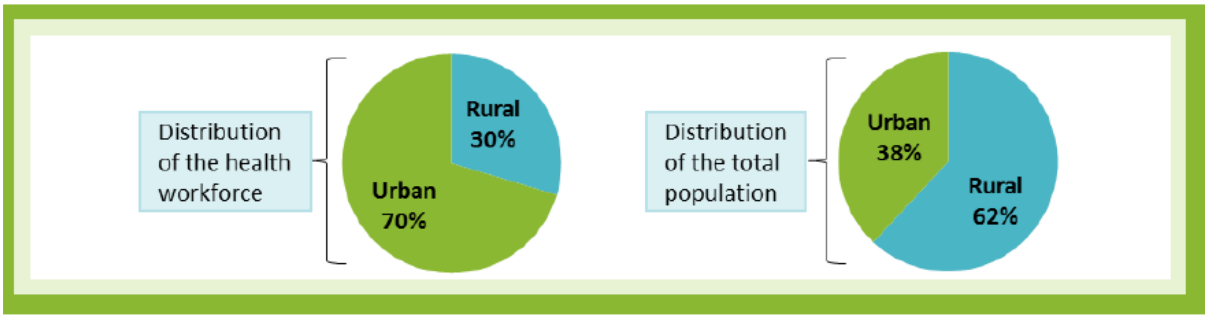


Figure 8: Urban versus rural distribution of the health workforce compared to population

Source: Sierra Leone Human Resources for Health Strategy 2017-2021

Quantitative data amplifies the severity of the situation: the current health workforce density is a meagre 6.4 per 10,000 population (17). This figure falls dramatically short of the ambitious target of 45 skilled health workers per 10,000 population by 2025, outlined in the National Health Sector Strategic Plan (NHSSP) 2021-2025 (17). The impending retirement of a significant portion of the workforce casts a long shadow over an already strained system, with the system facing a looming exodus of experienced personnel, potentially jeopardizing service continuity and eroding hard-earned gains in healthcare delivery.

Beyond numerical inadequacy, the healthcare system is hampered by skill mix imbalances, particularly at the hospital level (34). The lack of specialized healthcare professionals burdens general practitioners and nurses, forcing them to manage complex medical conditions that often exceed their training and expertise (17). This compromises the quality of care delivered and contributes to burnout and demoralization among healthcare workers.

Inadequate funding for the health sector remains a major bottleneck. The low levels of government investment, coupled with a heavy reliance on donor funding, restrict the capacity to recruit, train, retain, and adequately compensate healthcare workers (17). This financial constraint also limits the ability to upgrade infrastructure and equip hospitals with essential resources.

Deficiencies in leadership, management, and governance at all levels of the health system create operational inefficiencies and hamper effective HRH planning and deployment (14,17). Centralized decision-making processes limit the autonomy of local health authorities, hindering their ability to respond swiftly to local needs and prioritize resource allocation effectively.

The current capacity of medical training institutions falls short of meeting the demand for healthcare workers (34). Furthermore, the curricula of some training programs do not adequately align with the evolving needs of the healthcare system, leading to skill mismatches and shortages in critical specialist areas. The absence of standardized training protocols and accreditation mechanisms for some cadres, such as Community Health Workers (CHWs), presents further challenges to ensuring quality and consistency (17,35).

The healthcare system struggles to retain skilled personnel, particularly in rural areas (14,17). Low salaries, limited career progression opportunities, a lack of professional development initiatives, and challenging working conditions contribute to high attrition rates, undermining

efforts to build a sustainable workforce. The absence of a robust retention policy that addresses these factors further exacerbates the problem.

A lack of effective coordination and collaboration among government agencies, healthcare providers, training institutions, and development partners hinders a cohesive and strategic approach to HRH strengthening (14,17). This fragmentation leads to duplication of effort, inefficient resource allocation, and a lack of clarity in roles and responsibilities.

Despite the formidable challenges, Sierra Leone has achieved notable successes in its efforts to strengthen HRH:

- **Introduction of the Free Healthcare Initiative (FHCI):** Implemented in 2010, the FHCI has been instrumental in expanding access to essential healthcare services for pregnant women, lactating mothers, and children under five. This initiative has led to a significant increase in skilled birth attendance, rising from 60% in 2013 to 87% in 2019 (14).
- **Recruitment and Training of Additional Healthcare Workers:** The government has made concerted efforts to bolster the healthcare workforce through recruitment and training initiatives, albeit falling short of the required numbers (14). The establishment of new training programs and the expansion of existing medical training institutions have contributed to a gradual increase in the number of healthcare professionals.
- **Development of Key Policy Frameworks:** The government has demonstrated its commitment to HRH strengthening through the formulation of essential policy documents, including the National HRH Policy and the HRH Strategy (2017-2021) (14,34). These frameworks provide a roadmap for addressing the workforce crisis and guide strategic interventions.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 5.1. Increase recruitment, training and retention of healthcare workers, particularly specialists, to address numbers and skill sets in hospitals.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop staffing norms in line with the Essential Health Service Package.
2. Conduct a nationwide hospital workforce gap analysis and advocate for appropriate staffing based on the staffing norms.
3. Partner with local and international training institutions to increase enrolment and training in priority skill areas.
4. Monitor recruitment processes to ensure equitable and merit-based hiring practices.
5. Develop retention mechanisms, including hardship allowance, accommodation and career development pathways, for those working in rural hospitals and underserved regions.
6. Develop wellness initiatives to support staff satisfaction and reduce burnout.
7. Develop mechanisms for performance appraisal, recognition and reward for healthcare workers.
8. Establish a grievance redressal system for healthcare workers.

9. Establish a career scheme of service and reward system that encourages specialization among health workers.
10. Establish a Continuous Medical Education committee in each hospital with the introduction of a continuous professional development system.

Strategy 5.2. Introduce mentorship and leadership programs to build management capacity.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Pair senior healthcare professionals with junior staff through structured mentorship programs.
2. Develop a leadership and management certification program in collaboration with local and international organizations.
3. Organize mentorship training for DMOs, Medical Superintendents and other leaders, focused on hospital administration, strategic planning, and change management.
4. Conduct annual leadership forums to foster peer learning and collaboration among healthcare managers.
5. Monitor and evaluate the impact of mentorship and leadership programs on hospital performance.

Strategy 5.3. Strengthen the HRH information systems in hospitals.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Implement a digital integrated Human Resource Information System (HRIS) to track and manage healthcare workforce data in Hospitals.
2. Train HR managers and hospital administrators in data collection and analysis.
3. Develop dashboards to provide real-time insights to inform policy decisions and workforce planning.
4. Conduct regular audits to validate data accuracy and ensure system reliability.

Strategy 5.4. Decentralize and strengthen HRH management functions at the hospital level, providing authority and resources.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Decentralize and strengthen HRH management functions at hospital level.
2. Train Hospital Management on workforce planning, recruitment, and deployment.
3. Monitor hospital-level HRH management through regular performance reviews.

SO6: To deliver high-quality, integrated, and patient-centred hospital services that address the health needs of individuals across all life stages.

Contextual Analysis

Sierra Leone has recorded significant achievements in reducing infant and under-five mortality rates through a decline in malaria and childhood diseases. Neonatal and maternal mortality rates have also decreased. The country has witnessed significant progress in access to essential maternal and child health services, with a high percentage of women attending antenatal care visits and delivering in healthcare facilities (24,25). The successful establishment of Special Care Baby Units (SCBUs) for the management of small and sick newborns in government hospitals nationwide has been a notable achievement in improving the survival of critical and preterm babies. The development and adoption of national guidelines and standard operating procedures (SOPs) for various health programs contribute to standardization and quality improvement (24,35).

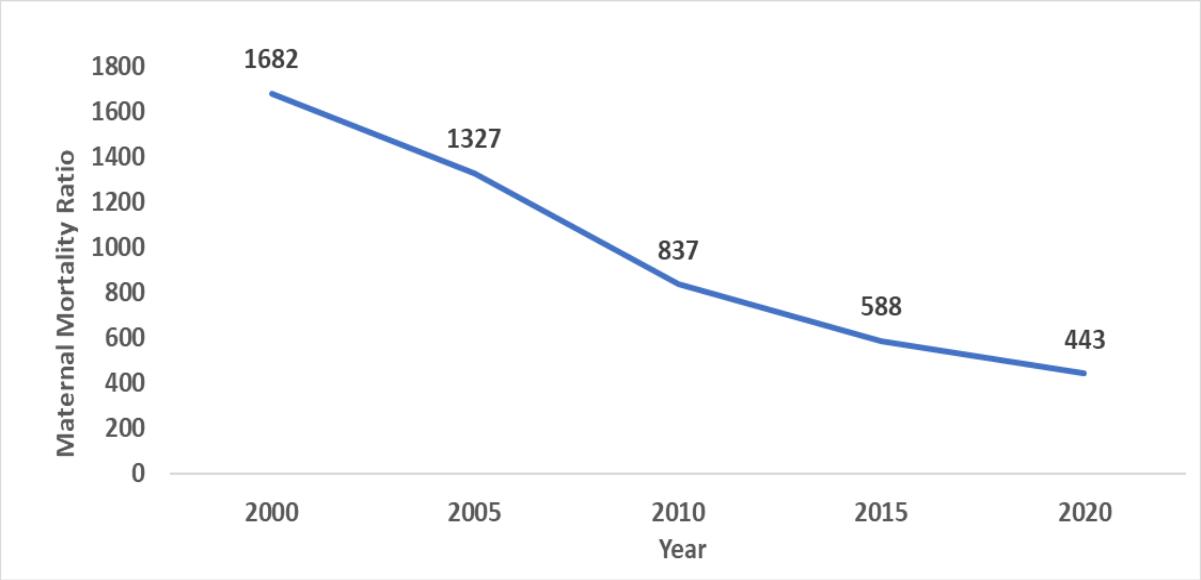
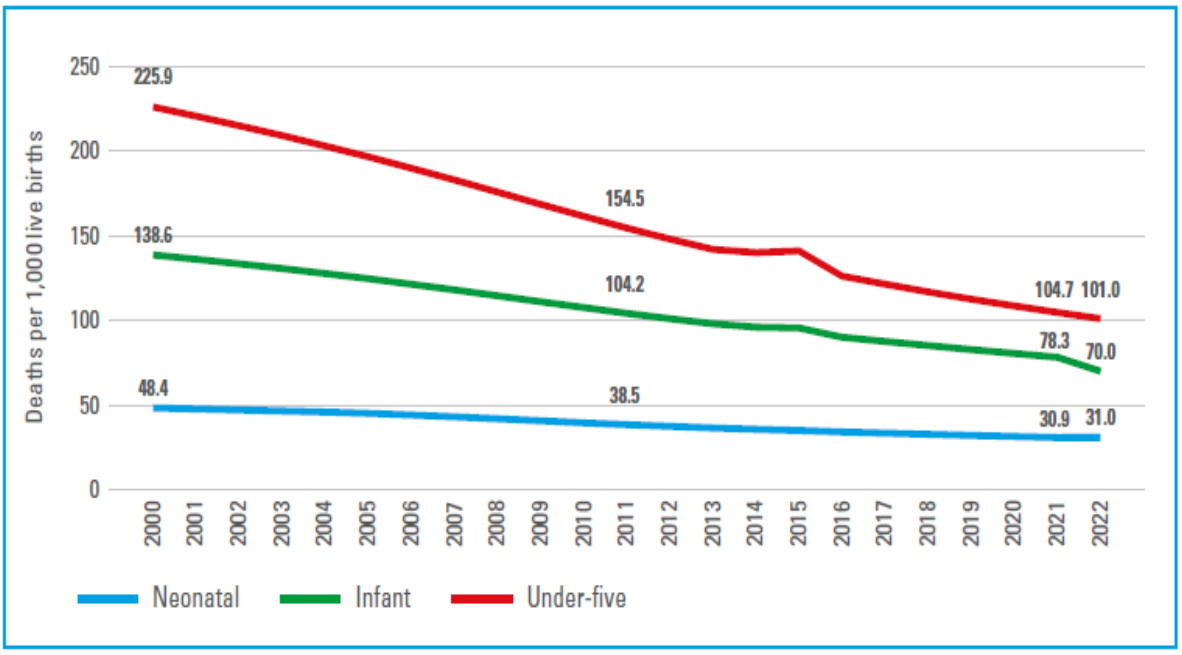


Figure 9: Sierra Leone- Trends in maternal mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

Source : Sierra Leone RMNCAH & Nutrition Strategy 2017—2025



Source: UN IGME,2023 and 2024

Figure 10: Neonatal, infant and under-five mortality rates, 2000–2022-Source: UN IGME, 2023 and 2024

Health service delivery is, however hampered by limited access to health services due to socioeconomic barriers, weak referral systems, limited availability of basic medical commodities (drugs and equipment) and amenities needed for quality health service delivery, frequent stock-outs of essential medicines and medical supplies in public health facilities, weak supply chain management system for medical commodities and inability to implement the essential health services package.

Despite improvements in access, the quality of clinical care remains a significant challenge. This is attributed to factors such as insufficiently qualified staff, lack of essential equipment and supplies, inadequate dissemination of standards and guidelines, weak supervision and monitoring mechanisms, and lack of quality improvement mechanisms (3,25,35,36).

The healthcare system faces challenges in addressing the specific needs of different age groups across the life stages, highlighting the need for a more integrated and person-centred approach to healthcare delivery (2). Furthermore, the delivery of health services often suffers from fragmentation and a lack of integration, leading to inefficiencies and difficulties in providing comprehensive care. For instance, NCD management is primarily hospital-based and not fully integrated into the primary healthcare system (2). Furthermore, weaknesses in the referral system, including delays and inadequate capacity at higher levels of care, result in poor continuity of care and compromised health outcomes (2,10).

