



World Health
Organization

SIERRA LEONE



WHO Sierra Leone

ANNUAL REPORT

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FOREWORD



On behalf of the WHO Sierra Leone Country Office, I am pleased to share the key results achieved in 2022 in the health sector in collaboration with the Government of Sierra Leone and other Stakeholders. The WHO work consisted in providing strategic and technical guidance to the Ministry of Health for improving the health outcomes of the population of Sierra Leones in alignment with the Government's vision to ensure access to affordable quality healthcare services and health security without suffering undue financial hardship.

The WHO contributions in 2022 aligned with National Priorities as set out in the National Health Sector Policy and Strategic Plan 2021-2025 and the Universal Health Coverage Road Map, providing the directions and tracing the pathway to achieve universal access to quality health care services. The WHO support in 2022 aligned also with the ambitious triple goal of WHO as defined in the Thirteenth General Program of Work, aiming to attainment of the Sustainable Development Goal with impact at the Country Level.

During 2022, Sierra Leone has recorded remarkable achievements in main areas advancing UHC, protecting people from health emergencies, and promoting healthier populations. Significant reduction in maternal mortality ratio has been recorded as a result of Government initiatives and strategies supported by WHO, including a suitable policy environment, availability of guidelines and tools, access to EmONC services, institutionalizing of the MPDSR system, the establishment of the Quality Management Programme among others. The 2000-2020 UN estimates published in 2022, showed the reduction of Maternal Mortality Ratio from 1682 in 2000 to 443 in 2020. Similar figures have been reported in the annual Maternal Death Surveillance Reports (MDSR).

The WHO played a leading role in strengthening the country's capacity for preparedness and response to emergencies and rebuilding resilient health systems in the face of COVID-19 and other emergencies. WHO supported the government for the availability and accessibility of COVID vaccines to all populations which led the country to achieve the global World Health Organization target of fully vaccinating 70% of its target population against COVID-19 at the end of 2022.

The above achievements are the results of collaborative efforts with all stakeholders under the leadership of the Government of Sierra Leone. I take this opportunity to express my gratitude to the Ministry of Health and Sanitation for its leadership in the health Sector. My special appreciation goes to the UN Resident Coordinator, UN agencies, Health Sector Development Partners, Donors, and WHO at three levels, for the good collaboration and commitment to improving health in the country.

With ongoing WHO governance reforms, with more focus on the country level, we are committed to continuing collaboration with the Government of Sierra Leone through joint planning, implementation, and Monitoring of interventions, to advance the health agenda and ensure the impact of healthier and well-being of the population.

Dr Innocent B. Nuwagira

WHO Representative a.i.

Sierra Leone.

ABBREVIATIONS

ABHR	Alcohol-Based Hand Rub
AFP	Acute Flaccid Paralysis
ANC	Antenatal Clinic
AVADAR	Auto-visual AFP Detection and Reporting
CHW	Community Health Workers
CMO	Chief Medical Officer
CCOP	Cold Chain Optimization Plan
CHAMPS	Child Health and Mortality Prevention Surveillance
CHIP	Country Health Information Platform
CSOs	Civil Society Organizations
cMYP	Comprehensive Multi-Year Plan
COVID-19	Corona Virus Diseases 2019
cVDPV2	circulating Vaccine-Derived Poliovirus type 2
DHMT	District Health Management Team
DTCs	Drug and Therapeutic Committees
ENAP	Essential Newborn care action plan
EHSP	Essential Health Services Packages
EPI	Expanded Programme on Immunization
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FCTC	Framework Convention on Tobacco Control
HAI	Healthcare-Associated Infections
HDP	Health Development Partners
HMIS	Health Management Information System
ICCM	Integrated Community Case Management
IEC	Information, Education, and Communication
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IPC	Infection Prevention and Control
ITNs	Insecticide Treated Nets
MDAs	Ministries, Departments, and Agencies
MDAs	Mass Drug Administration
MDSR	Maternal Death Surveillance Report
MDG	Millennium Development Goals
MCV	Measles Containing Vaccine
MMR	Maternal Mortality Rate
MoHS	Ministry of Health and Sanitation
MNH	Maternal and Newborn Health
NACP	National AIDS Control Programme
NIPCU	National Infection Prevention and Control Unit
NMCP	National Malaria Control Programme
NGOs	Non-Governmental Organizations
NTDs	Neglected Tropical Diseases
NITAG	National Immunization Technical Advisory Group
NHSSP	National Health Sector Strategic Plan
NMR	Neonatal Mortality Rate
NQSC	National Quality Steering Committee
ODCH	Ola During Children's Hospital

PCMH	Princess Christian Maternity Hospital
PIH	Pregnancy Induced Hypertension
PHU	Peripheral Health Units
PPH	postpartum hemorrhage
QoC	Quality of Care
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
RCH-TCC	Reproductive and Child Health Technical Coordination Committee
SDG	Sustainable Development Goals
SLeSHI	Sierra Leone Social Health Insurance (SLeSHI)
TB	Tuberculosis
UK	United Kingdom
WHO	World health Organization

EXECUTIVE SUMMARY

The year 2022 has been a fulfilling period in meeting our commitments, adding on to the previous years, in supporting Sierra Leone through the Ministry of Health and Sanitation, to improve the quality of health service provision for its population.

During 2022, WHO provided strategic support through core functions including leadership shaping the research agenda, facilitating policy dialogues, and development of policies and strategies, roadmaps, and guidelines, among others. The contributions of WHO allowed the country to make progress in advancing UHC, protecting people from health emergencies, and promoting healthier populations.

