

World Health  
Organization

SIERRA LEONE

# ANNUAL REPORT

A YEAR IN FOCUS 2018



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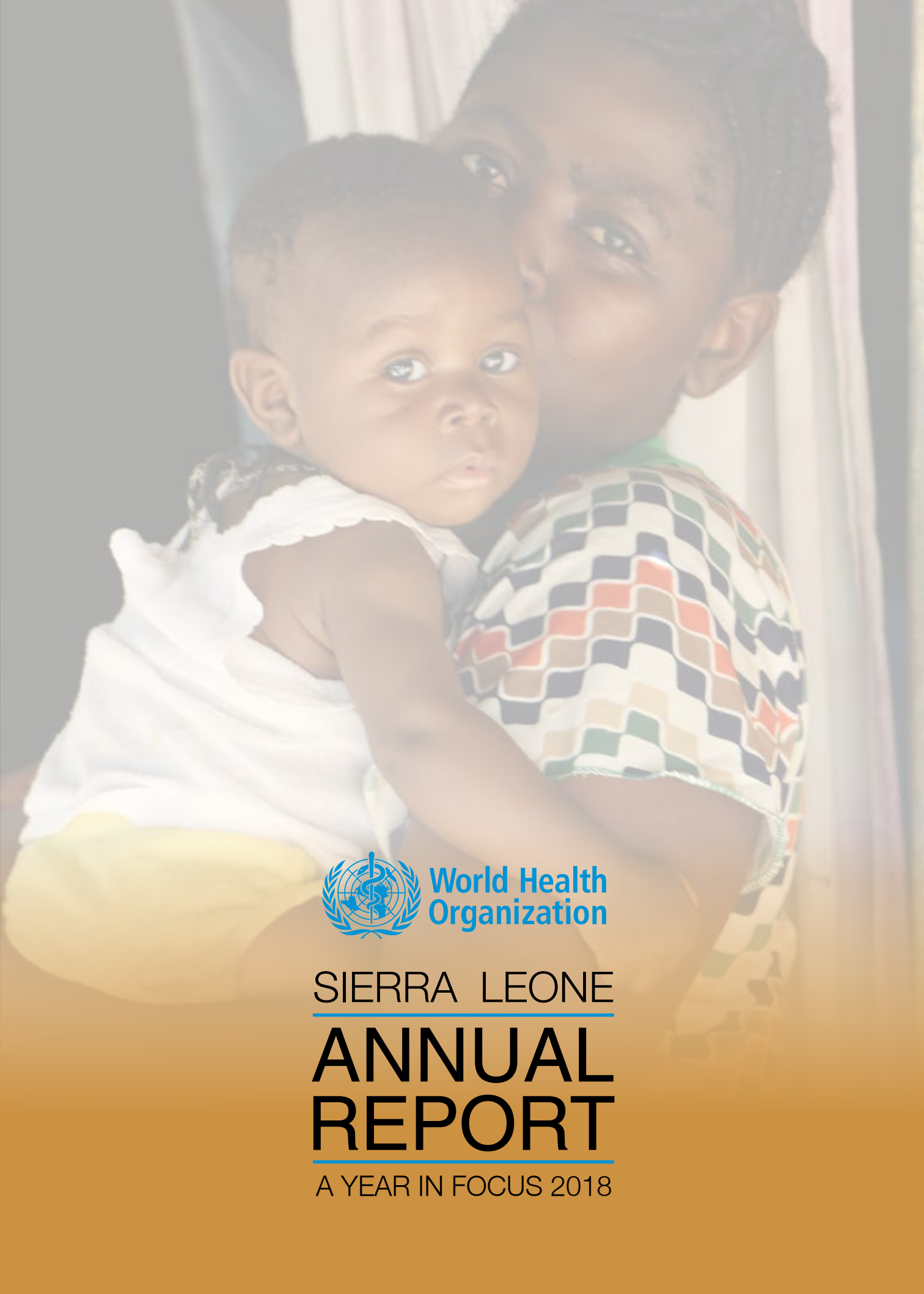
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SIERRA LEONE

**ANNUAL  
REPORT**

A YEAR IN FOCUS 2018



Photo: WHO/Saifea Ghorie

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Photo: WHO/Saifea Gborie

# Executive Summary

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Throughout 2018 the World Health Organization Sierra Leone Country Office with the generous support of its donors including DFID, US-CDC, USAID, GIZ, the World Bank and many others, supported the Government of Sierra Leone through the Ministry of Health and Sanitation (MoHS) and other line Ministries to implement the priority health agenda in the country. Our support this year will continue to show immediate impact on some of the health outcomes, whereas other activities will have medium and long term impact on the health system.

WHO assistance is diversified, and is targeting priority programme areas in the MoHS National Health Sector Strategic Plan, ranging from high level strategic policy formulation, development of guidelines and strategies, technical skills transfer through training and mentorship programmes, to logistics and operational support. This varied support is aimed at enhancing a health system that is robust and capable of preventing, detecting and responding to disease threats and health concerns, while at the same time effective enough to improve access of the general population to basic quality health services everywhere.

This year's Annual Report: *'A Year in Focus'* highlights the major outcomes of this support while also stating some of the challenges and lessons learned emanating from the sector in 2018.

2018 saw remarkable progress in the health sector. Unlike 2017, when the country was struck by a devastating landslide, no major health emergencies occurred in 2018. Therefore, all available resources could be directed to efforts aimed at strengthening vital health services and core capacity development at different levels of the Ministry of Health and Sanitation.

Improved national capacity for effective disease surveillance is a major priority for both WHO and the MoHS and this is demonstrated by the investments made to revitalize and strengthen Integrated Disease Surveillance and Response (IDSR) in Sierra Leone. This includes the use of information technology for improved disease surveillance, reporting and data management. By December 2018, all public health facilities in 10 of Sierra Leone's 14 health districts had rolled-out e-IDSR to report disease surveillance

data at the national level. This resulted in 853 out of more than 1300 health facilities in the country with an average intra-district reporting rate of 99% by the end of the year, improving significantly the effectiveness and performance of surveillance activities. The aim is to complete the roll-out by the second quarter of 2019. This means that disease surveillance activities will be fully transformed to an electronic system in all 1,300 public health facilities across Sierra Leone, making it the only country in the African region with such progress on disease surveillance. This achievement will support the MOHS to ensure accurate and timely reporting of priority diseases and health conditions in Sierra Leone.

Major milestones were also achieved in improving reproductive, maternal, child, newborn and adolescent health. Being a national health priority, WHO prioritized support to the Ministry in both capacity development at various levels as well as the formulation and review of strategic policy documents that will help in improving the outcome of maternal and child health service delivery. Improving the quality of the Maternal Death Surveillance and Response (MDSR) programme resulted in streamlining it into community based surveillance and reporting of maternal deaths in four districts. WHO supported the establishment of a Quality of Care Programme, in the Ministry, following prioritization of the issue by the Government. Sierra Leone is now one of 10 countries participating in the Global Network for Improving Quality of Care for mothers, Newborn and Children. The Quality of Care Programme addresses issues impacting on quality service delivery in public health facilities.

Strengthening health systems in countries, to improve health outcomes, is a major agenda item for WHO. In 2018 the Country Office supported strategic leadership and management training for health authorities in all the districts in Sierra Leone, strengthening the capacity of the District Health Management Teams (DHMT) to deliver quality services to the population. Further, 97 MoHS officials with governance, leadership and managerial responsibilities at the district hospitals and DHMTs were trained in line with the MoHS District Health Management Strengthening Strategy which was developed in 2016.

Immunization occupies a centre stage in health service delivery. To ensure access to vaccination services in Sierra Leone, WHO continued to support the MoHS to implement the third generation Comprehensive Multi Year Plan (CMYP) which guides immunization services in the country for the next few years. The support provided translated into improvement in the country's immunization coverage, and introduction of two new vaccines (measles second dose and Inactivated Polio Vaccine or IPV) into the country's routine immunization programme.

Despite this progress, a proportion of children remain unimmunized and ongoing effort to increase coverage is needed. Dropout using Bacille Calmette–Guérin (BCG)–MCV1 was 0.8%, using Penta 1–Penta 3 was 4%, and using Penta 1–MCV1 was 9.6%. support for polio surveillance in four districts using the Auto-Visual Acute Flaccid Paralysis Detection and Reporting (AVADAR) led to the reporting of 132 alerts and 33 true acute flaccid paralysis (AFP) cases investigated, thus positively influencing the national surveillance performance indicators, with a non-polio AFP rate of 3.6/100 000 and stool adequacy of 83.3%.

The TB burden remains high in Sierra Leone. In 2018, only 75% of the estimated national annual burden of new TB cases (23 000) were diagnosed and put on treatment. Further, an estimated 430 patients developed multidrug resistant TB (MDR–TB) among known cases in 2018.

Treatment for MDR TB patients saw a significant improvement with an increased bed capacity, in 2018, 126 MDR–TB cases were detected and enrolled into care, representing a 23% increment compared to the performance in 2017.

The prevalence of HIV has remained stable at 1.5% since 2008. Estimates for 2018 showed Sierra Leone is continuing to make progress towards the 90 90 90 fast track targets. During the year, WHO provided technical support in program review, planning, training and implementation. In 2019, WHO will continue to work with the Global Fund, UNAIDS, UNICEF and other partners to support the development and implementation of health sector HIV acceleration plan in addition to other ongoing support.

Through the leadership of the MoHS and close partnership with WHO, combined with the collaboration with other partners, progress and gains made towards improving health outcomes in Sierra Leone, were made possible. Joint projects, where the UN works as one, such as the Saving Lives Project that is supported by the UKaid, contributed significantly in making impact on the lives of the people that need services the most especially women and children.

WHO is grateful to its donors, including DFID, US-CDC, USAID, GIZ, the World Bank and many others, for the generous and valuable support that enabled us to support the work of the MoHS.





Photo: WHO/Saffea Gborie

# ESSENTIAL HEALTH SERVICES



Photo: WHO/Saffea Gborie

# Immunization

Immunization remains one of the priority public health programmes owing to its high impact and cost effectiveness in the prevention and control of vaccine preventable diseases (VPDs). The overall goal is to provide equitable access and increase and sustain high coverage of existing vaccines for all targeted groups in all communities with the aim of reducing illness, disability and death from VPDs.

In a bid to further strengthen and provide guidance for increasing access to quality vaccination services in Sierra Leone, WHO continued to support the Ministry of Health and Sanitation (MoHS) with implementation of the third generation Comprehensive Multi Year Plan (cMYP 2017–2021) that was developed to guide and improve immunization services in the country. Much progress was made in 2018 to implement the activities set out in this plan.

Though significant progress was made during the period under review, a significant proportion of children did not get fully immunized as evidenced by a Penta 1-Penta 3 drop out rate (DOR) of 4%, and Penta 1–MCV1 DOR of 9.6%. Notwithstanding the overall increase in measles coverage at national level, there have been some notable gaps in measles immunization coverage at sub-national level with resultant three outbreaks in 2018 in Koinadugu, Kambia and Pujehun districts. WHO supported the MoHS to conduct reactive measles vaccination campaigns which halted the spread of the disease in the affected districts.

In support of the Polio Endgame Strategic Plan developed by the Global Polio Eradication Initiative, Sierra Leone joined the global initiative to eradicate and contain all polio disease, both wild and vaccine related, through nationwide introduction of the inactivated polio vaccine (IPV) in February 2018. The current IPV immunization coverage is 72%. WHO facilitated the application process for the vaccine introduction, development of the IPV introduction manual and tools, conducted training of personnel for implementation and independent monitoring; and also initiated the process for IPV post introduction evaluation (PIE).

The IPV is expected to contribute to the complete eradication and containment of all wild, vaccine-related and Sabin polio viruses such that no child ever again suffers from paralytic poliomyelitis. IPV lowers the risk of re-emergence of type 2 wild and vaccine-derived polio virus and, in conjunction with targeted use of bivalent oral polio vaccine (bOPV), will facilitate control and interruption of the polio virus in Sierra Leone. The introduction of IPV will also reduce the occurrence of the vaccine derived polio virus (VDPV) in children who, for some reason, are under-immunized against polio.

