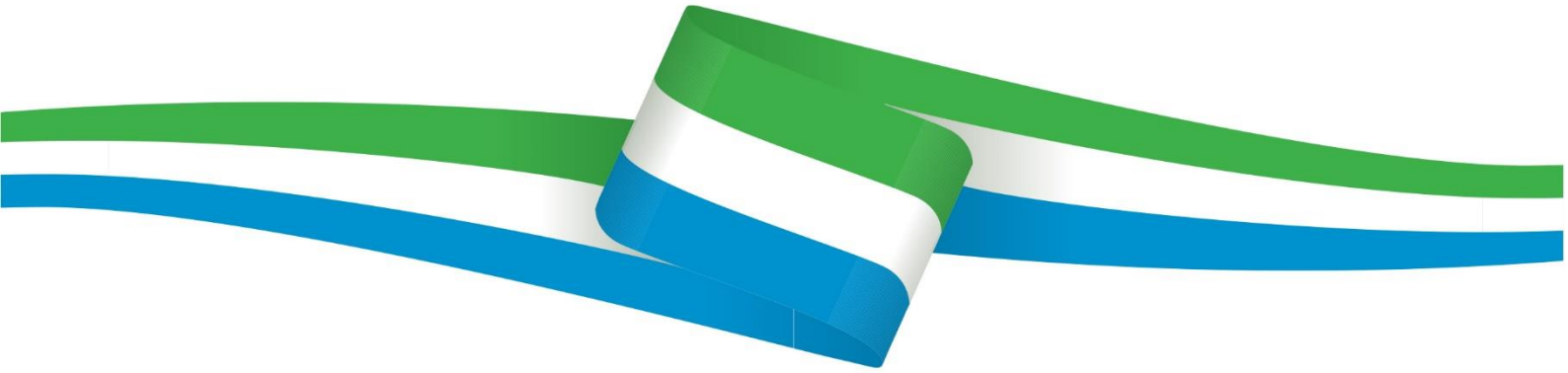
NATIONAL HEALTH AND SANITATION POLICY 2021



Towards Universal Health Coverage and Health Security

LIST OF TABLES

ACRONYMS AND ABBREVIATIONS

AU	African Union
AWP	Annual Work Plan
CDs	Communicable Diseases
CHCs	Community Health Centres
CMO	Chief Medical Officer
CSOs	Civil Society Organisations
DHMT	District Health Management Team
DHRH	Directorate of Human Resources for Health
DPPI	Directorate of Policy, Planning and Information
EHSP	Essential Health Services Package
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
FBO	Faith-based Organisation
FHCI	Free Healthcare Initiative
GDP	Gross Domestic Product
GHSI	Global Health Security Index
GoSL	Government of Sierra Leone
HDPs	Health Development Partners
HiAP	Health-in-All Policies
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRH	Human Resources for Health
HMIS	Health Management Information System
HSSG	Health Sector Steering Group
IHR	International Health Regulations
JEE	Joint External Evaluation
LGA	Local Government Act
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals

MoF	Ministry of Finance
MoHS	Ministry of Health and Sanitation
MoLGRD	Ministry of Local Government and Rural Development
MTNDP	Medium-Term National Development Plan
NCDs	Non-communicable Diseases
NCRA	National Civil Registration Authority
NEMS	National Emergency Medical Services
NGO	Non-governmental Organisation
NHP	National Health Policy
NHSSP	National Health Sector Strategic Plan
ODF	Open-Defecation Free
PHU	Peripheral Health Units
PIC	Policy Implementation Committee
PPPs	Public–Private Partnerships
SDGs	Sustainable Development Goals
SLDHS	Sierra Leone Demographic and Health Survey
SLeSHI	Sierra Leone Social Health Insurance Scheme
STEPS	STEPwise approach to Surveillance
THE	Total Health Expenditure
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

Sierra Leone has committed to and is poised to achieve the 2030 Universal Health Coverage (UHC) targets by working towards providing affordable and accessible quality healthcare for its people without causing financial hardship. To achieve this, the government of Sierra Leone (GoSL), through the Ministry of Health and Sanitation (MoHS), is making deliberate efforts to strengthen and enhance healthcare delivery through strengthening, remodelling and improving primary healthcare services, strengthening surveillance and other health emergency apparatuses, maternal and child services, adolescent and school health, drugs and medical supply chain systems, human resources for health and health research to identify barriers to attaining improved health outcomes at an acceptable pace.

This document clearly sets out the policy framework for achieving UHC and building a resilient health system to withstand public health shocks while providing routine essential healthcare services in health emergencies. Cognisant of the task ahead, the GoSL has set out to strengthen the legal and policy frameworks upon which these reforms will anchor. This document makes achievable policy commitments towards improving health outcomes at an affordable cost and quality health services that can be accessible by all.

The country's current National Health and Sanitation Policy (NHSP) was formulated in 2002. Since then, there has been significant contextual changes in the health sector, and these would need to be addressed in a policy document to be able to prevent future shocks. There have been a number of developments around healthcare that require a policy shift or review to address these developments and emerging issues.

The first key development was the introduction of the Free Healthcare Initiative (FHCI) in 2010, meant to provide free healthcare services to pregnant women, lactating mothers and children under the age of five. Recently, the GoSL has included adolescents, the aged, Ebola Virus Disease (EVD) survivors and the disabled in the Free Healthcare Initiative (FHCI) package. These services and developments do not have a policy backing and, therefore, patients could even be denied services by providers because there is no legal or policy framework to support the provision of free healthcare services to a portion of the population. Secondly, the Basic Package of Essential Health Services was introduced in 2010 and revised in 2015. Impliedly, provisions in this document could not be captured in the 2002 National Health Policy (NHP) as the latter predates the former.

In 2014–2015, the country experienced its worst epidemic in the 21st century that exposed the weak health systems and further weakened the systems. This was Sierra

Leone's real health systems resilience test to see how routine health services could be provided in the midst of a devastating epidemic. Although, this shocked the health systems, it was, however, a wake-up call to strengthen health security and emergencies apparatuses. Even when Sierra Leone recorded its first case of COVID-19 in March of 2020, there were already systems in place to cushion the impending shocks and prevent it from ravaging our health systems especially when international support was much less than what was available during the EVD outbreak. Fourthly, the GoSL's Medium-Term National Development Plan (MTNDP) (2019–2023) has key health indictors that should align with the national health and sanitation policy—this is, however, not reflected in the existing policy for obvious reasons. Finally, Sierra Leone's commitment to achieving UHC by 2030 comes with a responsibility to improve health systems and healthcare delivery, hence population health outcomes. The needed reforms to achieving these are not reflected in the current health policy, therefore the need to revise the NHSP to capture the GoSL's aspirations towards achieving UHC by 2030 is palpable.

This Policy was developed after a systematic and structured process has been followed. In 2019, the World Health Organisation scoping mission jointly worked with MoHS to scope the health systems across the country and recommend ways to achieve UHC. This was followed by a recommendation to develop a roadmap to UHC. Immediately following the roadmap development, consultant services were secured to work with the Directorate of Policy, Planning and Information (DPPI) to review the Health and Sanitation Policy. Consultative meetings were held at both national and sub-national levels to solicit views of the key stakeholders in health. After that, a high-level meeting of relevant government ministers, heads of health development partner organisations, civil society organisations, donors and the MoHS directorates to pre-validate the draft policy. Consequently, a two-day meeting of technical leads was convened to validate the Policy. Suggestions at all these meetings were incorporated into the document. The process of developing the Policy was, therefore, very inclusive and participatory.

To implement this Policy, there will be a paradigm shift in the healthcare delivery model. The MoHS hopes to shift the trajectory from disease-focus interventions to life stage programming where healthcare would be person-centred instead of disease-centred. With this model, interventions will approach care from a life stage perspective from prenatal, new-born, infant, childhood, adolescence, adulthood to geriatrics. This is a holistic patient-centred approach to health service delivery.

On behalf of the MoHS, I wish to extend my sincere appreciation to the World Bank Country Office for their support to ensure we review the NHSP. We are also thankful to all other partners and stakeholders who contributed to the process.

Austin Demby

Dr. Austin Demby (PhD)

MINISTER OF HEALTH AND SANITATION

ACKNOWLEDGEMENTS

The Ministry of Health and Sanitation (MoHS) was able to successfully revise the National Health and Sanitation Policy because of the financial, technical, social and moral support they received from various local and international individuals and institutions. The MoHS would, therefore, like to recognise some of these people and institutions.