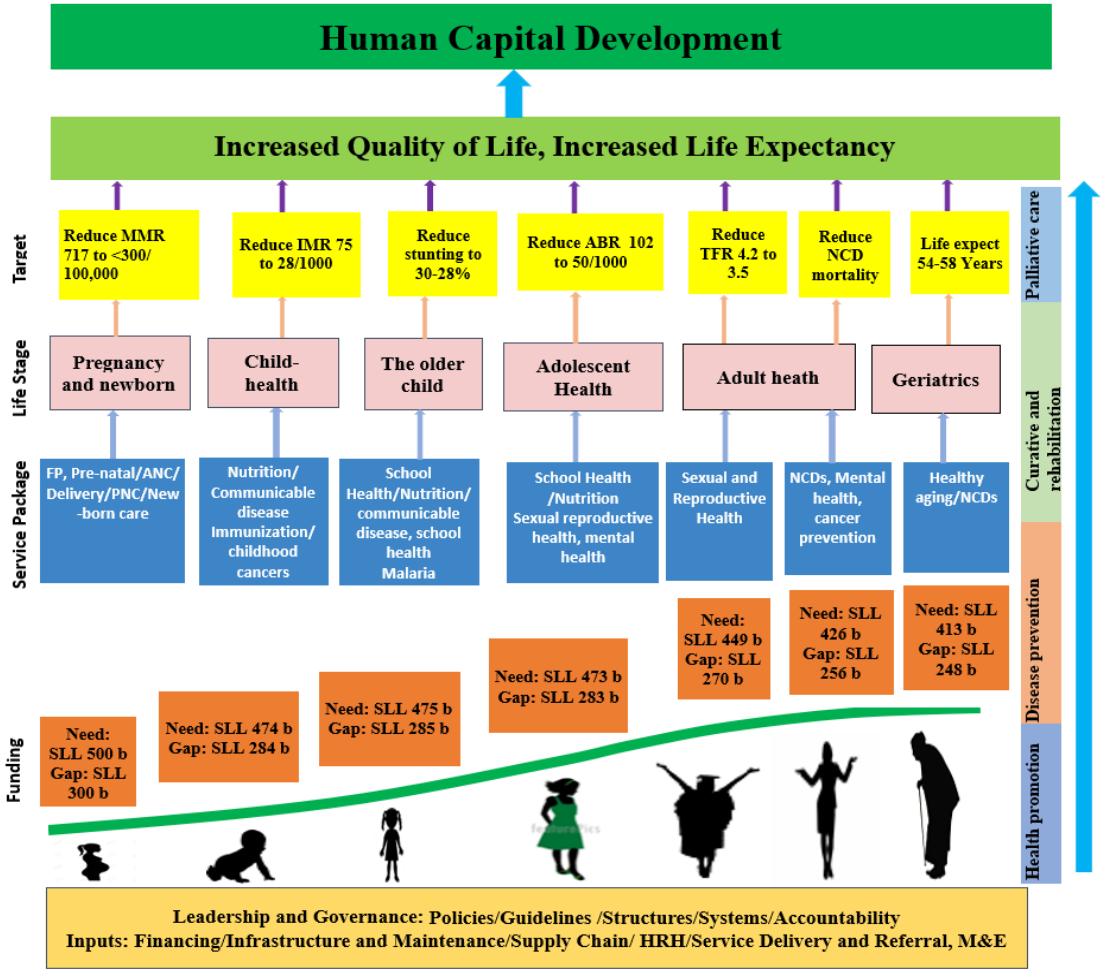


Figure 11: Figure 11: Sierra Leone Life Stages Approach Conceptual Framework

Source: The Sierra Leone Framework for The Person-Centred Life Stages Approach to Health Service Delivery 2023-2030

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 6.1. Standardize clinical guidelines and protocols to ensure consistency in care delivery.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Conduct a national review of existing clinical guidelines and protocols to identify gaps as per life stage.
2. Develop comprehensive guidelines for all major clinical areas in line with the life stages.
3. Distribute both printed and digital versions of clinical guidelines to all hospitals nationwide.
4. Train healthcare providers on the implementation and adherence to standardized guidelines.

5. Develop strategy and standards to monitor adherence to the implementation of clinical guidelines and evidence-based practice.
6. Monitor and regulate task shifting and task sharing with a clear exit strategy.

Strategy 6.2. Improve the efficiency and effectiveness of the referral system and Linkages.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Design and implement a national referral framework that defines roles, responsibilities, and communication channels across all healthcare tiers in the country, including referrals outside the country.
2. Digitize the national referral system (patients, samples, etc.) for data visibility between health facilities.
3. Train primary, secondary and tertiary healthcare workers on appropriate referral practices and criteria.
4. Develop guidelines and ensure coordination of linkages between hospitals, primary healthcare units and communities.
5. Strengthen and harmonize the national ambulance system with clear guidelines for implementation.
6. Equip and maintenance of ambulances with appropriate medical resources and other logistics.
7. Equip ambulances with communication devices to enhance coordination between referral points.
8. Establish and capacitate referral coordinators in hospitals to manage referrals efficiently and provide feedback to referring facilities.
9. Train paramedics and referral coordinators on patient and referral management.

Strategy 6.3. Promote a more integrated and coordinated approach to healthcare delivery.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Establish multi-disciplinary care teams in hospitals to manage patients with complex needs, including those with both communicable and non-communicable diseases.
2. Develop guidelines to enhance integration across various services, life stages and levels of care (primary and secondary etc.).
3. Train healthcare workers on patient-centred and holistic approaches to service delivery.
4. Use digital tools (online and offline), such as shared electronic health records (EHRs), to ensure seamless information flow between different levels of care.
5. Conduct quarterly reviews of integration efforts to identify barriers and develop improvement plans.

Strategy 6.4. Establish mechanisms to ensure the delivery of quality health services.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Create a national hospital quality assurance framework with clear performance metrics and standards across the life stages and services.
2. Train hospital staff to conduct internal quality reviews, including clinical and mortality audits, etc., and implement corrective measures.
3. Develop and distribute tools for patient satisfaction surveys to collect feedback on service quality.
4. Set up national and sub-national quality assurance committees to oversee and guide hospitals in their respective zones.
5. Publish hospital annual performance review reports using a standardized template to promote transparency, accountability and decision-making.
6. Develop a patient/client service delivery charter that outlines services and requirements in each hospital, that is displayed in a common service delivery unit area.

Strategy 6.5. Expand specialized services to underserved regions.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Conduct a national assessment to determine gaps in specialized care services across regions.
2. The Ministry of Health should establish partnerships with international organizations to deploy specialized medical teams to underserved areas.
3. Build and equip regional centres of excellence focusing on infectious diseases, oncology, cardiology etc.
4. Extend specialized services to remote regions lacking expertise through specialist outreaches, telemedicine solutions, etc.

Strategies 6.6. Enhance the management of clinical emergencies.

1. Develop National protocols and standards for setting up and managing emergency clinical services.
2. Establish sustainable financing sources or trust funds for emergency services across hospitals.
3. Develop and specify a national clinical emergency commodity list.
4. Enhance the national procurement of emergency commodities, ensuring availability across hospitals.
5. Training healthcare workers and paramedics in emergency services.
6. Establish regional trauma centres supported by peripheral units (hub and spoke model).
7. Ensure dedicated A&E spaces are fully equipped in the hospitals for emergency services.

SO7: To ensure the uninterrupted availability of essential medicines, equipment, and supplies through an efficient, transparent, and sustainable supply chain system.

Contextual Analysis

The development of the National Health Supply Chain Strategy (NHSCS) 2023-2027 marks a significant milestone in addressing supply chain challenges. The strategy outlines six strategic results designed to strengthen and streamline the pharmaceutical supply chain, guided by integration, efficiency, accountability, sustainability, and maximizing returns from existing strengths (19). Furthermore, The Ministry of Health in Sierra Leone has adopted a National Essential Medicines List and Standard Treatment Guidelines (STG) (37). These documents are crucial for standardizing treatment choices, promoting rational medicine use, and guiding procurement and distribution processes within the public sector.

Between 2017 and 2020, Sierra Leone successfully established Special Care Baby Units (SCBUs) nationwide in government hospitals, equipped with sophisticated medical equipment and supplies. This initiative aimed to improve the survival chances of critical and preterm babies. However, the need for robust management and maintenance policies for these units and their equipment became evident (38).

Despite the successes, Sierra Leone faces persistent challenges in ensuring the availability of essential medicines and medical supplies. Factors contributing to this include stockouts, leakages within the supply chain, inadequate financing, irrational prescription practices, and weak regulation of complementary/alternative medicines (19). The hospital system also struggles with the availability and quality of medical equipment due to factors like inadequate and ineffective procurement processes, fragmented planning and management, insufficient resources, and theft (19). There is also a lack of a comprehensive and coordinated approach to the management and maintenance of medical equipment, leading to equipment breakdowns, underutilization, and shorter lifespans (38).

Multiple actors are involved in Sierra Leone's pharmaceutical supply chain, including the Directorate of Pharmaceutical Services (DPS), National Medical Supplies Agency (NMSA), districts, and partners. While progress has been made in coordinating their efforts, challenges remain in ensuring a seamless and efficient supply chain (19).

Irrational prescribing practices, including polypharmacy, also contribute to artificial stockouts, inflated forecasting and funding requirements, and high out-of-pocket expenditures for patients (19). Ensuring a consistent supply of safe blood for transfusions in all hospitals remains a challenge, requiring a strengthened supply chain for blood and laboratory commodities (19).

Funding remains a major bottleneck. The healthcare sector heavily relies on external donor support for essential medicines and supply chain operations. Furthermore, there is an inadequate number of skilled healthcare professionals, including pharmacists and pharmacy technicians, to effectively manage pharmaceutical services across the country. This shortage underscores the need for more robust training programs and workforce development initiatives (32).

Many health facilities, especially those in rural areas, lack basic amenities such as electricity, clean water, and proper sanitation. These infrastructure gaps hinder the effective storage and utilization of essential commodities and medical equipment (14).

The current distribution system requires strategic improvements to address short-term performance issues and inform long-term investment decisions related to supply chain infrastructure, human resources, and financial resources (19). While achievements have been made in establishing a robust Logistics Management Information System (LMIS), there's ongoing work to achieve real-time product visibility across all levels of the supply chain and enhance data quality for informed decision-making (19).

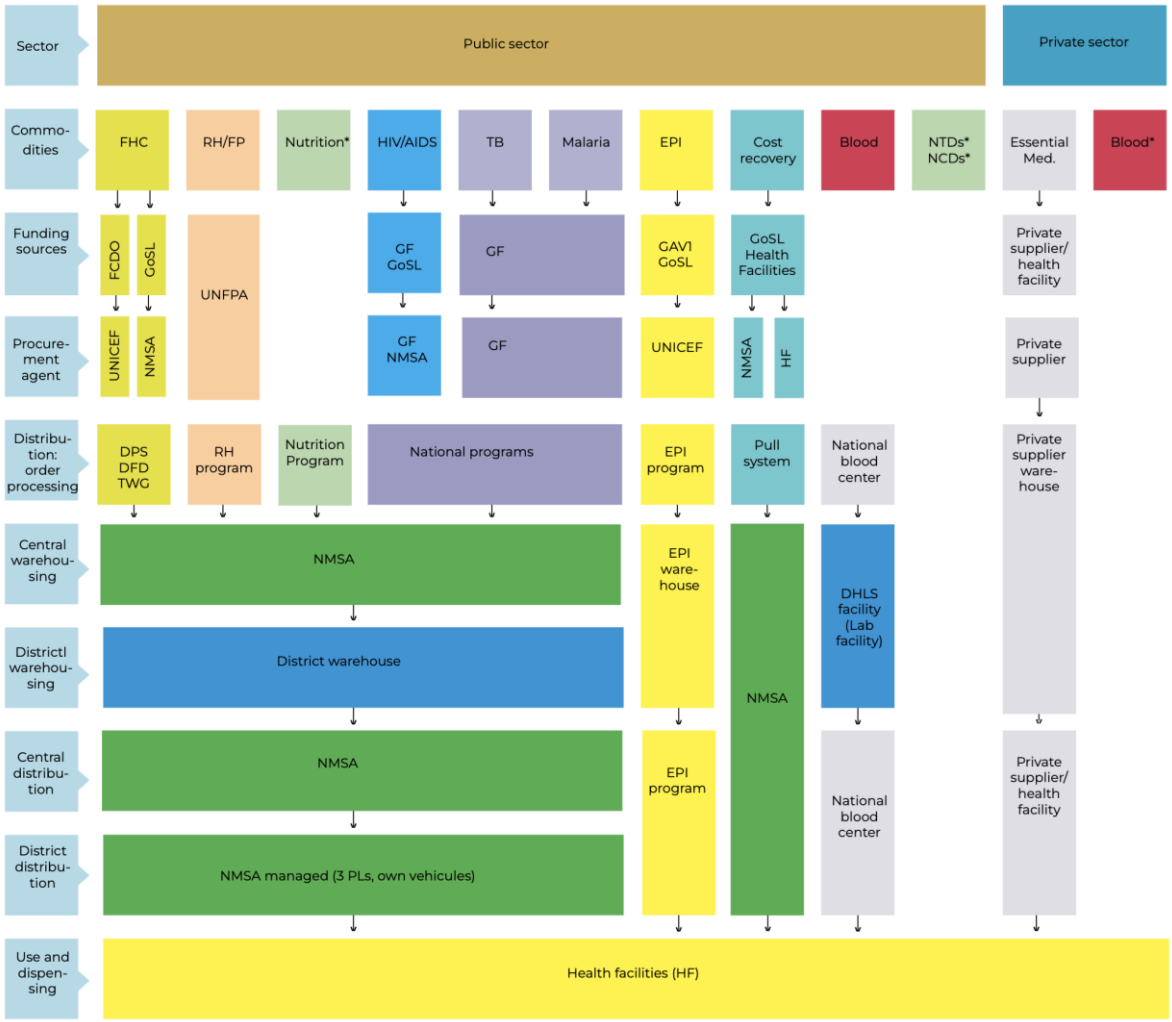


Figure 12: Current state- Procurement and Supply Chain

Source: Sierra Leone National Health Supply Chain Strategy 2023—2027

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 7.1. Strengthen supply chain management systems to minimize stockouts and wastage.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Implement MoH national guidelines and SOPs for Supply Chain Management in hospitals.
2. Integrate hospital pharmacies into mSupply/eLMIS for real-time stock management.
3. Roll out the electronic Logistics Management Information System (eLMIS) and Pharmaceutical Management Information Systems across all hospitals.
4. Implement and enforce SOPs for the management of dangerous drugs.
5. Strengthen hospital logistics data collection and reporting to inform the national quantification process.
6. Conduct monthly audits of medical supplies to identify and address leakages or inefficiencies.
7. Strengthening coordination between Hospitals and the Directorate of Pharmaceutical Services (DPS) to enhance coordination among supply chain stakeholders.
8. Ensure the availability of at least one pharmacist dedicated to health supply chain management at the hospital.
9. Develop a replenishment mechanism for addressing urgent supply chain disruptions using existing structures.
10. Establish a robust inventory management for laboratory supplies.