One successful supplementary national polio immunization campaign was conducted in 2018, with a coverage rate greater than the targeted number of eligible children. Technical support to ensure high quality of the campaign was provided by training and deploying independent monitors and lot quality assurance sampling (LQAS) teams across the country to independently verify the true coverage of the campaign. Reported coverages from the monitors and LQAS showed a national coverage of 92% with OPV, although only four districts (Bombali, Kenema, Moyamba and Port Loko) met the 90% (accepted) LQAS assessment target.

In preparation for the introduction of measles/rubella (MR) vaccine in 2019, WHO supported finalization of the country's MR strategic plan, facilitated the MR vaccine introduction

- 1 *Immunization coverage has improved significantly since 2015, with an increase in national Penta 3 coverage from 86% in 2015 to 94% in 2018, and national measles first dose (MCV1) coverage from 82% in 2015 to 90% in 2018.*
- 2 *In 2015, measles second dose (MCV2) was introduced into the routine immunization system with the support of the Global Alliance in Vaccine Initiative (Gavi) - to provide a second opportunity for children. The objective of introducing the new vaccine was to attain and sustain a high level of population immunity in order to achieve the 2020 measles elimination goals. This is aligned with the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and partners vision of "a world without measles" in the Global Measles and Rubella Strategic Plan 2012–2020, which clearly stresses the importance of providing two doses of measles vaccine to each child before the age of 2 years. MCV2 coverage has gradually improved since its introduction, from 33% in 2016 to 60% in 2018.*
- 3 *The current IPV immunization coverage is 72%.*

application process and actively supported the development of a comprehensive nationwide MR Supplementary Immunization Activities microplanning exercise in all the districts. The microplanning document will guide the planning and introduction of MR vaccine and, more importantly, will be used as an advocacy tool to garner support from local government, non-governmental agencies and stakeholders.

To ensure the provision of effective and quality immunization services to the target populations, the capacity of the MoHS, through its child health/expanded programme of immunization

(EPI) programme, was enhanced in the following areas: procurement of internet subscription to enhance timely and effective programme decision-making; training of district operations officers and monitoring & evaluation officers (M&Es) in EPI data collection tools, including the district vaccination data management tool DVD-MT; initiation of recruitment of technical personnel to strengthen the human resources and capacity of the MoHS/EPI; and supportive supervision.



**Nurse Kurie Jeng:**  
**Maternal & Child health Aid Koindu Kura Child health Post, Sulima Chiefdom Falaba district**

“In 2018 we had an outbreak of measles in one of the catchment communities here in Sulima Chiefdom and several children between the ages of 1-15 years were affected. Support from the district and national levels to tackle the outbreak was swift from the time we reported the incident to the time investigations were conducted, results communicated and to the time the response was initiated to vaccinate all the children in the entire district. Fortunately, the promptness of the response helped to prevent further spread of the disease to nearby communities.



**Manga Lahai Samura:**  
**Chief of Koindukura Village Sulima Chiefdom Falaba District**

When we heard that children were getting sick in our neighbouring village in Yendeya we became very worried for our own children here. Thankfully, the health workers did their best to stop the disease from reaching this community. When they were planning to vaccinate the children, we as community leaders were informed so that we can help to mobilize the community and all the children were vaccinated to stop the disease. As a community we are also working hand-in-hand with the health workers to keep our people healthy because as a leader in this poor community anything less than good health will only worsen our situation. So the best option we have is to give them (health workers) the support they need so that they feel motivated to work even more.

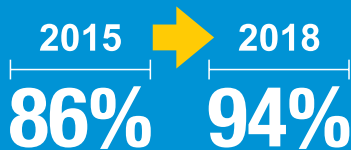


**Tenneh Kamara:**  
**Mother and beneficiary Yendeya Village, Sulima Chiefdom - Falaba District**

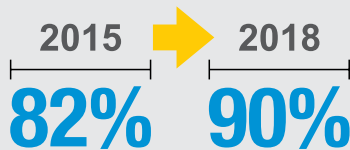
When some children started to fall ill with rash (measles) it spread quickly among the other children in the village. One of my sisters lost her child to the disease and we became very worried and there were a lot of different explanations in the community about the cause of the disease. But when the health workers from Koindu Kura catchment health facility) came to the village and treated all of the children that were sick, the disease stopped from spreading. Later they also came with other people (from district and national) to talk to us about the disease and gave medicine (vaccine) to all the children in the whole village. Since then no child in the village has had that rash again. That gave us a huge peace of mind especially we the women.

# Immunization Coverage

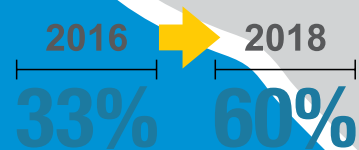
## Penta 3 coverage



## Measles (MCV1)



## Measles (MCV2)



Dropout using Penta 1 – Penta 3 \_\_\_\_\_ **4%**

Dropout using Penta 1–MCV1 \_\_\_\_\_ **9.6%**

**Inactivated polio vaccine (IPV)** introduced in February 2018.

The current <sup>coverage</sup> IPV immunization **72%**



World Health Organization

Sierra Leone

## AFP DETECTIONS



**132**

Acute Flaccid Paralysis (AFP) cases Investigated

**33%**

National Surveillance Performance indicators

Non-Polio AFP rate

**3.6 / 100 000**

Stool adequacy \_\_\_\_\_ **83.3%**



Photo: WHO/Saffea Gborie

# Surveillance

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As part of its ongoing support to strengthen surveillance of VPDs, particularly polio, WHO supported the Ministry of Health and Sanitation to conduct key activities such as active case searching, sensitization of communities and clinicians, quarterly meetings for surveillance review, monthly supportive supervision, and sentinel surveillance for paediatric bacterial meningitis and rotavirus.

WHO also supported the Auto-Visual Acute Flaccid Paralysis Detection and Reporting (AVADAR) project in four districts (Western Urban, Western Rural, Kono and Tonkolili). Key activities supported under this project include active case searching, community sensitization, and monitoring and supervision by district health management teams. During the period, a total of 132 alerts were reported and 33 true acute flaccid paralysis (AFP) cases investigated. This eventually positively influenced the national surveillance performance indicators, with a non-polio AFP rate of 3.6/100 000 and stool adequacy of 83.3%.

Furthermore, the Organization supported community sensitization through the Brazzaville Initiative (now named Surveillance Strengthening

Initiative) in three districts with weak surveillance indicators. This resulted in the sensitization of 2626 community members from 127 health facility catchment communities in Western Area Urban, Western Area Rural and Tonkolili districts.

Finally, in a bid to guide, support and assist the Ministry of Health and Sanitation to carry out their duties and assigned tasks so as to achieve the planned organizational goals, a total of 691 supportive supervisory visits were planned and conducted in all fourteen districts in 2018.

Despite the remarkable success during the period under review, challenges were encountered. These include late reporting and liquidation, this resulted in the introduction of a ban on Direct Financial cooperation or DFC support to the MoHS. Hence, activities were carried out through direct implementation by WHO as a stopgap measure. Inadequate coordination between Integrated Disease Surveillance and Response (IDSR) and the EPI team saw discrepancies in data quality, while the late release of funds for AVADAR activities in the piloted districts resulted in reduced reporting rates in the second and third quarters.

# Reproductive & Child Health

Sierra Leone has a high maternal mortality ratio of 1165 deaths per 100 000 live births. Women in Sierra Leone have a 1 in 7 life-time risk of dying due to pregnancy or childbirth, and maternal deaths account for 36% of all deaths among women aged 15–49. Likewise, Sierra Leone has high child and neonatal mortality rates of 156 and 39 per 1000 live births respectively (DHS 2013).

The country developed a four-year Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) strategy 2017–2021 with the overall

aim of significantly reducing maternal and child mortality. The strategy aims to increase access to, and utilization of, quality evidence-based high impact RMNCAH interventions at all levels of service delivery. Within this broader objective, WHO aims to improve quality of care for mothers and children across the continuum of care in line with the national plan and monitoring and evaluation framework.



**Foday Daboh:**  
**Beneficiary Sengbe Gbenikoro Village – Koinadugu district**

My wife delivered our son through (caesarian) operation at the Kabala Government Hospital. We are happy to have our first child and I am also happy because my wife is recovering well since the operation and our child is also doing perfectly well.

The services including the operation were free, thanks to the government for the Free Health Care Initiative. My wife and the child have just been discharged from the hospital to go home but have been advised on exclusive breastfeeding, when to come for vaccination for the child and for my wife as well whenever she feels unwell. I now have a big task to ensure that they both stay safe and healthy.



Photo: WHO

# Maternal Death Surveillance & Response

As part of strengthening the national Maternal Death Surveillance and Response (MDSR) programme, WHO continued to support the MoHS to build leadership capacity at national, district and facility levels. Improving the quality of the MDSR programme was given highest priority by the Organization, which invested resources to extend MDSR into the community surveillance system, piloting this in four districts.

The pilot revealed that more than 10% of maternal deaths were likely not reported through

the existing MDSR system, suggesting the need to design strategies and intensify community-based solutions to maternal death reporting by communities. WHO also assisted MoHS in writing a detailed annual MDSR report for 2017 that showed a decline in the number of reported maternal deaths compared to 2016.

The 2017 report revealed that 552 maternal deaths were reported compared to 706 in 2016.



Photo: WHO/L. Keenan





Photo: WHO/Saffea Gborie

## Emergency Obstetric & Newborn Care

WHO continued to strengthen the capacity of MoHS in improving the quality of Emergency Obstetric and Newborn Care (EmONC) services through harmonizing national EmONC guidelines in the previous year (2017), and printing and disseminating these, as well as providing EmONC training to clinicians in 2018. The Organization also provided technical and financial assistance to the MoHS in establishing an obstetric triage system in one tertiary and three regional hospitals, developed Obstetric-Emergency Triage Assessment and Treatment (ETAT) forms and also trained frontline staff in use of the forms. Data regarding time to treatment have already been collected in these facilities for understanding baseline and measuring progress in the future. WHO also assisted in the establishment of a mentorship programme, funded through UKAID to improve the technical skills of clinicians through developing guidelines, training 31 mentors/coaches who in turn provided mentorship to 122 clinicians in peripheral health units, and supporting regular mentorship activities from the national level.



Photo: WHO

# Safe Blood Transfusion Services

The availability of adequate safe blood products is still a challenge in Sierra Leone, and voluntary unpaid blood donation is very low. With bleeding contributing to more than 45% of maternal deaths in Sierra Leone, during the period under review, WHO advocated for the establishment of safe blood transfusion services to avert significant maternal deaths. WHO also assisted MoHS in conducting rapid assessment of the status of access to safe blood services and

supported the development of a road map for improving access to safe blood services in the country, and has committed continued technical assistance to strengthen the availability of, and accessibility to, safe blood transfusion in the country. Due to continuous advocacy, and to funding from the World Bank, MoHS is in the process of establishing systems and structures for ensuring the availability of safe blood services in the country.



World blood donor day supported by WHO/ UKAID



## Adam Kandeh: Voluntary Blood Donor – Bo District

I started voluntarily donating my blood after visiting a hospital and saw, for the first time, a very young child receiving blood. I could tell that the child was very sick and I also noticed how distressed her mother was. The scene lived with me for the rest of the night and the next day, I voluntarily showed up at the hospital to donate. I have only donated three times so far. However I have been able to recruit more than 20 new donors from among my friends.

Ideally I would prefer my blood to go to a child but whoever gets it deserves it.



## Quality of Care

Sierra Leone joined the quality of care (QoC) network in late 2017, and since then WHO has invested resources to strengthen systems and structures for quality of care in the country. As part of the support, WHO assisted the MoHS to conduct a national sensitization workshop that brought together partners and MoHS officials to set the scene for a QoC agenda spearheaded by the MoHS with technical and financial support from WHO.

The MoHS has set up a technical working group with clear roles and responsibilities. Furthermore,

WHO assisted MoHS in establishing a QoC secretariat that will facilitate planning, coordination, implementation and monitoring of QoC interventions in the country until a national programme/directorate is established. WHO also assisted in the formation of QoC committees and teams in different districts and facilities. Meanwhile, WHO is supporting MoHS in developing a national QoC policy and strategy to guide implementation of QoC activities.

The policy documents are expected to be finalized in 2019.



Photo: WHO

## Nursing & Midwifery

During 2018, WHO supported MoHS in strengthening nurses' and midwives leadership and in implementing policies and strategies. This included technical support to the development of the nursing and midwifery strategy, re-establishment of quarterly nursing and midwifery partners' meetings at the national level, and strengthening competency-based education (CBE) in training institutions.