On behalf of the MoHS, I would like to acknowledge the leadership role and insight provided by the Minister of Health and Sanitation, Dr Austin Demby,

in ensuring that the document was revised to reflect the current direction and vision of the Ministry. We are particularly thankful to the Deputy Ministers of Environment, Finance, Social Welfare, Planning and Economic Development, and Health and Sanitation for their guidance and direction throughout the process. We appreciate their collaborative inter-ministerial support. We owe a special gratitude to the Parliamentary Representative for Health, The Hon. Moses Baimba Jorkie, for always being there to support the work of the Ministry and for providing the relevant legal and political support whenever needed.

Our appreciation also goes to the Paramount Chiefs of Nongowa and Bombali Shebora Chiefdoms for adding their traditional governance knowledge and expertise to the process. We also want to recognise the role played by the District Council Health Representatives and Chairmen of the Bombali and Kenema District Councils for providing much-needed local government support. We will remain forever grateful to the civil society organisations (CSOs) and other stakeholders, such as the youth, disabled groups and market women representatives.

The MoHS is grateful to the World Bank Health Team for providing financial and technical support throughout the process. The World Bank provided the needed finances for the revision of the Policy and we acknowledge their continued support. We also recognise all Health Development Partners (HDPs) who contributed to the development of this document.

We appreciate the supportive technical role played by the various directorates and programmes in the MoHS. We are also grateful to the Director of Births and Deaths, National Civil Registration Authority (NCRA). We could not have produced this document without the sterling efforts of the Director of Policy, Planning and Information (DPPI), Dr Francis Smart, and his ever-committed team. I want to thank them for their dedication to service.

I would like to particularly request all stakeholders, especially Health Development Partners (HDPs), private and corporate institutions, as well as CSOs to support the MoHS in the implementation of this Policy, as we work towards achieving the President's Medium-Term National Development Plan (MTNDP), especially the Universal Health Coverage (UHC) targets therein.

Dr. Sartie M. Kenneh

AG. CHIEF MEDICAL OFFICER

EXECUTIVE SUMMARY

The Government of Sierra Leone (GoSL) developed its first National Health Policy (NHP) in 2002 and was subsequently revised in the 2009 (draft) and for more than a decade, the health context has changed significantly without an updated National Health and Sanitation Policy (NHSP). The 2021 NHSP addresses the health system challenges and provides guidance on how to ensure Universal Health Coverage (UHC) and health security improve population health outcomes.

This Executive Summary provides synopses of the:

- Situational context, rationale and purpose of this Policy, policy development process, policy and legal context
- General policy context
- Healthcare delivery system (UHC, implementation strategies, organisation of the public healthcare service delivery)
- Health security and emergency preparedness
- Disease prevention and health promotion
- Physical health environment
- Policy implementation framework:
    - Legal and regulatory framework
    - Institutional framework
    - Planning and budgeting
    - Communication strategy
    - Monitoring and evaluation (M&E).

Sierra Leone has been steadily recovering from the economic impact of the EVD outbreak in 2014–2015. Its gross domestic product (GDP) was US$3.94 billion in 2019, higher than the US$3.74 billion in 2017 and US$2.58 billion in 2011. The GDP per capita was US$504.5 in 2019, a 1.21% decline from 2018. There was a decline in the poverty rate from 54.7% in 2011 to 43.0% in 2018.

The population increased from 6.4 million in 2010 to 7.8 million people in 2019, with an annual average population growth rate of 2.1%. The country is witnessing a demographic transition as both mortality and fertility rates decreased in recent years. The life expectancy at birth increased between 1990 to 2017, from 39 to 54 years. There is an epidemiological transition with the burden of disease starting to shift from infectious diseases, maternal, prenatal and nutrition conditions towards increased non-communicable diseases (NCDs).

For over a decade, the health context has changed significantly. In the context of weak health systems, a new health and sanitation policy is required to respond to these six major contextual changes.

1. The introduction of the Free Healthcare Initiative (FHI) in 2010
2. The 2014–2015 EVD outbreak
3. The 2015 Sustainable Development Goals (SDGS)
4. The introduction of the Basic Essential Healthcare Package (BEHP) in 2015
5. Sierra Leone's renewed commitment to attain UHC and ensuring financial protection against catastrophic health expenditures by 2030
6. The emergence of the COVID-19 global pandemic.

The health sector was guided by isolated sub-sectoral policy frameworks and strategic plans for over a decade, resulting in an uncoordinated approach in addressing the challenges facing the health sector in Sierra Leone. There is the need to develop and implement a comprehensive and overarching National Health and Sanitation Policy to guide the health sector towards the attainment of UHC and the SDGs.

The process of developing the 2021 NHSP was guided by the technical and political stewardships of the Ministry of Health and Sanitation (MoHS). The process was leveraged on evidence involving:

- Independent reviews of relevant documents
- Extensive participation, inclusion and comprehensive consultations within MoHS, with HDPs
- Consultations and dialogue with other stakeholders, including:
  - Relevant ministries, departments and agencies (MDAs)
  - Related professional bodies and private health sector actors
  - Multilateral and bilateral development partners
  - Private sector
  - Community leaders
  - Beneficiaries
  - Civil society organisations (CSOs).

For the policy and legal context, this Policy was developed in line with the 1991 Constitution of the Republic of Sierra Leone, which stipulates that the State is obliged *"to provide adequate medical and health facilities for all persons in Sierra Leone irrespective of colour, race, geographical location, religion and political affiliation having due regard to the resources of the State*".

Further, it was also developed in line with the overall MTNDP 2019–2023. This Policy also took cognisance of the country's international commitments:

- United Nations Sustainable Development Goals (SDGs)

- International Health Regulations (IHR 2005)
- 2018 Astana Declaration on Primary Healthcare (PHC)
- African Union (AU) Vision 2063
- African Health Strategy (2016–2030)
- 2001 Abuja Declaration
- The 2018 Ngor Declaration on Sanitation and Hygiene in Senegal.

The general policy context includes:

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

Mission: To build a resilient and responsive healthcare system to provide and regulate comprehensive healthcare services in an equitable manner through innovative technology and collaborative partnerships, while guaranteeing social and financial protections.

Goal: The goal of the Policy is to strengthen the health and sanitation systems performance to ensure equitable access to quality and affordable essential health and sanitation services for all people in Sierra Leone.

Key Guiding Principles and Core Values

1. Transparency and accountability

a) Effectiveness and efficiency
b) Multi-sectoral collaboration and partnership
c) Decentralisation
d) Community participation
e) Equity

The Policy's thrusts are:

a) Ensuring sustainable investment in health
b) Fostering disease prevention and health promotion
c) Effective organisation of Public Healthcare Delivery.

To optimise health outcomes by effectively addressing the social and environmental determinants of health and enforcing regulatory provisions, the Policy identifies coordinated actions on the six priority areas for improving the environment for health:

1. Balanced, good nutrition and regular physical activity
2. Addressing tobacco, alcohol and substance abuse
3. Promoting safe and responsible sexual behaviour
4. Improved occupational safety in the workplace
5. Reduced indoor and outdoor air pollution

6. Improved sanitation services for all.

2. Effective Organisation of Public Healthcare Delivery

The Policy proposes key policy shifts in the delivery of healthcare services:

a) Comprehensive primary care with linkages to referral hospitals in output-based secondary and tertiary healthcare
b) Human capital development for health
c) Strategic purchasing through a single-payer national health insurance for the Essential Health Services Package (EHSP) in accredited public and private facilities
d) Integration of national health programmes with health systems for programme effectiveness and in turn contributing to the strengthening of health systems for efficiency
e) Comprehensive sanitation and hygiene services in healthcare and educational institutions.

The overarching objective of the NHSP is to achieve UHC of essential health services and health security. To achieve the Policy's goal, the following four specific objectives will be pursued:

1. Foster good health to prevent diseases and promote healthy lifestyles
2. Improve the physical environment, sanitation and hygiene
3. Build and strengthen a resilient healthcare delivery system
4. Strengthen health security and emergency preparedness.

