



# **NATIONAL HEALTH SECTOR STRATEGIC PLAN**

**2021-2025**

**ABRIDGED VERSION**

**Towards Universal Health Coverage  
and Health Security**

## INTRODUCTION

This National Health Sector Strategic Plan (NHSSP) 2021–2025 aims to provide a coherent framework to drive health sector coordination through the next five years. It is a five-year implementation plan for the Universal Health Coverage (UHC) Roadmap, providing costing and funding options. The NHSSP as well as the accompanying National Health Financing Strategy (NHFS) will be used to evaluate the National Health and Sanitation Policy (NHSP) and the UHC Roadmap progress in Sierra Leone. The NHSSP aims to provide cohesion with the overall national priorities, while providing direction for the sub-sector policies and strategies.

### Plan Development Process

The process of developing the NHSSP was supported financially by the World Bank and coordinated by the Directorate of Policy, Planning and Information (DPPI). An international consultant was hired to provide technical support in drafting the NHSSP document for regional consultations, pre-validation and validation with relevant stakeholders across the health sector, targeting both state and non-state actors.

### Strategic Priorities and Pillars

The Sierra Leone National Health Sector Strategic Plan is aligned with its National Health and Sanitation Policy and Universal Health Coverage (UHC) Roadmap (see detailed NHSSP 2021-2025, Figure 1 *Achieving Universal Health Coverage in Sierra Leone – Theory of Change*).

### Vision

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

### Mission

Building resilient and responsive health systems to provide and regulate comprehensive healthcare services in an equitable manner through innovative and appropriate technology and partnerships, while guaranteeing social and financial protections.

### Goal

All people in Sierra Leone have equitable access to quality and affordable health and sanitation services whether public or private at all times without any undue financial hardship by 2030.

### Strategic Objective

To transform the health sector to an adequately resourced and functioning national healthcare delivery system that is affordable and accessible to all especially the most vulnerable segment of the population (MTNDP 2019–2023, 2019).

### Strategic Direction Priorities of the Ministry

1. Sustainable financing and financial protection
2. Health system reform for UHC
3. Equitable access to health services
4. Quality of health services
5. Disease prevention and health promotion
6. Health security and emergency

There are eleven Strategic Pillars that fit under the Strategic Direction Priorities. Each strategic pillar has its own strategic objective, input/activity, output, outcome and impact, and overall timeline per activity. The strategic pillars are:

1. Healthcare financing
2. Leadership and governance
3. Human resources for health
4. Health infrastructure
5. Community participation and ownership
6. Service delivery
7. Essential medicines and health technology
8. Health information, technology and monitoring & evaluation
9. Quality of care
10. Disease prevention, health promotion and healthy environments
11. Health security and emergency.

## HEALTHCARE FINANCING

The high Out-of-Pocket (OOP) expenditure is a risk of impoverishment to households from catastrophic healthcare expenditures and provides a challenge to sustaining and expanding health services to meet the growing demand for quality care.

In terms of where OOPs are spent, 65.2% are on medicines, 21.7% on consultations, 7.2% on inpatient expenses, and 5.8% for travel. Very high amounts are spent on medicines. With high drugs stockouts in public facilities. People tend to purchase medicines at private pharmacies and other private vendors.

### **Pillar Strategic objective**

Establish innovative and sustainable health financing mechanisms that support resilient quality healthcare delivery, with a special focus on the most vulnerable and disadvantaged populations by the year 2025.

### **Specific Objectives are:**

- Reduce out-of-pocket health expenditure by 20% by 2025;
- Increase government budget allocation to health by at least 15% (Abuja Declaration 2001) by 2025;
- Build capacity in health financing by 2025.

## LEADERSHIP AND GOVERNANCE

The MoHS determines and shapes health policy regarding delivery, resource mobilisation, allocation and regulation.

The District Health Management Teams (DHMTs) steward health services at the district level throughout Sierra Leone. They are responsible for managing, monitoring and overseeing service delivery. In striving to promote community ownership and develop a people-centred health system, the MoHS collaborates with civil society, non-governmental organisations, international donor partners, the private sector and other national government agencies.