As part of the CBE endeavour, WHO supported the training of 30 nursing and midwifery teachers through on-the-job coaching in CBE methodology and skills. Peer teachers were introduced to CBE methodology, and midwifery schools were assessed for barriers and enablers for CBE implementation.

With a view to strengthening the Sierra Leone Midwives Association, WHO in collaboration

with other partners provided technical support in reviewing the Association's constitution. The aim was to improve professionalism, development, advocacy and regulation, among other things. The Office of the Chief Nursing Officer was also assisted to review and update the Nurses and Midwives Act that will be submitted to parliament for ratification. Also, technical support was provided to review the nurses and midwives bill with the aim of upgrading the Nurses and Midwives Board to a Council and to strengthening their regulatory capacity.

The Organization has also forged a strong partnership with GIZ with the aim of strengthening nursing and midwifery pre-service education in selected schools.



## Child & Adolescent Health

Sierra Leone has one of the highest rates of under 5 child mortality in the world, estimated (UN IGME 2018) at 111 per 1000 live births, with a neonatal mortality rate of 34 per 1000 live births and an infant mortality rate of 82 per 1000 live births. It is estimated that 32 000 children die each year, with the leading causes being neonatal conditions, malaria, pneumonia and diarrhoea. This needs to be addressed both by community approaches to ensure children are treated early in their illness, and by improving the quality of care for sick children, particularly in hospitals.

It has been recognized that, despite significant investment in the training of staff and improvements in the availability of free health care medicines and equipment, this has not translated into the expected reductions in child or neonatal mortality. It has become clear that quality of care is a limiting factor to improved outcomes, and as a result, patient experience of care has remained poor. Efforts to address this have included establishing a quality management

programme in MoHS, initially targetting mothers, newborns and children. In addition, the country joined 10 countries in the Global Network for Improving Quality of Care for Mothers, Newborns and Children, through which WHO has provided support and training in quality improvement as a tool to improve care in facilities and report on progress, initially in 9 'learning' sites, from which the programme will be expanded in 2019.

The national RMNCAH policy and strategy clearly outline the need to intensify provision of the community child survival programme, with Integrated Management of Newborn and Childhood Illness (IMNCI) and Integrated Community Case Management (iCCM) being strengthened, and the number and quality of staff trained to deliver this increased.

Training in IMNCI has been provided to tutors and heads of institutions from the 10 nursing and midwifery schools in order to facilitate introduction of IMNCI training into the pre-service training of every nurse. At the same time, tools

and guidelines including training modules were provided for use in training. Meanwhile an IMNCI register has been developed and 5000 copies printed for clinics to help staff put their training into use, and to record and respond appropriately to the sick child, as well as prompting them to provide health promotion messages.

In order to keep the gains made from rolling out paediatric Emergency Triage Assessment and Treatment (ETAT+) training in 14 district hospitals in 2017, WHO adopted a new strategy of

supporting district hospitals through two regional hubs and deployed national and international mentors, provided through the Royal College of Paediatrics and Child Health (RCPCH) UK. These interventions helped to reduce the proportion of sick children admitted to hospital dying by 40%.

Efforts were also made to ensure sustainability through training national nurse mentors in facilitation skills and leadership, with a total of 32 mentors trained. An additional 450 health workers received training in ETAT+ during 2018, delivered by local mentors and RCPCH clinicians. The ETAT+ programme has progressed from caring for the child on admission, to identifying and addressing system issues in the delivery of quality care, and is now being extended to support the child after admission, and to training in care for the sick newborn and for sick children with severe malnutrition. ETAT implementation groups have been established in 14 hospitals, led by the children's ward staff from each hospital.

Sierra Leone introduced a free health care initiative for pregnant women and children in 2010. The free health care was aimed at improving access to care, and availability of lifesaving commodities. In 2018, provision of medicines was again supported by DFID, with WHO assisting in the selection of prioritized medicines, and in the use of protocols to ensure that these are used to the maximum benefit of pregnant mothers and children. Despite this, it has been challenging to deliver uninterrupted supplies of essential commodities and WHO has extended technical assistance to improving the supply chain for free health care commodities, while ETAT and IMNCI providers have fed back on medicine availability in facilities to help inform this process.

Sierra Leone has poor adolescent health indicators (DHS 2103), with 125 births per 1000 women aged 15–19 years, compared with a global average of 44 per 1000. Review of reports identified the main drivers of teenage pregnancy to be poor sexual and reproductive knowledge, and poor access to contraceptives, as well as cultural factors such as child marriage, among others. Adolescents are estimated to contribute 25% of the total maternal deaths in the country, making them a priority target group for interventions. WHO has supported training in adolescent friendly services for staff in a bid to make health care more accessible to this group.



Photo: WHO/Saffea Gborie

# Child and Adolescent Health

## REMEDIES

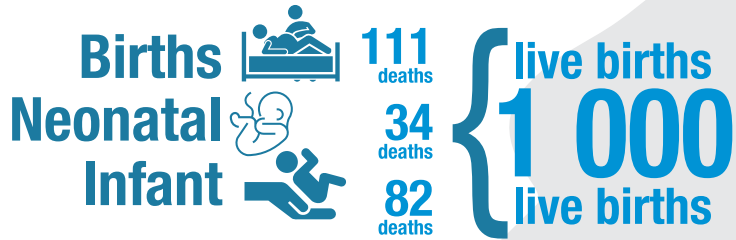
Ensure children are treated early in their illness, improving the quality of care for sick children, particularly in hospitals.



World Health Organization

Sierra Leone

Sierra Leone has one of the highest rates of under 5 child mortality in the world



## ESTIMATED CHILDREN MORTALITY Per Year

# 32 000

### Leading causes of child death:

Neonatal conditions | Malaria | Pneumonia | Diarrhoea

# Nutrition

Malnutrition continues to be a serious problem in Sierra Leone and a contributing factor to child mortality. The 2013 Micronutrient survey estimated the prevalence of anaemia among children below 5 years of age and women of reproductive age at 76% and 45% respectively, and this has remained static as a public health concern over the years.

Progress has however been made in reducing the prevalence of wasting and stunting among children aged under 5 years, but the absolute numbers remain high. According to the 2017 Multiple Indicator Cluster Survey, about 5 in 100 children under 5 years are wasted, while 26 in 100 are stunted. Furthermore, about 5 in every 10 infants (54.5%) are initiated to breast feeding within an hour of birth and about 52 in every 100 children are exclusively breastfed for the first 6 months of life. Addressing the problems of malnutrition required coordinated efforts by



Photo: WHO/Saifea Gborie

MoHS and its partners. Hence a Multi-sectoral Strategic Plan (2019–2025) has been developed to reduce malnutrition in Sierra Leone; targets of the plan have been aligned with the World Health Assembly global nutrition targets and Sustainable Development Goals. This was carried out by the Directorate of Food and Nutrition, MoHS in collaboration with the United Nations Nutrition Network (UNNN) through the Renewed Efforts Against Child Hunger and Undernutrition (REACH) initiative, and



# BREASTFEEDING

Malnutrition continues to be a serious problem in Sierra Leone and a contributing factor to child mortality.

The 2013 micronutrient survey estimated the prevalence of anaemia among children below 5 years of age and women of reproductive age at

**76%** and **45%** respectively.

About **5** in 100 children under 5 years are wasted, while **26** in 100 are stunted.



About **5** in every 10 infants are initiated to breast feeding within an hour of birth



Exclusively breastfed for the first 6 months of life



## Baby Friendly Hospital Initiative (BFHI)

Introduced in three regional hospitals (Bo, Makeni and Kenema) and the University Teaching Hospital at Princess Christian Maternity Hospital and Ola During Children's Hospital to promote and sustain breastfeeding.



CLINICAL STAFF

**280**



providing newborn and maternal health services trained to implement steps to successful breastfeeding.

NON-CLINICAL STAFF

**517**



trained to support clinical staff in the promotion of early initiation and exclusive breastfeeding



World Health Organization

Sierra Leone



the Scaling Up Nutrition (SUN) Networks, with funding from the Irish Aid.

Optimal infant and young child feeding is a prerequisite for child survival and development. Therefore WHO, in collaboration with the MoHS and UNICEF, helped develop a National Infant Feeding Policy for hospitals and other health facilities by adapting recent global guidelines and recommendations on breastfeeding. It addresses the first key requirements for the implementation of the 10 Steps to Successful Breastfeeding.

Furthermore, the MoHS, with support from WHO and the UKAID Saving Lives project, is implementing the Baby Friendly Hospital Initiative (BFHI) in three regional hospitals (Bo, Makeni and Kenema) and the University Teaching Hospital at Princess Christian Maternity Hospital and Ola During Children's Hospital, to protect, promote, support and sustain breastfeeding. In this regard, 280 clinical staff providing newborn and maternal health services have been equipped with the requisite knowledge and skills to help them implement the steps to successful breastfeeding. Meanwhile, about 517 non-clinical staff were trained to support clinical staff in the promotion of early initiation and exclusive breastfeeding in order to improve quality of care and transform these hospitals into baby-friendly institutions. WHO also supported the provision of equipment and supplies including maternity chairs, refrigerators for storing breastmilk, breastmilk pumps, storage cups and bags, breast simulators, dolls and information materials on breastfeeding management for demonstration, education and counselling sessions to create a "mother-baby friendly" environment. Printed materials including monitoring checklists, training manuals, sign posts and posters on the 10 Steps to Successful Breastfeeding were developed and distributed to the hospitals, as well as the 2018 guideline on protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services, and the revised BFHI.

Monitoring of BFHI implementation is under way. Between May and December 2018 about 8121 lactating mothers who delivered in the hospitals were counselled on optimal infant feeding practices and management of breastfeeding difficulties before they were discharged from hospital. Preliminary reports have shown an increase in early initiation of breastfeeding in two of the four selected hospitals (Bombali from 42.3% in June to 63.6% in December, and



Kenema from 63% in June to 85% in December) following BFHI implementation.

In strengthening nutrition surveillance, 57 nutritionists in the MoHS were trained in data analysis, interpretation and reporting using the peripheral health unit (PHU) reporting tools and District Health Information System version 2 (DHIS-2) software. This was to empower them to produce monthly and quarterly nutrition situation reports at district and national levels. Supportive supervision, monitoring and mentorship to enhance routine growth monitoring was carried out in 307 PHUs in all the districts to enable nutrition service providers to efficiently and accurately measure and interpret children's growth status, and to conduct counselling on optimal infant and young child feeding practices. In addition the Annual Nutrition Review meeting was conducted and national and district action plans for 2018 were developed with strong emphasis on improving the quality of nutrition data.

The MoHS was supported by WHO and in collaboration with the Food and Nutrition Security Initiative Sierra Leone (FANSI-SL) during the review period to conduct malnutrition case searches in 10 communities in Western Area Rural in collaboration with mother support groups. The activity was aimed at identifying stunting in children under 5 years, and counselling of caregivers on infant nutrition and feeding practices. Findings showed that approximately a third of the 2843 children of 0-59 months of age screened were found to be severely stunted while 519 were moderately

stunted. Also, out of the 2430 children of 6–59 months screened for acute malnutrition using mid-upper-arm circumference (MUAC), 139 were identified with moderate acute and 7 with severe acute malnutrition. The affected children were referred for treatment at outpatient therapeutic programme (OTP) health facilities.

In collaboration with the Directorate of Food and Nutrition and the National Code Committee, a technical paper on the need for national legislation on the Code of Marketing of Breastmilk Substitutes was reviewed and updated and a concept note presented to the Minister of Health and Sanitation. Further to this, the Scaling up Nutrition (SUN) Civil Society Platform in collaboration with the other SUN networks, through funding from Irish

Aid, held an advocacy meeting for members of parliament on the importance of nutrition where the parliamentarians reaffirmed their commitment to support drafting of the Code for marketing of breast milk substitutes and its endorsement when it is presented to the House. In collaboration with the World Food Programme and Nutrition Technical Working Group, support was provided for the development and validation of nutritional guidelines for tuberculosis (TB) and HIV/AIDs as well as a toolkit for health care providers to improve their technical and counselling capacity and ultimately the nutritional status of patients. Effective collaboration through the Nutrition Coordination Committee and the national SUN networks contributed to achievement of the results described above by the Directorate of Food and Nutrition at MoHS.