The healthcare delivery system requires a sustained, multi-pronged strategy to address both demand and supply side barriers and to build the capacity of the MoHS. The UHC concept emphasises the importance of the equitable provision of healthcare and related services for all as the backbone strategy for the health sector. The goal of UHC is to ensure that every individual, irrespective of their circumstances, should have timely access to the high quality health services they need without risking financial hardship. The following three key principles underpin UHC: equitable access, quality of care and financial risk protection.

The implementation strategies focus on strengthening health systems that involve enhancing:

- Sustainable financing
- Good governance
- Organisation of the healthcare workforce
- Service delivery,
- Health information systems
- Health research coordination and regulation
- The provision of medicines and other health products.

This Policy proposes a paradigm shift from providing very basic and selective to comprehensive primary and secondary essential healthcare services that are preventative, promotive, curative, palliative and rehabilitative and based on the life cycle approach to leave no one uncovered.

The policy aspires to pursue the organisation of the public healthcare service delivery using the three tiers system, namely, primary, secondary and tertiary services that are comprehensive, people-centred, effective, efficient, responsive and resilient to public health needs, expectations and shocks.

Sierra Leone is prone to disasters and epidemics of diseases. It has recently witnessed successive outbreaks – the cholera outbreak in 2012, EVD epidemic in 2014–2015, Lassa fever in 2016 and 2019 and the global COVID-19 pandemic in 2020–2021; as well as disasters – flooding and mudslides in Freetown in 2015 and 2017 – which have repeatedly tested the responsiveness and resilience of the health system. Despite efforts and progress made thus far, there is still much desired and to be done. This Policy aspires to further strengthen health security and emergency response to ensure sustainable national economic and social development.

To ensure disease prevention and health promotion, the Policy focuses on the expansion of interventions to include:

- Early detection and response to early maternal and childhood development delays and disability
- Adolescent and sexual health education
- Good nutrition and healthy eating
- Regular physical activity and active living
- Safe and responsible sexual behaviour
- Behavioural changes with respect to tobacco, alcohol and substance use
- Screening, counselling for primary and secondary prevention from common chronic illnesses – both communicable and non-communicable diseases.

Many aspects of the physical environment can affect peoples' health – water, sanitation and hygiene (WASH); air, noise and hazardous waste pollution; housing and human settlements; and the safety of transport systems. This Policy recognises that effective inter-sectoral collaboration is critical in achieving our national health aspirations. The policy focuses on a sector-wide approach to increase access to potable water, improve sanitation and hygiene. The environmental changes have great impact on human health and well-being. Current environmental risks to public health include rising levels of ambient and indoor air pollution; increasing use of high impact noise; growing burden of solid waste; hazardous waste from health settings; and toxic discharges from industries and production facilities. There are also increasing risks of human disasters linked with

changing temperatures and precipitation. The policy focuses on environmental pollution control and climate change, occupational health and safety.

This Policy is anchored on human capital development, the MTNDP, SDG health indicators and targets with a people-centred, life-stages framing approach. Implementation of this Policy takes the framework of Health in All Policies (HiAP), or the One Health approach, given that the health status of the population does not only depend on health service provision, but also on other social determinants of health. The MoHS, through its existing organisational and management structures, will lead all stakeholders in supervising and coordinating the implementation of this Policy. The Ministry shall, therefore, establish mechanisms that ensure the effective supervision and monitoring of the implementation of the Policy.

The GoSL will work towards promoting stronger partnerships and coordination of civil society in the health sector. Programmes and interventions by development partners will be aligned and synchronised with government policy objectives and outcomes. The MoHS will facilitate the identification of lead ministries to partner with the development partners in their areas of interest, and develop mechanisms for implementation. A Policy Implementation Committee (PIC) will be set up with Terms of Reference (ToR) to ensure that there is effective coordination, collaboration and harmonisation of the various stakeholders. The policy aims to align the MoHS's interventions, planning and budgeting processes with those of the GoSL's fiscal and economic development policies and planning processes. All implementing partners are to have their activities in the comprehensive Annual Work Plan (AWP) in line with the National Health Sector Strategic Plan (NHSSP), UHC Roadmap 2021–2030.

The MoHS will develop a communication strategy to ensure widespread dissemination of information and to raise public awareness of this Policy.

Monitoring and evaluation (M&E) of the progress and achievement of the health outcomes will be routine and continuous (quarterly, half-yearly and annually), based on the MoHS M&E Strategy (2021–2025), policy implementation monitoring plan and framework.

1. INTRODUCTION

1.1 Situational Context

Sierra Leone has been steadily recovering from the economic impact of the EVD outbreak in 2014–2015. Its GDP was US$3.94 billion in 2019, higher than the US$3.74 billion in 2017 and US$2.58 billion in 2011. The GDP per capita was US$504.5 in 2019, a 1.21% decline from 2018 (World Bank Group, 2020). There was a decline in the poverty rate (as measured by US $1.9 poverty line, 2011 PPP) from 54.7% in 2011 to 43.0% in 2018.

The population increased from 6.4 million in 2010 to 7.8 million people in 2019, with an annual average population growth rate of 2.1% (Statistics Sierra Leone, 2016). The population of Sierra Leone is young, with half of the population under the age of 20 years and this is expected to shift over the coming decades. High fertility, including among adolescents, and low contraceptive prevalence have driven up population growth in Sierra Leone. The age dependency ratio decreased between 85.5 in 2010 to 77.5 in 2019. Although the majority (57.5%) of the population resides in rural areas, there has been a progressive increase in urban populations due to rural-to-urban migration, with an annual growth rate of around 3.1.

The country is witnessing a demographic transition as both mortality and fertility rates decreased in recent years. The life expectancy at birth increased between 1990 and 2017, from 39 to 54 years

Sierra Leone has also done a remarkable job of reducing its disease burden. The HIV/Aids prevalence rate has been controlled at 1.5% since 2005 (World Bank, 2018). Malaria-related deaths have declined from a peak of 8,000 deaths in 2010 to 1,800 deaths in 2018 (WHO, 2018). There has been a significant increase in births attended by skilled health personnel, which was 87% in 2019, up from 60% in 2013 (Statistics Sierra Leone, 2019).

These improvements in health outcomes have been attributed to huge investments in expanding coverage and improving access to healthcare services through:

a) The introduction of the FHCI for pregnant women, lactating mothers and children under the age of five
b) Free HIV/AIDS and TB testing and treatment
c) Recruitment and training of additional health workers
d) Improvements in the availability of essential medicines, medical supplies and equipment.

There is an epidemiological transition, with the burden of disease starting to shift from infectious diseases, maternal, prenatal and nutrition conditions toward increased NCDs.

Despite these improvements, progress has been very slow as Sierra Leone failed to achieve most of the health-related Millennium Development Goal (MDG) targets in 2015. Nevertheless, the GoSL has demonstrated strong commitment to stay the course of sustained macro-economic stability and improve human capital development with prudent economic policies and wide-ranging structural reforms through its successive national development plans (IMF, 2019). However, challenges still remain, especially in the health sector.

Over the years, it has been acknowledged that Sierra Leone's public health problems and disease burden are complex, necessitating the need to adopt a holistic approach that addresses the broader social determinants of health. Communicable diseases (CDs) still remain the major health conditions affecting the population of Sierra Leone, with malaria, lower respiratory infections and diarrheal diseases being the most prevalent, especially among children. Maternal and mortality rates in children under the age of five are still unacceptably high. There has also been an increased prevalence in NCDs such as hypertension, strokes, cancers, diabetes, eye disorders, oral health conditions, injuries, substance/medicine abuse and related conditions (MoHS, 2015).

Sanitation has been another major challenge to the population's health. Only about 18% of communities are open-defecation free (ODF). Only 16% of the population have access to basic sanitation (JMP, 2017).

The above challenges are further compounded by the emergence of new disease outbreaks, including the 2014–2015 EVD outbreak and COVID-19 pandemic, which have further exposed the weaknesses of an already fragile healthcare system. Other risk factors that expose the population of Sierra Leone to diseases include:

- The physical environment
- Education
- The socio-economic situation
- Population lifestyles
- Demographic characteristics.

These issues are socially complex and involve multiple factors; they therefore require new policy paradigms, capacities and structures in order to fully address them. As such, while strengthening the healthcare delivery system and health security, Sierra Leone must also simultaneously work with the other sectors to address the broader social determinants of health.