Achieving Universal Health Coverage is a vision of Sierra Leone's health. Under the auspices of the Ministry of Health and Sanitation, local and international health experts and development partners were convened for Sierra Leone's first National Health Summit. A pact developed from the high-level deliberations cataloged recommendations to improve health service delivery, and key among these was a declaration of the country's high maternal mortality as a Public Health Emergency.

WHO contributed to MOHS priorities aiming to address preventable maternal and child deaths including updating the national MPDSR guidelines, the establishing of an incident management system and situation room to improve accountability for every maternal death in the country, the analysis of maternal death data the development of the annual MDSR report for 2020 and 2021 etc.. Child survival initiatives were also strengthened through training, supervision, and mentoring of healthcare workers and community health workers. Strengthening the essential health service delivery systems has been a major priority for the government and the work of the Organization. A new Essential Health Service Package was to enhance access and guides on services to be delivered at the different health service delivery levels and to help in the institutionalization of the life Stages approach to health.

Communicable and non-communicable diseases remain high burdens for the health systems leading to mortality and morbidity in Sierra Leone. During 2022, WHO continued to support the government's efforts to prevent, diagnose and manage communicable and non-communicable diseases. Part of this support included strengthening of access to Essential medicines, vaccines, diagnostics, and devices for Primary Health Care, quality, safety, and equitable access to health products.

Ensuring full recovery from the vaccine hesitancy and decline in vaccination coverage due to the pandemic yielded a dividend in 2022 with a major improvement in immunization coverages for the major antigens as follows: BCG-72%, Penta1-90%, Penta 3-89%, OVP3-89%, IPV1-90%, MCV1-89%, MCV2-73%, and FI-86%. The Human Papilloma Virus vaccine was also introduced into the routine immunization system for the first time during the year.

National capacity in AMR in 2022 led to the publication of 13 operational research manuscripts across the One Health Platform in open access journal.

In addressing health emergencies, WHO continued to support government efforts in strengthening the country's capacity to prevent, detect, and respond to public health

emergencies and disasters by sustaining a functional disease surveillance system, strengthening laboratory capacity, and enhancing multi-sectoral coordination of emergency preparedness and response. The country reached a significant breakthrough with its vaccination against COVID-19 and by the end of the year, Sierra Leone attained the global target of fully vaccinating 70% of the population against the disease, making the country one of the very first few countries in the African region to have reached the target by the end of 2022. A total of 3 508 653 people over the age of 12 years have fully been vaccinated hence attaining 71.2% of the target population. By then 85% of the target population had been vaccinated with at least one dose.

In compliance with the International Health Regulations (IHR 2005), WHO supported the internal self-assessment in November 2022 as part of preparations for a Joint External Evaluation (JEE) and Sierra Leone was the first country in the African Region to conduct a second JEE, and the 3rd country in the world to use the 3rd Edition of the JEE tool.

WHO enhanced the capacity of disease surveillance through the integration of private health institutions across the country into the IDSR reporting system, integration of IDSR-IHR content into the curricula of public health training institutions, and capacity building in IDSR. These efforts resulted in Improved timely submission of weekly epidemiologic reports with prompt notification of public health alerts and general improvements in the performance of the surveillance system at national and district levels.

For improving a healthier population, in 2022, Sierra Leone enacted a law to protect its population against the harmful effects of tobacco and nicotine products. Enactment of the Act brought into force the full domestication of the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). Improvement was also noted in the management of severely malnourished children with medical complications admitted in the 21 Inpatient care Facilities (IPFs) across the country following the capacity building of health workers including Medical Doctors, Community Health Officers (CHOs), and Community Health Assistants (CHAs).

In terms of enabling functions, the Organization played a lead role in partner coordination, building strategic partnerships, convening, and brokering solutions between MoHS and Health Development Partners, facilitating, harmonization, and alignment of partners' interventions with national priorities, and ensuring mutual accountability.

To ensure the alignment of WHO interventions with country priorities and needs, joint meetings have been held between MOHS and WHO Seniors managers on at quarterly basis to review the progress of the implementation of joint priorities. During these meetings, the priority outputs to be implemented in the 2024-2025 biennial Program Budget have been identified together.

Moving forward into the coming year, WHO will continue to support the Ministry of Health and Sanitation to build on progress made in health systems strengthening, strategic health advocacy and policy dialogue, partnership and coordination, quality health service delivery, and improved capacity in public health emergency management.



Key Health and Demographic Statistics	 <p>7.5+ Million Population</p>	 <p>51 Hospitals</p>	 <p>1,250+ Primary Health Care Units</p>
	 <p>0.34/1000 Doctors/Nurses/Midwives Density</p>	 <p>250,000+ Annual Deliveries</p>	 <p>250,000+ Estimated number of Live Births</p>
Key Maternal and Child Health Statistics	 <p>ANC1 (98%) ANC4 (76%)</p>	 <p>83% Institutional Birth Rate</p>	 <p>87% Skilled Birth Attendant Rate</p>
	 <p>89.4% Early Initiation of Breast Feeding</p>	 <p>81% Newborn Dried After Birth</p>	 <p>21% Modern Contraceptive prevalence rate</p>
Key Impact Indicators	 <p>443/100,000 Maternal Mortality Rate</p>	 <p>24/1000 Stillbirth Rate</p>	 <p>31/1000 Neonatal Mortality Rate</p>
	 <p>122/1000 Under-five Mortality Rate</p>	 <p>106/1000 Adolescent Birth Rate</p>	 <p>54.3 Life Expectancy at Birth</p>