## Malaria

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Malaria remains a serious disease burden in Sierra Leone, accounting for approximately 40% of all outpatient cases. In particular, malaria incidence is a major concern among infants and young children as well as pregnant women, and contributes to 14% of child mortality in the country. Reducing the prevalence and impact of the disease among the general population is a major priority of the MoHS. In 2018, WHO supported the MoHS in training health facility staff and rolling out of intermittent preventive treatment in infants (IPTi) in 10 districts including Bombali, Kono, Kailahun, Koinadugu, Tonkolili, Port Loko, Bo, Bonthe, Moyamba, and Western Urban districts following successful piloting of the strategy in four districts in 2017. Implementation of the strategy was supported by DFID to help curb the high incidence of infant deaths due to malaria.

In collaboration with other partners, the national policy guidelines on insecticide treated nets were revised so as to incorporate the 2017 WHO recommendations of “achieving and maintaining universal coverage with long-lasting insecticidal nets for malaria control” in the distribution mechanisms, strategic planning, and monitoring and evaluation. A high level meeting of the Roll Back Malaria Partnership to End Malaria, including the west and central African Sub-Regional Networks programme managers and partners’ meeting, was held in 2018 to

discuss malaria programme implementation, its challenges and their resolution. The meeting provided opportunities to exchange experiences in overall malaria programme implementation, and share best practices in addressing the challenges. These meetings are also used to disseminate the latest information and initiatives, and to sensitize managers and partners on new tools. A national consultative meeting leading to an action plan to increase awareness and knowledge on malaria control interventions including IPTi was held to solicit commitment of public and private sector partners, including tribal local and religious leaders, to scale up malaria control interventions. World Malaria Day 2018 was commemorated on the global theme Ready to Beat Malaria and the national slogan “Joyn bele oman, beat malaria” (join pregnant women, beat malaria). The commemorations took place at both district and national levels.

Provision of technical support for implementation of the national malaria strategic plan 2016–2020 as well as IPTi in all districts, and for the national insecticide resistance monitoring and management plan 2017–2020, was continued. The national malaria control programme and its key partners developed a malaria research agenda, which was identified as a key strategy in malaria prevention and control in the Malaria Strategic Plan 2016–2020.

# Neglected Tropical Diseases

The number of endemic NTDs in Sierra Leone include: Onchocerciasis, Schistosomiasis, Lymphatic Filariasis, Soil Transmitted Helimithiasis, Buruli Ulcers and Leprosy. Dracunculiasis ( Guinea Worm) has been eradicated and there is ongoing Surveillance. Rabies has been reported in different districts but requires a formal case search to determine the burden.

Lymphatic filariasis or Elephantiasis, Soil Transmitted Helimithiasis, Onchocerciasis and Schistosomiasis are the main Neglected Tropical Disease (NTDs) with high burden in the country. The geographical spread of these diseases varies; however data from the National NTD Control Programme shows that over 7 million people are at risk of Soil Transmitted Helimithiasis and more than 6 million for Onchocerciasis. The burden of Lymphatic Filariasis is also high, with more than 3 million while nearly 2 million people are at risk of Schistosomiasis.

With support from the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) of the World Health Organization Regional Office for Africa, in collaboration with Hellen Keller International, Sight Savers, and the German Leprosy Relief Association, the MoHS is advancing efforts and has made significant progress towards the elimination and control of neglected tropical diseases in the country.

The number of people treated for each of these endemic NTDs during Mass Drug Administration (MDA) are as follows: Lymphatic Filariasis 2 919 475 soil transmitted Helimithiasis 1 546 825, Onchocerciasis 4 662 686 and Schistosomiasis- 165 198 respectively. With support from partners, the MoHS is advancing efforts and has made significant progress towards the elimination and control of neglected tropical diseases in the country. During the review period, WHO provided technical guidance and advocacy to governments and partners for the control of neglected tropical diseases (NTDs), and supported the planning and implementation of mass drug administration campaigns (MDA).

For control of the diseases, which mostly affect people in low resource settings and in remote communities, integrated MDA for lymphatic filariasis, onchocerciasis and soil transmitted helminths was implemented, targeting populations in endemic communities.

Meanwhile, as per the WHO recommendation for NTD elimination, a country level technical advisory committee nominated by the chief medical officer of the MoHS was officially inaugurated in December 2017 to advance the work of the NTD programme, which is responsible for coordination of NTD prevention and control partners in the country. Meanwhile, the country also launched its revised five-year national action plan (2016–2020) for NTD elimination. To assist the NTD technical advisory committee as well as guide the NTD programme to follow the established WHO acceptable standards for verifying national elimination of onchocerciasis, a national onchocerciasis elimination plan–Sierra Leone was developed and validated at a stakeholders’ consultative meeting. The Programme also reviewed its 2017 work plan with partners, focusing on challenges and the way forward.

Technical support was provided to implement community advocacy meetings, and training of trainers and field staff on the management of NTDs and the concept of community directed intervention, in order to improve the effectiveness of the campaigns. Furthermore, the NTD programme and partners held a planning meeting to discuss 2019 activities under a newly approved grant to be implemented with support from Helen Keller International and World Vision International. As part of the sustainability plan in the prevention and control of NTDs, 12 entomological technicians were trained in field verification and delineation of sentinel sites for pre-stop MDA surveillance. The training also integrated the construction and use of the Esperanza trap for capturing black flies.

# Tuberculosis

The World Tuberculosis Report 2018 ranked Sierra Leone among the 30 high tuberculosis (TB) burden countries in the world, with an estimated annual incidence of 23 000 cases in 2017. About 430 patients were estimated to develop multidrug resistant TB (MDR-TB) among notified new and previously treated TB patients in the same year. There remains a huge gap between the estimated number of people who become ill with TB and drug resistant TB and the number of people who are diagnosed and put on treatment in the country. In 2018, only 75% of people who developed TB were diagnosed and put on treatment. One-fourth of the estimated TB patients remain undetected in the community and are thus transmitting the disease.

The World Health Organization provided technical support to the National Leprosy and TB Control Programme (NLTCP) for the development of policy frameworks and operational plans. An implementation plan was

developed for universal access to TB prevention and care in six high burden districts to improve access to services, and draft national guidelines for tuberculosis infection control in health care facilities, congregate settings and households were developed to address TB in high risk and vulnerable populations. In addition, a TB specimen referral framework and implementation plan was developed to strengthen the laboratory network for TB services and improve the utilization of Gene Xpert technology for TB and MDR-TB diagnosis.

WHO supported training for health care workers as part of capacity development in collaboration with other partners. District TB supervisors, clinicians and TB focal persons were trained in management of childhood TB, and health care workers practicing in Directly Observed Treatment Short-course (DOTS) facilities received refresher training on the revised TB treatment guidelines and monitoring tools. In addition, WHO provided technical assistance



**Sierra Leone is among the 30 high tuberculosis (TB) burden countries in the world.**

Estimated national  
annual incidence  
cases in 2017

**23 000**

About

**430**

Huge gap between the estimated number of people who **become ill with TB and drug resistant TB** and the number of people who are diagnosed and put on treatment.

2018

**75%**

of people who  
developed TB were

diagnosed and put on treatment.

patients were estimated to develop multidrug resistant TB (MDR-TB) among notified new and previously treated TB patients in the same year.

**One-fourth of the estimated TB patients remain unidentified in communities**



Photo: WHO/Saffee Gborie

for monitoring health facility and community levels implementation of TB prevention and care interventions at facility and community level. A green light committee (GLC) monitoring mission was conducted to strengthen the programmatic management of MDR–TB in the country; this mission reviewed the management of drug resistant TB and the laboratory network for diagnosis of TB and MDR–TB, and provided workable recommendations to improve programme performance.

In 2018, the country’s capacity to detect and treat MDR–TB patients significantly improved. Through financial support from the Global Fund, four additional Gene Xpert machines were procured and installed to improve access to diagnosis. Meanwhile, bed capacity for admission of MDR–TB patients at Lakka

Government Hospital almost doubled, and 126 MDR–TB cases were detected and the patients enrolled for care, representing a 17% increment compared to the performance in 2017.

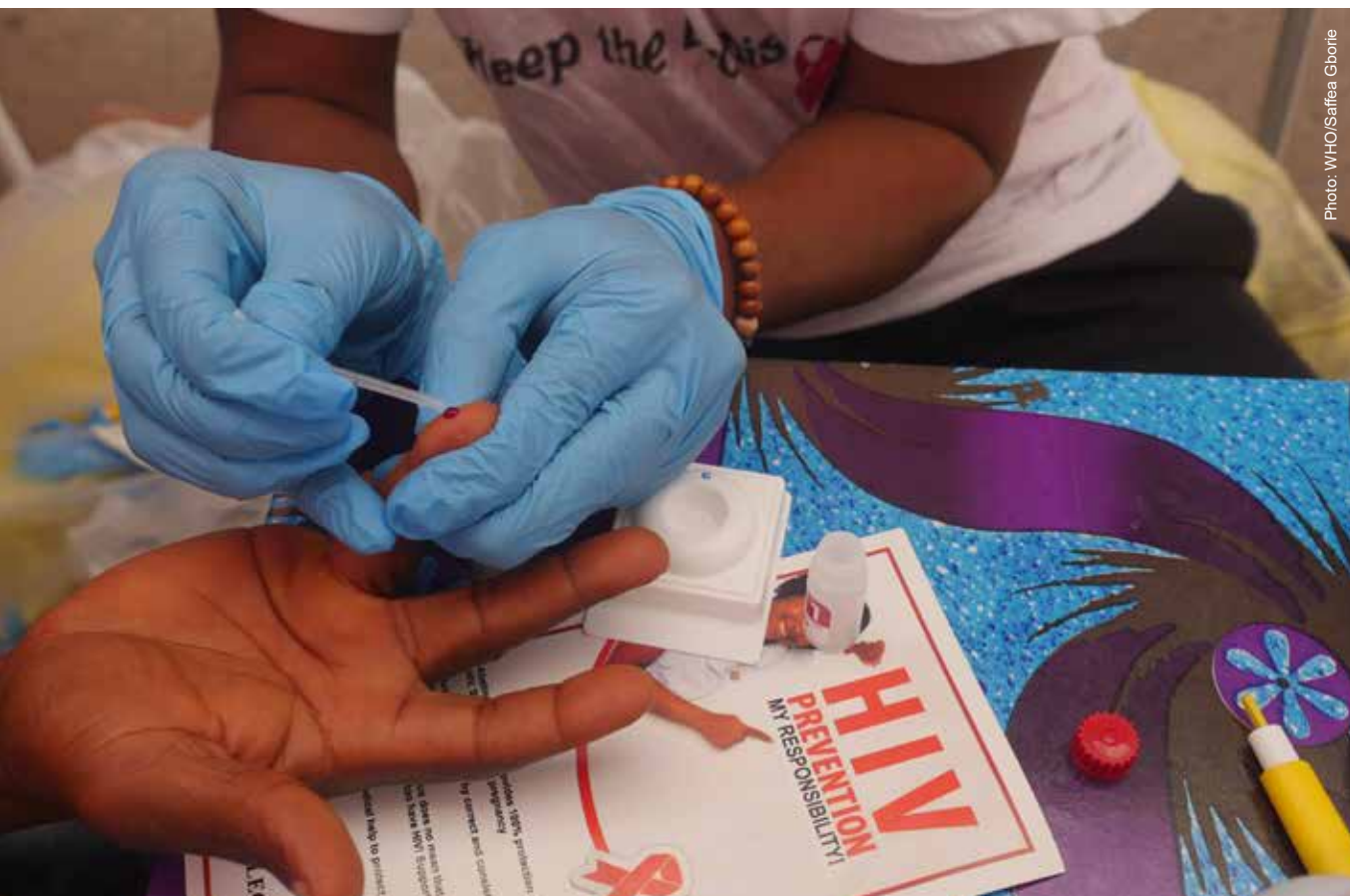
Moving forward, implementation of universal coverage with TB prevention and care in selected high burden districts will be a major priority in prevention and control of the disease, as will decentralization of programme management of drug resistant TB in order to expand access to other parts of the country.

Policy review and training of health care workers in TB and drug resistant TB will also be of high priority as the country continues to identify and treat everyone in the country who is suffering from TB.



