

# EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage

**Year 1 Report Oct. 2011 - Dec. 2012** 



### **Abbreviations**

AFRO/IST World Health Organization Africa Regional Office/Inter-country Support Team

CHPP Country Health Policy Process

ColA Commission on Information and Accountability

EU European Union

HPG Health Partnership Group

HQ Headquarters

IHP+ International Health Partnership
JAHR Joint Annual Health Review

JANS Joint Assessment of National Strategies

M&E Monitoring and Evaluation

MoH Ministry of Health

MOHSW Ministry of Health and Social Welfare
NHPSP National Health Plan/Strategic Plan
NHSSP National Health Sector Strategic Plan

NHSWPP National Health and Social Welfare Policy and Plan

PHC Primary Health Care

PNDS Plan National du Devéloppement Sanitaire

PNS Politique Nationale Sanitaire

RO Regional Office
SO Specific Objective
TA Technical Assistant
UC Universal Coverage

UHC Universal Health Coverage

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS UNDP United Nations Development Programme

UNFPA United Nations Population Fund UNICEF United Nations Children's Fund

WCO World Health Organization Country Office

WHO World Health Organization

WR World Health Organization Representative

# **Country Report**

# Sierra Leone

# **Year 1 Report**

# **EU-WHO Policy Dialogue Programme**

Date: April 2013 Prepared by:WHO CO/RO/HQ

**Reporting Period:** 

October 2011 - December 2012

Main activities as planned in the Road Map.

- 1. Technical forum on HR policies and strategies & preparation (June 2012): TA for validation process
- 2. Policy forum: consensus+ funding commitments
- 3. Financial Management Report/Plan development & facilitate consensus on Joint Financing Agreement (Apr-Jul 2012)
- 4. Implementation of recommendations of the FMA (Jul 2012 onwards)
- 5. Community opinion survey combined with SARA
- 6. Community feedback system for service improvement (guidelines, tools)
- 7. Media mobilization

#### Main activities achieved and progress made:

Please estimate approximate percentage of achievement for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO

(potentially in collaboration with existing initiatives of UN agencies, NGOs etc)

Please describe expected outcomes, targets and specify partners

What are some concrete and visible outputs of policy dialogue? (ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

What are some concrete and visible outputs of other activities (linked to policy dialogue)?

1. Technical forum on HR policies and strategies & preparation (June 2012): TA for validation process – 100% implemented

HR policies and strategies validated through series of stakeholder activities (April-June 2012) facilitated by WHO CO.

WHO CO co-organized HR policy dialogue on HR policy and strategic plan in July 2012 under Hon. Minister of Health and Sanitation leadership. Policy and Strategic Plan

printed and disseminated in readiness for launch.

2. HR Policy forum: consensus+ funding commitments-50% implemented

HR policy and strategic plan policy forum conducted in July under leadership of Hon. Minister (facilitated and supported WHO).

Strengthen payroll management and staff attendance (facilitated and supported by DFID);

Establishment of automated HR information system (facilitated and supported WHO);

Review of required support including establishment of health service commission (facilitated and supported World Bank).

3. Financial Management Report/Plan development & facilitate consensus on Joint Financing Agreement (Apr-Jul 2012) – 100% implemented

Financial Management Assessment Report (development of report was done GFTAM and GAVI, coordinated by World Bank) completed June 2012.

Consensus workshop held on FMA report in October.

These 2 activities were facilitated and supported by WCO including a local consultant recruited against jointly agreed ToRs.

4. Implementation of recommendations of the FMA (Jul 2012 onwards) – 0% implemented

Postponed to 2013; see below for more information

- 5. Community opinion survey combined with SARA –50% implemented Sector performance review process:
- (i) HMIS, 2012 SARA survey, administrative data analysed by May
- (ii) Performance reviews conducted in all districts in June 2012 (multi-agency support). The analytical report was consolidated into 2011 Sector Performance Report which formed basis for high level policy dialogue in July 2013 Health Review Summit under the chairmanship of Ministers for Health and Sanitation, Local Government and Finance. Myriad of issues affecting service delivery were discussed and recommendations were made for action by the 3 ministries and all Local Councils (they actively participated). Performance reviews were again conducted in all districts in October 2012 when Health Review Summit recommendations implementation progress were reviewed and 2012 half year performance was reviewed and initiated 2013 operational planning.

Community opinion survey combined with SARA survey preparation initiated: draft questionnaires prepared, pretested and revisions on-going in preparation for January 2013 survey but process stalled due to suspension of MoHS top management and whole of planning and monitoring department. This has now been scheduled for September 2013 under new leadership. The survey outcome become basis for dialogue on quality of care provided, reallocation of resources to ensure establishment of primary care facilities as per standards set in Basic Package of Essential Health

Package.

Q2 HIS bulletin issued

Final 2012 all district performance reports completed

Draft Sector Performance Report (SPR) developed in June 2012 (multi-agency support);

2011 Sector Performance Report completed;

2012 Service Availability and Readiness Assessment report ready;

2012 Data Quality Assessment report ready.

All above stated products were developed with WCO technical support and funding. At different stages of development processes experts from all WHO levels were involved such as analytical workshops.