CHAPTER 1: ACHIEVING UNIVERSAL HEALTH COVERAGE

Improved Access to Quality Essential Health Services

WHO played a lead role in supporting the Ministry of Health and Sanitation (MoHS) to organize the first-ever National Health Summit under the theme “Transforming Health Care Delivery Towards Universal Health Coverage”. The summit brought together over 600 stakeholders from various government Ministries, Department and Agencies at all levels, local and international health development partners, Nongovernmental Organizations, and civil society organizations (NGOs/CSOs) in health and segment of the general public to deliberate on the country’s priority health issues. The Summit culminated in the development of an Aide Memoire signed between MOHS and Health Development Partners (HDPs). The aide memoire summarized the recommendations and actions to be taken through the implementation of an 18 months’ work plan with a target to improve health service delivery. Key among the recommendations was the declaration of the country’s high maternal mortality as a Public Health Emergency and the consequent institutionalization of a system to further improve the management of maternal death data and timely remedial actions.



With the expiration of the Basic Package for Essential Health Service (2015-2020), WHO supported the development of the Essential Health Services Packages (EHSP) whose implementation would provide guidance on services to be delivered at the various levels of the health system and with the primary objective of reducing the burden of diseases in Sierra Leone by making available affordable, high-quality priority interventions which are cost-effective. The development process included consultations with different stakeholder groups including experts, service providers, policymakers, and development partners. The EHSP is expected to form one of the critical foundations for the framework for the institutionalization of the life Stages approach to integrated people-centered quality health services in Sierra Leone.



In 2022, the Ministry of Health and Sanitation took some concrete steps to improve the country's private sector collaboration with the public sector, and consequently, its governance to strengthen equitable access to relevant COVID-19 response interventions. WHO supported this effort by facilitating the formal engagement of Public-Private Partnerships (PPP) stakeholders which included different directorates and programs of MoHS, National Public-Private Partnership Unit under the office of the Vice President, and other Government Ministries, Departments, and Agencies (MDAs) private health service providers faith-based NGO institutions in Sierra Leone.

Self-financing private sector, for-profit health facilities, pharmaceutical companies, associations of pharmacists, nurses and midwives, private allied health professionals, and selected development partners participated in the consultation which led to the development of a roadmap for the partnership and the formation of Technical Working Group (TWG) co-chaired by MoHS and a private sector practitioner. This meeting led to the formation of PPP desk in MoHS with a substantive focal person and the development of the tools to institutionalize PPP in the health sector.



Universal Health Coverage Day was commemorated on 12 December as declared by the United Nations. The activity which has become a health sector flagship event brings to the fore the highest political engagement usually the Vice President, Ministers of State, Members of Parliament, technocrats from government MDAs, HDPs, NGOs/CSOs, and students. Commitments to accelerate efforts towards the attainment of UHC by 2030 were made by the Vice President, the Minister of Health and Sanitation, the HDP group, and Health NGOs.

Reducing Financial barriers to Health Services

To improve financial accessibility and uptake to health care while at the same time reducing the high out-of-pocket household expenditure, WHO has supported the Sierra Leone Social Health Insurance (SLeSHI) Secretariat in developing various tools and frameworks to guide and facilitate the establishment of the SLeSHI. The identification of various potential funding streams for SLeSHI from mainly government public purses was supported in addition to the development of the SLeSHI strategic plan, which would guide and support the running of SLeSHI.

To improve evidence-based health financing in Sierra Leone, WHO supported the development of National Health Accounts (NHA) which tracks all funds into the health sector by showing who is paying for what and how much, how funds are being distributed, and who benefits from the health care services. The 2020 NHA which was launched during the commemoration of Universal Health Coverage Day showed that out-of-pocket (OOP) is the largest source of funds followed by international funding and government expenditure respectively. The NHA has been used variedly in policy decisions regarding advocacy for resource mobilization and

distribution as well as negotiation for international funds. With the support of WHO, MoHS is aspiring to make the development of NHA a routine activity and this has seen some fruition since 2017.

The MOHS was also supported by the WHO to develop Health Financing Progress Matrix (HFPM) by using a WHO-designed framework that enables a common data platform that assists the country to track its health financing progress. The matrix also provides specific guidance on what to do to allow a policy-relevant analysis of service use and payment to improve national financing policy decisions.

In tracking progress towards universal health coverage (UHC), the HFPM is expected to empower actors and increase the health systems' accountability, transparency, and responsiveness.

Addressing Communicable and Non-Communicable Diseases

Communicable and non-communicable diseases remain high burdens for the health systems leading to mortality and morbidity in Sierra Leone. During 2022, WHO continued to support the government's efforts to prevent, diagnose and manage communicable and non-communicable diseases.

Neglected Tropical Diseases

Sierra Leone is endemic for 11 of the 20 Neglected Tropical Diseases (NTDs) identified by World Health Organization for control or elimination. Almost all the 16 districts are co-endemic with two or more of the 11 diseases including Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, Soil-transmitted helminthiasis, Buruli Ulcer, Leprosy, Rabies, Scabies, Trachoma, Taeniasis and Snake Bite envenoming.

In 2022, with financial and technical support from the WHO Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), the country developed a five-year National Neglected Tropical Diseases (NTDs) Master Plan (2023-2027) to guide the implementation of interventions for the prevention, control, and elimination of targeted Neglected Tropical Diseases by 2030. The master plan was developed in line with the vision of the Ministry of Health and Sanitation to free the country of NTDs and their associated morbidities and disabilities and aligns with the NTD Roadmap 2021-2030 which prioritizes the three new program shifts that will escalate the attainment of the Sustainable Development Goals for neglected tropical diseases by 2030.

