Government of Sierra Leone

Ministry of Health and Sanitation

NATIONAL HEALTH SECTOR STRATEGIC PLAN
2010 – 2015
Abridged Version

November 2009
Introduction

The National Health Sector Strategic Plan (NHSSP) is divided into four sections, namely: Background and Rationale; NHSSP Strategic Direction; Sierra Leone Health System Pillars; and Implementation of NHSSP. It has been developed through an intensive and interactive process that involved all key stakeholders in health development in Sierra Leone. The process commenced in the last quarter of 2008 and was completed in September 2009.

Background and Rationale

Sierra Leone is classified by the UN as one of the least developed countries in the world, ranking it 178 out of 178 in the UN Human Development Index for 2008. It is one of nine countries in Africa whose income per capita has actually fallen compared to 1960s levels, with about 70% of Sierra Leoneans living below the poverty line in 2007.¹

Sierra Leone has some of the poorest health indicators in the world, with life expectancy of 47 years, an infant mortality rate of 89 per 1,000 live births, an under-five mortality rate of 140 per 1,000 live births and a maternal mortality ratio of 857 per 100,000 births (SLDHS, 2008).

A Majority of the causes of illness and death in Sierra Leone are preventable, with most deaths attributable to nutritional deficiencies, pneumonia, anaemia, malaria, tuberculosis and now HIV/AIDS. Diarrhoeal diseases and acute respiratory infections are also major causes of out-patient attendance and illness in the country. The greatest burden of disease is, however, on rural populations, and on females within the rural population, with women also being more likely to have to stop their economic activities due to illness than men. Health care costs remain very high in Sierra Leone, resulting in poor utilization. Out of pocket expenses of about 70% remain among the highest in Africa. However, even modest charges tend to exclude over 50% of the population from seeking health care and exemption systems in current use do not seem to work.

Sierra Leone is among the countries that endorsed the commitment to sustaining development and eliminating poverty as the highest national priority at the Millennium Summit in 2000 and thus embraces the Millennium Development Goals (MDGs) as a framework for measuring development progress. The MDGs and other internationally agreed targets have thus been incorporated as national targets.

National commitments to achieving the health MDGs were key priorities identified in PRSP I and II of Sierra Leone as part of the human development pillars. This commitment has been made in recognition of the fact that health contributes to economic development by increasing worker productivity and lengthening the expected working life of adult Sierra Leoneans.

The strategic priorities identified for the health sector in PRSP II are (i) provision of integrated reproductive and child health services; (ii) improving nutrition; (iii) control of communicable diseases; (iv) controlling non-communicable diseases; (v) health promotion (water, sanitation and hygiene); (vi) provision of infrastructure for primary, secondary and tertiary health facilities; (vii) HR development and management; (viii) strengthening health care financing and (ix) development of a health information system. These national policy priorities are well linked to internationally endorsed strategies such as the Ouagadougou
Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium 2008

**Purpose of the NHSSP**

The NHSSP has been developed to provide a common strategic framework for the plan period covering 1st January 2010 to 31st December 2015; a framework that will guide ALL interventions by ALL parties at ALL levels of the national health system in Sierra Leone. Specifically, the NHSSP forms the basis for:

- Developing and implementing strategic and operational plans of central MoHS directorates, at the districts and in all hospitals.
- Formalising coordination mechanisms and guiding participation of all stakeholders in health development in Sierra Leone.
- Developing the long term expenditure framework (LTEF), medium term expenditure framework (MTEF) and the annual budget framework paper (ABFP) for the health sector.

**Strategic Direction**

The vision, mission and goal of the strategy are derived from the National Health Policy and are aimed at contributing to the achievement of the goals of the PRSP II (An “Agenda for Change”), the Ouagadougou Declaration and the MDGs.

**Vision**

Functional national health systems delivering efficient, high quality health care services that are accessible, equitable and affordable for everybody in Sierra Leone.

**Mission**

To contribute to socio-economic development by promoting health and ensuring access to quality health, population and nutrition services by the population of Sierra Leone through effectively functioning national health systems.

**Policy Objectives**

The general objective is to strengthen the functions of the national health system of Sierra Leone so as to improve the following performance criteria: -

- Access to health services (improving availability, utilisation and timeliness)
- Quality of health services (improving safety, efficacy and integration)
- Equity in health services (with focus on disadvantaged groups)
- Efficiency of service delivery (enhancing value for resources)
- Inclusiveness (strengthening partnerships to maximise synergistic results of all actors’ efforts.)