Public Private Partnerships (PPP) contribute to strengthened service delivery. In Sierra Leone, over 90% of healthcare services are delivered by the public sector, while 10% are either private or faith based.

### **Pillar Strategic Objective**

To prioritise UHC as a commitment at all levels of action to improve health outcomes.

### **Specific Objectives are:**

- Develop relevant laws, policies and regulations that impact population health outcomes by 2025;
- Restructure governance, leadership and management (GLM) systems across all levels in the health sector to achieve UHC by 2025;
- Develop planning tools for operationalising the UHC Roadmap by 2025.

## **HUMAN RESOURCES FOR HEALTH**

Qualified and experienced health workers availability with a balanced skills-mix is central to the provision of the essential health services and products for health. In order to enable UHC, the availability of appropriately qualified and experienced human resources for health must be increased by aligning health workforce production with the needs of the population. An enabling working environment is key for the retention of health workers at all levels. The current health workforce on the government payroll has low density (6.4 per 10,000 population compared to 45 per 10,000 population recommended by the World Health Organisation for attainment of UHC). Increased specialisation of the health workforce through training and competency-based education to better align with the health needs is also important and critical.

### **Pillar Strategic Objective**

To attain minimum health worker density and sustain a high performing workforce that is equitably distributed and delivering high quality care services.

### **Specific Objective:**

- Establish health workforce stabilisation programme by 2025.

## **HEALTH INFRASTRUCTURE**

The health infrastructure is unequally distributed throughout the country, with lower access to health services for those in rural and areas. Equipment in available facilities is often under-used. Strengthening health infrastructure for increased access to services has received significant resources over the past five years. A lack of clear health infrastructure development blueprint and standards for health infrastructure and minimum equipment constituting each level of health infrastructure gives rise to a proliferation of self-

designated health facilities without standards. The regulatory environment will be reviewed and enforced for system strengthening. Procedures for facility opening and closing, including accreditation legislation, will be established.

### **Pillar Strategic Objective**

Redesign the health service delivery environment to optimise functionality, effectiveness and performance for service delivery, especially in deprived and challenged communities.

#### **Specific Objectives are:**

- Develop policy on health facility establishment, maintenance and regulation by 2025;
- Establish, upgrade, maintain and sustain fully equipped health facilities and support structures to meet standard national blueprints and requirements by 2025;
- Establish and maintain functional infrastructure and medical assets maintenance management structures and systems for health facilities by 2025.

## **COMMUNITY PARTICIPATION AND OWNERSHIP**

Fundamental to the achievement of Sustainable Development Goals (SDGs) in Sierra Leone lies the vast potential of communities throughout the country to participate fully in shaping their health outcomes. This includes participation in the generation, application and diffusion of knowledge related to their own health. Empowered community involvement in designing, planning and developing health interventions enables the voice of the majority of the people to be included in health interventions for their own benefit.

### **Pillar Strategic Objective**

Build and strengthen community systems to effectively shape and influence health service design, provision and outcomes at all levels.

#### **Specific Objectives are:**

- Redesign community structures and platforms to implement UHC Roadmap by 2025;
- Support community engagements by 2025;
- Promote healthy lifestyle at family and community levels to 100% by 2025;

## **SERVICE DELIVERY**

Sierra Leone has a large public healthcare system; 1,203 (94%) of the total 1,284 registered health facilities are Government owned and 81 (6%) are privately owned and operated. Registered private facilities tend to provide care paid through user fees at points of service and operate mainly in urban areas. There are three tiers of service delivery in the public health system, including the primary, secondary, and tertiary tiers.

### **Pillar Strategic Objective**

To expand service coverage and increase equitable access to improve uptake in quality healthcare services at all levels, with a special focus on community participation and ownership in service delivery.