A contact tracing system to identify leprosy cases in Sierra Leone for the year 2022 was established in five intervention districts (Bombali, Bonthe, Kenema, Kono, and Tonkolili) with funding from the Sasakawa Health Foundation (SHF) to support the elimination of the disease. The system resulted in the identification of a total of 56 confirmed cases in the above-mentioned five districts, which have been put on treatment and contributed to reducing leprosy morbidity in a sustainable and holistic way.

Other activities supported by WHO include the implementation of mass drug administration (MDAs) for all targeted Preventive Chemotherapy (PCT)–NTDs, namely LF, Onchocerciasis, STH, and SCH since 2007, using the CDTI Plus Approach.

Neglected Tropical Diseases Country Health Information Platform (CHIP) was conducted. This is a nationally managed data product to improve access to longitudinal data (which tracks data on a sample over an extended period) through Elimination of Neglected Tropical Diseases (ESPEN) Platform integration. The CHIP will help the country with the review of data submitted in the Joint Application Package (JAP) and Trachoma Elimination Monitoring Form (TEMF) at national, regional, and district levels and for timely access to data for programmatic decision-making.

Preventing and controlling Malaria



As shown in the figures below, Sierra Leone contributes 2% of the malaria cases in Africa, 1.4% to the global malaria cases, and 1.4% to the global malaria deaths. The disease is endemic throughout the country with a stable and year-round transmission affecting every age group. Women, and children under-five are the most vulnerable and it is currently the leading cause of morbidity and mortality among under-five children.

