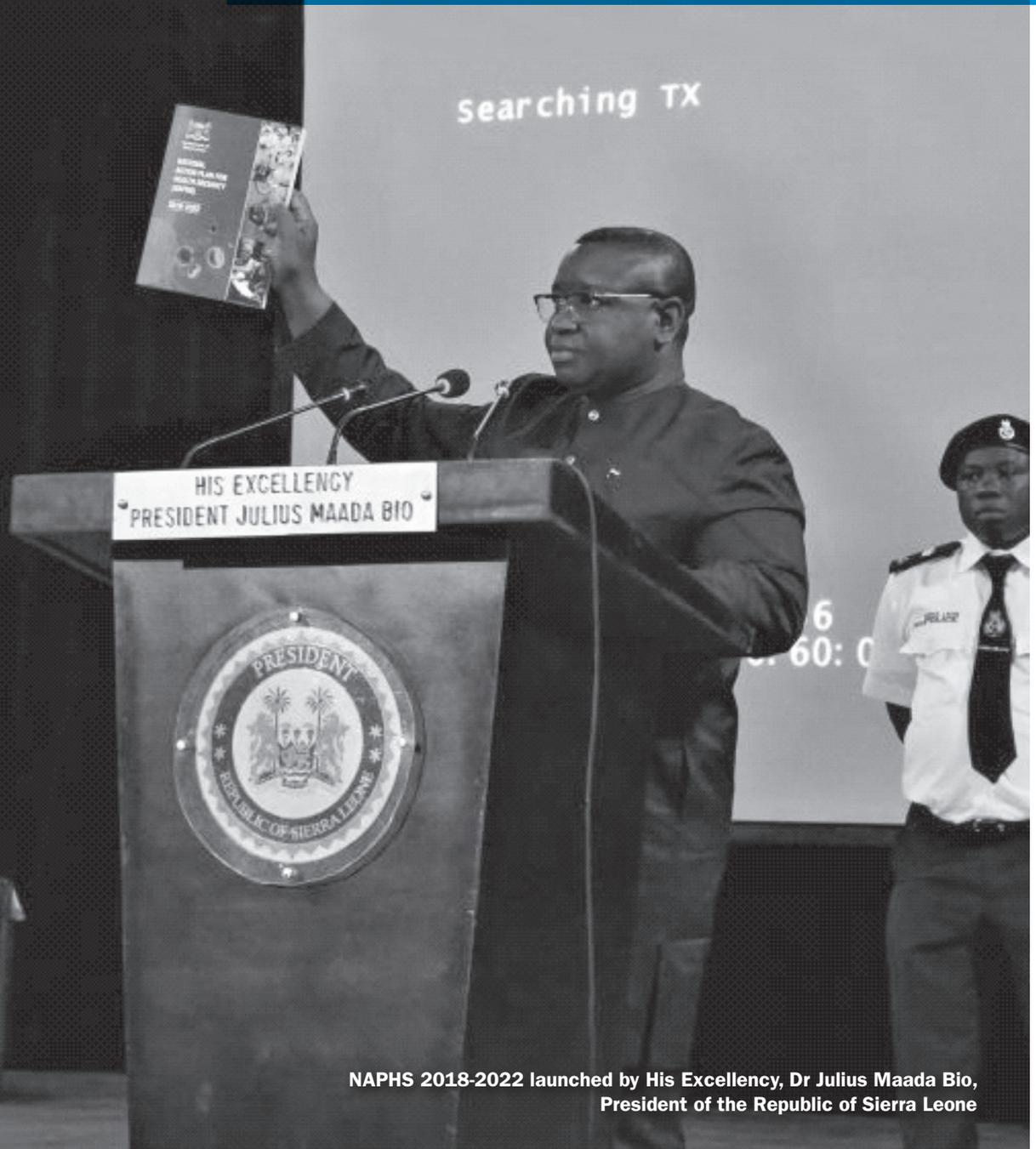


## Recovering from health emergency, Sierra Leone makes measured progress

Case Study



NAPHS 2018-2022 launched by His Excellency, Dr Julius Maada Bio,  
President of the Republic of Sierra Leone