1.2 Rationale and Purpose of the Policy

In order to address the health systems challenges and provide policy guidance on how to improve health outcomes, the GoSL developed its first NHP in 2002, which was subsequently revised in 2009. It has now been over a decade since then, and the context has changed significantly in six major ways. Therefore, a new health policy responsive to these contextual changes is required.

1. The first change is the introduction of the FHCI in 2010, which provides free basic primary care to lactating mothers, pregnant women and children under the age of five with the goal of reducing the burden of user fees among the most vulnerable population.
2. The 2014–2015 EVD outbreak, which weakened the health system.
3. The 2015 SDGs, which require the GoSL to take a holistic approach to achieve sustainable socio-economic development.
4. The introduction of the Basic Essential Healthcare Package (BEHP) in 2015, which aims to provide evidence-based, cost effective and affordable care to all (MoHS, 2015).
5. Sierra Leone renewed its commitment to attain UHC and to ensure financial protection against catastrophic health expenditures by 2030.
6. The emergence of the COVID-19 global pandemic has exposed the weaknesses of health systems in low-income countries including Sierra Leone. Without an updated NHP, the health sector was guided by isolated sub-sectoral policy frameworks and strategic plans for over a decade, resulting in an uncoordinated approach in addressing the challenges facing the health sector in Sierra Leone. In view of the foregoing, the MoHS has identified the need to develop and implement a comprehensive and overarching National Health and Sanitation Policy to guide the health sector towards the attainment of UHC and the SDGs. The policy will be implemented through the Essential Service Package (ESHP), which comprises FHCI services and Sierra Leone Social Health Insurance Scheme (SLeSHI) benefit package.

1.3 Policy Development Process

The process of developing the NHP 2021 was done under the stewardship of the Chief Medical Officer (CMO) in the MoHS. The process was leveraged on the:

- Monthly health policy, planning and financing technical working group meetings
- Health Development Partners' (HDPs) consultative meetings
- MoHS's directors' and managers' weekly meetings for strategic guidance.

The day-to-day work was done by the Directorate of Policy, Planning and Information (DPPI) of the MoHS, serving as the Secretariat, with support from the consultant hired by the World Bank.

Evidence-based and extensive participatory processes, involving reviews of relevant documents, consultations and dialogue with stakeholders, were used to develop the NHP. These stakeholders included the MoHS and its agencies and departments, related professional bodies and private health sector actors. Other sector ministries, multilateral and bilateral development partners, private sector and civil society were also engaged with.

1.4 Policy and Legal Context

This Policy was developed in line with the 1991 Constitution of the Republic of Sierra Leone, which stipulates that the State is obliged:

> *"to provide adequate medical and health facilities for all persons in Sierra Leone irrespective of colour, race, geographical location, religion and political affiliation having due regard to the resources of the State".*

In this respect, the Constitution guarantees all people in Sierra Leone the highest quality healthcare services within the limited resources available. It is, therefore, expected that all political actors will be guided by the principles outlined in this Policy to provide the needed leadership and support for its implementation.

Further, the Policy was also developed in line with the overall MTNDP 2019–2023, which charts a clear path for the goal of achieving middle-income status by 2039 (GoSL, 2019). The Plan recognises the importance of investing in education, agriculture and health for sustainable economic transformation and optimal poverty reduction. In this regard, the health sector's focus is to improve the health status and well-being of all citizens, and to ensure that the population does not suffer avoidable financial and social risks in the process of accessing healthcare at any level of the healthcare delivery system.

Sierra Leone is a signatory to a number of international conventions. Therefore, the Policy also took cognisance of the country's international commitments, which include:

a) The United Nations SDGs
b) International Health Regulations (IHR 2005)
c) The 2018 Astana Declaration on Primary Healthcare (PHC)
d) The African Union (AU) Vision 2063: "The Africa We Want"
e) The African Health Strategy (2016–2030)
f) The 2001 Abuja Declaration
g) The 2018 Ngor Declaration on Sanitation and Hygiene in Senegal.

2. GENERAL POLICY CONTEXT

2.1 Vision

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

2.2 Mission

Build a resilient and responsive healthcare system to provide and regulate comprehensive healthcare services in an equitable manner, through innovative technology and collaborative partnerships, while guaranteeing social and financial protections.

2.3 Goal

The goal of the Policy is to strengthen the health and sanitation systems performance to ensure equitable access to quality and affordable essential health and sanitation services for all people in Sierra Leone.

2.4 Key Guiding Principles

The Policy will be guided by the following principles and core values:

Transparency and accountability: A monitoring and evaluation (M&E) system will be in place to ensure financial and providers/facility performance accountability. The mechanisms will enable the public to understand how decisions are taken, how health resources are allocated and used, and how results are achieved. To this effect, all resources – internal and external, public and private – will be comprehensively monitored, accounted for and transparently reported to the community.

Effectiveness and efficiency: The Policy will ensure that stakeholders use the available resources for health efficiently and effectively to maximise health gains. The pull and pool system will be used in the allocation and distribution of resources to the districts and facilities to avoid wastage. Coordination and integration of health service delivery will be encouraged to avoid duplication of efforts and minimise resource gaps.

Multi-sectoral collaboration and partnership: This Policy recognises that public policies and resulting actions of different sectors impact health and population well-being. Therefore, effective collaboration and strategic partnerships will be strengthened between MDAs, development partners, the private sector and CSOs in the development and implementation of health and health-related policies and programmes to ensure HiAP.

Decentralisation: Based on the 2004 Local Government Act (LGA), the Policy recognises that implementation of government policies and intervention is at the local government level. The implementation of the Policy will, therefore, focus on improved collaboration with, and increased ownership and commitment of the local government sector and sub-structures to ensure no one is left behind.

Community Participation: The SDGs and the attainment of UHC requires health systems to shift from an almost exclusively vertical, top-down paradigms to one that places people at the centre of health services (WHO, 2018). The Policy shall, therefore, empower the communities to participate in the design, planning, implementation, monitoring and evaluation of interventions that improve their health outcomes and receive feedback from respective duty bearers for their affirmative actions.

Equity: This Policy will ensure that the health needs of all people living in Sierra Leone are treated in an equitable manner irrespective of one's ethnicity, gender, age, disability, religion, political belief, geographical location, or economic and/or other social conditions. This would imply greater investments and financial protection to ensure affordability for the most vulnerable groups who suffer the largest disease burden.

2.5 Policy Thrust

2.5.1 Ensuring Sustainable Investment in Health

The Policy proposes a time-bound progressive increase in public health expenditure to 15% of total GoSL annual budget, in line with the Abuja Declaration. It envisages that the resource allocation to the public health sector will be linked with national development indicators, absorptive capacity and financial indicators. General taxation will remain the predominant means for financing healthcare. The GoSL could consider imposing taxes on specific commodities, such as tobacco, alcohol and food having negative impact on health, taxes on extractive industries and pollution. Funds from development partners and under corporate social responsibility would also be leveraged for targeted programmes aiming to address health goals.

2.5.2 Fostering Disease Prevention and Health Promotion

The Policy recognises and builds upon preventative and promotive care as an under-recognised reality that has a two-way continuity with curative care by health agencies at same or at higher levels. The Policy articulates the need to institutionalise inter-sectoral coordination at national, subnational and community levels to optimise health outcomes by effectively addressing the social and environmental determinants of health and

enforcing regulatory provisions. The Policy, therefore, identifies coordinated actions on the six priority areas for improving the environment for health:

1. Balanced, good nutrition and regular physical activity
2. Addressing tobacco, alcohol and substance abuse
3. Promoting safe and responsible sexual behaviour
4. Improved occupational safety in the workplace
5. Reduced indoor and outdoor air pollution
6. Improved sanitation services for all.

2.5.3 Effective Organisation of Public Healthcare Delivery

The Policy proposes key policy shifts in the delivery of healthcare services:

a) Comprehensive primary care with linkages to referral hospitals in output-based secondary and tertiary healthcare
b) Strategic purchasing through a single-payer national health insurance for the EHSP in accredited public and private facilities
c) Integration of national health programmes with health systems for programme effectiveness and in turn contributing to strengthening of health systems for efficiency
d) Comprehensive sanitation and hygiene services in healthcare and educational institutions.

2.6 Policy Objectives

The overarching objective of the NHSP is to achieve UHC of essential health services and health security. To achieve the Policy goal, the following four specific objectives will be pursued:

1. Foster good health to prevent diseases and promote healthy lifestyles
2. Improve the physical environment, sanitation and hygiene
3. Build and strengthen a resilient healthcare delivery system
4. Strengthen health security and emergency preparedness.