Strategy 7.2. Enhance patient safety, optimize medication therapy and ensure rational medicine use in hospitals through comprehensive pharmaceutical care

The following prioritized actions will be implemented under this strategy.

Key actions

1. Establish drugs and therapeutics committees (DTCs) and strengthen their operations in all hospitals (including subcommittees or focal persons for drug information, formulary management, adverse drug reporting etc.) in line with ***national DTC guidelines***.
2. Establish and ensure the sustainability of a revolving drug fund within hospitals to sustain the supply of pharmaceuticals for service delivery in line with hospital financial management guidelines.
3. Ensure the availability of professionals dedicated to pharmaceutical care separate from health supply chain management.
4. Establish mechanisms for Therapeutic Drug Monitoring (TDM) in specialized areas such as antibiotics, antiepileptics, and antiretrovirals.
5. Establish a pharmacovigilance system for detecting, reporting, and preventing Adverse Drug Reactions (ADR) and medication errors, with the clinical pharmacist serving as the focal.
6. Establish an Antimicrobial Stewardship (AMS) Committee, under the DTC to ensure rational antibiotic prescribing and prevent antimicrobial resistance (AMR).
7. Share data on medicines availability, stock situation, and rational use of medicines including antimicrobials, and other pharmacy practice indicators in hospitals with national level DPS and NMSA.
8. Strengthen the supply chain system to address the unique needs of commodities for critical but rare conditions in hospitals.
9. Monitor the use of therapeutic foods in hospitals to ensure compliance with guidelines.
10. Conduct regular training and implement and monitor standards for pharmaceutical care in all hospitals.

Strategy 7.3. Increase investments in storage facilities and infrastructure

The following prioritized actions will be implemented under this strategy.

Key actions

1. Ensure hospital drug stores meet minimum standards as per the national medicines policies.
2. Equip storage facilities with temperature-controlled environments for sensitive commodities.
3. Mobilize resources for facility storage upgrades.

Strategy 7.4 Strengthen laboratory services in all hospitals

The following prioritized actions will be implemented under this strategy.

Key actions

1. Establish a clear organizational structure for the hospital laboratory, with designated leadership roles, such as Laboratory Managers and Supervisors, ensuring proper oversight and accountability.
2. Establish a robust inventory management system for laboratory supplies in hospitals, ensuring real-time tracking, forecasting, and regular stock audits to prevent stockouts and minimize wastage of reagents and consumables.
3. Provide specialized training for hospital laboratory staff on efficient utilization and storage of laboratory materials to ensure optimal stock levels and reduce wastage.
4. Invest in upgrading and equipping hospital laboratory storage facilities with appropriate refrigeration, safety measures, and space for reagents and diagnostic kits, ensuring proper storage conditions and availability of supplies.
5. Train hospital laboratory personnel on accurate data entry, analysis, and reporting to improve lab data quality and support evidence-based decision-making in diagnostics and disease surveillance.
6. Advocate for a designated budget for laboratory emergency preparedness, ensuring timely procurement of diagnostic reagents, biosafety materials, and surge capacity resources during public health emergencies.
7. Implement a Laboratory Information Management System (LIMS) integrated with DHIS-2 to enhance real-time tracking of test results, patient diagnostics, and overall laboratory performance to support evidence-based decision-making in diagnostics and disease surveillance.
8. Training and retaining qualified personnel for Laboratory Information Management System.
9. Develop mechanisms for ensuring the accreditation and quality assurance of hospital laboratories.

SO8: To strengthen health information systems and foster a culture of research and innovation to enhance evidence-based decision-making and improve hospital service delivery.

Contextual Analysis

The Sierra Leone National eHealth coordination hub, an inter-ministerial body hosted at the Directorate of Planning, Policy and Information (DPPI), was launched in 2017 with the mandate

to coordinate and regulate digital health deployments in the country. The hub commissioned the assessment of the digital health interventions in the country and the development of the Sierra Leone National Digital Health Strategy 2018-2023 to support these coordination efforts (20).

Sierra Leone utilizes the District Health Information System (DHIS2) software for its national Health Management Information System (HMIS). This system is designed to aggregate data on service delivery, disease surveillance, and program information from the community and health facility levels (20). Data collection for various health programs is conducted using a combination of paper-based and electronic methods (20). While the HMIS aims to centralize data, some information is still gathered in separate systems. For example, RapidPro, an SMS-based reporting platform, collects process data not captured in the HMIS (20).

The country has made progress in increasing health facility submission rates and the timeliness of reporting for service delivery data (20). The adoption of DHIS2 as the national HMIS platform provides a standardized and comprehensive system for managing aggregate health information (21,39). The Sierra Leone Integrated Household Survey (SLIHS) provides valuable data on various health indicators, including health financing and service utilization, which informs policy and decision-making (17).

The development of an M&E framework, as part of the National Health Sector M&E Strategy 2021-2025, for health policy and program implementation demonstrates a growing recognition of the importance of data-driven decision-making (17). Furthermore, Universities in Sierra Leone are engaged in research, providing an opportunity for evidence-based practice and innovation in healthcare delivery (21).

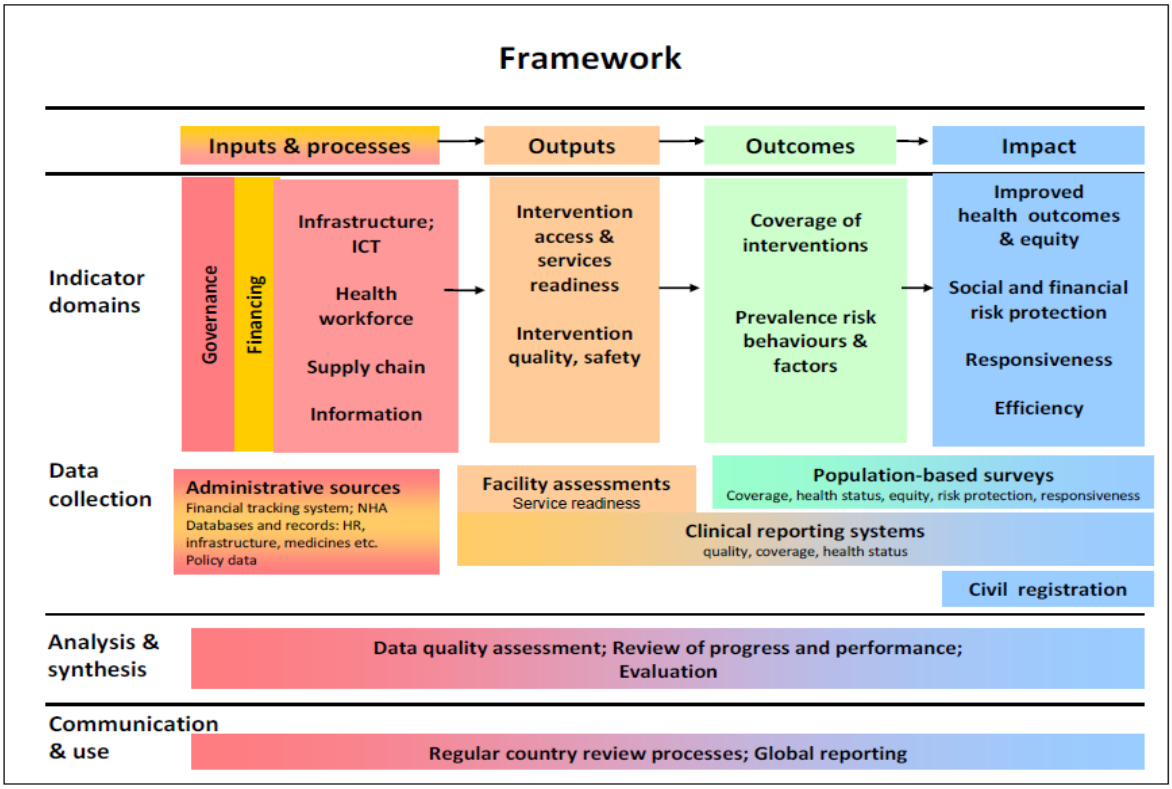


Figure 13: The International Health Partnership and M&E framework

Source: National Health Sector Strategic Plan 2021-2025. Ministry of Health, Sierra Leone.

A digital health atlas based inventory, coupled with informal stakeholder work-sessions, and the global digital health index survey determined that Sierra Leone's digital health enabling environment was in the "developing and building up" stage of the WHO digital health enabling environment matrix (20). Similarly, based on the global digital health index, the country is below the world average in all seven digital health enabling environment building blocks: Leadership and Governance; Strategy and Investment; Policy, Legislation, privacy and Compliance; Architecture, Standards and Interoperability; Workforce; Services and Applications; Infrastructure (20).

Despite improvements in data collection and reporting rates, the accurate use of data for decision-making, especially at the local level, remains a challenge (40). The HMIS faces challenges with data quality, including issues with timeliness, completeness, and accuracy, particularly at the PHU and hospital levels (21). Parallel data collection systems, such as RapidPro, alongside the national HMIS lead to fragmented information and hinder comprehensive data analysis (20).

There is inadequate technical and organizational capacity for managing and utilizing DHIS2 effectively (21). The absence of a clear HIS Policy restricts innovative collaborations and hinders the development of robust data governance frameworks (41). The Ministry of Health lacks a dedicated M&E human resource structure and capacity development plan (21).

Despite ongoing research in universities, collaboration and information sharing between research institutions and the MoH is limited (21). The healthcare system has been slow to adopt and integrate technologies, such as electronic health records and telemedicine, to improve service delivery and data management (39,42). There is limited funding allocated specifically for health research and innovation, hindering the development and implementation of new solutions (14,20).

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 8.1. Strengthen DHIS2 management and data quality by investing in technical and organizational capacity building.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Review data collection tools/registers to include all life stages and services like preconception care, adolescent services, SGBV, NCD and geriatric care, cancer care
2. Train healthcare workers at all levels on data entry, validation, and analysis within DHIS2.
3. Develop a data quality improvement plan targeting common errors such as incomplete or delayed reporting.
4. Conduct quarterly audits of DHIS2 data to identify gaps and improve system performance.

Strategy 8.2. Advance digital health implementation to guide the adoption and integration of technologies, such as electronic health records, telemedicine, and mobile health.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Scale up the use of hospital EHR systems.
2. Ensure interoperability of all digital health tools.
3. Deploy telemedicine solutions to expand access to specialized care.
4. Train hospital staff on the use of digital health tools and applications.
5. Develop mobile applications for patient interface, e.g. appointment scheduling, and health information access.
6. Monitor and evaluate the impact of digital health interventions on service delivery and patient outcomes.
7. Mobilize resources to expand hospital internet access, especially in underserved areas.
8. Secure funding for telemedicine infrastructure, including video conferencing and diagnostic tools.
9. Develop guidelines for the ethical and secure use of telemedicine platforms.

Strategy 8.3. Facilitate collaboration between research institutions, universities, and the MoH, to develop a national health research agenda.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Establish a national health research council to coordinate collaborative efforts and funding priorities.
2. Partner with national and international academic institutions to embed research activities into hospital operations.
3. Facilitate training programs for healthcare workers on research methodologies and data analysis.
4. Organize biannual research symposia to showcase innovations and findings relevant to hospital service delivery.
5. Develop a national health research repository for sharing findings and best practices.
6. Provide grants to incentivize researchers to focus on hospital-related challenges and innovations.
7. Integrate research findings into policy and hospital operational guidelines to drive improvements.

SO9: To embed human rights, gender equity, and meaningful community engagement into hospital services to ensure inclusivity and responsiveness to community needs.

Contextual Analysis

The MoH in Sierra Leone acknowledges the vital role of community engagement in healthcare delivery. They have implemented the Community Scorecard (CSC) as a tool for communities to assess the quality of health services and engage in dialogue with service providers (43). There are also established community structures like Facility Management Committees (FMCs),

Village Development Committees (VDCs), Ward Development Committees, and Chiefdom Development Committees that participate in the CSC approach (43).

The Constitution of Sierra Leone guarantees the right to healthcare for all citizens, irrespective of their background, with consideration for the state's resources (14). This commitment is echoed in the National Health and Sanitation Policy, which aims to provide equitable access to quality and affordable health services (14). The National CHW program has been successful, with approximately 9,000 CHWs deployed across the country to extend essential health and nutrition services to communities, especially in remote areas (22).

Sierra Leone also has a robust policy framework that supports community engagement, human rights, and gender equity in healthcare. The National Health and Sanitation Policy, the UHC Roadmap, the NHSSP, and the National CHW Policy provide comprehensive guidance for strengthening these aspects (14,17,22). Key global frameworks also support integrating gender, equity, and human rights in healthcare, including WHO's Framework on Integrated, People-Centered Health Services, and the Sustainable Development Goals (SDGs) (notably SDG 3 on health and SDG 5 on gender equality), and international human rights instruments such as CEDAW. Implementing these principles enhances healthcare quality, service delivery, and public perception, increasing demand for services and promoting disease prevention.

The health system faces significant resource constraints, including limited human resources, medical supplies, and infrastructure. This poses a challenge to providing quality hospital services and meeting community demands (3,14,36). Sociocultural norms, traditional practices, and low health literacy levels hinder access to healthcare, particularly for women and girls. These factors influence health-seeking behaviour and limit community engagement (43,44).