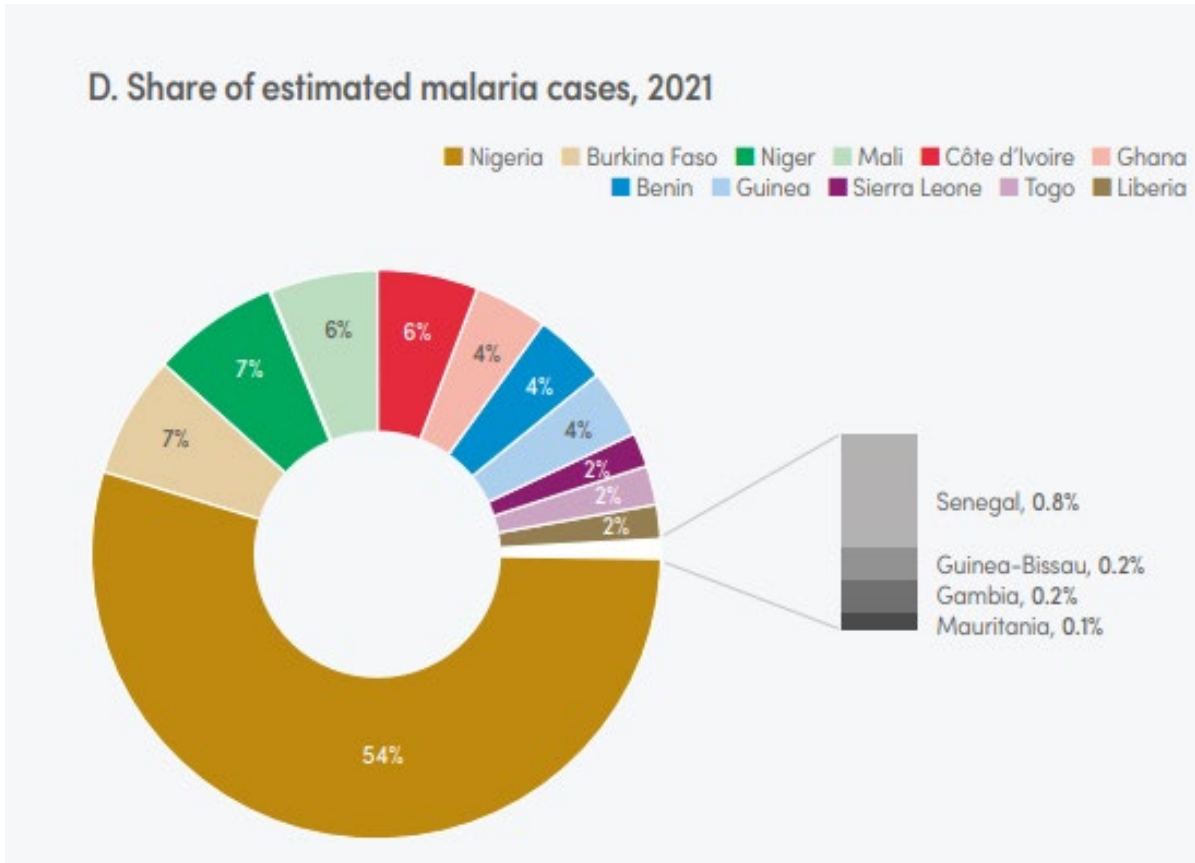


Figure 1: Estimated malaria cases in West Africa, 2021

Global trends in the burden of malaria cases

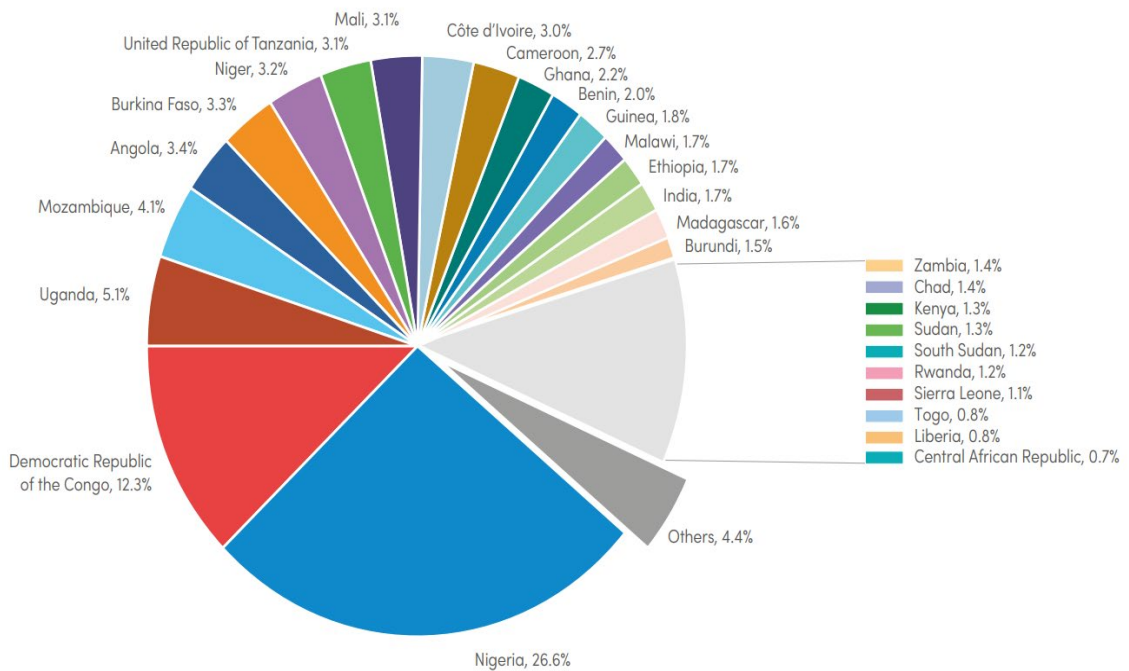


Figure 2: Global trends in the burden of malaria

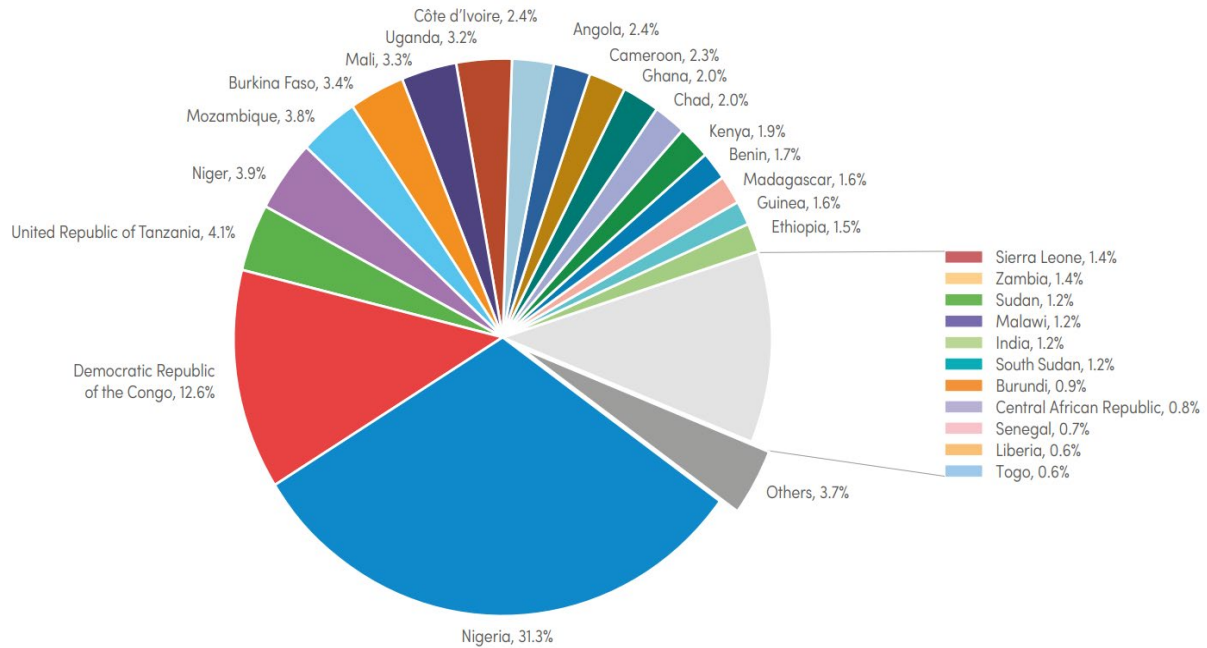


Figure 3: Global trends in the burden of malaria deaths

The disease accounts for 40.3% of outpatient morbidity in all ages, 47% of outpatient for under-five children, and 37.6% for hospitalized cases with a case fatality rate (CFR) of 17.6% in the country. *Plasmodium falciparum* is the most common malaria parasite accounting for over 90% of all malaria cases in Sierra Leone.

WHO is supporting the country's efforts towards attaining targets of the Global Technical Strategy (GTS) which aims to reduce malaria case incidence and mortality rate by at least 75% by 2025 and 90% by 2030 from a 2015 baseline. The key malaria prevention and control interventions in Sierra Leone, according to the national treatment guidelines include the household ownership and use of Insecticide-Treated Nets (ITNs), Intermittent Preventive Treatment in pregnancy (IPTp) and in infants (IPTi), and timely case management. However, the country's progress towards attaining the GTS targets has been slow.