**Augustine Kortu:**  
**Beneficiary - MDR/TB Survivor Lakka Government Hospital**

I am grateful to everyone who played a role directly or indirectly in my treatment for MDR/TB. Whether they contributed in the provision of resources or directly administered to me and many others in the treatment ward, if it was not for their care and moral support I might not be alive today. The suffering was too much but I am happy that I survived to reunite with my family particularly my children, my wife and my mother. When I heard from the Ministry of Health officials that MDR/TB treatment will soon be available in other parts of the country other than just Freetown it made me feel good. People should not be treated too far away from their relatives and family members for a disease like this because whereas the medical treatment is important, I also know from a personal experience that family support is essential for adherence to treatment.



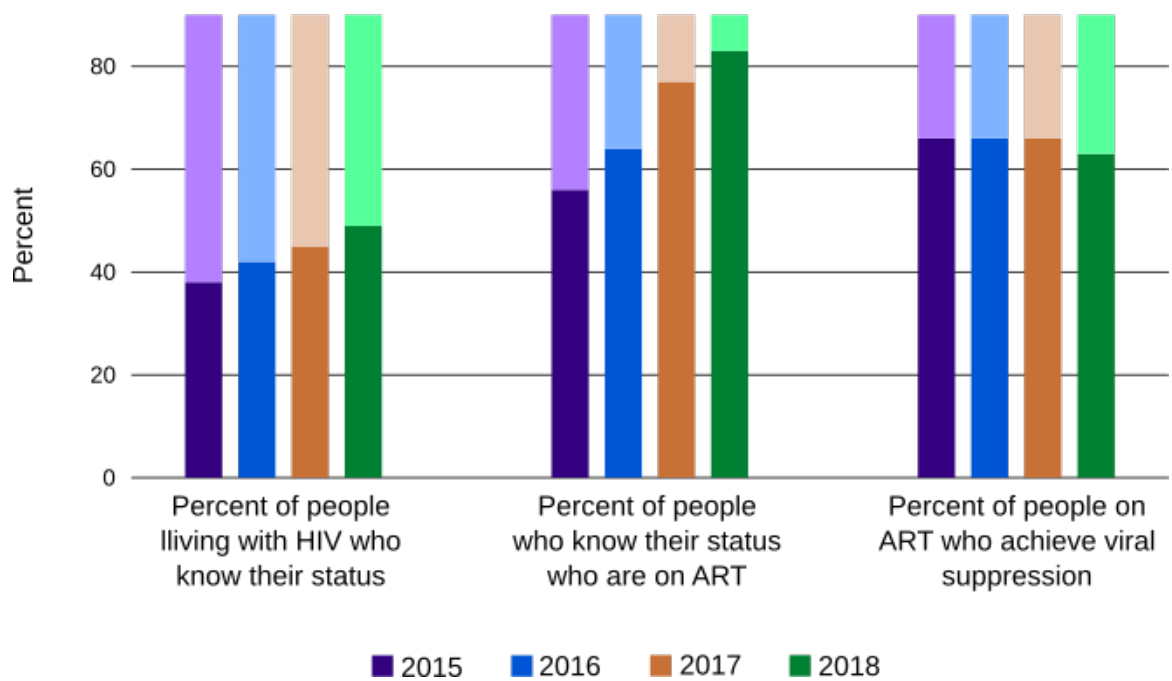
## HIV

The prevalence of HIV has remained stable at 1.5% since 2008 (DHS 2010). The Government of Sierra Leone is committed to the 90-90-90 fast track targets for 2020 published by UNAIDS in 2014. The targets mean that 90% of all people living with HIV/AIDS (PLHIV) should know their status. Of those that know their status, 90% should be on ART. Of those on ART, 90% should achieve viral suppression. Estimate for 2018 showed that in Sierra Leone, 49% of people living with HIV/AIDS know their status and 84% of those that know their status are on treatment. Among those on treatment, there is viral suppression in 63% (UNAIDS 2019). Programme data reported through DHIS 2 showed that at the end of 2018, the number of people enrolled on antiretroviral treatment had progressively increased to 28 415. Results of a survival analysis and retention study published in 2018, supported by the Global Fund, showed that 12-month retention for the 2016 Cohort was 82% for adults and 75% for children.

A two-day HIV/AIDS conference on *Achieving the “90-90-90” Response in Sierra Leone*, was convened in 2018 with support from two HIV partners: ICAP and SOLTHIS. This served as a platform to review country’s progress towards achieving the 90-90-90 targets, to discuss challenges and lessons learnt from the Sierra Leone HIV programme and also to share experiences from other country programmes.

The 2018 World AIDS Day themed “Know your HIV status. Rise, test and be safe!” was commemorated in Bo with satellite events holding simultaneously at different parts of the country. The National AIDS Secretariat led the three-day advocacy event supported by Global Fund, KfW and AIDS Healthcare Foundation (AHF). With support from AHF, 33 115 people were tested for HIV with 543 confirmed positive for the disease and referred for antiretroviral treatment (NACP)

### Progress towards 90-90-90 target



UNAIDS special analysis 2019

The 2018 World AIDS Day



As part of strengthening the HIV response, WHO provided technical support to the MoHS in programme planning, implementation and performance review and also in analyses of programmatic data to improve understanding of HIV situation at national and subnational levels for planning and decision making.

WHO also supported the MoHS in building capacity of health care workers across the districts to provide PMTCT services, pediatric ART service and in sample collection using dry blood spots for early infant diagnosis. A midterm review of the 2016 to 2020 National HIV/AIDS Strategic plan, supported by UNAIDS, highlighted the need to re-invest in Integrated Behavioural and Biological Surveillance Survey (IBBSS) as well as the Demographic Health Survey (DHS); the need to support key population programming with quality assurance and mentorship support; to resolve stock-out of medicines, commodities and supplies; quality

of elimination of mother to child transmission (e-MTCT) services and to prioritize investment in a differentiated service delivery model at all levels by population group.

In 2019, in addition to support to improve analysis and reporting of programmatic data, WHO will work with the Global Fund, UNAIDS, UNICEF and other partners to support MoHS and NAS in the development of health sector HIV acceleration plan incorporating the outcomes of the midterm review of the National Strategic Plan. This will include increasing coverage of ART, PMTCT, Viral load and EID services; facilitate coordination to optimize supply chain management; support standardization of programme documentation for key populations; facilitate processes for expediting implementation of surveys (IBBSS, DHS) and studies (including HIV drug resistance studies).



Photo: WHO/Saffee Chorie



# Noncommunicable Diseases & Mental Health

Noncommunicable diseases (NCDs), such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are some of the leading causes of mortality in the world. The burden of noncommunicable diseases in Sierra Leone is unknown but is thought to be high, given the prevalent exposure to common modifiable behavioural risk factors, and the nascent public health programming for prevention and control of NCDs.

## Tobacco use

During the year, particular efforts were made to address tobacco use, one of the main risk factors for noncommunicable diseases worldwide.

The Sierra Leone STEPS survey of 2009 indicated that, among adults aged 25–64, 25.8% of the population currently used tobacco, including smokers and people who chewed or sniffed tobacco ‘snuff’, and that smoking prevalence was increasing, particularly among men and youth (43.1% of males, 10.5% of females), with 22.5% of them being daily smokers. Over 1 in 4 students were exposed to tobacco smoke at home, and more than 2 in 5 (41.5%) were exposed to tobacco smoke inside enclosed public places. The more recent Global Youth Tobacco Survey (GYTS) in 2017 indicated that, among students aged 13–15 years, 7.1% (9.8% of boys, 4.7% of girls) currently smoked tobacco, compared to 5.8% (6.6% of males, 5% of females) as indicated in the GYTS of 2005; exposure to second hand smoke was prevalent in 2017, with 26.6% of students exposed to tobacco smoke at home.

Sierra Leone is party to the WHO Framework Convention on Tobacco (FCTC), which aims to help countries tackle the negative impact of tobacco on development. In March 2017, the country became one of just 15 low and middle-income countries to benefit from the FCTC 2030 project. Led by the secretariat of the WHO FCTC in collaboration with WHO and United Nations Development Programme (UNDP), FCTC 2030

provides intensive support to governments so that they can implement effective, evidence-based tobacco control measures including: bans on tobacco advertising and sponsorship, creation of smoke-free public and work places, effective health warnings for all tobacco packaging, restriction of sales of tobacco products to minors, public awareness campaigns, and strengthened tobacco taxation.

To kick start the project in Sierra Leone, senior global officials from the WHO FCTC secretariat, WHO, UNDP, and MoHS held a major national meeting of stakeholders in the capital, Freetown, in February 2018. The project is funded by the UK and Australian governments.

Under this project, the MoHS received financial and technical support from the FCTC secretariat, including through an in-country mission, to finalize and implement the national FCTC strategy. A priority focus of the Sierra Leone national FCTC strategy is drafting and enactment of a tobacco bill. During 2018, with facilitation from the FCTC secretariat, technical assistance was received from the International Legal Consortium to review early drafts of the tobacco bill.

In May 2018, in partnership with key stakeholders, the MoHS *commemorated the World No Tobacco Day theme “Tobacco breaks hearts”, which highlighted the many health challenges associated with tobacco use, and the particular damage it causes to cardiovascular health. Tobacco control has been enshrined in the Sustainable Development Agenda* (the UN global goals) and is seen as one of the most effective means to achieve, by 2030, a one-third reduction in premature deaths from noncommunicable diseases like cancer and heart disease.

## Diabetes

Diabetes is another NCD of concern in Sierra Leone. In collaboration with Friends of Diabetes

Sierra Leone, CUAAM, WHO and other partners, the MoHS also commemorated World Diabetes Day 2018 on the theme “Family and diabetes”. The day was marked by radio jingles, a health walk with free health education, and screening services.

## Cancer

Although there are no data on the national cancer burden, international sources estimate that approximately 2% of all mortality in Sierra Leone is attributable to cancer. Better data on cancers, and on all NCDs, is a priority for Sierra Leone. In partnership with the Sierra Leone Cancer Charity and funding from WHO, training on cancer data collection was conducted for medical doctors and medical records clerks in a bid to strengthen the national cancer registry and initiate data collection at regional hospitals.

## Mental health

Sierra Leone, with a population of over 7 000 000, has an estimated burden of 75 000 people with severe mental health disorders and 350 000 with depression. However, the Sierra Leone primary care system faces serious challenges in responding to this high burden of mental health disorders. These challenges range from lack of basic infrastructure to provide care, to severe shortages of mental health clinicians and essential medicines.

Stigma is also a pressing issue. In order to bridge this gap, the MoHS, together with WHO and partners, worked to develop a mental health policy and mental health strategic plan through a highly participatory process led by the Directorate of NCDs & Mental Health with the Mental Health Steering Committee. The ensuing documents were validated by national and district stakeholders as well as donor and implementing partners, and now set the strategic direction for development, implementation and monitoring of a coordinated national mental health programme. In collaboration with WHO and partners, Sierra Leone also marked World Mental Health Day with the theme “Young people and mental health in a changing world”.

The national commemoration actively engaged students with the objective of raising awareness about the importance of taking care of their mental health, and what they can do to stay

mentally healthy. Sierra Leone faces many challenges in integrating a package of essential NCD interventions and mental health services in primary health care.

The health system is not well adapted to systematically offer preventive, screening, diagnostic, treatment, rehabilitative or palliative care for NCDs including mental health and cancers. The legislative and policy framework to enable systematic action at all levels to protect public health, and to empower communities to reduce their exposure to prevalent risk factors, is weak. The work under way to redress this situation is challenged by a weak human resources, financing and partnership landscape. The mobilization and convening of a multi-sectoral task force to lead the work on the WHO FCTC national strategy is a promising model for taking forward the urgent work on prevention and control of NCDs.

Progress in mental health has been especially constrained this year as WHO was not able to sustain critical expert human resources to support the national mental health response – a gap that remains unfilled by other technical agencies.