Despite policy commitments, gender disparities persist in healthcare. Women are underrepresented in healthcare leadership positions and face barriers in accessing sexual and reproductive health services (3). While policies and programs promote community engagement, their implementation is often hampered by weak coordination, limited capacity at the district and community levels, and a lack of monitoring and evaluation (14,44).

Integrating gender equity, human rights, and community engagement into hospital services is essential to addressing these challenges, improving health outcomes, strengthening trust in healthcare systems, and fosters empowerment by encouraging active participation in health decisions. Ensuring inclusive and equitable services enables hospitals to create a patient-centred health system that meets the needs of marginalized populations and promotes overall well-being (45).

Furthermore, gender equity is crucial in reducing the country's high maternal mortality rate by ensuring access to quality maternal healthcare and family planning services. It also promotes male involvement in reproductive and maternal health, fostering shared responsibility in healthcare decisions (45). Additionally, empowering female healthcare workers and providing safe spaces for gender-based violence (GBV) survivors enhance gender-responsive service delivery.

Community engagement is vital in overcoming cultural and economic barriers to healthcare access, particularly in rural areas. Establishing trust through culturally sensitive services and involving communities in health decision-making strengthens healthcare systems. Moreover, it

improves health promotion, encourages health-seeking behaviours, and reduces socio-cultural obstacles to timely healthcare access, leading to better health outcomes.

A human rights-based approach guarantees equitable healthcare access for all individuals, regardless of gender or socio-economic status. This involves promoting respectful maternity care, ensuring informed consent, and upholding the right to care without discrimination. Such an approach fosters transparency, accountability, and equity within healthcare systems.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 9.1. Promote Human Rights, Equity, and Gender Approaches in Hospitals

The following prioritized actions will be implemented under this strategy.

Key actions

1. Train healthcare staff on respectful care, including the provision of gender-sensitive, culture-sensitive, and equitable care practices.
2. Develop and enforce hospital policies and tools that promote human rights and non-discrimination, such as patient charters displaying services and patient rights in languages understood by the community.
3. Adopt patient-centred approaches that prioritize dignity, autonomy, and rights in all healthcare interactions, including informed consent and audio-visual privacy.
4. Provide disabled-friendly access in hospitals and provide support to access care, e.g. sign language, language translation, assistive technology for patients when needed, etc.
5. Provide gender-responsive services, including SGBV services and linkages, while promoting male involvement in healthcare.
6. Develop and enforce hospital policies on the prevention of sexual exploitation, abuse, and harassment (PSEAH) and safeguarding.

Strategy 9.2. Strengthen community engagement, ownership and cultural sensitivity in healthcare delivery.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Ensure diverse community representation in hospital governance and healthcare planning, with gender inclusivity.
2. Facilitate community dialogue sessions, collaborating with traditional leaders, community health workers, and local organizations to align healthcare delivery with cultural values and practices.
3. Conduct regular community outreach services and culturally appropriate health education programs to improve literacy and encourage proactive health-seeking behaviours.
4. Organize culturally relevant health education and promotion sessions within hospitals to engage and inform patients and caregivers.
5. Promote patient centeredness through patient and family engagement in patient care.

Strategy 9.3. Establish robust community feedback and accountability mechanisms.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop standardized tools for the implementation of Community Scorecards in all districts.
2. Provide multiple patient and community feedback mechanisms, including community scorecards, suggestion boxes, SMS services, and client exit surveys.
3. Train hospital staff and community representatives on collecting and analyzing feedback through community scorecards, surveys, and suggestion boxes, ensuring responsive action.
4. Implement an efficient grievance redress mechanism, ensuring timely responses to patient complaints and concerns.
5. Monitor and publish annual community feedback reports to enhance transparency and accountability.
6. Integrate community feedback into hospital quality improvement plans to continuously refine healthcare service delivery.

SO10: To build a resilient hospital system that is well-prepared for and capable of responding to public health emergencies and disasters.

Contextual Analysis

Sierra Leone is prone to disasters and epidemics, highlighting the importance of health security and emergency preparedness in its healthcare system. It has experienced several health emergencies in recent years, including the 2012 cholera outbreak, the 2014–2015 Ebola Virus Disease (EVD) outbreak, the 2016 and 2019 Lassa fever outbreaks, the 2015 and 2017 flooding and mudslides in Freetown, and the 2020–2021 COVID-19 pandemic (14). These events have repeatedly tested the responsiveness and resilience of the health system and exposed its fragile state (12,23).

Despite the challenges, Sierra Leone has made some progress in responding to outbreaks and health emergencies. The detection rate is at 90%, notification within 24 hours is at 83%, rapid response within 48 hours is at 90%, and laboratory results received within 7 days is at 72% (14). This improvement is attributed to several initiatives implemented by the government, including the endorsement of the Global Health Security Agenda in 2016 (14).

Establishment of the Directorate of Health Security and Emergencies was a key success. The Directorate focused on preparedness and response to epidemic-prone diseases, (23) and has now transitioned into the National Public Health Agency (NPHA) – which is responsible for the overall management of public health including health security and emergencies.

Furthermore, the National Action Plan for Health Security (NAPHS) has been developed, and outlines activities to strengthen the country's health security capacity (23). Also, digitalization of the disease surveillance reporting system has been done, and this system allows for more efficient and timely reporting of disease outbreaks (23). There has also been the integration of COVID-19 into routine health services. This integration ensures that essential health services continue to be provided during emergencies (23). Finally, establishment of the National Public Health Agency, an Emergency Operation Centre (EOC) with an Incident Management System,

and an Integrated Rapid Response Team at national and sub-national levels (23) have also been key successes.

Despite successes, several challenges still exist. There is a shortage of skilled health workers, particularly in rural areas (14,17,23). This shortage limits the ability to deliver quality healthcare services, particularly during emergencies. Furthermore, the current health information management system is inadequate and lacks interoperability, hindering effective data collection, analysis, and decision-making including during emergencies (23). Many health facilities also lack basic equipment and supplies, impacting on the quality of care and the ability to respond to emergencies (14,23).

Sierra Leone remains heavily reliant on donor funding for its health emergency sector (17,23), which can be unpredictable and unsustainable. Funding for emergency response is often inadequate and not readily available when needed (23). There is also weak cross-border disease surveillance and security (14). Also, inadequate waste treatment and disposal practices pose risks to public health and the environment (46).

Many people delay seeking healthcare or rely on traditional healers, which can lead to complications and increase the spread of diseases (17). A significant portion of the population still faces financial barriers to accessing healthcare services (14). This barrier limits access to care and can push people into poverty while increasing the spread of diseases.

Key strategies

To address the remaining bottlenecks and ensure achievement of this objective, the following strategies are prioritized:

Strategy 10.1. Establish and regularly update emergency preparedness plans for hospitals.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop hospital-specific emergency response plans aligned with national frameworks.
2. Conduct reviews and updates of emergency preparedness and response plans based on recent emergencies.
3. Establish emergency command centres in hospitals to coordinate crisis responses.
4. Mobilize financial resources for rapid response during outbreaks.

Strategy 10.2. Train hospital staff in emergency response and disaster management.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop standardized training modules on disaster management tailored for hospital staff.
2. Conduct regular simulation exercises to test staff preparedness and identify gaps with relevant stakeholders.
3. Partner with organizations to provide advanced training for specialized emergency responders.

4. Include emergency response and disaster management as mandatory components in medical and nursing curricula.
5. Create a certification program for hospital staff trained in emergency response.

Strategy 10.3. Ensure adequate stockpiling of emergency supplies and medicines.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Develop a national inventory system to monitor and manage public health emergency supplies across all hospitals.
2. Establish regional storage hubs to ensure timely access to supplies during emergencies.
3. Conduct quarterly audits to maintain and update stockpiles as required.
4. Train hospital logistics teams in supply chain management for emergencies.

Strategy 10.4. Establish standards and blueprints for hospital design and construction, including emergency response infrastructure.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Include emergency facilities, such as isolation units and triage centres, in the design of new hospital infrastructure.
2. Retrofit existing hospitals with emergency response features, including backup power and water supply systems, patient flow systems, waste management systems, and mortuary space.
3. Monitor and evaluate the integration of emergency infrastructure through pre-construction licensing and annual inspections.

Strategy 10.5. Implement comprehensive waste management plans in all health facilities, including training for healthcare waste handlers and the provision of appropriate equipment and personal protective equipment.

The following prioritized actions will be implemented under this strategy.

Key actions

1. Construct and install modern waste treatment facilities, such as incinerators, autoclaves, and sharp crushers etc, in all hospitals.
2. Train healthcare waste handlers on proper waste management practices and the use of protective equipment.
3. Conduct regular audits of hospital waste management systems to identify areas for improvement.
4. Partner with environmental organizations to promote safe and sustainable healthcare waste disposal practices.
5. Procure cleaning and laundry materials to ensure that general cleaning and laundry services are fully operational in all hospitals.

Chapter 6

Implementation, Monitoring and Evaluation

6 Implementation, Monitoring and Evaluation of the Strategy

6.1 Operationalizing Implementation of the Strategy

6.1.1 Implementation Structure

The Sierra Leone National Hospital Strategy will be managed at the highest level of the MoH to ensure implementation and promote the highest level of ownership and accountability.

6.1.1.1 Governance and Oversight

- **National Steering Committee (NSC):** A National Steering Committee will be established by the CMO to provide strategic oversight, monitor progress, and ensure alignment with national and global health goals. The NSC will be composed of Ministry of Health (MoH) leadership, representatives from development partners, civil society, professional associations, and private sector stakeholders. The function of the NSC will include approving annual work plans and budgets, review performance against strategic objectives, and ensure cross-sectoral collaboration and accountability.
- **Technical Advisory Group (TAG):** A TAG will provide specialized advice and technical guidance on specific thematic areas (e.g., HRH, financing, infrastructure). It will be composed of experts from government, academia, and international organizations. Its functions will include offering evidence-based recommendations, identifying emerging challenges, and proposing solutions. This group will be chaired by the Deputy Chief Medical Hospital - Clinical.

6.1.1.2 Management and Coordination

- **Directorate of Hospital and Ambulance Services:** The Directorate of Hospitals and Ambulance Services will be responsible for the day-to-day management of the implementation of the strategy. It will be composed of a dedicated team including Monitoring and Evaluation (M&E) specialists, thematic coordinators, and administrative staff. Its functions will include coordination of activities across all thematic areas, developing annual operational plans, and facilitating stakeholder engagement and resource mobilization.
- **Hospital Management Committees (HMCs):** The HMCs will implement strategy activities at the hospital level. They will be composed of the hospital Medical Superintendents, Heads of Departments, and community representatives. The main functions of the HMCs will include localizing strategic initiatives based on facility needs, and reporting progress to the Directorate. HMCs will be supported to develop and implement their respective plans aligned with this national strategy.

6.1.2 Operational Plan

The detailed operational plan can be found in the annex of this strategy (Annex 1). The plan is divided into three phases over the six years of implementation.

- **Phase 1: Preparation and Capacity Building (Year 1)**

In this phase, stakeholder mapping and engagement workshops will be conducted. Establishment of the National Steering Committee, Technical Advisory Group, and National Hospital Implementation Unit will also be done during this phase.

Expected Outcomes of phase 1 include:

  - Foundational policies and guidelines established.
  - Stakeholder alignment and capacity building initiated.
  - Pilot programs and assessments completed for scaling.

- **Phase 2: Implementation and Scaling (Years 2–4)**

Expected Outcomes of phase 2 include:

  - Key initiatives operational across all hospitals.
  - Infrastructure and workforce improvements completed.
  - Initial scaling of innovative programs and technologies.

- **Phase 3: Sustainability and Impact Assessment (Years 5–6)**

Expected Outcomes of phase 3 include:

  - Full integration of systems, policies, and practices.
  - Evidence of improved health outcomes and service delivery.
  - Sustainability plans implemented for all strategic objectives.

6.1.3 Resource Requirements

Implementing the National Hospital Strategy for Sierra Leone will require a comprehensive allocation of human, financial, technical, and material resources. Funding for the implementation of this strategy will be government-led with support from Health Development Partners and the private sector.

Understanding both the cost of implementing the strategy and the resources available is critical in supporting prioritization of activities, as well as designing appropriate measures to finance them. The costing of the strategy and estimates of the available resource commitments in the country, as well as development of an investment case for this strategy will be undertaken separately. Using the costing of the strategy and resource commitments available, the total resource gap for implementing the strategy will be calculated. Further, the cost will provide strategies to bridge the financial gap.

6.2 Monitoring and Evaluation of the Hospital Strategy

The Monitoring and Evaluation (M&E) component of the hospital strategy is essential for assessing the progress, effectiveness, and impact of the strategy's implementation. This ensures that the Ministry of Health can track whether its strategic objectives are being met and

to make necessary adjustments to optimize outcomes. It also helps the MoH leadership make informed decisions based on evidence and data.

Key Performance Indicators (KPIs) measure the implementation of the hospital strategy and track the progress and effectiveness of the strategy's execution in achieving the intended outcomes. The KPIs focus on both operational performance and strategic alignment, ensuring that the hospitals are meeting the strategic objectives. This level of monitoring will be undertaken as part of the management function.