3. HEALTHCARE DELIVERY SYSTEM

Overcoming existing health inequalities requires a sustained multi-pronged strategy to address both demand and supply side barriers and to build the capacity of MoHS. The UHC concept emphasises the importance of the equitable provision of healthcare and related services for all as the backbone strategy for the health sector. The GoSL is committed to ensuring that health systems and services are tailored to the needs of citizens taking into account their socio-cultural, economic, and demographic characteristics, and consequently to improve the overall population-based health outcomes.

The Policy focuses on strengthening services and demand generation as also quality of existing services package. Capacities of local communities will be enhanced to better promote health and increase inclusive participation and ownership in local health decision-making processes. Greater partnerships with locally active groups are required to empower women, promote supportive cultural practices and healthy lifestyles in their respective communities.

3.1 Universal Health Coverage (UHC)

The GoSL is committed to achieving UHC by 2030. The goal of UHC is to ensure that every individual, irrespective of their circumstances, should have timely access to high quality health services they need without risking financial hardship. This would require strengthening health systems that involves:

- Enhancing sustainable financing
- Good governance
- Organisation of the healthcare workforce
- Service delivery
- Health information systems
- The provision of medicines and other health products.

3.1.1 Equitable Access

Over the past ten years, significant efforts and resources have been invested to improve access to healthcare services.

Although there are a significant number of facilities in Sierra Leone (about 1,404 operational facilities as of 2021 based on the DHSI2 database), inadequate and unequal distribution of health infrastructure across the country is still a major challenge to the health sector in Sierra Leone. Rural households are more likely to live outside a radius of

5 miles (>=8 km) from a health facility compared to urban areas, making it difficult for many people to access the needed services in such areas.

To improve referrals through various levels of care and hence access especially in hard-to-reach areas, the GoSL launched in 2018 the National Emergency Medical Services (NEMS) with financial assistance from the World Bank. The NEMS is a network of emergency medical services coordinated to provide aid and medical assistance in the pre-hospital settings involving personnel trained in the rescue, stabilisation, transportation and treatment of traumatic and medical emergencies. However, human resources and financial constraint challenges threaten the effectiveness and the efficiency of NEMS and its nationwide scalability.

Policy statement

The GoSL shall:

- Expand service coverage and increase equitable access to improve uptake of quality healthcare services (preventative, promotive, curative, rehabilitative and palliative, using the life-course approach) at all levels of service delivery, with a special focus on community participation in and ownership of service delivery
- Identify and directly address socio-cultural barriers hindering access to health services to ensure that all persons requiring health and related services are able to access them
- Enforce adherence to statutory documents for the establishment of health facilities by all parties (community stakeholders, District Health Management Teams (DHMTs), local councils, politicians, etc.).

3.1.2 Quality of Care

Government has committed to ensuring that all services meet basic standards of quality and safety, and that these are tailored to the health needs and priorities of patients. Improving quality of healthcare services requires a focus on the performance across the entire health system. Ensuring the provision of quality of care in health facilities remains a persistent challenge due to, among others:

a) Poorly equipped health facilities with little or no basic amenities
b) Weak regulatory regime
c) Erratic supply of drugs and medical supplies
d) Absence of quality improvement mechanisms

e) Poor clinical audits
f) And lack of performance reviews in health facilities.

Quality would be improved by:

a) The review of training health curricula aligned with current practices and standards
b) Review of entry requirements of health professionals devoid of external influences
c) Ensuring independent recruitment of health professionals
d) Encouraging mentorship
e) Supporting independent monitoring and supervision of the healthcare services
f) Ensuring that health professionals remain in their duty stations and are held accountable for unprofessional conduct
g) Ensuring merit-based promotion/well defined career progression pathways for all categories of health workers (areas of specialisation to be considered when making appointments and promotion).

Strengthening of procurement, supply chain management, human resource management, M&E and information management, health sector financing, as well as other care system are all driven by the ultimate call of improving quality of services. Nevertheless, it is essential to focus on improving the quality at point-of-delivery, where people receive health services, from immunisations at remote out-reach clinics to specialty care provided at tertiary hospitals.

Policy statement

The GoSL shall:

a) Provide healthcare and related services at all levels of care in a manner that is safe, effective, efficient, timely, respectful, responsive and people-centered, using evidence-based interventions that result in the best possible health outcomes
b) Formulate and disseminate a Quality Management Policy that will act as a guide for quality management implementation and coordination
c) Establish a national accreditation framework for the health sector, through a recognised legal body, to accredit health provider institutions to comply with standards
d) Establish and implement mechanisms for a regular review of standards of care.

3.1.3 Financial Risk Protection

Despite the introduction of the FHCI in 2010 to reduce the financial burden of accessing care by the vulnerable groups, the cost of care is still considered to be out of the financial

reach of the majority of the population, posing financial risk to them. It is estimated that households out of pocket expenditures contribute 61% of total health expenditure in Sierra Leone (NHA 2018 study) one of the highest in sub-Saharan Africa. Currently, the GoSL is in the process of implementing SLeSHI with the goal of reducing households' out-of-pocket expenditure on health.

Policy statement
The GoSL shall: a) Ensure innovative and sustainable healthcare financing for quality health services that provide financial risk protection for the population, with special focus on vulnerable and disadvantaged groups in the population b) Ensure regular health donor mapping and align funding with government policies and priorities c) Minimise or eliminate financial barriers hindering access to services for all persons requiring health and related services d) Establish a health industry that will focus on Public–Private Partnerships (PPPs) to strengthen health systems in diverse ways.

3.2. Implementing Strategies

3.2.1 Human Resources for Health (HRH)

Human resources for health (HRH) are defined as the stock of all people engaged in actions whose primary intent is to enhance health. An adequate, productive, and equitably distributed pool of health workers who are accessible is necessary for the effective delivery of healthcare.

Due to the lack of the application of appropriate health personnel deployment norms and standards, the distribution of workforce has tended to favour urban areas perceived to have high socioeconomic development, leaving marginalised and hard-to-reach areas at a disadvantage. Poor areas have fewer health facilities and are not preferred by health workers, while other urban settings report surpluses in cadre some of health staff. There is also a skewed urban-rural distribution of staff, with the urban areas having the highest proportions of staff at the expense of rural and remote areas where over 60% of the population lives.

The Directorate of Human Resources for Health (DHRH) developed a national HRH Policy and an HRH Strategy to address the challenges affecting healthcare workers in Sierra Leone from 2017–2021. The HRH Strategy 2017–2021 provides a framework to guide investments and activities to achieve the vision, goal and objectives set forth in the HRH Policy 2017–2021.

Policy statement
The GoSL shall: a) Ensure implementation or a retention strategy for health workers in rural Sierra Leone b) Support career pathways and specialist training for critical levels of health staff c) Strengthen the decentralisation of human resources for health activities.

3.2.2 Improve Leadership and Governance

The health system has a governance structure across national and district levels with the MoHS determining and shaping health policies in the areas of service delivery, regulation, resource mobilisation and allocation. However, there are a number of serious challenges in leadership and governance that are negatively impacting on service delivery and other health system functions.

The weak leadership and management of the health sector at all levels is mainly due to:

- Inadequate capacity
- Weak coordination and reinforcement of policies and regulations
- Weak risk management
- Centralised recruitment of health personnel
- Centralised decision making
- Inadequate community participation in healthcare delivery and management.

The second major challenge is weak coordination between the GoSL and health partners resulting into poor alignment with national priorities and fragmented implementation. This is due to:

- Inadequate joint planning and harmonisation of GoSL and health partner plans and budgets
- Weak procurement planning and parallel procurement by donors
- Inadequate communication mechanisms among government, donors and implementing partners at each level.

Lastly, the legislative framework does not, however, provide easy answers regarding how the health sector should best be managed from an operational perspective to deliver the best possible health outcomes to the people of Sierra Leone. These foregoing factors are setbacks in the attempts to improving health outcomes of the local populations in more efficient and cost-effective ways.

Policy statement

The GoSL shall:

a) Through the MoHS, ensure alignment between the ministry policy priorities and government priorities
b) Develop appropriate legislation on governance and, where appropriate, revise existing laws to strengthen governance mechanisms and build technical capacity
c) Advocate and support the decentralisation of fiscal and human resources to strengthen the primary healthcare delivery model
d) Strengthen collaboration and coordination with development partners to harmonise and align the aid agenda with national health policies and plans
e) Strengthen or reinforce healthcare regulation policies, including importation and management of drugs.