### **Specific Objectives are:**

- Redesign, develop and sustain a community-based Primary Health Care (PHC) delivery model that delivers improved equitable access and quality of services, efficiency and effectiveness;
- Develop a strategy for hospitals focusing on standard health service delivery by 2025;
- Develop and implement a national strategy on diagnostics and laboratory services by 2025.

## **ESSENTIAL MEDICINES AND HEALTH TECHNOLOGY**

Access to high quality, safe, efficacious and cost-effective essential medical products, vaccines and technologies are necessities for a resilient health system. However, the accessibility to essential products for health remains a challenge in Sierra Leone.

A strong supply chain management system will enable quality product availability at all health system levels. This would require sufficient funding for the system including data, and a revision of the essential drugs procurement donation policy to minimise expired drug stocking.

Traditional Medicines and Products are a major part of the health experience of people in Sierra Leone. In order to include these in the formal sector, research and development must be undertaken to ensure quality standards for consumption, covered by a policy, strategy and costed implementation plan.

### **Pillar Strategic Objective**

To foster an effective, efficient and sustainable pharmaceutical management system that meets priority health needs.

### **Specific Objectives are:**

- Support the pharmaceutical services governance and management structures for rational use of medicines and medical supplies by 2025;
- Support effective and efficient innovative technologies, mechanisms and processes for procurement, storage and last mile distribution mechanisms for essential health commodities by 2025;
- Support pharmacovigilance and medicines regulatory mechanisms to ensure internationally accepted standards on efficacy, safety, quality and use of medicines and health technologies by 2025.

## **HEALTH INFORMATION, TECHNOLOGY AND M&E**

The MoHS has developed monitoring and evaluation frameworks for determining progress towards policies, programmes and interventions implementation. In collaboration with other donors and Statistics Sierra Leone, it has collected, analysed and used data for decision making for years. Routine and continuous monitoring on the progress and achievement of health outcomes will be carried out under the responsibility of the MoHS and DPPI Team. Each institution that is implementing the strategy will have clearly defined

roles aligned with their mandates. Monitoring financial, physical and organisational issues will be undertaken.

### **Pillar Strategic Objective**

To establish a robust, digitally-savvy, comprehensive, fully integrated, harmonised and well-coordinated HMIS and M&E systems that effectively guide sector monitoring and impact evaluation, accountability, learning and evidence-based policy decision making.

#### **Specific Objectives are:**

- Develop Health Management Information System (HMIS) governance framework and mechanisms by 2025;
- Build strong information system infrastructure using Information Communication Technology (ICT) innovations by 2025.

## **QUALITY OF CARE**

Quality of Care (QoC) can be strengthened with autonomous governance structures at the national and district levels; establishing and strengthening these structures for quality at national, district and hospital levels would support increased quality.

### **Pillar Strategic Objective**

Support provision of healthcare services at all levels that is safe, efficient, timely, equitable, accessible, respectful, responsive and people-centred using evidence-based interventions that result in the best possible outcomes and provided by competent and compassionate workforce in an enabling environment in accordance with national standards.

#### **Specific Objectives are:**

- Develop relevant policies and regulatory systems for quality of service in the health sector by 2025;
- Develop leadership and governance structures for quality health services by 2025;
- Develop capacity for quality healthcare services at points of care by 2025;
- Develop and implement patients' experience of care strategy by 2025;
- Develop frameworks for monitoring, evaluation and learning for quality of health services by 2025.

## **DISEASE PREVENTION, HEALTH PROMOTION AND HEALTHY ENVIRONMENTS**

There is a focus on the following: early detection and response to early childhood development delays and disability; adolescent and sexual health education; physical activity; nutrition; tobacco, alcohol and substance use; and counselling and screening for primary and secondary prevention from chronic illness.

### **Pillar Strategic Objective**

To encourage, empower and support all people in Sierra Leone to adopt healthy lifestyles and habits, including adolescent girls' protection and development, with increased access to improved physical environment and promotion of healthy dietary habits, intensify

maternal, infant and young child feeding counselling that results in the best possible health outcomes.