Table 3: Key Performance Indicators for the National Hospital Strategy

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
SO1: Legal and Regulatory Framework											
Hospital Registration Compliance	Percentage of hospitals registered with the relevant authority.	Registration records	Annual	Medical and Dental Council	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Documented Organogram Availability	Percentage of hospitals with a documented organogram outlining governance structure.	Hospital administrative records	Annual	DHAS	100	100	100	100	100	100	100
Conducive Policy Environment	Reviewed Hospital Boards Act to legislate effective hospital leadership and management.	Gazetted Hospitals Act	3 years	MoH	TBD	TBD	TBD	TBD	TBD	TBD	TBD
SO2: Leadership, Governance, and Coordination											
Timely Submission of Reports	Percentage of hospitals submitting performance and financial reports on schedule.	HMC records and submitted reports	Quarterly	MS	TBD	TBD	TBD	TBD	TBD	TBD	TBD
HMC Meeting Frequency	% of Hospitals with a Hospital management committee meeting held monthly.	Meeting minutes	Monthly	MS	100	100	100	100	100	100	100
Hospital Board Functionality	Percentage of hospitals with an active Hospital Board meeting at least twice per year.	Board meeting records	Annual	Board Chair and MS	100	100	100	100	100	100	100
Annual Performance Review	Annual review of the Strategy to track the status of implementation.	DPPI/DHAS Annual Reviews	Annual	DPPI/DHAS	1	1	1	1	1	1	1
SO3: Healthcare Financing											

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
Approved Annual Budget	Percentage of hospitals with an approved annual budget and financial plan.	Budget documents	Annual	Directorate Financial Resources	TBD	100	100	100	100	100	100
Financial Reporting Compliance	Percentage of hospitals submitting timely and accurate financial reports.	Financial reports	Quarterly	Hospital Finance/MS	TBD	100	100	100	100	100	100
Public Private partnerships	Percentage of hospitals with a functional PPP model.	Financial reports	Quarterly	DHAS	TBD	20	30	40	50	55	60
Timely Financial Disbursements	Percentage of Hospitals receiving quarterly Financial Disbursement from the Government.	Financial reports	Quarterly	Directorate of Financial Resources/MoF	TBD	100	100	100	100	100	100
SO4: Hospital Infrastructure											
24-Hour Safe Water Availability	Percentage of hospitals with uninterrupted, 24-hour safe water supply for patients and staff.	Health Facility Assessment, Hospital report	Quarterly	MS/Council/DHAS	TBD	100	100	100	100	100	100
24-Hour Electricity Supply	Percentage of hospitals ensuring uninterrupted electricity for essential services.	Infrastructure maintenance records	Quarterly	MS/Council/DHAS	TBD	100	100	100	100	100	100
Updated Infrastructure & Equipment Inventory	Percentage of hospitals with a current inventory and maintenance plan for assets.	Maintenance logs and inventory records	Annual	MS	TBD	100	100	100	100	100	100
Hospital Meals	Percentage of hospitals with functional kitchens serving patient food.	Hospital Records	Annual	MS/Nutritionist	TBD	100	100	100	100	100	100
SO5: Human Resources for Health (HRH) Management											

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
Staff Orientation Coverage	Percentage of new and existing staff receiving appropriate orientation and training.	HR records	Upon hire/Annual review	MS/HR	TBD	100	100	100	100	100	100
Regular Performance Appraisals	Percentage of hospitals conducting annual performance appraisals for all staff.	HR records and appraisal reports	Annual	MS/HR	TBD	100	100	100	100	100	100
Grievance Redress Mechanisms	Number of Hospitals with staff grievance redress mechanism.	HR Records	Annual	MS/HR	TBD	100	100	100	100	100	100
SO6: High-Quality, Integrated, and Patient-Centered Hospital Services											
Updated Service Delivery SOPs	Percentage of hospitals with current clinical guidelines or SOPs aligned with national guidelines (specified at time of inspection).	Health Facility Assessment	Annual	MS/Matron	TBD	100	100	100	100	100	100
CME Session Frequency	% of hospitals conducting CMEs for healthcare workers at least quarterly.	CME Committee Records/Hospital Report	Quarterly	MS	TBD	45	50	60	70	80	90
Documented Referral Feedback	Percentage of referrals with documented referred patient outcome feedback.	Referral logs and feedback forms/Hospital report	Monthly	MS/Referral Coordinator	TBD	100	100	100	100	100	100
Referral	Percentage of Hospitals with a dedicated referral coordinator.	Hospital Report	Quarterly	MS/Referral Coordinator	TBD	100	100	100	100	100	100
Quality Improvement	Percentage of Hospitals with a QI focal person and active QI project in the year.	QI Records /Hospital report	Annually	MS	TBD	100	100	100	100	100	100

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
Death Audit	Percentage of Hospitals conducting monthly death audits (MPDSR/Child Death Audit/General mortality review).	Death Audit Meeting Minutes	Quarterly	MS/Child Health Focal	TBD	100	100	100	100	100	100
Patient-Centred life stages service delivery	Percentage of Hospitals providing all the CEmONC Signal Functions.	Hospital Report/Health Facility Assessment	Monthly	MS	TBD	100	100	100	100	100	100
Patient-Centred life stages service delivery	Percentage of Hospitals conducting Weekly NCD/Medical clinics.	Hospital Report/ Health Facility Assessment	Monthly	MS	3	10	15	20	25	30	35
SO7: Supply Chain Management											
Buffer Stock Maintenance	Percentage of hospitals reporting stock out of essential drugs for more than 7 days.	Pharmacy inventory records	Monthly/Quarterly	MS/Pharmacist	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Functional LMIS Usage	Percentage of hospitals actively using a functional Logistics Information Management System/or with proper bin card usage.	Supply chain management reports/ Health Facility Assessment	Monthly	MS/Pharmacist	TBD	100	100	100	100	100	100
Commodity Forecasting Accuracy	Accuracy and timeliness of commodity forecasting and quantification reports.	Forecast reports	Quarterly	MS/Pharmacist	TBD	70	75	80	85	90	95
Lab functionality	Percentage of Hospitals with lab conducting Biochemistry tests.	Hospital report	Monthly	MS/Lab Lead	TBD	100	100	100	100	100	100
Lab functionality	% of Hospitals with stock out of lab reagent in the last month.	Hospital Report	Monthly	MS/Lab Lead	TBD	45	35	25	15	10	5
SO8: Health Information Systems and Research											

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
EMR Implementation	Percentage of hospitals that have deployed and are actively using an Electronic Medical Records system.	IT system audits/Health Facility Assessment	Annual	Digital Team/HMIS/ICT	4	10	30	50	60	70	85
Data Reporting Timeliness	Percentage of hospitals submitting complete monthly reports to the DHMT by the deadline.	Data submission logs/DHIS	Monthly	MS/M&E	60	90	90	90	90	90	95
Hospital Data Bulletin	Percentage of hospitals producing quarterly data bulletin.	M&E Quarterly routine reports	Quarterly	MS/M&E	0	20	40	50	70	90	100
Data Quality Review Meetings	Average number of data quality review meetings held per hospital.	M&E records; meeting minutes	Quarterly	MS/M&E	0	20	40	60	80	90	100
SO9: Human Rights, Gender Equity, and Community Engagement											
Community Representation on HMC	Percentage of hospitals with at least two community members (including one female) on the HMC.	HMC composition records	Annual	MS	TBD	100	100	100	100	100	100
Patient Feedback Mechanism	Percentage of hospitals with functional patient feedback mechanisms (e.g., suggestion boxes, exit surveys).	Patient feedback reports	Annual	MS/Matron	TBD	30	40	50	60	65	75
Community Outreach Frequency	Average number of community outreach programs conducted per hospital at least one per quarter.	Outreach program records	Quarterly	MS/Matron	TBD	1	2	2	3	3	4
SO10: Emergency Preparedness and Disaster Response											

Key Indicator	Definition/Description	Data Source	Frequency	Responsible Sector	Target						
					Baseline	2025	2026	2027	2028	2029	2030
Emergency Response Plan Availability	Percentage of hospitals with a current, hospital-specific emergency response plan.	Emergency preparedness documentation	Annual	MS	TBD	30	50	70	80	90	100
Emergency Drill Frequency	Average number of emergency drills conducted per hospital annually.	Drill records	Annual	MS	0	1	1	1	1	2	2
Emergency Supplies Adequacy	Percentage of hospitals maintaining emergency supplies sufficient for at least three months.	Inventory and audit reports	Annual	MS	0	20	30	60	70	80	90

Table 4: Implementation Timeline for the M&E Framework

Phase	Activities	Timeline
Preparation and Capacity Building	Develop M&E tools, frameworks, and capacity; Baseline assessments; Resource mobilization.	Year 1
Implementation and Scaling	Ongoing monitoring, mid-term evaluation; Implement Strategies to address gaps; Scale successful interventions.	Years 2-4
Evaluation Phase	Conduct final evaluation, compile lessons learned; Sustainability plans.	Year 5-6

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8 Annexes

8.1 I: Phased Operational Plan

Phased Operational Plan							
Strategic Objectives and Strategies	**Key Actions**	**Phase 1- Preparation and Capacity Building**	**Phase 2- Implementation and Scaling**			**Phase 3- Sustainability and Impact Assessment**	
		2025	**2026**	**2027**	**2028**	**2029**	**2030**
SO1: To establish a cohesive and updated legal and regulatory framework that ensures compliance, accountability, and the effective governance of hospital services in line with national priorities and international standards.							
Strategy 1.1. Update and harmonize Hospital-related legislation to address outdated provisions and overlapping mandates.	1. Develop a National Hospital Act for both public and private hospitals in alignment with existing Laws.						
	2. Develop Policies and simplified guidelines for implementing revised laws across all hospital tiers.						
	3. Capacitate key stakeholders including Ministry of Health (MoH) on the updated legal framework for effective enforcement.						

Strategy 1.2. Establish and enforce mechanisms for the regulation of public and private hospitals to ensure service quality and patient safety.	1. Develop and disseminate comprehensive operational standards for hospitals, including staffing, infrastructure, and clinical care quality.						
	2. Establish a comprehensive electronic database that includes all hospitals to improve registration, license, oversight and regulation.						
	3. Facilitate training sessions for hospital managers for adherence to national hospital standards.						
	4. Build the capacity of regulatory bodies through specialized training programs focused on hospital standards and quality assurance.						
	5. Empower existing regulatory structures tasked with monitoring and enforcing compliance with hospital standards.						
	6. Conduct annual audits and inspections of public and private hospitals using standardized national assessment tools.						
	7. Introduce a transparent electronic and/or toll-free reporting system for compliance issues, including whistleblower protection and a public feedback mechanism to monitor patient satisfaction and service delivery in hospitals.						
SO2: To strengthen leadership, governance, and coordination mechanisms to promote effective management and multi-sectoral collaboration across all levels of hospital service delivery.							
Strategy 2.1. Build leadership and management capacity at national, sub-national, and hospital levels.	1. Strengthening national and sub-national structures for hospital management and leadership including defining organograms, with reporting lines.						
	2. Develop and roll out a leadership training and mentorship program for hospital managers and district health officers, focusing on hospital administration and management, accountability, strategic planning, financial management, and quality improvement.						
	3. Create a leadership certification program accredited by relevant national institutions to standardize competencies, making it mandatory before the assumption of office.						

	4. Organize annual leadership summits for health administrators to share best practices and strengthen networks.						
	5. Incorporate leadership and governance training into continuing professional development programs for healthcare professionals.						
	6. Develop Terms of Reference (ToRs) for Hospital Management Teams with clear roles and responsibilities for each team member.						
	7. Establish integrated Hospital Technical Committees that operate under Hospital Management Teams, defining clear roles and responsibilities to support technical work within the hospitals according to the agreed TORs.						
	8. Introducing mandatory annual performance reviews for hospitals.						
Strategy 2.2. Strengthen the role of Hospital Boards and Hospital Management Committees to enhance oversight and accountability.	1. Review and revise the hospital board Act into the hospital Act, mandates, and operating guidelines for hospital boards and management committees to update on composition, roles, and responsibilities.						
	2. Reactivate and Ensure Hospital Boards and Management committees are fully operational nationwide, ensuring community representation.						
	3. Facilitate capacity building for board members and Hospital Management Committees on financial oversight, performance monitoring, and governance best practices.						
	4. Develop standardized reporting templates for Hospital Boards and Hospital Management Committees to enhance transparency and accountability, including annual work plans, budgets, and performance review templates.						
	5. Establish a performance appraisal system to evaluate Hospital Boards' effectiveness annually.						

Strategy 2.3. Establish coordination platforms to align government, private sector, and donor priorities	1. Ensure strengthening of national coordination of partners and private sector support to hospitals.						
	2. Develop guidelines for hospitals on forming and implementing partnerships with partners and the private sector.						
	3. Develop a decentralized database for tracking partner-funded projects, resource allocation, hospital services availability and performance data to avoid duplication.						
Strategy 2.4. Decentralize decision-making to empower hospital-level leaders	1. Ensure there is a conducive legal and regulatory environment for hospital autonomy.						
	2. Develop and implement policy guidelines that create hospital autonomy in decision-making on administration, financial authority, and human resources.						
	3. Pilot Hospital Autonomy in management models in selected hospitals, with performance reviews to refine the approach.						
	4. Strengthen feedback mechanisms to track and address challenges arising from hospital autonomy.						
SO3: To secure sustainable and equitable healthcare financing mechanisms that reduce financial barriers and ensure efficient resource allocation for hospital service delivery.							
Strategy 3.1. Increase government budget allocations to hospitals.	1. Develop Hospital investment cases to present the economic benefits of increased hospital funding and service delivery.						
	2. Advocate for increased allocation of funds to hospitals based on financial gap analysis.						
	3. Advocate for the amendment of Public Financial Management in hospitals allowing generation of funds from health insurance schemes.						
	4. Increase hospital capacity to claim, and account for health insurance funds.						

