

Sierra Leone



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	5979
% Population under 15 (2012)	41.74
% Population over 60 (2012)	4.41
Life expectancy at birth (2012) Total, Male, Female	45 (Male) 46 (Both sexes) 46 (Female)
Neonatal mortality rate per 1000 live births (2012)	50 [29-82] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	182 [137-236] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	890 [510-1700]
% DPT3 Immunization coverage among 1-year olds (2012)	84
% Births attended by skilled health workers (2010)	60.8
Density of physicians per 1000 population (2010)	0.022
Density of nurses and midwives per 1000 population (2010)	0.166
Total expenditure on health as % of GDP (2011)	18.8
General government expenditure on health as % of total government expenditure (2011)	11.7
Private expenditure on health as % of total expenditure on health (2011)	82
Adult (15+) literacy rate total (2010)	42.1
Population using improved drinking-water sources (%) (2011)	57 (Total) 40 (Rural) 84 (Urban)
Population using improved sanitation facilities (%) (2011)	22 (Urban) 7 (Rural) 13 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	51.7
Gender-related Development Index rank out of 148 countries (2012)	139
Human Development Index rank out of 186 countries (2012)	177

Sources of data:
Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Mortality trends in Sierra Leone have been decreasing for malaria, AIDS, tuberculosis, diarrhea, respiratory and vaccine preventable diseases. TB mortality is still high and HIV infection is stabilizing. Malnutrition is unacceptably high with underweight estimated to be 16% in 2013. The fight against NCD risk factors; alcohol abuse, tobacco consumption, unhealthy diets and physical inactivity, remains a major challenge.

There have been a number of lessons learnt from the 2012 cholera outbreak that led to more than 26 000 cases, especially the need for improved preparedness to combat the current Ebola threat in neighboring Guinea. Sierra Leone has not reported any confirmed case of Ebola as of April 2014.

HEALTH POLICIES AND SYSTEMS

The Government of Sierra Leone is improving financial accountability through the establishment of the Integrated Health Project Administrative Unit, which is being piloted in the health sector in 2013 and will be scaled up to other sectors. National health sector policy and strategic plan reviews are underway in anticipation for the development of the joint financial management agreement between government and partners. The extended CCS is intended to align to these key strategic documents.

The government of Sierra Leone has introduced free health care initiative in 2010 targeted at pregnant and lactating mothers as well as children under 5 years of age. According to DHS 2013, process indicators such as antenatal care, skilled care deliveries and family planning services have begun to show improvements. Maternal and childhood mortality rates continue to be unacceptably very high raising concerns about the quality and software issues of the provided health care. The quality is expected to improve through revitalized primary care and revised plans been developed for mental health, health promotion, teenage pregnancy, adolescent health, and multi-year plan for cholera.

In response to Ebola threat in the country based on outbreak in Guinea and Liberia, a contingency plan was developed and monitoring team set up for partners and government with government leadership.

A strategic plan to reduce the social and economic burden of communicable and non-communicable diseases (NCD) was developed, and the WHO PEN piloted in the country in 2012.

COOPERATION FOR HEALTH

The Health Sector Steering Committee, chaired by the Minister of Health and Sanitation, is the supreme body that coordinates the health sector. It is supported by seven thematic groups reporting to the Health Sector Working group co-chaired by the Permanent Secretary and Chief Medical Officer. The health development partners' forum representing partners operate in the country. The functionality of these needs strengthening. The UN Country Team has developed the first United Nations Development Assistance Framework (UNDAF) with eight thematic areas that are aligned to the National Development Strategic plan or Agenda for Prosperity. The UN agencies working in the health sector constitute the H+ partners which meet regularly to guide the Ministry. In addition there are sub regional organizations such as the West African Health Organization (WAHO) which integrates inter-country interventions as well as the MANO River Union (MRU) with a similar mandate. The MRU recently provided support to the regional countries to militate against the Ebola outbreak in Guinea and Liberia.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Reduction of health, social and economic burden of communicable and noncommunicable diseases	<ul style="list-style-type: none"> Prevent and control malaria, and combat HIV/AIDS and TB through IDSR and International Health regulations implementation Work to eradicate polio, track measles, and other vaccine preventable diseases. A pilot 3 dose HPV vaccine has just been completed waiting for the second year cohort. Rota virus vaccine is due for introduction this year. Sierra Leone is one of the pilot cholera vaccine countries with preparedness underway Reduce the risk factors of NCDs
STRATEGIC PRIORITY 2: Reduction of infant, child and maternal mortality and promotion of responsible, healthy sexual and reproductive health behavior	<ul style="list-style-type: none"> Implement free universal access to health care for pregnant, lactating women and under-5 children Introduce a teenage pregnancy task team associated to strategies such as establishment of adolescent friendly corners and maternal death reviews Review the reproductive maternal and child health policy and roadmap in order to address the high child and maternal health challenges as evident from the DHS 2013 data
STRATEGIC PRIORITY 3: Strengthening policies and systems to improve access and quality of services	<ul style="list-style-type: none"> Develop the national health sector policy (NHSSP) 2015-2025 to address health challenges facing the country, including providing orientation for the free health care initiative Assess the prevailing situation of the implementation of the national health sector strategic plan (NHSSP) 2010-15 and review it in line with findings and new orientations including the ownership/sustainability of the free health care initiative Develop human resource strategic plan focusing on pre-service and in-service training
STRATEGIC PRIORITY 4: Fostering partnerships and coordination for national health development	<ul style="list-style-type: none"> Review the current Joint Programme of Work and Funding 2010-2014 with all partners through priority setting guided by unfinished agendas of the MDGs and post 2015 agenda in the health sector Review the health sector policy and strategic plan are under way in preparation for the integrated health project administration unit and the joint financial accountability framework Continue the WHO's liaison function with respect to global alliances/funds, foundations and nongovernmental organizations. Coordinate partner response to cholera outbreak and consequent multi-year plan; and recently to the Ebola outbreak threat in Sierra Leone