In 2022, Malaria in Pregnancy Social and Behavioral Change Communications (SBCC) strategy 2021-2025 was developed and launched to promote and sustain greater change in communities' awareness and perception of malaria prevention and control, with the support of WHO and other partners.



HIV/ AIDS and Tuberculosis

Elimination of mother-to-child transmission (EMTCT) of HIV, hepatitis, and syphilis is a global priority that Sierra Leone has aligned its national strategies with. However, the country is challenged in achieving the elimination target as the country still has a very high mother-to-child transmission (MTCT) rate of HIV at 21.3%. Also, the percentage of children born to women living with HIV that are receiving Antiretroviral drugs (ARVs) was reported at a low of 13% (2021 program data, National AIDS Control Programme - NACP)

The Ministry of Health and Sanitation with technical support from WHO has developed the Sierra Leone EMTCT of HIV and Pediatric HIV Strategic and Operational Plan 2021-2025. A key recommendation in the 2021-2025 Strategic and Operational Plan is to integrate Reproductive and Child Health and the Prevention of Mother-to-Child Transmission (PMTCT) programme. WHO supported MoHS to develop guidelines for integrating EMTCT and Paediatric HIV care into the RMNCAH, Nutrition, and TB Programmes in Sierra Leone. This integration has helped for improved coordination between the RCH and HIV programs and fostered joint implementation of EMTCT services.

Through the technical and financial support of WHO and UNICEF, 25 National and district HIV focal points were trained to enhance the requisite technical knowledge and skills required at the national and district levels to foster effective implementation of the Integration of EMTCT, Pediatric HIV into RMNCAH, Nutrition, and TB Programmes in Sierra Leone. This led to the development of district action plans to scale up the delivery of comprehensive EMTCT and Pediatric HIV services, including Early Infant Diagnosis (EID), viral load, and HIV/TB services.

WHO continues to support the Government of Sierra Leone in the annual Global AIDS Monitoring report. The report for 2021 showed that Sierra Leone is still lagging in the UNAIDS 95-95-95 global targets.

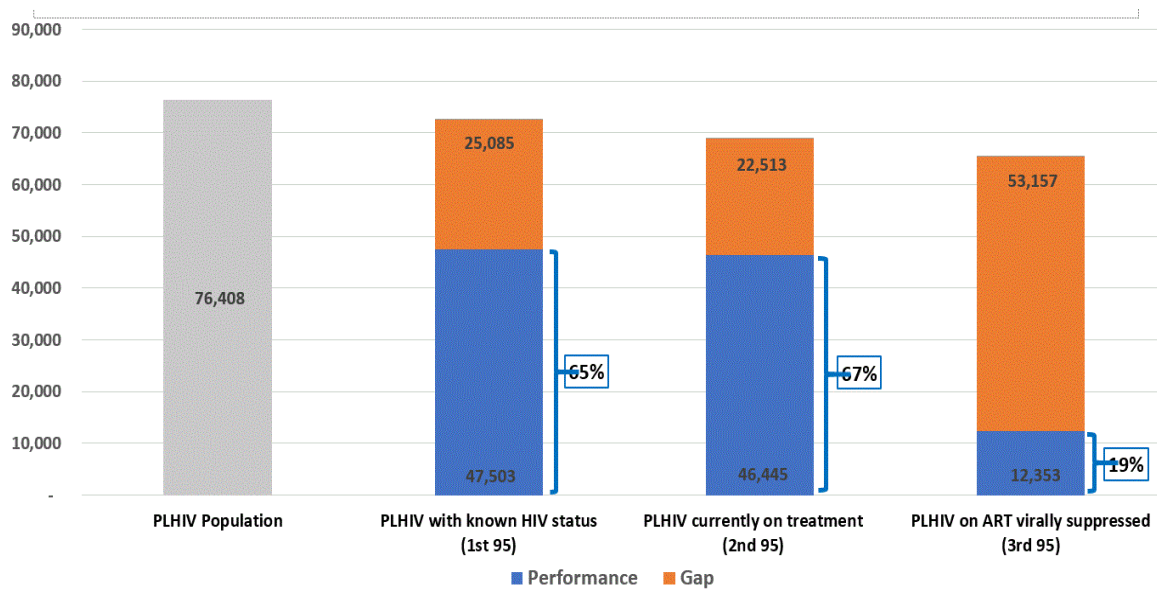


Figure 4: Performance cascade towards achieving 95-95-95 targets

To scale up Pre-exposure prophylaxis (PrEP) to reduce HIV transmission among high-risk individuals such as discordant couples, and other priority populations, the National AIDS Control Programme with support from WHO conducted a 5-day training to build the capacity of healthcare providers in hospitals, in 9 districts and national staffs at NACP. The training included the staff who provide HIV services, data quality audits, and validation on PrEP services as part of the strategies to achieve the UNAIDS global 95-95-95 targets in Sierra Leone. WHO supported reviewing and adapting the Differentiated Service Delivery (DSD) Operational Guidelines, standard operating procedures, and training materials for DSD to improve client-centered HIV services. Meanwhile, WHO supported NACP to review data collection and reporting tools to improve the quality of reporting. The support also included the training of trainers on the newly revised tools.

In terms of Hepatitis, the Sierra Leone National Guidelines for Management of Hepatitis B and C were reviewed and updated, following the release of the new WHO guidelines for the management of Hepatitis, with support of the three levels of WHO. Technical support was also provided for the reactivation of the National Hepatitis Task Force to coordinate Hepatitis interventions at the national level.