To ensure effective implementation of the national health priority areas identified in the “Agenda for Change”, the NHSSP is designed on the following 6 building blocks:

1. Governance
2. Services delivery
3. Human Resources
4. Health Financing
5. Medical Products and Technologies
6. Health Information

Core Values
- Right to health
- Equity
- Pro-poor
- Cultural sensitivity
- Solidarity
- Friendliness

Governance:
The leadership capability of the Ministry of Health and Sanitation will be strengthened, whilst coordination of all health interventions and funding will be enhanced through improved partnership.

Policy Statement
The management structures in the Ministry of Health and Sanitation will respond to the Government of Sierra Leone’s commitment to develop a transparent and accountable public sector.

Strategic objectives
1. To review the legal framework and provide the necessary capacities for implementation after clarification of specific issues
2. To strengthen capacities of senior health managers at national and district levels
3. To provide a viable oversight, sector planning monitoring & supervision system from national to district levels
4. To establish dynamic interactions between health care providers and consumers with the view to improving the quality, accountability and responsiveness of services by 2013
5. To strengthen coordination, collaboration, alignment and harmonisation with development partners, implementing agencies (NGOs, CSO, FBOs and private-for-profit) and MDAs

Services Delivery
The quality, efficiency and effectiveness of services will be a priority. However, there will be special emphasis on making pregnancy and deliveries safe, whilst scaling up prevention and early treatment of early childhood illnesses.

Policy Statement
The Government remains committed to the PHC approach with an emphasis on primary care services and prevention as cost-effective strategies for the delivery of health care.

Strategic objectives
1. To increase the utilisation of health services, especially for mothers and children, the poor and other vulnerable groups, from 0.5 contacts per person per year to at least 3 contacts per person per year by 2015.
2. To strengthen the delivery of quality primary and general care through the implementation of the basic package of essential health services (BPEHS).
3. To strengthen management capacities of district health services.
4. To strengthen the delivery of quality specialised, advanced and emergency care in secondary and tertiary health facilities.

**Human Resources**

The key challenges that the sector has faced, such as shortage of skilled staff and mal-distribution of existing staff will be minimised to enable the desired health care delivery.

**Policy statement**

The Ministry of Health & Sanitation will implement the human resource policy and strategic plan that has mapped out the current situation and future staffing needs across the whole health sector and use trend analysis to identify the likely situation over the next 10 years.

**Strategic objectives**

1. Provide and maintain a policy and strategic framework to guide the HR development and management.
2. Strengthen institutional capacity for HR policy, planning and management.
3. Enhance capacity and relevance for training of health workers in partnership with other stakeholders.
4. Upgrade and enhance competencies and performance of health workers.
5. Promote research into HRH interventions to provide evidence-based information for the improvement of service delivery.

**Health Financing**

Considering the prevailing poverty levels, the sector seeks to introduce a social health insurance to reduce household financial burden arising from payment for health care. Further, financial barrier due to costs for service rendered in health facilities will be abolished for pregnant women and under-five children to protect them from catastrophic consequences due to inability to seek care on time.

**Policy Statement**

The Government of Sierra Leone will increase the finance available to the health sector

**Strategic objectives**

1. To secure adequate level of funding needed to achieve national health development goals, including the MDGs
2. To develop a sector-wide coordination mechanism for ensuring that all funding for the sector supports a single policy and expenditure programme, under government leadership, and adopts common approaches across the sector
3. To ensure equitable financial access to quality health services free from financial catastrophe and impoverishment
4. To ensure equitable and efficient allocation and use of health sector resources
Medical Products and Technologies

In order to provide quality health care, essential supplies will be provided in the right quantities, at the right time and in the right place.

Policy statement
The Ministry of Health & Sanitation to ensure provision of adequate quantity of good quality, safe and affordable medicines, vaccines, consumables and health care technologies to provide improved services to the people of Sierra Leone.

Strategic objectives
1. To review existing policies and develop new policies and guidelines with respect to Medicines and Medical Supplies and equipment, Vaccines, Health Technologies and logistics.
2. To improve access to good quality, efficacious, safe and affordable Medicines, Medical Supplies and Equipment, Vaccines and Health Technologies.
3. To strengthen the Medicines Regulation and Quality Assurance System.
4. To promote rational and cost effective use of medicines, medical devices, biological and medical supplies at all levels of the health care delivery system.
5. To develop a comprehensive National Health Laboratory Services policy.
6. To build HR capacities in laboratory services delivery at national, district and peripheral levels.
7. To establish a sustainable laboratory supplies system as part of the essential medicines and health supplies management, that will ensure constant availability of laboratory equipment, reagents and supplies at all levels.
8. To establish an effective management structure in the MoHS to provide stewardship, coordination and management of laboratory services.
9. To expand the blood transfusion infrastructure to operate adequately within a decentralised health care delivery system.
10. To increase the annual blood collection necessary to meet the blood requirements of all patients in the hospitals throughout the whole country.
11. To test all blood for Transfusion Transmissible Infections (TTIs) and operate an effective, nation-wide Quality Assurance programme that ensures security of the entire blood transfusion process.
12. To ensure continuous education and training in blood safety.
13. To generate information and build a database on the status of medical equipment in the health facilities.
14. To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities.
15. To recruit and train appropriate staff (technical and maintenance) at the Regional Medical Equipment Maintenance Workshops.