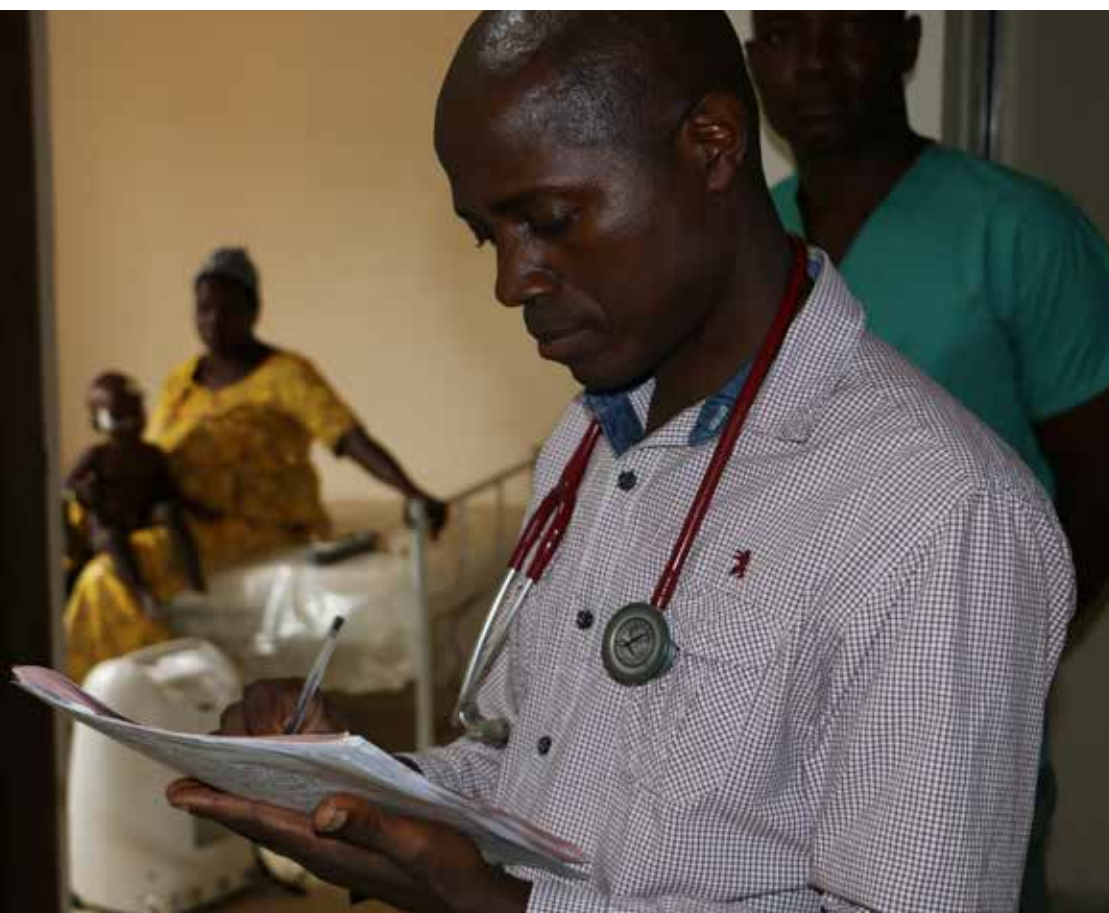


Photo: WHO/L. Keenen



Photo: WHO/Saffea Gborie

# HEALTH SYSTEM STRENGTHENING



## Health System Strengthening

Health system strengthening through enhanced capacity, leadership and management is a critical component of the support that WHO Sierra Leone is providing to the MoHS for resilient health systems, equipped to provide quality health services.

Through South-South cooperation, WHO and the Ghana Health Services supported MoHS with capacity building of trainers, and also trained core DHMTs from all fourteen districts in governance, leadership and management. The training aimed to enable the DHMTs with proficiency in decision-making and implementation of activities to improve service delivery at the district level. A total of 97 MoHS staff, including district medical officers, medical superintendents, district health sisters, hospital matrons and secretaries, district pharmacists, and human resources officers, among others, benefitted from the training. The training

was delivered to cohorts by master trainers from the Ghana Health Services, WHO and the MoHS. Participants were taken through didactic presentations and fieldwork, involving assessment of governance, leadership and management practices, community engagement, service delivery, infrastructure, financial management, and monitoring and evaluation in district and primary health facilities.

The training was conducted following a 2017 needs assessment for DHMTs and district hospitals, which revealed gaps in governance, leadership and management capacity. Based on the outcome of this training, the MoHS is planning to extend the training to the remaining DHMT staff who were not included in the previous trainings, as well as MoHS staff at the central level depending on the availability of resources.

In a bid to scale up implementation of the integrated Human Resources Information System (iHRIS) in all districts and other departments of the MoHS, assessment of the existing iHRIS at central level was identified as an important factor to improve the availability of quality human resources information for decision-making. The assessment covered 11 districts and provided feedback in various areas including the readiness of the Directorate of Human Resources for Health, the legal and regulatory framework, iHRIS workforce, infrastructure and state of the data centre, hardware and software, network resources and services. The assessment concluded that there is potential for scaling up iHRIS in the health sector provided challenges pertaining to the data centre, internet connectivity and upgrading of iHRIS equipment are addressed.

Service Availability and Readiness Assessment (SARA), reporting with Data Quality Assessment (DQA), and quality of care (QoC) modules were finalized, printed and launched by the Minister of Health and Sanitation during a MoHS retreat attended by 131 senior leadership management officials of the MoHS, development partners and other government ministries, departments and agencies.

The Directorate of Drugs and Medicines Supply (DDMS) was supported to develop major strategies and critical guidelines and frameworks to deliver on its mandates, which include facilitation and harmonization of provision of safe, efficacious, affordable and good quality medicines and medical supplies to all health institutions in the country, and to ensure rational use for better health outcomes. The process, which was led by DDMS with technical guidance from WHO, led to the development of a draft national medicines policy, standard treatment guidelines for hospitals, and treatment cards for peripheral health units, as well as to a draft essential medicines list following a series of consultations with strategic technical partners and engagement with senior management staff of the MoHS.

To promote implementation of activities leading to rational use of medicines, WHO supported DDMS to collaborate with five health facilities in three districts to strengthen their drugs and therapeutics committees (DTC) by providing technical guidance and a framework on formulary process within the hospital DTC, supplementary to the administrative guidance around management and administration already in existence. It is expected that the process to scale up DTCs to other hospitals will commence



**Sr Angella M T Rogers:**  
**Senior Public Health Sister Koinadugu District**

In 2018 we had an increase in the number of functional health facilities in the District from 76 to 80. This helped to increase universal access and utilization of health services in those communities. The increase also helped reduce work load on the overstretched staff especially during outreach activities and even for the community members who would have to walk several miles to access health services.

We also saw some improvement in the cold chain system. UNICEF supported us to replace some of the worn out fridges with new ones. That helped to address the challenges we used to have with vaccine storage.



**Dr Brima M Sesay:**  
**Superintendent Makeni Regional Hospital**

I personally found the Leadership and Management Training conducted by WHO for district health officials extremely useful for us with leadership and managerial responsibilities. The training helped us to identify practical areas in our work where we are doing well and areas that need improvement. It also highlighted ways we could strengthen collaboration, documentation, relationship and team building, resource management, supervisory skill and strategic planning and development. What the training brought out things which one would ordinarily take for granted but it showed that they are the things that could help strengthen performance and improve impact.

in 2019 using the lessons learnt from the five facilities as a practical guide.

The year under review saw WHO contribute to the development of a draft national ehealth strategic plan (NeHSP) 2018–2023. This strategy provides a frame for the sector's use of information communication technology and related technologies to support health care service delivery, disease surveillance, knowledge acquisition, human resources management, and research in order to improve health outcomes as well delve into new areas that provide useful results.

WHO also supported strengthening of the health financing units of the Directorate of

Policy, Planning and Information (DPPI) through capacity building and assistance with the setting up of national health financing steering and technical working groups under the joint chairmanship of the ministers of health and sanitation, and finance. The working group has membership from several key government ministries, departments and agencies, the World Bank, GIZ, WHO and other partners, and will lead in the development and implementation of the health financing strategy. The development of a draft assessment of health financing in Sierra Leone will be a forerunner to development of the strategy. The revamping of the committees, the finalization of the assessment report and development of the health financing strategy will be implemented in 2019.

Photo: WHOL. Keenan





Photo: WHO/Saffea Gborie

# HEALTH SECURITY AND EMERGENCIES



Photo: WHO/Saifaa Gborie

## Integrated Disease Surveillance & Response

The disease surveillance system in Sierra Leone, with strong technical and financial support from WHO and other partners, continues to make impressive progress. Throughout 2018, key performance indicators for the surveillance system were sustained at an average of 95%, which is well above the target of 80% set by the WHO Regional Office for Africa. Through technical and financial support provided by WHO to MoHS, two rounds of data quality assessment for integrated disease surveillance and response (IDSR) were carried out in all 14 districts of the country. The proportion of health facilities with reported surveillance data within the 95% range of accuracy was 57.2% in the first round of data quality assessment, rising to 59.24% in the second round.

To further strengthen the IDSR system by simplifying the data transmission from reporting sites, WHO provided technical and financial support to the MoHS in establishment of electronic surveillance (e-IDSR) in seven districts. This was in addition to the 3 districts already smoothly running e-IDSR. Therefore, towards the end of 2018, 10 of the 14 districts were using electronic platforms to report surveillance data at the national level. Meanwhile, as of December 2018, a total of 853 out of the 1300 health facilities in Sierra Leone were submitting weekly disease surveillance reports electronically, and the average intra-district reporting rate at the end of the year was 99%.



Furthermore, as part of embedding the concept of performance monitoring and evaluation of the IDSR programme within the surveillance system, WHO provided technical and financial support to MoHS to conduct one round of supportive supervision and three quarterly national surveillance review meetings. The supportive supervision and review meetings analysed successes and addressed gaps and challenges faced with the implementation of IDSR. A pilot roll-out training of the third edition IDSR Technical Guidelines was carried out to review and critique the draft inputs for inclusion in the final document. Briefings on community-based surveillance (CBS) were held for 2247 community stakeholders in all nine districts implementing CBS. The objective was to raise awareness among community opinion leaders including stakeholders such as chiefs and traditional healers so as to increase support for community level disease surveillance activities.

As an important part of the implementation of the national IDSR strategy, the MoHS and WHO identified the need to strengthen disease surveillance activities at the chiefdom level and trained a total of 179 community health officers in all chiefdoms on IDSR as chiefdom surveillance officers in order to improve their capacity to supervise disease surveillance functions at primary health care level.

A draft national influenza sentinel protocol to help guide the systematic implementation of influenza surveillance at sentinel sites was validated and is now ready for printing and dissemination to stakeholders involved in sentinel surveillance activities. Sentinel surveillance supportive supervision and quarterly review meetings were conducted involving the four sentinel sites in the Western Urban area. The purpose was to assess the performance of the health facilities in influenza surveillance, and identify gaps and challenges.

WHO Sierra Leone, in collaboration with MoHS and partners, used the State Party Self-assessment Reporting (SPAR) tool to make objective assessments of the efforts of Sierra Leone towards attaining the required International Health Regulations (IHR) core capacities. The IHR annual report of 2018 was compiled by a broad based group of stakeholders and submitted by MoHS to the IHR secretariat in WHO headquarters (HQ). All stakeholders involved in this process also reviewed the IHR Joint External Evaluation



(JEE) scorecard for 2018 using the 2nd edition of the JEE tool. The self-assessment included a separation of human and animal health indicators, so that progress for each could be assessed separately. All 49 JEE indicators were assessed and action points identified.

Prioritization and resource mapping of the National Action Plan for Health Security (NAPHS) document by 65 stakeholders was conducted with support from WHO HQ. An IHR pathway of veterinary services (IHR-PVS) national bridging workshop was conducted to provide an opportunity for human and animal health services staff to build on the assessments conducted in the human health and animal health sectors respectively, explore options for improved coordination, and to jointly strengthen their preparedness for, and control of, the spread of zoonotic diseases. An IHR-PVS roadmap was developed.

WHO provided technical and financial support for cross-border coordination meetings to strengthen surveillance, and for joint meetings and information sharing between neighbouring countries. In November 2018, WHO supported the MoHS in training multi-sectoral personnel at points of entry on IHR 2005. A total of 128 personnel benefitted from the training.

During 2018, the Emergency Preparedness and Response (EPR) team provided technical support to MoHS to conduct assessment of

potential public health hazards and risks at national level and in all districts. The assessment was conducted in order to guide and improve preparedness and mitigate outcomes and consequences of future public health events, and

in line with recommendations of the 2016 Joint External Evaluation of IHR and Global Health Security Agenda.