For TB management, WHO supported the prioritization of PHUs for the expansion of TB diagnostic and treatment services in high-burden and new districts, revision of the national TB and DR-TB guidelines and Health, Care workers capacity building and analysis and submission of routine program data to 2022 WHO global TB report.

Non-Communicable Diseases

Progress in 2022 in the prevention and control of noncommunicable diseases (NCDs) and mental health included the establishment of the legal and regulatory environment, Mental Health, and their risk factors. WHO Sierra Leone supported the development of tobacco control

regulations to support the implementation of the Tobacco and Nicotine Control Act-2022 which has been signed into law by His Excellency the President of the Republic of Sierra Leone. According to the Investment case of tobacco control, 20,000 lives could be saved and Le 1.9 trillion in health costs and economic losses will be averted by 2033 by implementing Tobacco and Nicotine Control Law in the country. The implementation of the law will allow Sierra Leone to protect its citizens from the devastating impacts of tobacco consumption and exposure to its byproducts.

WHO also supported the development of national guiding documents including a National Alcohol Policy that will serve as a comprehensive legal framework for reducing the harmful effect of alcohol, in line with the WHO Global Strategy in Reducing Harm from Alcohol. Drafting of the Mental Health Bill to repeal the lunacy Act of 1902, a national cancer control strategic plan and, a multi-sectoral action plan for Mental health and Psychosocial continued during 2022 with WHO technical support. These policies and technical instruments will be very strategic in mitigating the growing trend of NCDs in Sierra Leone.

In addition, WHO also supported the MoHS to raise awareness and provide screening services for common NCDs including breast and cervical cancer, diabetes, and hypertension to the public, especially during the commemoration of international health days.

Improving Reproductive Maternal Neonatal Child and Adolescent (RMNCAH) Services

During the reporting period, WHO provided technical and financial support to strengthen the country's capacity to deliver quality comprehensive Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH+N) services at primary, secondary, and tertiary levels with effective referral mechanisms.

Several strategic policies and technical instruments including the Family Planning Policy, Family Planning Guidelines, Integrated Basic Obstetric Care Guidelines, and Self-care guidelines, were developed with the technical support of WHO. These documents would guide and provide a policy and strategic framework for the providing quality RMNCAH services in the country. Sierra Leone also embarked on the revision of the legal framework to foster a suitable environment for the delivery and utilization of sexual and reproductive health.

Maternal Death Surveillance and Response

The 2000-2020 UN estimates published in 2022, showed a significant reduction in Maternal Mortality Ratio from 1682 in 2000 to 443 in 2020. ¹

¹ Trends in maternal mortality, 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

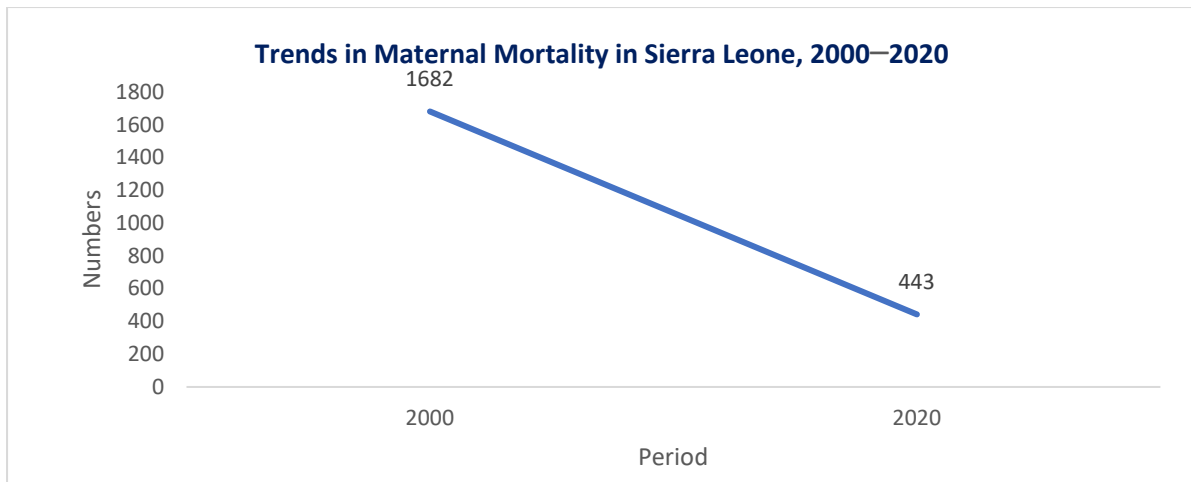


Figure 5: Trends in Maternal Mortality in Sierra Leone, 2000–2020

Even though great achievements have been made in reducing maternal and child mortality, Sierra Leone still has high maternal mortality worldwide. The data from the annual MDSR reports, which are close to UN estimates revealed that the maternal mortality ratio was still high at the end of 2022.

Maternal death surveillance and response (MDSR) remained a priority intervention for the Ministry of Health and Sanitation (MoHS) during 2022 to address preventable maternal and child deaths. However, despite the progress that was made in the past two years (2021 & 2022), MDSR is still challenged by weak response systems and poor quality of reporting.

To understand the status of the MDSR program in Sierra Leone, the World Health Organization supported the analysis of maternal death data and coordinated the development of the annual MDSR report for 2020 and 2021. WHO also coordinated the National MDSR Committee Meeting, which brought together about 100 participants from all 16 districts to validate the 2021 maternal death data and discuss and prioritize national, district, and facility-level response mechanisms for reducing maternal deaths in Sierra Leone.