**Specific Objectives are:**

- Promote good nutrition, healthy eating and active living throughout the life cycle stages by 2025;
- Empower the population by improving health literacy, social support systems and community security by 2025;
- Improve physical environment by increasing access to potable water, sanitation and hygiene;
- Improve on air pollution, noise, hazardous substances, safer transportation systems by 2025.

## HEALTH SECURITY AND EMERGENCY

There have been many lessons learnt from Regional Disease Surveillance Systems Enhancement (REDISSE), and these must be considered and incorporated in a national strategy focusing on health security and emergency. Sierra Leone has done an excellent job in its COVID-19 response. Having a health system that is able to prevent, detect and respond to public health threats and minimises risks to health, social and economic consequences of public health hazards is important. There is a weak surveillance training system and disease surveillance and cross-border security.

**Pillar Strategic Objective**

Establish and maintain technologically appropriate disease surveillance mechanisms, robust epidemic outbreak warning systems, capable of preventing, detecting and adequately responding to public health threats and hazards.

**Specific Objectives are:**

- Provide effective surveillance and response mechanisms for timely disease and risk factor detection, prevention, control and evaluation;
- Establish independent and effective public health security and response structures by 2025.



## COSTING OF NATIONAL HEALTH SECTOR STRATEGIC PLAN (NHSSP) 2021-2025

### Costing Methodology

The following costing approaches were considered:

- Costing a health care package by strategy
- Costing a health care package by specific objective
- Costing a health care package by pillar

The estimated indicative cost shows that Sierra Leone needs about 3.7 trillion Leones, equivalent to \$ 343 million to effectively provide health services to its population within the five years period.

SUMMARY OF NHSSP INDICATIVE COSTS BY PILLAR 2021- 2025								
NO.	HEALTH PILLAR	TOTAL COST	2021	2022	2023	2024	2025	% of utilisation assumption
		(SLL)	(SLL)	(SLL)	(SLL)	(SLL)	(SLL)	
1	Health Financing	9,000,679,000	900,067,900	2,700,203,700	2,250,169,750	1,800,135,800	1,350,101,850	10% Year 1 30% Year 2 25% Year 3 20% Year 4 15% Year 5
2	Leadership and Governance	91,093,800,000	9,109,380,000	27,328,140,000	22,773,450,000	18,218,760,000	13,664,070,000	
3	Human Resource for Health	108,075,000,000	10,807,500,000	32,422,500,000	27,018,750,000	21,615,000,000	16,211,250,000	
4	Health Infrastructure	781,097,000,000	78,109,700,000	234,329,100,000	195,274,250,000	156,219,400,000	117,164,550,000	
5	Community Ownership	174,914,000,000	17,491,400,000	52,474,200,000	43,728,500,000	34,982,800,000	26,237,100,000	
6	Service Delivery	1,095,004,000,000	109,500,400,000	328,501,200,000	273,751,000,000	219,000,800,000	164,250,600,000	
7	Essential Medicines and Health Technology	666,595,000,000	66,659,500,000	199,978,500,000	166,648,750,000	133,319,000,000	99,989,250,000	
8	Health Information, Technology and M&E	143,750,000,000	14,375,000,000	43,125,000,000	35,937,500,000	28,750,000,000	21,562,500,000	
9	Quality of Care	44,520,000,000	4,452,000,000	13,356,000,000	11,130,000,000	8,904,000,000	6,678,000,000	
10	Disease Prevention and Control	65,728,000,000	6,572,800,000	19,718,400,000	16,432,000,000	13,145,600,000	9,859,200,000	
11	Health Security and Emergency	563,150,000,000	56,315,000,000	168,945,000,000	140,787,500,000	112,630,000,000	84,472,500,000	
	<b>GRAND TOTAL</b>	<b>3,742,927,479,000</b>	<b>374,292,747,900</b>	<b>1,122,878,243,700</b>	<b>935,731,869,750</b>	<b>748,585,495,800</b>	<b>561,439,121,850</b>	