	5. Ensure mechanism for compensation to hospitals for exempted services, like Free healthcare and emergency services.						
	6. Develop and implement a tracking system for health budget allocations to ensure timelines, effectively and transparently.						
Strategy 3.2. Explore innovative financing models for hospitals, such as performance-based financing, earmarked taxes, and public-private partnerships.	1. Design and pilot performance-based hospital financing with clear performance indicators and linked incentives.						
	2. Introduce other innovative financing models for hospitals, such as earmarked taxes (tobacco, alcohol, mining, tele-communication, fuel and vehicle license, food handlers) and scale up successful models.						
	3. Restructure and facilitate PPPs for Health to generate revenue.						
	4. Develop guidelines for PPPs in hospitals clearly defining roles, responsibilities, and revenue-sharing agreements.						
	5. Creating crowdfunding (Public) funding platforms.						
	6. Create private wings and services in public hospitals, such as annexes, with clear accountability mechanisms.						
	7. Create hospital-based trust funds to address the issue of financial sustainability						
	8. Host stakeholder engagement forums to attract private sector investment in hospital infrastructure and services.						
Strategy 3.3. Strengthen financial management systems to	1. Develop guidelines to guide hospitals in setting user fees and prices for services offered.						
	2. Develop a training package for hospital financing and train hospital accountants and management teams in basic financial management principles.						

improve resource efficiency and transparency.	3. Develop standardized financial reporting templates for all hospitals to ensure comparability and transparency.						
	4. Digitize hospital financial management systems to track expenditures and generate real-time reports.						
	5. Conduct regular financial audits to identify inefficiencies and enhance accountability.						
	6. Annual bookkeeping and publication of income versus expenditures.						
Strategy 3.4. Develop mechanisms to allocate resources equitably, prioritizing underserved areas and vulnerable populations.	1. Advocate for the use of population and service delivery utilization data, as well as hospital financial viability data, to create a need-based resource allocation to hospitals.						
	2. Establish a monitoring system to track and report on resource distribution by region and hospital type.						
	3. Conduct capacity building in public financial management for district council and health teams to ensure they can effectively allocate and manage hospital resources.						
	4. Engage and involve community representatives in planning and monitoring resource allocation to enhance transparency and equity.						
SO4: To upgrade, expand, and maintain hospital infrastructure to meet national and international standards and address rural-urban disparities.							
Strategy 4.1. Prioritize investment in Water, Sanitation, and Hygiene infrastructure.	1. Engage and advocate with national utility entities to prioritize hospitals in distribution of public utilities.						
	2. Plan for regular upgrade of hospital amenities, including WASH facilities.						
	3. Establish and ensure maintenance of back-up systems for water and other amenities for contingency or emergencies.						

Strategy 4.2. Establish standards and blueprints for hospital design and construction.	1. Collaborate with engineering and architectural experts to create standardized hospital blueprints that consider environmental factors (heat, wind, dust, etc.), the level of the hospital etc.						
	2. Ensure blueprints incorporate sustainable practices, such as energy efficiency, waste management systems, hospital ergonomics, color coding etc.						
	3. Ensure hospital infrastructure is easily accessible for people with disabilities.						
	4. Ensure hospital infrastructure includes a functional kitchen for the provision of meals for inpatients.						
	5. Ensure hospital infrastructure includes mortuary facilities.						
	6. Validate and approve designs through regulatory authorities and stakeholder feedback.						
	7. Disseminate standards to contractors and hospital administrators for compliance.						
	8. Conduct regular audits to ensure new and renovated hospitals adhere to the standards.						
	9. Work with Local Government to prioritize improving roads leading to health facilities.						
Strategy 4.3. Promote the use of renewable energy solutions to improve sustainability.	1. Identify hospitals with critical energy needs and prioritize them for solar energy installations.						
	2. Partner with renewable energy providers to secure funding and technical expertise.						
	3. Train hospital biomedical engineers/ maintenance staff in the maintenance and management of renewable energy systems.						
	4. Monitor energy usage to demonstrate cost savings and environmental benefits.						
	5. Advocate for installation and utilization of low and sustainable energy electricals and equipment in line with minimum quality standards, etc.						

Strategy 4.4. Implement a maintenance plan for hospital equipment and infrastructure.	1. Develop tools and indicators to track infrastructure upgrades and maintenance.						
	2. Conduct a comprehensive assessment of hospital infrastructure needs to inform planning and funding.						
	3. Train district health coordination teams in the use of the tools for infrastructure oversight.						
	4. Conduct annual evaluations to assess functionality, utilization, and maintenance of facilities.						
	5. Establish maintenance units in hospitals to oversee routine and preventive maintenance of medical equipment.						
	6. Train biomedical engineers and technicians on maintenance protocols and repair techniques.						
	7. Develop an inventory system for tracking the lifecycle and maintenance schedules of medical equipment.						
	8. Collaborate with manufacturers to ensure the availability of spare parts and technical support.						
	9. Publish findings to inform future planning and resource allocation.						
	10. Use digital dashboards for real-time monitoring and reporting.						
	11. Establish an asset management and inventory system.						
SO5: To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.							
	1. Develop staffing norms in line with the Essential Health Service Package.						

Strategy 5.1. Increase recruitment, training and retention of healthcare workers, particularly specialists, to address numbers and skill sets in hospitals.	2. Conduct a nationwide hospital workforce gap analysis and advocate for appropriate staffing based on staffing norms						
	3. Partner with local and international training institutions to increase enrolment and training in priority skill areas.						
	4. Monitor recruitment processes to ensure equitable and merit-based hiring practices.						
	5. Develop retention mechanisms, including hardship allowance, accommodation and career development pathways, for those working in rural hospitals and underserved regions.						
	6. Develop wellness initiatives to support staff satisfaction and reduce burnout.						
	7. Develop mechanisms for performance appraisal, recognition and reward for healthcare workers.						
	8. Establish a grievance redressal system for healthcare workers.						
	9. Establish a career scheme of service and reward system that encourages specialization among health workers.						
	10. Establish a Continuous Medical Education committee in each hospital with the introduction of a continuous professional development system.						
Strategy 5.2. Introduce mentorship and leadership programs to build management capacity.	1. Pair senior healthcare professionals with junior staff through structured mentorship programs.						
	2. Develop a leadership and management certification program in collaboration with local and international organizations.						
	3. Organize mentorship training for DMOs, Medical Superintendents and other leaders, focused on hospital administration, strategic planning, and change management.						
	4. Conduct annual leadership forums to foster peer learning and collaboration among healthcare managers.						

	5. Monitor and evaluate the impact of mentorship and leadership programs on hospital performance.						
Strategy 5.3. Strengthen the HRH information systems in hospitals.	1. Implement a digital integrated Human Resource Information System (HRIS) to track and manage healthcare workforce data in Hospitals.						
	2. Train HR managers and hospital administrators on data collection and analysis.						
	3. Develop dashboards to provide real-time insights to inform policy decisions and workforce planning.						
	4. Conduct regular audits to validate data accuracy and ensure system reliability.						
Strategy 5.4. Decentralize and strengthen HRH management functions at the hospital level, providing authority and resources.	1. Decentralize and strengthen HRH management functions at hospital level.						
	2. Train Hospital Management on workforce planning, recruitment, and deployment.						
	3. Monitor hospital-level HRH management through regular performance reviews.						
SO6: To deliver high-quality, integrated, and patient-centred hospital services that address the health needs of individuals across all life stages.							
Strategy 6.1. Standardize clinical guidelines and	1. Conduct a national review of existing clinical guidelines and protocols to identify gaps as per life stage.						
	2. Develop comprehensive guidelines for all major clinical areas in line with the life stages.						

protocols to ensure consistency in care delivery.	3. Distribute both printed and digital versions of clinical guidelines to all hospitals nationwide.						
	4. Train healthcare providers on the implementation and adherence to standardized guidelines.						
	5. Develop strategy and standards to monitor the adherence to implementation of clinical guidelines and evidence-based practice.						
	6. Monitor and regulate task shifting and task sharing with a clear exit strategy						
Strategy 6.2. Improve the efficiency and effectiveness of the referral system and Linkages.	1. Design and implement a national referral framework that defines roles, responsibilities, and communication channels across all healthcare tiers, including referrals outside the country.						
	2. Digitize the national referral system (patients, samples, etc.) for data visibility between health facilities.						
	3. Train primary, secondary and tertiary healthcare workers on appropriate referral practices and criteria.						
	4. Develop guidelines and ensure coordination of linkages between hospitals, primary healthcare units and communities.						
	5. Strengthen and harmonize the national ambulance system with clear guidelines for implementation.						
	6. Equip and maintenance of ambulances with appropriate medical resources and other logistics.						
	7. Equip ambulances with communication devices to enhance coordination between referral points.						
	8. Establish and capacitate referral coordinators in hospitals to manage referrals efficiently and provide feedback to referring facilities.						

	9. Train paramedics and referral coordinators on patient and referral management.						
Strategy 6.3. Promote a more integrated and coordinated approach to healthcare delivery.	1. Establish multi-disciplinary care teams in hospitals to manage patients with complex needs, including those with both communicable and non-communicable diseases.						
	2. Develop guidelines to enhance integration across various services, life stages and levels of care (primary and secondary etc).						
	3. Train healthcare workers on patient-centred and holistic approaches to service delivery.						
	4. Use digital tools (online and offline), such as shared electronic health records (EHRs), to ensure seamless information flow between different levels of care.						
	5. Conduct quarterly reviews of integration efforts to identify barriers and develop improvement plans.						
Strategy 6.4. Establish mechanisms to ensure the delivery of quality health services.	1. Create a national hospital quality assurance framework with clear performance metrics and standards across the life stages and services.						
	2. Train hospital staff to conduct internal quality reviews, including clinical and mortality audits, etc., and implement corrective measures.						
	3. Develop and distribute tools for patient satisfaction surveys to collect feedback on service quality.						
	4. Set up national and sub-national quality assurance committees to oversee and guide hospitals in their respective zones.						
	5. Publish hospital annual performance review reports using a standardized template to promote transparency, accountability and decision making.						
	6. Develop a patient/client service delivery charter that outlines services and requirements in each hospital, that is displayed in a common service delivery unit area.						

Strategy 6.5. Expand specialized services to underserved regions.	1. Conduct a national assessment to determine gaps in specialized care services across regions.						
	2. The Ministry of Health should establish partnerships with international organizations to deploy specialized medical teams to underserved areas.						
	3. Build and equip regional centres of excellence focusing on infectious diseases, oncology, cardiology etc.						
	4. Extend specialized services to remote regions lacking expertise through specialist outreaches, telemedicine solutions, etc.						
Strategies 6.6. Enhance the management of clinical emergencies.	1. Develop National protocols and standards for setting up and managing emergency clinical services.						
	2. Establish sustainable financing sources or trust funds for emergency services across hospitals.						
	3. Develop and specify a national clinical emergency commodity list.						
	4. Enhance the national procurement of emergency commodities, ensuring availability across hospitals.						
	5. Training healthcare workers and paramedics for emergency services.						
	6. Establish regional trauma centres supported by peripheral units (hub and spoke model).						
	7. Ensure dedicated A&E spaces are fully equipped in the hospitals for emergency services.						
SO7: To ensure the uninterrupted availability of essential medicines, equipment, and supplies through an efficient, transparent, and sustainable supply chain system.							

Strategy 7.1. Strengthen supply chain management systems to minimize stockouts and wastage.	1. Implement MoH national guidelines and SOPs for Supply Chain Management in hospitals.						
	2. Integrate hospital pharmacies into mSupply/eLMIS for real-time stock management.						
	3. Roll out the electronic Logistics Management Information System (eLMIS) and Pharmaceutical Management Information Systems across all hospitals.						
	4. Implement and enforce SOPs for the management of dangerous drugs.						
	5. Strengthen hospital logistics data collection and reporting to inform the national quantification process.						
	6. Conduct monthly audits of medical supplies to identify and address leakages or inefficiencies.						
	7. Strengthening coordination between Hospitals and the Directorate of Pharmaceutical Services (DPS) to enhance coordination among supply chain stakeholders.						
	8. Ensure the availability of at least one pharmacist dedicated to health supply chain management at the hospital.						
	9. Develop a replenishment mechanism for addressing urgent supply chain disruptions using existing structures.						
	10. Establish a robust inventory management for laboratory supplies.						
Strategy 7.2. Enhance patient safety, optimize medication therapy and ensure rational	1. Establish drugs and therapeutics committees (DTCs) and strengthen their operations in all hospitals (including subcommittees or focal persons for drug information, formulary management, adverse drug reporting etc.) in line with national DTC guidelines						
	2. Establish and ensure the sustainability of a revolving drug fund within hospitals to sustain the supply of pharmaceuticals for service delivery in line with hospital financial management guidelines.						

medicine use in hospitals through comprehensive pharmaceutical care.	3. Ensure the availability of professionals dedicated to pharmaceutical care separate from health supply chain management.						
	4. Establish mechanisms for Therapeutic Drug Monitoring (TDM) in specialized areas such as antibiotics, antiepileptics, and antiretrovirals.						
	5. Establish a pharmacovigilance system for detecting, reporting, and preventing Adverse Drug Reactions (ADR) and medication errors, with the clinical pharmacist serving as the focal.						
	6. Establish an Antimicrobial Stewardship (AMS) Committee, under the DTC to ensure rational antibiotic prescribing and prevent antimicrobial resistance (AMR).						
	7. Share data on medicines availability, stock situation, and rational use of medicines including antimicrobials, and other pharmacy practice indicators in hospitals with national level DPS and NMSA.						
	8. Strengthen the supply chain system to address the unique needs of commodities for critical but rare conditions in hospitals.						
	9. Monitor the use of therapeutic foods in hospitals to ensure compliance with guidelines.						
	10. Conduct regular training and implement and monitor standards for pharmaceutical care in all hospitals.						
Strategy 7.3. Increase investments in storage facilities and infrastructure.	1. Ensure hospital drug stores meet minimum standards as per the national medicines policies.						
	2. Equip storage facilities with temperature-controlled environments for sensitive commodities.						
	3. Mobilize resources for facility storage upgrades.						

Strategy 7.4 Strengthen laboratory services in all hospitals.	1. Establish a clear organizational structure for the hospital laboratory, with designated leadership roles, such as Laboratory Managers and Supervisors, ensuring proper oversight and accountability.						
	2. Establish a robust inventory management system for laboratory supplies in hospitals, ensuring real-time tracking, forecasting, and regular stock audits to prevent stockouts and minimize wastage of reagents and consumables.						
	3. Provide specialized training for hospital laboratory staff on efficient utilization and storage of laboratory materials to ensure optimal stock levels and reduce wastage.						
	4. Invest in upgrading and equipping hospital laboratory storage facilities with appropriate refrigeration, safety measures, and space for reagents and diagnostic kits, ensuring proper storage conditions and availability of supplies.						
	5. Train hospital laboratory personnel on accurate data entry, analysis, and reporting to improve lab data quality and support evidence-based decision-making in diagnostics and disease surveillance.						
	6. Advocate for a designated budget for laboratory emergency preparedness, ensuring timely procurement of diagnostic reagents, biosafety materials, and surge capacity resources during public health emergencies.						
	7. Implement a Laboratory Information Management System (LIMS) integrated with DHIS-2 to enhance real-time tracking of test results, patient diagnostics, and overall laboratory performance to support evidence-based decision-making in diagnostics and disease surveillance.						
	8. Training and retaining qualified personnel for Laboratory Information Management System.						
	9. Develop mechanisms for ensuring the accreditation and quality assurance of hospital laboratories.						