3.2.3 Health Research Coordination and Regulation

Health research to provide evidence is paramount to the continuous learning and development of any health system. However, currently, there is little focus on strengthening research to provide evidence in the health sector. Issues about research funding, research coordination, integrated national research agenda and capacity are sub-optimal. There is, therefore, the need to take research to evidence and policy critical for better health service delivery.

Policy statement

The GoSL shall:

a) Institute measures to coordinate and regulate health and health-related research
b) Ensure all institutions and individuals conducting health and health-related research obtain clearance from the Research Ethics Committee
c) Ensure the development of an integrated, functional and sustainable national health research agenda that provides evidence for policy options, new knowledge and technologies relevant to solving health and health development challenges of the country.

3.3 Organisation of the Public Healthcare Service Delivery

3.3.1 Primary Care Services and the Continuum of Care

This Policy proposes a paradigm shift from providing very selective to comprehensive primary healthcare package, which includes geriatric healthcare, palliative care and rehabilitative care services. To affect this, the Policy recommends a matching human resources development strategy, effective logistics support system and referral backup. This would also necessitate upgrading and reorienting existing Peripheral Health Units (PHUs) to provide a comprehensive set of preventative, promotive, curative, palliative and rehabilitative services.

Policy statement
The GoSL shall: a) Ensure primary healthcare is the entry point for health service delivery b) Upgrade and reorient existing Peripheral Health Units (PHUs), particularly Community Health Centres (CHCs), and provide matching resources (human, financial, effective logistics support system and referral backup) for the provision of high-quality comprehensive sets of preventative, promotive, curative, palliative and rehabilitative services at chiefdom level, in order to bring quality health services closer to communities.

3.3.2 Secondary Care Services

The Policy aspires to provide quality secondary care services.

Policy statement
The GoSL shall: a) Provide the categories of specialist skills for secondary services; additionally, at least four of these specialist skills categories (physician, general surgeon, paediatrician and obstetrician/gynaecologist) should be available for secondary services at district level b) Provide at least two beds per thousand members of the population, distributed in such a way that they are accessible within the golden hour rule c) Purchase care, after due diligence, from non-governmental hospitals as a short-term Public–Private Partnership strategy until public systems are strengthened.

3.3.3 Tertiary Care Services

The Policy affirms that the tertiary care services are best recognised along lines of national and regional health facilities as enacted by the Amended Decentralisation Act.

Policy statement
The GoSL shall: a) Provide the adequate categories of departments and specialist skills mix for tertiary services including, clinical, research and teaching at national and regional levels b) Ensure that all tertiary care hospitals meet the minimum World Health Organization (WHO) standards for hospitals.

3.3.4 Public Hospitals

Public hospitals are viewed as part of tax financed single payer healthcare system, where the care is pre-paid and cost efficient. This outlook implies that quality of care would be imperative, and the public hospitals would undergo periodic measurements and certification of level of quality. The Policy seeks to eliminate the risks of inappropriate treatment by maintaining adequate standards of diagnosis and treatment.

Policy statement
The GoSL shall: a) Ensure that all public hospitals meet the minimum WHO standards for hospitals.

3.3.5 Private Hospitals

There are many critical gaps in public health services which would be filled by “strategic purchasing” that would direct private investment towards those areas and services for which currently there are no providers or few providers. This implies building synergies with the private sector, including the not-for-profit organisations, subject to the availability of timely quality services that meet accreditation requirements, for critical gap filling.

The main mechanism for strategic purchasing would be through insurance schemes. The aim would be to improve health outcomes and reduce out-of-pocket expenditure while minimising financial hardship.

Policy statement

The GoSL shall:

a) Ensure that all private hospitals meet the minimum WHO standards for hospitals
b) Establish mechanisms to regulate private hospitals in accordance with national and WHO clinical standards
c) Ensure that all health facilities, including private and faith-based hospitals and clinics, are in line with MoHS reporting norms.

4. HEALTH SECURITY AND EMERGENCY PREPAREDNESS

Sierra Leone is prone to disasters and has been ranked 92/195 on the Global Health Security Index (GHSI), a better overall ranking than most comparable countries in the West African sub-region. It has recently witnessed several successive outbreaks or shocks – the cholera outbreak in 2012, the EVD epidemic in 2014–2015, Lassa fever in 2016 and 2019, flooding and mudslides in Freetown in 2017, and the global COVID-19 pandemic in 2020–2021 – which have repeatedly tested the responsiveness and resilience of the health system.

Sierra Leone has, however, made good 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% (WHO, 2017). The improvement could be attributed to the several initiatives that the Sierra Leone government has been implementing over the years, including the endorsement of the Global Health Security Agenda launched in 2016 with the aim to build the country's capacity to control infectious diseases through a multi-lateral and multi-sectoral approach.

Despite these efforts and progress made thus far, there is still much to be done. The 2016 Joint External Evaluation (JEE) found a number of gaps in Sierra Leone's public health landscape and compliance with International Health Regulations (MoHS, 2018). A weak surveillance system coupled with weak cross-border disease surveillance and security constitute some of the bottlenecks that deserve attention.

Policy statement

The GoSL shall:

a) Strengthen rapid response capacity to adequately respond to public health threats and emergencies
b) Ensure that the public healthcare system retains a certain excess capacity in terms of health infrastructure, human resources and technology, which can be mobilised in a crisis
c) Establish and maintain technologically appropriate disease surveillance mechanisms and robust epidemic outbreak warning systems that are capable of preventing, detecting, protecting against and adequately responding to the spread of diseases resulting from epidemics and disasters
d) Strengthen the social mobilisation/risk communications/media systems at national and district levels.

5. DISEASE PREVENTION AND HEALTH PROMOTION

Individual behaviour plays a key role in health promotion, disease prevention and control. It is well established that adopting and maintaining healthy behaviours or lifestyles and modifying unhealthy behaviours reduce risks of major chronic diseases. The Policy focuses on:

- The expansion of interventions to include early detection and response to early maternal and childhood development delays and disability
- Adolescent and sexual health education
- Nutrition
- Physical activity
- Behavioural change with respect to tobacco, alcohol and substance use
- Screening and counselling for primary and secondary prevention from common chronic illnesses – both communicable and non-communicable diseases.

5.1 Promote Good Nutrition and Healthy Eating

The importance of food and good nutrition is widely recognised as essential for development and human health. All forms of malnutrition pose a heavy burden on the facets of human development including physiological, mental, cultural, social and economic as well as attainment of human potential. In Sierra Leone, malnutrition and nutrition-related diseases still constitute a formidable public health problem and cause about 57% of mortality in children under the age of five (DHS 2019). Investing in nutrition, therefore, is important as it contributes to reducing healthcare cost and improving productivity, building intellectual capacity and economic growth and forming the basis for human capital development.

Policy statement

The GoSL shall:

a) Enact legislation for the regulation of the marketing of breastmilk substitutes that will support, protect and promote safe breastfeeding practices and regulate the use of breastmilk substitutes (milk formula) for babies from birth to six months of age
b) Scale up delivery of a high-impact, evidence-based package of nutrition-specific and nutrition-sensitive services to prevent and reduce the incidence and prevalence of nutritional disorders affecting people across various stages of the lifecycle, by strengthening multi-sector collaboration with other ministries (e.g., Ministry of Agriculture, Ministry of Basic and Senior Education, etc.)
c) Promote a healthy food environment and improved nutritional knowledge, and intensify efforts to foster social and behavioural change to enable people, especially children and women, to adopt and maintain healthy dietary practices throughout their lifespans
d) Enact and enforce food and hygiene safety policy.

5.2 Promote Regular Physical Activity and Active Living

Evidence shows that regular physical activity lowers the risk of early death, coronary heart disease, stroke, high blood pressure and breast cancer (FAO, 2019). The 2008 STEPwise approach to Surveillance (STEPS) Survey reported that about 31% of adults 15 years and beyond did not participate in any physical activity. With 28% of adults being overweight (WHO, 2017), physical activity is one of the most important steps that Sierra Leoneans, of all ages, can take to improve their health and reduce the incidence of NCDs.