Health Information System

To enable prompt decision-making for continuous improvement of services delivered, the right information will be made available at all levels at the right time.

Policy statement
The Ministry of Health and Sanitation will provide reliable and standardised health information.
Strategic objectives
1. To provide policy framework for establishing a functional HIS
2. To strengthen institutional framework to implement a functional HIS
3. To improve routine data collection, quality, management, dissemination
4. To strengthen monitoring and evaluation, research and knowledge management capacity in the health sector
5. To strengthen and integrate IDSR into national HIS

Implementation Arrangements

NHSSP will guide stakeholders on how best to deliver the BPEHS within a framework of systematic health systems development. It is expected to ensure improved health outcomes for all people in Sierra Leone with a special emphasis on the most vulnerable groups. The following will be the key strategies that guide implementation of the plan:

Broad Strategies
- Delivery of a comprehensive BPEHS, with emphases on decentralisation and active participation of key stakeholders;
- Scaling up priority interventions, in an integrated manner to produce targeted outputs and outcomes, with due consideration to resource constraints;
- Improving quality of care;
- Improving responsiveness and accountability to consumers so as to enhance utilisation of essential services;
- Explicit consideration of women, children and other vulnerable groups in provision of BPEHS;
- Appropriate supervision, monitoring and evaluation framework for the provision of the BPEHS;

Monitoring and evaluation

The NHSSP monitoring framework will be developed to ensure achievement of the MDGs and goals of the PRSP. In the same manner, NHSSP indicators and targets have been set in line with global and national indicators and targets as well as estimated availability of resources (financial and human). The monitoring framework will be inclusive and participatory, using joint reporting, monitoring and evaluation mechanisms in compliance with NHSSP planning and monitoring cycle as shown in Figure 1.
Figure 1: Annual NHSSP planning and monitoring cycle

- **Health Planning Summit (November)**
  - Hospital plans
  - Sub-district/district comprehensive plans
  - Directorate plans
  - MoHS agencies plans
  - MoHS Internal Review
  - Information collection and use
  - Health Review Summit (June)
  - Planning formats/guidelines and Resource envelope definition
  - External Joint Review Mission
  - Performance report consolidation-AHSPR
Costing of NHSSP

Costing methodology
The following costing approaches were considered:
- Costing a health care package by level of care
- Costing different programmatic areas that constitute the health care package
- Costing the package according to the Pillars

The estimates show that Sierra Leone needs about $344 million to effectively provide health services to its population in the first year. This amount increases quite significantly each year for the first three years and peaks at about $478 in the fifth year, reducing by about 17% in the final year. This translates into a per capita of $45.2 in the first year, growing to about $60 per capita from the third year onwards, as shown in table 1 below.

Table 1: Summary of cost for each pillar (with Scenario 1 of HRH costs)

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<td>Financing</td>
<td>830,000</td>
<td>722,500</td>
<td>1,133,125</td>
<td>839,281</td>
<td>920,095</td>
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<td>HMIS</td>
<td>8,045,303</td>
<td>5,173,418</td>
<td>5,075,696</td>
<td>4,708,723</td>
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<td>Human Resources for Health</td>
<td>168,261,629</td>
<td>176,583,820</td>
<td>192,959,809</td>
<td>207,673,166</td>
<td>220,199,740</td>
<td>225,942,341</td>
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<td>Leadership and Governance</td>
<td>2,661,500</td>
<td>1,419,150</td>
<td>1,381,583</td>
<td>1,329,727</td>
<td>1,830,050</td>
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<td>Service Delivery</td>
<td>73,060,344</td>
<td>137,033,301</td>
<td>159,252,952</td>
<td>146,592,807</td>
<td>145,913,761</td>
<td>49,612,113</td>
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<td>Total for all 6 Pillar</td>
<td>343,981,241</td>
<td>422,194,180</td>
<td>460,856,932</td>
<td>462,159,317</td>
<td>478,196,977</td>
<td>239,638,348</td>
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