SO8: To strengthen health information systems and foster a culture of research and innovation to enhance evidence-based decision-making and improve hospital service delivery.							
Strategy 8.1. Strengthen DHIS2 management and data quality by investing in technical and organizational capacity building.	1. Review data collection tools/registers to include all life stages and services like preconception care, adolescent services, SGBV, NCD and geriatric care, cancer care						
	2. Train healthcare workers at all levels on data entry, validation, and analysis within DHIS2.						
	3. Develop a data quality improvement plan targeting common errors such as incomplete or delayed reporting.						
	4. Conduct quarterly audits of DHIS2 data to identify gaps and improve system performance.						
Strategy 8.2. Advance digital health implementation to guide the adoption and integration of technologies, such as electronic health records, telemedicine, and mobile health.	1. Scale up the use of hospital EHR systems						
	2. Ensure interoperability of all digital health tools						
	3. Deploy telemedicine solutions to expand access to specialized care.						
	4. Train hospital staff on the use of digital health tools and applications.						
	5. Develop mobile applications for patient interface, e.g. appointment scheduling, and health information access.						
	6. Monitor and evaluate the impact of digital health interventions on service delivery and patient outcomes.						
	7. Mobilize resources to expand hospital internet access, especially in underserved areas.						

	8. Secure funding for telemedicine infrastructure, including video conferencing and diagnostic tools.						
	9. Develop guidelines for the ethical and secure use of telemedicine platforms.						
Strategy 8.3. Facilitate collaboration between research institutions, universities, and the MoH, to develop a national health research agenda.	1. Establish a national health research council to coordinate collaborative efforts and funding priorities.						
	2. Partner with national and international academic institutions to embed research activities into hospital operations.						
	3. Facilitate training programs for healthcare workers on research methodologies and data analysis.						
	4. Organize biannual research symposia to showcase innovations and findings relevant to hospital service delivery.						
	5. Develop a national health research repository for sharing findings and best practices.						
	6. Provide grants to incentivize researchers to focus on hospital-related challenges and innovations.						
	7. Integrate research findings into policy and hospital operational guidelines to drive improvements						
SO9: To embed human rights, gender equity, and meaningful community engagement into hospital services to ensure inclusivity and responsiveness to community needs.							
Strategy 9.1. Promote Human Rights, Equity, and Gender	1. Train healthcare staff on respectful care, including provision of gender sensitive, culture-sensitive, and equitable care practices.						
	2. Develop and enforce hospital policies and tools that promote human rights and non-discrimination, such as patient charters displaying services and patient rights in languages understood by the community.						

Approaches in Hospitals	3. Adopt patient-centred approaches that prioritize dignity, autonomy, and rights in all healthcare interactions, including informed consent and audio-visual privacy.						
	4. Equip hospitals with disability-friendly access and provide support to access care e.g. sign language, language translation, assistive technology for patients when needed etc.						
	5. Provide gender-responsive services, including SGBV services and linkages, while promoting male involvement in healthcare.						
	6. Develop and enforce hospital policies on the prevention of sexual exploitation, abuse, and harassment (PSEAH) and safeguarding.						
Strategy 9.2. Strengthen community engagement, ownership and cultural sensitivity in healthcare delivery.	1. Ensure diverse community representation in hospital governance and healthcare planning, with gender inclusivity.						
	2. Facilitate community dialogue sessions, collaborating with traditional leaders, community health workers, and local organizations to align healthcare delivery with cultural values and practices.						
	3. Conduct regular community outreach services and culturally appropriate health education programs to improve literacy and encourage proactive health-seeking behaviours.						
	4. Organize culturally relevant health education and promotion sessions within hospitals to engage and inform patients and caregivers.						
	5. Promote patient centeredness through patient and family engagement in patient care.						
Strategy 9.3. Establish robust community feedback and	1. Develop standardized tools for the implementation of Community Scorecards in all districts.						
	2. Provide multiple patient and community feedback mechanisms, including community scorecards, suggestion boxes, SMS services, and client exit surveys.						

accountability mechanisms.	3. Train hospital staff and community representatives on collecting and analysing feedback through community scorecards, surveys, and suggestion boxes, ensuring responsive action.						
	4. Implement an efficient grievance redress mechanism, ensuring timely responses to patient complaints and concerns.						
	5. Monitor and publish annual community feedback reports to enhance transparency and accountability.						
	6. Integrate community feedback into hospital quality improvement plans to continuously refine healthcare service delivery.						
SO10: To build a resilient hospital system that is well-prepared for and capable of responding to public health emergencies and disasters.							
Strategy 10.1. Establish and regularly update emergency preparedness plans for hospitals.	1. Develop hospital-specific emergency response plans aligned with national frameworks.						
	2. Conduct reviews and updates of emergency preparedness and response plans based on recent emergencies						
	3. Establish emergency command centres in hospitals to coordinate crisis responses.						
	4. Mobilize financial resources for rapid response during outbreaks.						
Strategy 10.2. Train hospital staff in emergency response and disaster management.	1. Develop standardized training modules on disaster management tailored for hospital staff.						
	2. Conduct regular simulation exercises to test staff preparedness and identify gaps with relevant stakeholders.						
	3. Partner with organizations to provide advanced training for specialized emergency responders.						

	4. Include emergency response and disaster management as mandatory components in medical and nursing curricula.						
	5. Create a certification program for hospital staff trained in emergency response.						
Strategy 10.3. Ensure adequate stockpiling of emergency supplies and medicines.	1. Develop a national inventory system to monitor and manage public health emergency supplies across all hospitals.						
	2. Establish regional storage hubs to ensure timely access to supplies during emergencies.						
	3. Conduct quarterly audits to maintain and update stockpiles as required.						
	4. Train hospital logistics teams in supply chain management for emergencies.						
Strategy 10.4. Establish standards and blueprints for hospital design and construction, including emergency response infrastructure.	1. Include emergency facilities, such as isolation units and triage centres, in the design of new hospital infrastructure.						
	2. Retrofit existing hospitals with emergency response features, including backup power and water supply systems, patient flow systems, waste management systems, and mortuary space.						
	3. Monitor and evaluate the integration of emergency infrastructure through pre-construction licensing and annual inspections.						

Strategy 10.5. Implement comprehensive waste management plans in all health facilities, including training for healthcare waste handlers and the provision of appropriate equipment and personal protective equipment.	1. Install modern waste treatment facilities, such as incinerators, autoclaves, and sharp crushers etc, in all hospitals.						
	2. Train healthcare waste handlers on proper waste management practices and the use of protective equipment.						
	3. Conduct regular audits of hospital waste management systems to identify areas for improvement.						
	4. Partner with environmental organizations to promote safe and sustainable healthcare waste disposal practices.						
	5. Procure cleaning and laundry materials to ensure that general cleaning and laundry services are fully operational in all hospitals.						

8.2 II: Hospital Standards

SO1: Legal and Regulatory Framework:

To establish a cohesive and updated legal and regulatory framework that ensures compliance, accountability, and effective governance of hospital services in line with national priorities and international standards.

SO2: Leadership, Governance, and Coordination: To strengthen leadership, governance, and coordination mechanisms to promote effective management, resource allocation, and multi-sectoral collaboration across all levels of hospital service delivery.

- Each Hospital shall be registered by the **relevant regulatory authority.**
- Each hospital will have a documented organogram, with clearly defined governance and leadership structures as guided by the MOH for the District and Regional Hospitals and guided by the **teaching hospitals complex for the teaching hospitals.**
- All government hospitals shall be managed by a medical superintendent appointed by the Ministry of Health (MoH), ensuring a functional hospital management team to optimize resource utilization and deliver the best healthcare outcomes for users.
- All medical superintendents shall receive training in health leadership, performance-based management, financial management, and quality improvement, at least biannually.
- Each hospital shall have a Hospital Management Committee comprising the District Medical Officer (DMO), the Medical Superintendent (MS), and all department heads.
- Each hospital shall establish a Hospital Board that meets at least twice a year.
- Each hospital shall have a Hospital Management Committee comprising designated members and meeting at least monthly.
- The Hospital Management Committee shall perform the duties outlined below.
    - The HMC shall develop annual hospital work plans and budgets for approval by the Board.
    - Hospitals shall submit annual or quarterly performance and financial reports to the Directorate of Hospitals and Ambulance Services in the MoH, with a copy to the District Council.
    - The HMC shall ensure community feedback engagement at least annually and address arising issues (e.g., patient feedback boxes opened quarterly, with meeting notes and action points documented).

SO3: Healthcare Financing: To secure sustainable and equitable healthcare financing mechanisms that reduce financial barriers and ensure efficient resource allocation for hospital service delivery.

- All hospitals shall maintain a bank account to collect funds received from various sources (government allocation, client fees, gifts, and donations).
- Each hospital shall utilize government-allocated funds through the District Council in accordance with government regulations.
- Non devolved hospitals shall utilize government allocated funds through the MOH in accordance with the government regulations.
- Each hospital shall develop an annual budget and financial plan, to achieve the annual work plan approved by the HMC and Hospital Board.
- Each hospital shall have autonomy to collect and budget for funds generated from user fees, subject to approval by the Hospital Management Committee/Hospital Board.
- Each hospital shall have an accounts/finance officer responsible for financial monitoring, accounting, and reporting.

- The accounts officer shall provide monthly, quarterly, and annual financial reports detailing all collections, allocations, and expenditures.
- All finance officers shall receive training on hospital accounting and reporting requirements at least every two years.
- All hospitals shall have the autonomy to enter Public-Private Partnerships (PPPs) to support service delivery and hospital operations, ensuring compliance with PPP regulations.
- PPPs are permitted in several hospital areas including but not limited to establishment of private wards, pharmacy, laboratory, and diagnostics.
- The hospital shall document PPP plans using a standardized template and share them with the DMO before submission to the MOH.
- User fees collected through PPPs and other arrangements shall be deposited into the hospital account, with expenditures approved by the HMC and reflected in quarterly and annual financial reports.
- Financial reports shall be incorporated into the hospital's quarterly and annual performance review reports.
- Hospitals should aspire to acquire and utilize electronic/digitized financial management software with the support of MOH for prudent financial management.

SO4: Hospital Infrastructure:

To upgrade, expand, and maintain hospital infrastructure to meet international standards and address rural-urban disparities.

- All hospitals shall prioritize the 24-hour availability of safe water for use by healthcare workers and patients.
- The hospital management shall prioritize the availability of electricity to ensure 24-hour functionality of all essential hospital units.
- All hospitals shall have a maintenance and biomedical unit.
- The hospital shall have an inventory of all infrastructure and equipment, along with a maintenance plan.
- All Hospitals shall have a functional laundry unit with the required equipment.
- All hospitals shall have a functional mortuary with a capacity determined by the number of hospital beds.
- All Hospitals shall have a functional kitchen and provide meals for inpatients.
- All Hospitals shall provide disability friendly access to all service delivery points.
- All Hospitals shall maintain a clean, safe environment for optimal IPC according to national IPC standards.
- All hospitals shall have access to internet facilities for effective management and service delivery.
- Hospitals shall have the following equipped and functional main units: Triage, Outpatient/Emergency Department, Inpatient/wards, Isolation unit for infectious diseases, Pharmacy, Laboratory, Operating theatre, Kitchen, Laundry, Biomedical/maintenance units etc.
- Additional units can be established based on the level of care and specialties e.g. Blood Bank, Physiotherapy unit.

- All hospital shall conform to the national IPC build environment standards (Ref) for hospitals including; sufficient bed spacing and control of patient, requirements for proper ventilation (natural and mechanical), patient placement and isolation units, localized waste management, adequate hand hygiene facilities, provide dedicated areas for reprocessing of medical devices and equipment and storage of IPC supplies and PPEs.

Equipment:

- Hospitals shall maintain an inventory of all equipment, including functional and non-functional equipment.
- Hospitals shall include maintenance funds for infrastructure and equipment in their annual budgets.

SO5: Human Resources for Health (HRH) Management: To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.

- All hospital staff members, including volunteers, contract workers, and other health practitioners, shall receive orientation on the hospital, their job responsibilities, job assignments, and work location.
- Each hospital shall develop and maintain a structured training plan based on needs for healthcare workers (HCWs) and ensure proper documentation of all training records.
- Each hospital shall maintain a record of monthly rota plans to ensure 24-hour service coverage in each (Unit/ department)
- Each hospital (disciplinary committee) shall establish avenues for receiving HCW complaints and implement conflict resolution mechanisms to address grievances effectively.
- Each hospital shall conduct annual performance appraisals for all staff to evaluate performance and identify areas for improvement
- Each hospital shall document and maintain with staff files staff identification and employment details, including PIN codes, licensing, and annual renewals, to ensure compliance with regulatory requirements.
- Each hospital shall report staff numbers and existing workforce gaps monthly to the Ministry of Health (Directorate for Human Resource for Health) for planning and resource allocation.
- Each hospital shall establish an HRH grievance redress mechanism.
- Each hospital shall demonstrate mentorship of junior health workers.

SO6: High-Quality, Integrated, and Patient-Centered Hospital Services: To deliver high-quality, integrated, and patient-centred hospital services that address the health needs of individuals across all life stages.

***SO6.1 Evidence-Based Medicine**:*

- Each hospital shall deliver person-centred health services tailored to each life stage as per the Sierra Leone Essential Health Package.
- All hospitals shall have Standard Operating Procedures (SOPs) for key service delivery points along the life course.
- Each hospital shall have the latest updated copies of national guidelines on disease management, as developed by the MOH.
- Each hospital shall have a Continuing Medical Education (CME) Committee and conduct CME at least quarterly for all cadres of staff.