Policy statement

The GoSL shall:

a) Support local governments and learning institutions to encourage residents to be more physically active by establishing recreational and physical programmes that increase safety, provide education, and otherwise facilitate walking and cycling, towards the achievement of long-term individual and population health benefits
b) Support the delivery of a life skills curriculum that includes physical activities in schools, and improving school physical environment to enable physical activities
c) Advocate and partner with the Ministry of Transport and urban planning specialists to gear their activities towards promoting walking and/or cycling.

5.3 Reduce the Use and Mitigate the Negative Impacts of Substance Abuse

Sierra Leone, like many other countries, is facing a growing substance (tobacco, drugs and alcohol) abuse problems mostly among the youth (about 60%). Substance abuse impacts everyone's family and life at one time or another. It does not discriminate based on socioeconomic status, race or ethnicity. It is estimated that 41.4% of persons aged 15 years and above take alcohol, with 12.8% of the population engaged in heavy drinking. It is also estimated that 24.5% of adults ages 15 years and above smoke cigarettes with 19% male and 3% females reporting that they use any type of tobacco. Among the 19% of men ages 15–49 who currently smoke tobacco, 17% smoke on a daily basis (SLDHS, 2019).

Policy statement

The GoSL shall:

a) Implement the provisions of existing legislation and international conventions on narcotics, psychotropic substances and precursor chemicals
b) Ensure education and preventative measures, as well as treatment and rehabilitation of persons suffering from drug addiction
c) Accelerate the development and implementation of the Alcohol Policy, which will strengthen regulations on the production, marketing and sale of alcoholic beverages and promote and encourage abstinence or moderation in alcohol consumption.

5.4 Promote Safe and Responsible Sexual Behaviour

Sexual and reproductive health affect and are affected by:

- The broader context of personal lifestyle
- Economic circumstances
- Education
- Employment
- Living conditions
- Family environment
- Gender relationships, including the traditional and legal structures in which individuals live.

Unsafe sexual behaviours are common among the youth, making them vulnerable to the risk of unplanned pregnancy or sexually transmitted infections including HIV/Aids. In Sierra Leone, it is estimated that 21% of adolescents aged 15–19 are already mothers or pregnant with their first child (SLDHS, 2019).

Policy statement
The GoSL shall: a) Empower the population to make informed choices regarding sexual activities and behaviours that do not lead to ill-health and disease b) Provide high-quality services for family planning, including infertility services and aggressively fighting sexually transmitted infections, cervical and breast cancers, prostate cancer and other reproductive morbidities c) Support and facilitate the implementation of comprehensive sexuality education in the school curriculum, as provided for in the School Health Policy d) Enforce the provisions of existing legislation on sexual abuse and preventative measures, as well as the treatment and rehabilitation of victims of sexual abuse.

6. PHYSICAL HEALTH ENVIRONMENT

Many aspects of the physical environment can affect people's health. These include:

- Water, sanitation and hygiene (WASH)
- Air, noise and hazardous waste pollution
- Housing and human settlements
- The safety of transport systems.

The capacity to address and mitigate the negative impact of these on health not only lies within the mandates and jurisdiction of the MoHS but also other sector ministries. However, there has not been an effective collaboration with other ministries to leverage the potential of the collaborations. This Policy recognises that effective inter-sectoral collaboration is critical in achieving our national health aspirations.

6.1 Increase Access to Improved Water, Sanitation and Hygiene (WASH)

Poor environmental sanitation resulting from increased population density due to rapid urbanisation that results in overcrowding is a major source of public health problems and epidemics in Sierra Leone. About 75% of the health conditions attributed to mortality in children under the age of five are closely linked to poor situations of WASH (GLAAS, 2014). However, the recent 2019 DHS Report shows improvements in WASH indicators. For example, about 67% of the households are reported to have access to improved and safe drinking water in 2019 compared to 60% in 2013. Similarly, there has also been a significant increase in the number of households that use an improved sanitation facility from 10% in 2013 to 55% in 2019. The WASH situation is worse in rural areas.

Policy statement

The GoSL shall:

a) Ensure universal access to safe drinking water, improved sanitation and hygiene facilities
b) Improve coordination with other key actors (Ministry of Local Government and Community Development, Ministry of Water Resources, Ministry of Environment, Environment Protection Agency)
c) Expedite actions for institutionalising water, sanitation and hygiene (WASH) in all health facilities and schools
d) Collaborate and engage with communities about WASH and promote hand hygiene.

6.2 Environmental Pollution Control and Climate Change

The environmental changes have great impact on human health and well-being. Current environmental risks to public health include:

- Rising levels of ambient and indoor air pollution
- Increasing use of high impact noise
- Growing burden of solid waste
- Hazardous waste from health settings
- Toxic discharges from industries and production facilities.

There are also increasing risks of human disasters linked with changing temperatures and precipitation. Sierra Leone is rated as the 17th most vulnerable country in terms of air pollution (WHO, 2018).

Policy statement

The GoSL shall:

a) Reduce exposure to harmful noise levels and hazardous substances in the environment
b) Strengthen systems for healthcare waste management at healthcare delivery settings, as well as in communities
c) Improve systems and capacities to adopt and mitigate public health risks from climate change
d) Establish and strengthen multi-sectoral actions to ensure safer transportation
e) Ensure elimination of open defecation in communities.

6.3 Promote Occupational Health and Safety

Occupational health and safety are crucial for the full protection and performance of workers, for which employers (both public and private) should take full responsibility.

Policy statement

The GoSL shall:

a) Strengthen the enforcement of laws and regulations to improve occupational health and safety
b) Ensure integration of occupational health services in the primary healthcare and health workforce emergency preparedness and responses
c) Enhance public–private partnerships for the provision of occupational health and safety services
d) Promote workers' awareness of health and safety in the workplace
e) Ensure the development of guidelines to improve health worker safety.

7. POLICY IMPLEMENTATION FRAMEWORK

7.1 Legal and Regulatory Framework

The Policy is grounded in the Constitution of Sierra Leone which guarantees the right to life and right to health. The health sector operates using the health service delivery legal framework described in the Public Health Ordinance of 1960 (No. 23 of 1960,) and revised in 2020. The MoHS will be required to review and enact a new Public Health Act to reflect the NHP. The Ministry will revise, amend and enforce an appropriate, broad-based and comprehensive legal and regulatory framework to give effect to the implementation of the revised NHP.

Directorates and programmes will be empowered to develop sub-sectoral or programme-specific policies consistent with this Policy for the purpose of carrying out their functions and to ensure complementarity.

This Policy is anchored on the Human Capital Development, the MTNDP, health SDG indicators and targets with people-centred life stages framing approach.

7.2 Institutional Framework

Implementation of this Policy takes the framework of the HiAP or the One Health approach given that the health status of the population does not only depend on health service provision but also on other social determinants of health. Hence, inter-sectoral consultations and collaborations are essential in the implementation of major health strategies towards the achievement of the Policy goal. Other MDAs are, therefore, needed to contribute to the promotion and maintenance of public health within their mandates.

7.2.1 Role of the Ministry of Health and Sanitation and Other MDAs

The MoHS, through its existing organisational and management structures, will lead all stakeholders in supervising and coordinating the implementation of this Policy. The Ministry will, therefore, establish mechanisms that ensure the effective supervision and monitoring of the implementation of the Policy. The roles and responsibilities of the MoHS and other relevant MDAs are described in Table 1 overleaf.