These activities were undertaken with support from WHO HQ and AFRO. The following agencies were involved:

The following agencies were involved: Most international and national agencies, Health For all Coalition (umbrella CSO organisation), World Bank, JICA, EU, UN agencies, Irish Aid, ADB, etc.

6. Community feedback system for service improvement (guidelines, tools) – 0% implemented

Activity scheduled for implementation 3<sup>rd</sup> quarter 2013 after survey report is finalised.

# 7. Media mobilization—30% implemented

Terms of reference for a Communications Consultant postponed to 2013. However, some visibility and communications activities were undertaken, see below.

## 8. 2013 Annual Operational Plan – 90% implemented

2013 Annual Operational Plan (AOP) commenced bottom-up from local council health plans. 13 district (inclusive of 19 local council plans) health and central level plans finalised, draft sector 2013 AOP finalised and awaiting stakeholder validation early January;

Training of sector planning facilitators on UN OneHealth costing tool May 2012and used for 2013 sector annual operational plan target setting.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

- 1. FMA Report completed late (October instead of June) due to prolonged consultative process.
- 2. FMS Plan development & consensus on Joint Financing Agreement and Joint assessment of national strategies (JANS) will be discussed with new MoHS management

- to determine next steps & timelines.
- 3. Implementation of recommendations of the FMA was postponed until 2013 and is included in the roadmap.
- 4. Joint Review Mission (Sector Performance Review validation) not conducted due to successful district performance reviews which are more participatory.
- 5. 2013 Annual Operational Plan added to activities which commenced bottom-up from local council health plans. The UN OneHealth costing tool was used for operational plan target setting.
- 6. The community feedback system for service improvement (guidelines, tools) was postponed for implementation in 3<sup>rd</sup> quarter 2013 after the survey report is finalized.

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

 MoHS was satisfied with district performance reviews and the accompanying supportive supervision – therefore, the planned joint review field mission was perceived to be no longer necessary

#### Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

- 1. Supporting agreed government plan facilitates and fast-tracks policy dialogue implementation;
- Frequent consultations with government officials and key stakeholders and progressively harmonising varied interests creates enabling environment for policy dialogue;
- 3. Identifying key champions for specific policy agendas is key to policy dialogue success;
- 4. Environment scanning and analysis, convening, advocacy and facilitation competencies are critical for policy dialogue.

#### Road Map and timeline for 2013 (Refer to annex):

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2013

- 1. Community opinion survey combined with SARA survey Q1 2013;
- 2. High level sector orientation on 2013 AOP & 2012 performance report Q1 2013;
- 3. Draft community opinion survey report Q2 2013;
- 4. Draft 2013 SARA report Q2 2013;
- 5. Draft data quality assessment report Q2 2013;
- 6. Draft 2012 sector performance report Q2 2013;
- 7. National health observatory platform Q2 2013;
- 8. Community satisfaction feedback mechanism initiated Q2 2013;

- 9. HR information system in selected districts Q2 2013;
- 10. HR 2013 policy dialogue Q2 2013.
- 11. Implementation of recommendations from FMA

#### Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured

- 1. FMA scoping mission: inception of financial management assessment was conducted through an interagency scoping mission followed by series of technical assessment and report writing activities. Scoping mission, assessments and validation involved most key stakeholders through interviews, consultative meetings and final validation meeting of the FMA report (October 2012).
- 2. HRH policy and strategic plan validation: stakeholders reviewed the draft documents in series of HR Working Group meetings culminating in a high-level validation workshop involving different arms of government, development partners, CSOs and district staff.
- 3. HSSG meetings: coordination was strengthened for effective sector plan implementation (EU-WHO Policy Dialogue Programme's outputs- amongst JPWF outputs) including preparation for high level 2011 sector performance review summit and 2013 sector annual operational plan development.
- 4. Communication Plan foreseen with communication consultant in 2013.

#### Preliminary impact assessment:

Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

- 1. The financial management assessment process involving key global partners was opportune for WHO global and WCO level facilitation raising WHO-EU visibility incountry. The report was presented in the global Nairobi IHP+ conference as a good partnership practice. The Government of Sierra Leone has repeatedly indicated that they are awaiting the outcome of this process in health sector to enable roll-out to all other sectors as part of an aid effectiveness intervention (Minister of Finance and Economic Development in several meetings including Government with Development Partners Coordination meeting chaired by H.E. the President in July 2012).
- 2. High level policy dialogue held at the Health Review Summit in July under the leadership of Ministers of health and Sanitation, Local Government and Finance and Economic Development reviewing challenges affecting provision of services is now accepted as a useful approach that influences policy at national and district council levels. Despite new management, MoHS has requested this. This has strengthened MoHS leadership role: facilitating consultative and consensus meeting, prioritizing activities and policy direction (e.g. high-level inter-ministerial health review summit: refer to annex for

- attached newsflash). The Minister of Health and Sanitation said "I am grateful for the support provided by key partners including World Bank, EU, UNICEF with valuable technical support by WHO to enable us to critically review our performance progress, areas that require improvement and jointly agree on actions of different actors to resolve this issues. We will continue to work with our partners as these recommendations are implemented".
- 3. The sector performance and operational planning processes with WCO support has provided MoHS the environment and tools to coordinate partners towards a common goal.