## Abstract

In early 2014, Sierra Leone experienced its worst outbreak of Ebola virus disease (EVD) that killed 3,589 people. In the wake of this health emergency, the West African nation conducted its first Joint External Evaluation (JEE) to assess the country's healthcare system and capacities for health security. The JEE's results were then vital in shaping the National Action Plan for Health Security (NAPHS) for 2018-2022. Country-level healthcare officials and international and regional partners then used the WHO Benchmarks for IHR Capacities to help gauge their progress and to realize the NAPHS in Sierra Leone. A workshop was held by international partners and the healthcare ministry, department and agency officials in the country's capital Freetown over five days in April 2019. Workshop discussions showed improvements in national legislative capacity, infectious diseases surveillance and risk communication. Building on this progress, Sierra Leone plans to expand its capacities for managing antimicrobial resistance (AMR) and antibiotic susceptibility and to strengthen basic infection prevention and control (IPC) measures.

## Description

### JEE, NAPHS and Benchmarks for IHR

Sierra Leone's Ministry of Health undertook its first JEE in 2016. It used the results of the JEE to establish its National Action Plan for Health Security (NAPHS) 2018-2022 and strengthen its capabilities to meet future health security challenges. Sierra Leone's NAPHS calls for integration of AMR surveillance, infection prevention and control following a five-year roadmap, by using a One Health approach that promotes collaboration between human health and animal health systems.

In March 2019, teams from each of the 19 technical areas covered by JEE gathered to evaluate the country's progress in implementing the plan using the new WHO Benchmarks for IHR Capacities. This was done to help identify actions for implementation in 2020.

## Outcomes

### Legislative capacity

Sierra Leone had made advances in its national legislation. The national parliament was updating a public health ordinance first enacted

more than 50 years ago. The country had created a mechanism for contingency funding for health emergencies. The country's health ministry was restructured to create a Directorate for Health Securities and Emergencies unit, which now hosts an IHR (2005) focal point and has the mandate to coordinate IHR implementation, including the oversight of the NAPHS. This dedication ought to facilitate the implementation of NAPHS.

### Infectious disease surveillance

Infectious disease surveillance capabilities were being strengthened, field epidemiologists were being trained and laboratory testing capacity for hemorrhagic fevers was being established. As Sierra Leone strengthens its AMR and infection prevention and control measures, the ministry of health now has a lab capable of conducting bacteriological and antibiotic susceptibility testing at the national level, as well as a national infection prevention and control unit. It is also implementing a certificate course for training healthcare workers in infection prevention and control.

### Risk communication

Risk communication capacities were growing stronger. Multi-sectoral approaches were



Ministry of Health and Sanitation in collaboration with WHO (AFRO and Country Office) held a NAPHS strategic advocacy engagement meeting with Members of the Parliament Committee on Health

being undertaken to engage communities and exchange information internally and with partners.

### **Way forward to expand AMR and strengthen IPC measures**

Sierra Leone is planning to expand its capacities to manage AMR and antibiotic susceptibility and develop its ability to track antibiotics imported into the country. The country also plans to strengthen basic IPC measures. One example action is addressing the limited supply of running water at health facilities, which hinder capacities to adhere to recommended water, sanitation and hygiene (WASH) practices that are key to effective infection prevention and control.

## **Lay Summary**

Sierra Leone is still recovering from the outbreak of Ebola virus disease (EVD) that

occurred between 2014 and 2016. In 2017, the country developed a National Action Plan for Health Security (NAPHS) following a voluntary Joint External Evaluation (JEE) of its capacities to prevent, detect and rapidly respond to public health risks. Country-level healthcare officials in Sierra Leone and international and regional partners then used the WHO Benchmarks for IHR Capacities to help gauge progress in and support for the realization of the NAPHS. This review highlighted recent advances in national legislative capacity, infectious disease surveillance capabilities and risk communication capacities. Sierra Leone plans to implement additional measure towards the realization of its NAPHS. These include expanding capacities to deal with antimicrobial resistance and susceptibility and strengthening basic infection prevention and control measures.

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