Table 1 Roles and Responsibilities of the MoHS and MDAs

Policy objectives	Policy Strategies	Lead Ministry	MDAs
Build and strengthen the healthcare delivery system to be resilient	Revise the Basic Essential Health Package	MoHS	DPPI Primary healthcare DHMT Tertiary hospitals Local councils Health training institutions Regulatory bodies Human resources HSSG MoLGRD
	Ensure equitable access to the appropriate quality and quantity of health workers		
	Increase the availability and use of appropriate health technology/ infrastructure		
	Ensure the availability and appropriate use of quality medicines and medical products		
	Enhance access and the timely use of accurate reliable data, through a strengthened HMIS		
	Strengthen research and research regulation to inform policy and management decision making		
	Strengthen mutually beneficial Partnerships		
	Enhance community ownership and participation		
	Improve leadership and governance		
	Ensure sustainable health financing and efficient use of financial resources	MoHS MoF	DPPI HSSG CSOs

/…Table 1 continues

Promote the adoption of healthy lifestyles	Promote healthy eating Promote good nutrition Increase physical activity Reduce the use and mitigate the negative impact of substance abuse Encourage and promote safe and responsible sexual behaviour	Min. of Agriculture and Forestry Min. of Social Welfare Min. of Gender & Children's Affairs MoHS Min. of Basic and Secondary Education Min. of Information and Communications	NGOs working on nutrition Schools DHMT District councils
Improve the physical environment	Improve access to potable water, sanitation and hygiene (WASH) Reduce harmful effect of air, noise and hazardous substances Improve human settlements and housing Increase the employment status of the population Strengthen family and social support systems Improve community security	MoHS Min. of Energy Min. of Works and Public Assets Min. of Lands, Country Planning Min. of Environment, Min. of Transport & Aviation Min. of Local Government and Rural Development Min. of Mines and Mineral Resources	NGOs working in WASH Schools DHMT Tertiary hospitals

7.2.2 Roles of Local Non-governmental, Civil Society and Faith-based Organisations

The GoSL will work towards promoting stronger partnerships and coordination of the civil society in the health sector. The programmes and interventions of NGOs/CSOs/FBOs will,

therefore, be informed by and be in support of the objectives and outcomes of the NHP. The MoHS should facilitate partnerships between the NGOs/CSOs/FBOs with their respective lead ministries responsible for their areas of interest.

7.2.3 Roles of Health Development Partners

In accordance with the principles of the Paris Declaration and Accra Agenda for Action, donors and international NGOs play a key role in the health sector and, therefore, the GoSL welcomes and will strengthen partnerships with all development partners interested in and committed to supporting the achievement of the NHP goal and objectives. Programmes and interventions of development partners will be aligned and synchronised with policy objectives and outcomes. The MoHS will facilitate the identification of lead ministries to partner with the development partners in their areas of interest and develop mechanisms for implementation.

7.2.4 Policy Implementation Committee (PIC)

A Policy Implementation Committee (PIC) will be set up to ensure that there is effective coordination, collaboration and harmonisation of the various stakeholders. Having a PIC will help reduce duplication, avoid role ambiguities and improve the overall efficiency in the implementation of the Policy. The committee will, among others, be responsible for ensuring the following activities with respect to this Policy:

a) Determination of Policy targets for a 10-year period
b) Preparation and execution of multi-sector policy implementation plan and budget
c) Preparation and execution of sectoral policy implementation plans and budget
d) Conducting biannual stakeholder meetings on performance tracking of the Policy Implementation Plan
e) Supervision of external monitoring and evaluation (every two years) of Policy Implementation Plans
f) Review and preparation of new policy targets and implementation plan every five years.

7.2.5 Sector Health Policy Focal Persons (Inter-sectoral Collaboration Desks)

An NHP focal person will be appointed from each sector whose role will be to coordinate that sector's responsibilities as per the Policy's directives. The focal person will preferably be a senior member at management level.

7.3 Planning and Budgeting

All implementing partners are to have their activities in the comprehensive AWP, that will be in line with the NHSSP, UHC Roadmap 2021–2030 with the technical support of the

DPPI. This five-year national plan will be costed and have an M&E framework with yearly targets. These plans must be informed by the Policy's goal, objectives and outcomes. The activities of the respective operational strategic plans should reflect the mandates, functions and jurisdiction of the implementing stakeholders as applicable to supporting the execution of respective Policy objectives.

This is intended to ensure that stakeholders plans are reflective of the Policy's guiding principles and in alignment with the Policy's goal, objectives and outcomes. It will also reduce the potential for the duplication of interventions (in terms of actual activities planned, target groups and geographical location) amongst stakeholders.

7.4 Communication Strategy

The MoHS will develop a communication strategy to ensure widespread dissemination and raise public awareness of this Policy.

A communication strategy will be developed and will include:

a) Nationwide advocacy drive aimed at assuring compliance with the provisions of the Policy
b) Community engagement in dialogue centered on community participation and ownership
c) Civil society engagement in enhancing communication and information at all levels
d) Establishing communication systems and protocols amongst various actors within the health sector.

The communication strategy will be activated within the existing national structures of mass communication. The MoHS, through the health education and communication division, will lead with content support from the Ministry of Information and Communications (MIC). Other MDAs as well as other stakeholders will be properly oriented on the Policy and adopt the concept of HiAP and One Health in their annual planning and budgeting, and continuous national discourse.

7.5 Monitoring and Evaluation

Monitoring and evaluation of the progress and achievement of the health outcomes will be routine and continuous (quarterly, half-yearly and annually). The agreed sets of indicators and reporting formats will be spelt out in the implementation framework (NHSSP for UHC) and M&E framework. While the MoHS will have ultimate responsibility for ensuring the implementation of this Policy, each implementing institution will clearly have defined roles in line with their mandates as indicated in the indicators framework. Periods of M&E will be ex-ante, mid-term evaluation and ex-post.

8. APPENDICES

Appendix 1: M&E Conceptual Framework

Table 2 M&E Conceptual Framework

Impact	**A healthy population for sustainable socio-economic development**
Desired Outcomes	***Life expectancy and healthy life:*** • Increase life expectancy from 54 to 64 • Establish regular tracking of Disability Adjusted Life Years (DALY) index as a measure of disease burden. ***Mortality by age and/cause:*** • Reduce maternal mortality ratio from 717 per 100,000 to 70 per 100,000 by 2030 • Reduce mortality rate in children under the age of five from 122 per 1,000 to 25 per 1,000 by 2030 • Reduce neonatal deaths to at least as low as 12 per 1,000 live births by 2030 • Reduce infant mortality rate to 10 and still births to "single digit" by 2030. ***Reduction of disease prevalence/incidence:*** • Reduce birth rates in adolescent girls aged 15–19 years from 102 per 1,000 to 25 per 1,000 • Reduce the incidence/prevalence of malaria, tuberculosis, HIV/Aids, NTDs and combat hepatitis, water-borne diseases and other communicable diseases by 50% by 2030 • Reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 30% by 2030 • Reduce the prevalence of stunting among children under the age of five to 25% by 2030 • Reduce the prevalence of wasting among children under the age of five to 3% by 2030 • Reduce the prevalence of blindness to 0.25 per 1,000 by 2030 and disease burden by one-third from current levels. ***Coverage of health services*** • Increase utilisation of public health facilities by 50% from the current levels by 2030 • Sustain antenatal care coverage and skilled attendance at births above 90% • Increase full immunisation of new-born to one-year-old above 90% by 2030

<table>
<tr><td></td><td colspan="8">Meet family planning needs above 90% at national and local levels by 2030. Health financing Increase health expenditure by the GoSL as a percentage of total national budget to 15% by 2030
Significantly reduce the proportion of out-of-pocket payment for health as a share of THE from 61% to 30% by 2030.</td></tr>
<tr><td>Policy objectives</td><td colspan="2">Build and strengthen a resilient healthcare delivery system</td><td colspan="2">Strengthen health security and emergency preparedness</td><td colspan="2">Foster good health to prevent diseases and promote healthy lifestyles</td><td colspan="2">Improve the physical environment</td></tr>
<tr><td>Guiding principles</td><td>Primary health-care</td><td>Transparency and account-ability</td><td>Efficiency and effectiveness</td><td>Multi-sectoral collaboration</td><td>Decentralisa-tion</td><td>Community participation</td><td>Equity</td><td>Strategic partnerships</td></tr>
</table>

Appendix 2: Glossary

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

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

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

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

Essential Health Services Package (EHSP): It is defined as the package of services that the GoSL is providing or is aspiring to provide to its citizens in an equitable manner.

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

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

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

Health-in-All Policy: It is an approach on health-related rights and obligations. It improves the accountability of policymakers for health impacts at all levels of policymaking. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being.

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

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

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

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

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

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

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

Patients' rights: Are those basic rules of conduct between patients and medical caregivers as well as the institutions and people who support them.

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

Preventative care: Care whose goal is to decrease the burden of disease and associated risk factors.

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

Rehabilitation service: It means medical services provided to a patient to restore or to optimise functional capability.

Sanitation: The control of all those factors in man's physical environment which exercise or may exercise a deleterious effect on his physical, mental or social well-being.

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

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

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

Well-being: The integration of mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion. It is the keyword in the World Health Organization's definition of health "A state of physical, mental and social well-being and not merely the absence of disease or infirmity."