Photo: WHO/Saifea Gborie



**Osman Barrie:**  
**District Surveillance Officer Kambia District**

Electronic Integrated Disease Surveillance and Response is working well and has eased the burden of receiving data manually through phone calls or paper forms from health facility staff thus reducing the time we used to take on collating data received from PHUs for subsequent submission to the national level. As a District Surveillance Officer (DSO) in Kambia district, I greatly appreciate the opportunity extended to our district by the Ministry of Health and sanitation through support from WHO to introduce electronic reporting which has greatly contributed to the timely submission of weekly reports to the DHMT through electronic devices. Health facility focal persons are now entering and submitting IDSR reports through an electronic device into the DHIS2 website. This system has really made my job very simple as a DSO and now gives me enough time to concentrate, and critically look at the data for errors and give feedback to the reporting health facility for clarification and appropriate action. Throughout 2018, timeliness and completeness of reporting by Kambia district has been consistently above the 90% target set by the Ministry of Health and Sanitation.

# Emergency Preparedness and Response

Comprehensive assessment of preparedness for Lassa fever was conducted using a customized tool. WHO supported MoHS to conduct a planning meeting for comprehensive assessment of natural and man-made hazards with public health consequences through the vulnerability, risk assessment and resource mapping (VRAM) tools to determine the national risk profile and guide preparedness for public health emergencies in the country. Through this process, 10 disease conditions and hazards were prioritised and data collection on these hazards will be completed in 2019.

Additionally, WHO supported the production of guidelines and standard operating procedures, including the All Hazard Incident Preparedness and Response Plan, and Concept of Operations for the Emergency Operations Centre, in order to streamline the activities and roles of the national emergency operations centre and how it relates to other sectors of government and health development and implementing partners.

In the course of the year, WHO facilitated MoHS to conduct three desktop simulation exercises as a way of testing the level of preparedness for events and outbreaks due to Lassa fever, cholera, and meningitis. These exercises were used to test national operational readiness for public health emergencies. Findings from these exercises are used to improve the capacity of multidisciplinary rapid response teams in dealing with real life events.

During the second quarter of 2018, WHO supported MoHS to deploy the national Rapid Response Team to implement a reactive measles vaccination campaign in Koinadugu district together with the District Health Management Team. This intervention reduced morbidity and mortality, and helped to stop spread of the disease to other districts. The WHO Country Office also supported prepositioning of emergency commodities such as cholera rapid diagnostic test (RDT) kits, stool collection and packaging kits, and lumbar puncture kits for field testing and investigation of key epidemic prone

diseases, to enhance district capacity to collect and transport laboratory specimens and ensure early detection and confirmation of disease outbreaks.

Meanwhile, WHO supported MoHS, the Republic of Sierra Leone Armed Forces (RSLAF) and the Office of National Security (ONS) to train 120 health care workers in preparation for the rapidly deployable isolation and treatment facility (RDITF) deployment. The RDITF is a mobile isolation and treatment facility that can be assembled anywhere within 48 hours following confirmation of an infectious disease outbreak. WHO is providing ongoing support to MoHS and other MDAs to maintain this capacity.

Technical support through capacity building of relevant personnel at all levels continued throughout the review period as part of health systems strengthening. During the year, there was joint supportive supervision for district emergency operations centres, public health emergency management committees (PHEMCs) and multidisciplinary rapid response teams in all 14 districts, to assess availability and readiness of the teams and coordination structures for preparedness and response activities, identify challenges and provide feedback to district level authorities.



Photo: WHO/Saffea Gborie

# Infection Prevention & Control

Lessons from the 2014 Ebola virus disease (EVD) outbreak provided an opportunity to establish a robust Infection Prevention and Control (IPC) system in Sierra Leone. Efforts were made in 2018 to consolidate the gains, ensuring that IPC capacity and standards are enhanced and sustained in line with IHR (2005). Infection prevention and control is universally acknowledged as a vital component of a comprehensive approach to patient and health care worker safety, quality improvement, and improved health outcomes.

Support was provided to assess nine health facilities using the recently launched WHO IPC assessment framework (IPCAF) tool, which was developed to support implementation of the WHO guidelines on core components of IPC programmes at health facility level. The IPCAF assigns hospitals a score and position on a continuum of improvement from “inadequate” through to “advanced”. The IPC focal persons were assisted with translating the priorities identified during baseline evaluation into a written plan of action with timelines.

With funding from the US Centers for Disease Control and Prevention (CDC), WHO also provided intensive support for IPC clinical supervisory visits concerned with on the job training and mentoring of IPC focal persons. The overall adherence and compliance to IPC practices during 2018 were assessed on a quarterly basis using the national IPC Water Sanitation and Hygiene (WASH) assessment tool.

The quarterly assessment focused on IPC compliance and adherence to the national guidelines in PHUs and in government hospitals in all districts. Most of the district hospitals assessed maintained relatively high levels of IPC standards with respect to the prescribed 10 thematic areas. However, there are challenges to hand hygiene, environmental cleanliness and sanitation thematic areas. Towards the end of 2018 the average IPC compliance using the 68 standards of the national IPC assessment tool



at district hospitals was 84.8%. The overall IPC compliance for PHUs remains low as a result of inadequate WASH infrastructure in the facilities.

Through the IPC programme, WHO in collaboration with CDC Atlanta is providing technical support to Sierra Leone in reviewing and updating the national IPC guidelines to include strategies for prevention and control of antimicrobial resistance (AMR) screening, isolation guidelines beyond Ebola, and incorporation of quality of care and patient safety indicators into the national IPC/WASH assessment tool.

The WHO country office, with funding from the multi-partner trust fund (MPTF), procured IPC supplies (soap, personal protective equipment, bin liners, waste bins, sanitizers, Veronica buckets) to support IPC implementation in health facilities countrywide. The funding also supported the MoHS through WHO to facilitate two cohort trainings over three days for district and hospital IPC focal persons and supervisors on integrated disease surveillance systems. This training improved the IPC focal persons and district IPC supervisors' readiness during public health emergencies, and enhanced surveillance skills in IPC and IDSR roles and responsibilities

during public health emergencies and disease outbreaks investigation and response. With technical support from WHO, and funding from Swiss, MoHS conducted on site IPC training for 150 health care workers (104 females and 46 males) in 14 community health centres situated in flood prone districts in July. The training was designed to enhance and improve quality of care and refresh health workers readiness.

The growing number of emerging infectious diseases requires increased awareness and attention to IPC. The WHO country office continues to strengthen the MoHS through the national IPC unit in building stronger and sustainable IPC teams and systems at district and health facility levels to monitor antimicrobial resistance and improve patient safety. The IPC technical working group finalized the health care associated infections (HAI) and Antimicrobial resistance (AMR) training materials. These were used to train 34 hospital IPC focal persons and raise awareness on the magnitude of the problem and about measures to prevent, control and manage health care associated infections and spread of antimicrobial resistance. There is significant overlap between AMR and HAIs that highlights the importance of addressing these two issues concurrently. The training provided the hospital IPC focal persons with skills and knowledge on HAI and AMR prevention strategies and on how to conduct effective IPC surveillance. However, implementing HAI surveillance and conducting IPC audits requires mentorship, support and on-the-job training, and these will be provided from national level with support from partners.

Conducting surgical site infections surveillance was also one of the key activities supported during the year. Surgical site infections (SSIs) are among the most common HAIs in low and middle-income countries, with an incidence over three times higher than rates seen in developed nations. This was also evidenced in Sierra Leone following the HAI and antibiotic use survey, where the prevalence of SSI was found to be 40%. These infections have significant impact on patient morbidity and mortality; however, they can be prevented with basic IPC practices. A scoping visit to five hospitals was conducted for preliminary planning of SSI prevention strategy. The assessments aimed at describing surgical patient flow throughout hospitalization and outpatient follow-up, highlighting current IPC practices to inform surveillance feasibility, and at identifying possible SSI prevention

interventions. The assessments were led by the National Infection Prevention and Control Unit (NIPCU) with support from WHO and CDC. The following observations were noted: there is strong administrative and surgical support for SSI surveillance with an appreciation of SSI as an important problem and the perception that improvement is possible; non-standardized patient charting and data collection may limit the options for easy/low resource SSI surveillance implementation; non-standardized patient flow throughout hospital admission and post-discharge follow-up may limit the ability to implement a uniform surveillance protocol across facilities; and engaged and dedicated clinical staff may allow for limited dedicated SSI surveillance data collection, especially if data collection is perceived as improving patient outcomes.

Given the limitations of patient documentation, there is need to develop a standard collection tool combined with a clinical surgical safety checklist for use in two or three pilot sites.



Photo: WHO/Saifea Gborie

# Laboratory System Strengthening

Under the International Health Regulations (IHR 2005) and the Global Health Security Agenda, capacity to detect, investigate and report public health events is a fundamental requirement. A functional laboratory system capable of producing reliable results in a timely manner is a foundation of a well-functioning public health system. The Ebola Virus Disease (EVD) outbreak in Sierra Leone in 2014-16 highlighted severe inadequacies in the countries' ability to detect and diagnose infectious diseases due to insufficient laboratory infrastructure, diagnostic capabilities, and failures in diagnostic preparedness. Since then significant advances have been made in strengthening laboratory capacity in Sierra Leone however, reliable confirmation of suspected infectious diseases is still hindered by a lack of standardized methods and equipment, inadequate infrastructure and amenities, insufficient suitably trained staff and inefficient laboratory supply chain.

WHO provide financial support and technical guidance to the Ministry of Health and Sanitation (MoHS) Directorate of Laboratory Diagnostics and Blood Services to build a sustainable, reliable and functional laboratory system that can support both public health and clinical care. Our areas of focus include Coordination and Management, Quality Management Systems, Biosafety and Biosecurity, Specimen Management, Laboratory Information Management Systems and Bacteriology and Antimicrobial Resistance (AMR). Being a cross-cutting issue, Laboratory is critical for a number of vertical programme areas. As such, the WHO Laboratory team work closely with disease specific programmes providing technical advice on diagnostics for TB and Expanded Programme on Immunization (EPI) as well as Clinical Management and Blood transfusion services.



Throughout 2018, WHO provided strong leadership for development of the multi-sectorial national strategic plan for AMR. The plan will provide the framework and platform to drive the AMR agenda in Sierra Leone, which will include building laboratory capacity for bacteriology and AMR detection and surveillance. Developing microbiology capacity has been identified as a critical priority for Sierra Leone to support both clinical care and public health. To assist with this, WHO in collaboration with MoHS, US-CDC and partners, have developed a plan for strengthening capacity through procurement of laboratory equipment and reagents and provision of training and mentorship aimed at building technical capacity for microscopy, culture, and antibiotic susceptibility testing, nationwide.

With robust support from WHO and CDC, MoHS have instituted a process of laboratory supportive supervision in a bid to strengthen the laboratory system at all levels (Central, Regional, District and Health facility) by providing regular supervision, mentorship and on-the-job-training. This is complimented by regular review meetings which provide the forum to discuss challenges and solutions with laboratory managers and staff at District, Regional and National laboratories nationwide. Review meetings help to strengthen coordination and information sharing across the network, providing a platform for sharing best practice, innovative solutions and planned activities to ensure strong collaboration and effective use of resources.

Building on the integrated specimen referral policy and guidelines developed in 2017, WHO provided technical guidance to MoHS to develop

an operational plan for the establishment of the national integrated specimen referral system. The plan seeks to merge the independent specimen referral pathways currently operated by vertical programmes into one integrated system serving the entire country. Finally, with the support of the Canadian Government, WHO facilitated the establishment and strengthening of biosafety and biosecurity in the human health laboratory network by facilitating the development of a number of key documents including a national policy for biosecurity, guidelines for biosecurity, and a national biobanking policy for Sierra Leone.



Photo: WHO/Saffeta Gborie



Photo: WHO/Saifia Gberie

## Public Health & the Environment

Sierra Leone is currently facing serious challenges in meeting the water and sanitation goals set by the Millennium Development Goals (MDGs) for 2015. Nationally, only 51% of the population has access to improved drinking water sources, with only 13% having access to adequate sanitation facilities. Many families across the country are forced to consume water from unsafe sources, and practice open defecation. The situation remains particularly severe for women and children living in rural areas, who are especially susceptible to disease, contributing to the country's exceptionally high maternal and under-five mortality rates, which are among some of the worst in the world.

