

Sierra Leone



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WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)*	32
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	86
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	50.1 (Both sexes) 50.8 (Female) 49.3 (Male)
Population (in thousands) total (2015)**	7092
% Population under 15 (2015)**	40.8
% Population over 60 (2015)**	5.1
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	51.7
Literacy rate among adults aged >= 15 years (%) (2007-2012)	43
Gender Inequality Index rank (2015)***	151 of 188
Human Development Index rank (2015)***	179 of 188
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	11.09
Private expenditure on health as a percentage of total expenditure on health (2014)	83.01
General government expenditure on health as a percentage of total government expenditure (2014)	16.99
Physicians density (per 1000 population) (2016)****	0.03
Nursing and midwifery personnel density (per 1000 population) (2016)****	0.8
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	34.9 [24.5-48.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	120.4 [97.8-145.3]
Maternal mortality ratio (per 100 000 live births) (2015)	1 360 [999 - 1 980]
Births attended by skilled health personnel (%) (2013)	59.7
Public health and environment	
Population using improved drinking water sources (%) (2015)	62.6 (Total) 84.9 (Urban) 47.8 (Rural)
Population using improved sanitation facilities (%) (2015)	13.3 (Total) 22.8 (Urban) 6.9 (Rural)

* Demographic and Health Survey 2013

** Statistics Sierra Leone, 2015 Population and Housing Census

*** Human Development Report 2016

**** HRH Country Profile 2017

HEALTH SITUATION

The overall life expectancy is 50.1 years. Communicable diseases are the leading cause of death and disease in Sierra Leone, of which malaria is the single biggest killer, accounting for 38% of all hospital admissions. Tuberculosis is another significant public health problem, with an estimated three new infections per 1000 people each year. The national HIV prevalence rate is 1.5%. Sierra Leone was severely hit by the most widespread Ebola virus disease epidemic in history of. In total, 8706 people were infected, of which 3590 died between May 2014 and March 2016. The risk of epidemics and other public health concerns remains high.

The country is estimated to have the world's highest maternal mortality ratio, at 1,360 maternal deaths per 100 000 live births in 2015. Child mortality is also very high, with over 120 of every 1000 children dying before the age of five years. Almost one third of under-five children suffered from stunting in 2014.

Noncommunicable diseases and injuries are increasing in significance. Diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory disease, as well as injuries, are increasingly responsible for premature death and disability in Sierra Leone, contributing to a double burden of communicable and noncommunicable disease.

Health outcomes are not good enough across the country, but there are also some important inequities in access to services as well as health outcomes between districts and income levels.

HEALTH POLICIES AND SYSTEMS

The post-Ebola President's Recovery Priorities focus on seven priority sectors, including health. For the health sector, it seeks to: (1) save the lives of 600 women and 5000 children; (2) prevent, detect, respond to epidemics and ensure zero cases of EVD; and (3) ensure continuous care for EVD affected persons and survivors. Beyond these Priorities, MOHS has initiated an inclusive process to develop the next National Health Sector Plan 2017-2021.

The Sierra Leonean health system faces challenges due to chronic underfunding, a heavy disease burden and vastly insufficient numbers of skilled health workers. Capacity, both in terms of numbers and skills of health workers, is one of the main barriers to improving the health system. The most important barrier to accessing health services is the cost of services. The Free Healthcare Initiative was introduced in 2010 to abolish user fees for all pregnant and lactating women and under-five children. Achieving adequate quality of care is a recurrent challenge in Sierra Leone. Drug availability in health facilities is a challenge, with shortages and stock-outs. The legal and policy framework for the pharmaceutical sector has been put in place and disseminated, but is not well-enforced.

The financing landscape is currently fragmented and geared towards out-of-pocket payments. While there is no clear health financing strategy in Sierra Leone aimed at increasing domestic resources, efforts are underway by MoHS and partners to address these issues and make progress towards universal health coverage.

COOPERATION FOR HEALTH

Following the end of the Ebola outbreak, the pattern of development assistance to the health sector has shifted back from emergency response and humanitarian assistance to recovery and longer-term capacity building investments. Assistance from development partners has consistently been a significant part of health expenditures in Sierra Leone. Technical support from WHO and other UN agencies to the health sector is substantial and UN agencies remain key in-country partners in health. Bilateral and multilateral partners provide essential financial support and numerous international and local NGOs provide a wide range of services to the health sector.

The Ministry of Health and Sanitation takes the lead in health sector coordination through various committees and working groups. WHO is working with the Ministry in strengthening its coordination function. WHO also plays a critical role in the coordination of development partners through its secretariat function.

Within the UN team WHO is the lead agency for the interagency preparedness and response work relating to potential public health emergencies (e.g., Ebola, cholera, Yellow fever). This is part of a broader interagency set up under the UN Resident Coordinator for handling both preparedness for and management of emergencies.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1:</p> <p>Improve reproductive, maternal, newborn, child and adolescent health</p>	<ul style="list-style-type: none"> Strengthen national and decentralized capacity to improve access to and utilization of quality reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions Support policy dialogue to advance adolescent health programming and improve access to sexual and reproductive health especially for adolescents Strengthen national nutrition surveillance systems and management of nutrition disorders among mothers, infants and young children, towards the global nutrition targets Strengthen immunization systems to provide and sustain universal immunization coverage; undertake acute flaccid paralysis and other vaccine-preventable diseases surveillance; and introduce new vaccines
<p>STRATEGIC PRIORITY 2:</p> <p>Strengthen capacities for public health security and emergencies</p>	<ul style="list-style-type: none"> Support achievement of IHR core capacities, including the nationwide establishment of the Integrated Disease Surveillance and Response system for infectious diseases and other disease threats Support the development and implementation of preparedness and response measures for public health risks associated with disasters Strengthen national capacities to develop and implement plans and policies to reduce environmental risks to health, including waste management and vector control
<p>STRATEGIC PRIORITY 3:</p> <p>Reduce morbidity and mortality from major communicable and noncommunicable diseases</p>	<ul style="list-style-type: none"> Support the prevention, management and control of HIV and AIDS, malaria, tuberculosis, neglected tropical diseases and other communicable diseases Support the prevention and management of noncommunicable diseases and mental health problems
<p>STRATEGIC PRIORITY 4:</p> <p>Support health systems strengthening</p>	<ul style="list-style-type: none"> Strengthen health system capacity and management at the national, district and community levels to deliver and increase access to effective and high quality health service Strengthen capacity to develop strategies and interventions to improve the supply and management of human resources for health Improve the health information system and ensure integration among the different health information systems Provide support for increasing the accessibility, quality and safety of medicines Support sustainable health financing