***SO6.2 Referral and Linkages**:*

- Each hospital shall have a Referral Coordinator to manage referrals within and outside the district (added role to existing staff) and develop appropriate communication mechanisms (e.g., communication groups, District Referral Protocol).
- Each referral shall include feedback documentation on patient outcomes and management provided to the originating facility to guide further management and ensure continuous quality of care.
- The DHMT, NEMS, PHU and hospitals medical superintendent/unit in charges, shall develop an annual District Referral Plan and hold joint quarterly review meetings on referrals and linkages.
- Each hospital shall display the ambulance contact number or Emergency Operations Centre contact information. Each hospital shall also display the contact number for the regional referral hospitals.

SO6.3 Quality Improvement:

- All hospitals shall have a clinical audit committee to review medical and surgical cases to improve care.
- All hospitals shall conduct monthly death audit meeting.
- All hospitals shall have an MPDSR committee and child death audit team.
- Each hospital shall leverage data from MPDSR and child death audits to inform targeted QI projects and departmental improvements
- Each hospital shall maintain mortality database for MPDSR and COD.
- Each hospital shall have a trained Quality of Care (QoC) Officer to coordinate and oversee QI projects in hospitals and link PHUs.
- Each hospital shall establish a QoC Committee to oversee QI in the hospital, with representation from other departments or sectors (or integrated to the hospital/facility management committee).
- Each hospital shall conduct peer to peer QoC learning collaborative sessions for departmental QI teams.
- Establish departmental Quality Improvement Teams (QIT) consisting of staff to implement QI initiatives in relevant departments.
- Each hospital shall publish a monthly and annual performance review report with standard key performance indicators, as outlined in the template.

- All hospitals shall provide minor and major surgical procedures as per the EHSP, and the facility ensures a structured surgical and anaesthesia service.
- The hospital shall ensure preoperative, intraoperative, and postoperative care is provided and the necessary SOPs and tools are available to HCWs. example WHO surgical safety checklist.
- The hospital shall ensure compliance with infection control and patient safety guidelines in all the units/departments.
- All hospitals that offer delivery services shall be equipped to provide all comprehensive Emergency Obstetric Newborn care services, including blood transfusion and caesarean section.

SO6.4 Infection Prevention and Control:

- All hospitals shall have IPC programme with at least one full-time trained IPC focal person in charge of IPC activities.
- All hospitals shall have an active IPC committee.
- All hospitals shall conduct refresher IPC training front-line health care workers (HCWs) and cleaners at least annually.
- All hospitals shall undertake surveillance of healthcare associated infections and report according to the national IPC guidelines.
- Hospitals shall comply with the national IPC guidelines and SOPs for standard precautions - Hand hygiene, environmental cleaning, safe waste management, safe injection practices and prevention of needle stick and sharps injuries, respiratory hygiene, decontamination of patient care equipment, Safe handling of linen and laundry.
- Hospitals shall comply with the national IPC guidelines and SOPs for transmission-based precautions (Airborne, Contact and Droplet).
- Hospitals shall have systems in place to reduce overcrowding according to existing guidelines/SOPs.
- All hospitals shall ensure a minimum stock of personal protective equipment (PPE) available and accessible by all staff in clinical areas (gloves, mask, apron, isolation gown, face shield/googles).
- All hospitals shall have an incinerator for waste disposal.
- All hospitals shall have an autoclave and other prescribed decontamination and sterilization methods.

SO7: Supply Chain Management: To ensure the uninterrupted availability of essential medicines, equipment, and supplies through an efficient, transparent, and sustainable supply chain system.

SO7.1 Pharmacy

- Each hospital shall have at least one pharmacist and one pharmacy technician trained in supply chain management.

- Each hospital shall have at least one pharmacist dedicated to pharmaceutical care services.
- Each hospital pharmacist shall provide on-the-job training, mentoring and coaching to hospital staff managing health products.
- Each hospital shall have a Hospital Medicines and Therapeutics Committee to oversee quantification, forecasting, procurement, receipt, storage, and dispensing of medicines procured through various mechanisms (FHCI, government budget, hospital revenue).
- Each hospital shall have a Drugs and Therapeutics Committee to oversee hospital specific treatment protocols, hospital formulary management, medicine selection and procurement, rational use of medicines and drug safety monitoring.
- Each hospital shall use the national pharmaceutical management information systems (PMIS) for health products.
- Each hospital shall on a monthly basis report on health product utilization and pharmaceutical care service delivery.
- Each hospital shall ensure full compliance with the national health logistics SOP.
- Each hospital shall use national bin cards to mark inventory for reporting and accountability purposes.
- Each hospital shall use prescribed tools for quantification and forecasting of commodities and report on this as part of the annual performance review.
- Each hospital shall maintain buffer stock of essential medicines and consumables for at least 3 months.
- Drug stores shall be kept at a temperature between 15 to 25 degrees Celsius and have a fridge for drugs requiring cold chain storage.
- Each drug store shall have shelves/pallets to ensure proper drug storage in a well-ventilated environment.
- Each hospital shall have a mechanism for implementing adverse effects following immunisation and other drug reactions.
- Each hospital shall have sufficient drug storage for up to three months' supply, with proper shelves and ventilation.

SO7.2 Lab

- Each hospital shall have a functional laboratory accredited by the designated regulatory body.
- Each hospital laboratory shall have the designated number and qualification of staff based on the laboratory staffing norms, and this will include at least one biosafety and biosecurity officer, one quality officer, and one biomedical engineer.
- **Each hospital laboratory shall have a harmonized test menu and capacity to perform those tests based on the laboratory tier.**
- Each hospital laboratory shall have a Quality Management System (QMS) and participate in both internal and external quality assessment programs (EQA).
- Each hospital shall have an electronic laboratory information system (LIMS) for data management and a backup manual system.
- Each hospital laboratory shall implement biosafety and biosecurity measures, including waste disposal protocols.

SO7.3 Diagnostics:

- Each hospital shall ensure availability of diagnostic imaging services with at least an X-ray and ultrasound machine.
- Each hospital shall have the designated number and qualification of diagnosticians based on the staffing norms, including at least one radiology technologist, and one radiology technician. Tertiary hospitals shall have at least one radiologist consultant.
- The hospital/radiology department shall have the radiation safety protocols within the facility.
- The radiology equipment shall be used in a room following the infrastructure requirements for radiology use.
- The radiology department shall ensure equipment use follows all radiation use regulations to ensure patient and health worker safety (evidence of the regulations/SOPs, and protective radiology materials).

SO8: Health Information Systems and Research: **To strengthen health information systems and foster a culture of research and innovation to enhance evidence-based decision-making and improve hospital service delivery.**

- All hospitals shall have at least one M&E officer and one health information officer/data clerk.
- All hospitals shall have the required health service registers, as mandated by the MoH.
- All hospitals shall complete their records/registers as per SOPs and submit summary reports to the DHMT by the 5th of every month.
- Each hospital maintains accurate, complete patient records.
- Each hospital has an SOP for filing patient records and a file archiving system.
- All hospitals shall conduct data quality review meetings at least quarterly.
- All hospitals shall conduct quarterly performance review meetings, guided by key performance indicators, and shall produce an annual performance review report.
- All hospitals shall deploy Electronic Medical Records (EMR) and telemedicine systems in accordance with the national digital health strategy.

SO9: Human Rights, Gender Equity, and Community Engagement: **To embed human rights, gender equity, and meaningful community engagement into hospital services to ensure inclusivity and responsiveness to community needs.**

- Each hospital shall have at least two community members as representatives of the Hospital management committee to ensure community representation, and one of whom shall be female.

- Each hospital shall develop and implement a patient feedback mechanism, including suggestion boxes and SMS/client exit surveys, which shall be conducted at least annually.
- Each hospital shall conduct community outreach programs at least quarterly, focusing on health education and awareness.
- Each hospital shall have a grievance redress mechanism, ensuring timely responses to patient complaints.
- Each hospital shall have a service charter in a language read locally, stating services offered, costs, and patient rights.
- Each hospital shall ensure audio and visual patient privacy in the diagnostic process.

SO10: Emergency Preparedness and Disaster Response: **To build a resilient hospital system that is well-prepared for and capable of responding to public health emergencies and disasters.**

- Each hospital shall have a hospital-specific emergency response plan in line with the national framework, including natural disasters and fires. The plan should be reviewed annually or every two years for improvement based on lessons learnt.
- Each Hospital shall conduct emergency drills at least twice per year. Each drill should cover a different scenario such as fire incident, mass casualty, common disease outbreak, natural disasters etc.
- All hospitals shall have a multidisciplinary rapid response team led by the emergency response focal point.
- All hospitals shall maintain adequate emergency supplies for three months in their drug stores.
- All hospitals shall have a triage area, isolation units, and an infectious disease treatment ward.
- All hospitals shall periodically (at least annually) undertake IPC simulation exercise for priority high-threat pathogens based on the national IPC outbreak Framework and Toolkit guide.
- All hospitals shall follow waste segregation guidelines and implement IPC protocols as per the National IPC Guidelines.

8.3 III. Budget

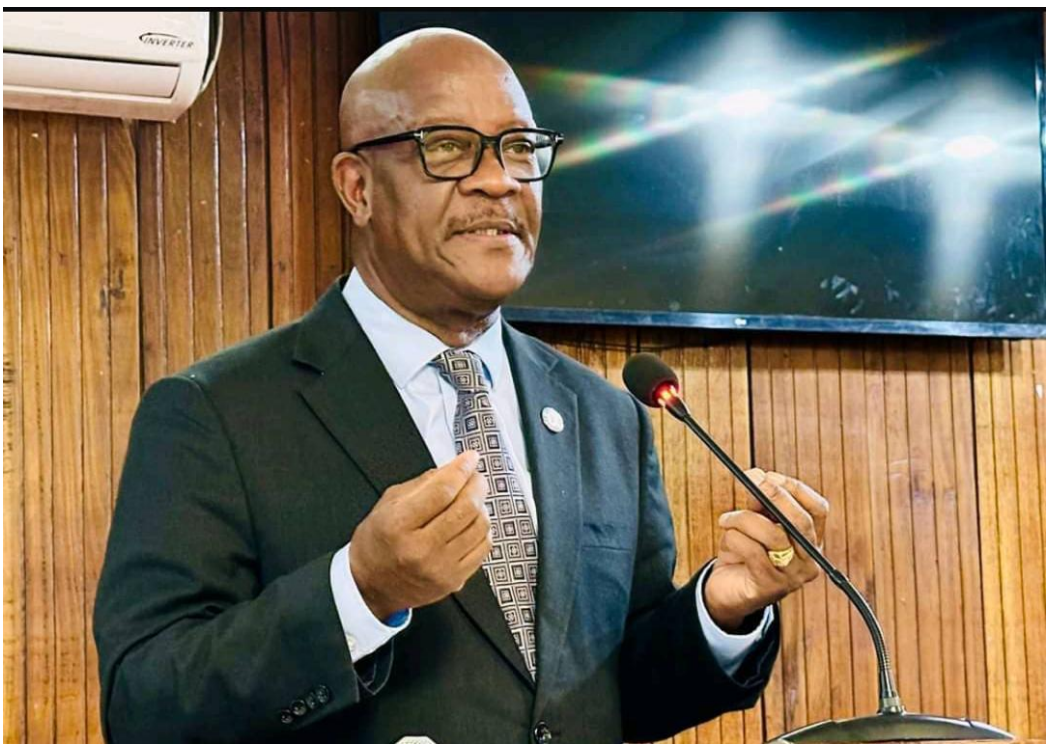
Component	2025	2026	2027	2028	2029	2030	Total Cost (NLE)	Total Cost (USD)	% Distribution
	NLE	NLE	NLE	NLE	NLE	NLE			
SO1: Updated legal and regulatory framework to ensures compliance and accountability	450,000	350,000	200,000	550,000	640,096	620,000	2,810,096	119,579	0%
SO2: Strengthen leadership, governance, and coordination	510,000	500,000	300,000	250,000	220,000	200,000	1,980,000	84,255	0%
SO3: Healthcare financing mechanisms.	4,000,000	4,500,000	3,500,000	3,200,000	3,000,000	2,500,000	20,700,000	880,851	3%
SO4: Upgrade, expand, and maintain hospital infrastructure.	0	15,400,000	10,000,000	10,000,000	9,500,000	9,000,000	53,900,000	2,293,617	7%
SO5: HRH To develop and retain a well-trained, motivated, and equitably distributed healthcare workforce capable of delivering quality hospital services.	1,500,000	1,200,000	1,100,000	1,000,000	1,000,000	1,000,000	6,800,000	289,362	1%
SO6: Deliver high-quality, integrated, and patient-centred hospital services.	0	35,000,000	30,000,000	25,500,000	25,000,000	23,000,000	138,500,000	5,893,617	18%

Component	2025	2026	2027	2028	2029	2030	Total Cost (NLE)	Total Cost (USD)	% Distribution
	NLE	NLE	NLE	NLE	NLE	NLE			
SO7: Essential medicines, equipment, and supplies	90,000,000	80,000,000	75,000,000	70,000,000	65,500,000	65,000,000	445,500,000	18,957,447	58%
SO8: Strengthen health information systems .	4,000,000	3,500,000	2,500,000	2,200,000	2,100,000	2,000,000	16,300,000	693,617	2%
SO9: Human rights, gender equity, and meaningful community engagement.	800,000	700,000	600,000	500,000	500,000	450,000	3,550,000	151,064	0%
SO10: To build a resilient hospital system.	15,000,000	20,000,000	12,000,000	11,000,000	10,500,000	10,000,000	78,500,000	3,340,426	10%
Total in Leones	**116,260,000**	**161,150,000**	**135,200,000**	**124,200,000**	**117,960,096**	**113,770,000**	**768,540,096**		
Total in USD ($)	**4,947,234**	**6,857,447**	**5,753,191**	**5,285,106**	**5,019,579**	**4,841,277**		**32,703,834**	

8.4 Images from the National Hospital Strategy Development Process

Image: Core Technical Working Group Meeting in Kenema on National Hospital Strategy

Stakeholder Meetings



Dr Austin Demby, Hon Minister of Health at multi-stakeholder meeting on Hospital Strategy in Bo

Section of workshop participants from Bo multi-stakeholder meeting on Hospital Strategy

Images: Stakeholder Consultative meeting in Bo

Validation Meeting of the National Hospital Strategy