To achieve the overall goal of ensuring environmental health sustainability, plans are under way to review and update the Public Health Ordinance (1960) in order to provide the MoHS with tools and direction to: strategically improve and maintain access to adequate basic sanitation through improved WASH services; safeguard hygiene and access to safe drinking water; and to improve significantly the overall environmental health of urban, peri-urban and rural dwellers.

Health care facilities often lack reliable water supply sources – either the water points are seasonal and dry up during the dry season, or when the water points break down it takes



a long time for them to be repaired. So health care facilities are left only with alternative water sources such as unprotected wells, springs or rivers. Faced with such a problem, the MoHS, with the support of WHO and UNICEF, has opted to implement the WASH Improvement Tool (WASH-FIT) approach to monitor WASH services and ensure safe supply of water in health care facilities as well as to improve sanitation including the safe disposal of clinical waste.

To achieve the above objective and ensure capacity building in selected districts, WHO supported MoHS in the orientation and training of environmental health and infection prevention and control officers as WASH-FIT trainers at central level, and, for district level, of district health management team members in four selected districts of Bo, Bombali, Western Area Urban and Rural. The partners also provided technical and financial assistance to the Bombali district team to pilot the implementation of WASH-FIT in three selected health care facilities with the aim of replicating the achievements in the other health care facilities.

Several factors affect the effective and efficient provision of WASH services in health care facilities. Among the noticeable ones are the weak health care infrastructure including the lack of or non-functional incinerators in most health care facilities, as well as weak monitoring of the systems to ensure consistency, and a weak link between national and district management teams. WHO supported both the MoHS and the Ministry of Water Resources on the critical role of water safety planning and its impact on the health of communities.

The WHO provided technical and financial support to the MoHS and the Ministry of Water Resources for the orientation and training of 40 technical officers on water safety planning. Two districts (Bo and Kambia) were selected for the training. An assessment of water points including rural water supply systems, boreholes and spring boxes was conducted in Kambia and Bo to provide participants with a practical approach to water safety planning. The two districts will be used as pilots for the implementation of water safety planning and its impact on the health of the communities, especially regarding reduction in morbidity and mortality due to water-borne diseases.

**Challenges include:** weak management structures – support stops once a water supply project is completed and handed over to the community; weak linkages between the ministries of health and sanitation and water resources; weak community empowerment – even though the communities own the water supply, they often lack the capacity to manage the systems e.g. boreholes and spring boxes. Where rural water supply systems operate, there is weak coordination between the communities and the technical teams managing the systems.

The following could contribute towards improved functioning of rural water supply systems:

- improved coordination between the providers and consumers;
- involvement of communities/consumers in the design, planning and implementation of projects;
- capacity building of communities in basic water and sanitation procedures;
- provision of simple low-tech equipment such as solar pumping machines.

The Insecticide Resistance Monitoring and Management plan is a cutting-edge document that is being reviewed in consultation with the relevant experts and stakeholders including the MoHS, Vector-link, Ministry of Agriculture, Environment Protection Agency and other ministries involved in regulating the use of pesticides. Review of the document is in line with the WHO Global Malaria Programme's Plan for Insecticide Resistance Management and the newly developed Guidance on the Development of a National Insecticide Resistance Monitoring and Management Plan, including annual workplans and budgets. The review process involves the development of a framework for monitoring and management of insecticide resistance, and updating of the annual workplan detailing the types of insecticides to be tested, frequency of testing, mosquitoes to be tested, and identification of species and resistance mechanisms.

This is a scientific review and requires the technical assistance of experts from all partners. A key challenge is the timely availability of technical assistance from partners and the shortage of required funding for offshore analysis of mosquito samples. Requests have been made to key partners for supplementary financial support for offshore analysis of the mosquito samples before the end of the review period.

The World Bank Regional Disease Surveillance Systems Enhancement (REDISSE) project and WHO provided technical and financial support to the MoHS for facilitating repeal of the Public Ordinance 1960.

platforms, involving both key senior government officials and the Law Reform Commission in the process of finalizing the instrument to be subsequently enacted by parliament.

The next line of action includes meetings with the two parliamentary select committees on separate



Photo: WHO/Olivia Adland



Photo: WHO/Saffea Gborie

# OPERATIONS

# Making the Organization Work

The WCO Sierra Leone has always strived to align its programmes and staff strength to the country's health needs and the government's identified health priorities. The 10–24 Month Health Recovery Plan, which was launched in the aftermath of the Ebola outbreak, came to an end in December 2017, necessitating the WCO to transition to “normal” operations and discontinue WHO district presence with closure of the 14 field offices by the end of December 2017. Since then, and throughout 2018, there has been gradual reduction of staff in the Freetown office.

However, throughout 2018 it was noted that closure of the district offices brought about an increase in demand on the Freetown based technical staff to provide support to the District Health Management Teams (DHMTs) working through three technical clusters: Health Systems Strengthening, Health Security and Emergencies, and Basic Package of Essential

Health Services. Operations and the senior management team provided additional planning, coordination and functional support to the technical clusters.

The year closed with a two-day retreat. The first day was for MoHS staff and WHO technical staff, who took stock of 2018 achievements, reviewed MoHS 2019 priorities, and broadly surveyed the WHO General Programme of Work 2019–2023 (GPW13) with focus on: how the GPW13 priorities align with the National Health Sector Strategic Plan (HSSP); what can be learned from 2018; how WHO can support MoHS in delivering their mandate, considering GPW, MoHS and donor funded programmes; and how coordination and ways of working for the priorities in 2019 can be strengthened. The second day of the retreat focused on the WHO transformation agenda, with emphasis on staff satisfaction, and improving ways of working through office culture and environment as well as peer recognition.



Photo: WHO

# The Nature of Operations & Support

The operations team continued to strengthen mechanisms and control frameworks to ensure that compliance, accountability and reporting requirements are met on a timely basis to fulfil both WHO and donor standards. Due to long delays and sometimes difficulty for some units of the MoHS to account for funds advanced to the Ministry through WHO Direct Financial Cooperation (DFC), intensified financial and operational support was provided to the MoHS for implementation of activities using the WHO direct implementation mechanism during the second half of the year. In November, the office received a WHO quality assurance team for a DFC quality assurance review mission and their findings and recommendations were documented and communicated with senior management of the WCO and MoHS for necessary action.

The report for the integrated audit performed in 2017 was received in the first quarter of 2018 and concluded that the performance of the WCO was partially satisfactory with some improvements required to address moderate levels of residual risks. The report made 27 recommendations, all of which were fully implemented and closed on time by the end of the year.

At the beginning of 2018, there were 62 staff members in the Country Office including 24 internals and 38 nationals. The number comprised of both professional and support staff. All of these staff members collectively and in different ways made invaluable contributions to the work of WHO in Sierra Leone. In addition to the body of staff members, a number of consultants were recruited on short term bases to support the country where such high technical expertise were required. At the same time, certain services are outsourced in order to keep the office fully functional. Towards the end of the year, one of our staff duly retired from service after long years of remarkable work for the Organization and the people of Sierra Leone. Meanwhile eight others were separated from the Organizations during the year; while one staff member sadly passed away in August 2018 after a short illness.

Operations is a big part of the work of WHO. The unit has a team of 25 support staff including drivers, procurement and logistics, programme assistants and HR assistants and finance and it is this team that provide the behind the scene support to our technical colleagues and the Ministry of Health and Sanitation.



Photo: WHO/Saffea Gborie

# Staff Association

For several years now staff of the World Health Organization Country Office in Sierra Leone have constituted an association of which every serving staff is a member. The association serves to seek and promote the welfare of each member and also serves to interface between staff and management on strategic administrative matters including involvement in the recruitment process of new staff members.

In 2018, the Association undertook a number of staff welfare activities including refurbishment and reestablishment of the staff association canteen. Meanwhile, farewell get-together was organized for two colleagues leaving the Organization: one on retirement and another on separation respective.

These were:

1. Mr. Yaraba Conteh - Driver who was retiring after serving the Organization for 19 years.
2. Dr. Fatu Fornah - Team Lead, Reproductive and Maternal Health who was separating after serving the Organization for nearly two years.



During the year, the staff Association lost one of its members, Mr. Dennis Harding. The Association was well represented at the home of the late colleague to sympathize with his widow and children.



Photo: WHO/Saffee Gborie



Photo: WHO/Michael Duff

# ALLOCATIONS AND EXPENDITURES



Photo: WHO/Saffee Gborie



# Expenditures & Allocations

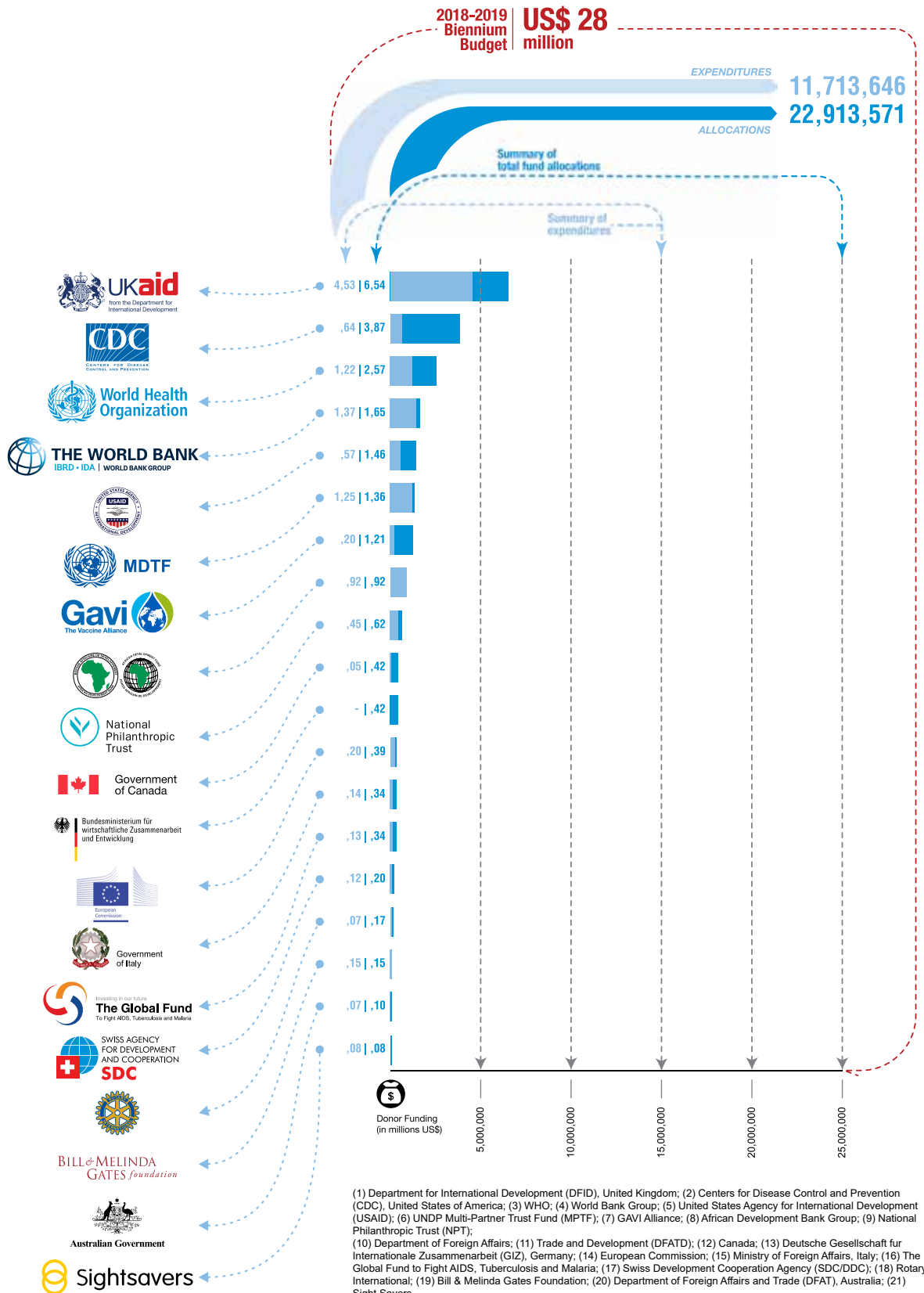




Photo: WHO/L Keenan





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