Through the technical support of WHO, the Ministry of Health and Sanitation led the updating of the national MPDSR guidelines in line with the global recommendations. An incident management system and situation room were established to improve accountability for every maternal death in the country, after the Minister of Health and Sanitation declared maternal mortality as public health emergency.

Child survival initiatives were also strengthened through training, supervision, and mentoring of healthcare workers and community health workers on the Integrated Management of Newborn and Childhood Illnesses (IMNCI) and Integrated Community Case Management (ICCM) to improve service delivery. A child survival action plan (CSA), care for the critically sick child guideline, essential newborn care action plan (ENAP), and ending preventable maternal mortality (EPMM) were also developed during the review period.

Sierra Leone has made considerable progress in Sexual and Reproductive Health and Rights (SRHR) indicators over the last few years. Nearly all pregnant women (98%) attend antenatal care at least once, and 87% deliver their babies in the care of a skilled service provider (DHS2019). Postnatal care attendance rates within two days are 86% and 83% for mothers and

their newborns, respectively. Initiatives to restore, rebuild and transform the health system are ongoing, paving the way for a resilient and responsive health system.

With support from the multi-country Regional WHO AFRO-Sweden 'From COVID to health' collaboration to sustain and improve the quality of Sexual and Reproductive Health and Family Planning (SRH/FP) services, WHO supported the Ministry of Health and Sanitation to scale up access to sexual and reproductive health rights (SRHR) services through the strengthening of coordination for SRHR, procurement and distribution of SRHR supplies, development of policy and guidelines (self-care for SHRH, post-abortion care, family planning, DMPA-SC). The grant also supported capacity building for health workers on post-abortion care and Management of Sexually Transmitted Infections.

The Ministry of Health and Sanitation with the technical and financial support of WHO undertook consultations and policy dialogues that made reform of the Sexual and Reproductive Rights (SRHR) service provision and allowed Post Abortion Care (PAC) to be offered in every single facility in the country. Prior to this reform, the PAC was limited only to BeMONC and CEmONC facilities. Also, WHO supported the procurement of SRHR commodities for hospitals and Community Health Centres (CHC). This led to improved access to quality SRHR services for all regardless of their location.

In collaboration with the WHO Regional Office for Africa (AFRO), the first National SRHR summit in Sierra Leone was held in 2022 on the theme: ***Maternal Mortality as a public health emergency: Setting the Agenda for Universal Health Coverage for SRHR***. The summit was organized to review the progress of the SRHR agenda in Sierra Leone in the context of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs 2030) and to provide a blueprint for moving forward.



The summit brought together about 135 local and international partners including academic institutions, policymakers, media practitioners, and activists, the United Nations, to reflect on the indicators and build consensus on key strategic actions. The summit provided a platform to disseminate new national and global SRHR guidelines and policies and shared lessons learned including enablers and barriers to quality RMNCAH services. The summit also created a

platform for individuals/teams/organizations to reflect on their theory of change for SRHR and help align priorities.

Sierra Leone hosted the WHO AFRO Regional Review Meeting on Sexual Reproductive Health and Rights (SRHR) with participants from over sixteen countries to provide an opportunity for the key stakeholders to review the progress made, take stock of achievements, lessons learned, and best practices, identify the challenges, and discuss the way forward in countries beyond 2022.



A representative from WHO AFRO at the National SRHR Summit

The meeting also provided the opportunity for countries to highlight their work, securing additional support from the donors to maintain and strengthen the achievements in countries towards improving the lives and well-being of women and girls. All this will support countries to achieve UHC and meet SDG targets on the reduction of maternal mortality (SDG3.1) and universal access to sexual and reproductive health care services (SDG3.7).

Self-care Interventions for Sexual and Reproductive Health

Ensuring equitable access to preferred contraceptive methods for women, girls, and couples is essential to securing the well-being and autonomy of women while supporting the health and development of communities.

In 2022, Sierra Leone developed and adopted national guidelines for self-care intervention for Sexual and Reproductive Health and Rights (SRHR) with the technical support of WHO. To scale up the implementation of these services, WHO also supported piloting depot

medroxyprogesterone acetate (DMPA-SC) self-injectable contraceptives in two districts (Western Area Urban and Rural).

In 2018, the World Health Organization included a new injectable progestin-only contraceptive known as subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in its revised Essential Medicines List. To improve access to these commodities, the Ministry of Health and Sanitation (MoHS) with support from WHO, introduced the DMPA-SC self-injection model as part of the contraceptive modalities for the Country. The pilot aimed to increase access and utilization of modern contraceptives through the easy-to-administer DMPA-SC and assess the benefits and limitations to inform a national scale-up of the commodity. The pilot intervention is currently being conducted in the two districts of the Western Area. The following have been implemented and achieved so far:

- A total of 236 family planning providers from public health facilities in Western Area districts were trained) including 100 in rural and 136 in Urban.
- Information, Education, and Communication (IEC) materials were developed and distributed to 94 public health facilities. These include a fact sheet on DMPA-SC, a step-by-step client guide for self-injection of DMPA-SC, a provider guide for DMPA-SC, and the client's injection calendar among others.
- One round of support supervision was conducted for 94 public health facilities in the Western Area Urban and in the Western Area Rural
- Media engagements including radio talk shows and jingles were produced and broadcast
- A client database has been created to measure continuation rates and the factors associated with DMPA-SC self-injection as a proxy measure of acceptability

WHO has committed to supporting the Ministry of Health and Sanitation to scale up the implementation of self-care interventions to improve and safeguard the utilization of Sexual Reproductive Health Rights services in Sierra Leone.

In addition, EmONC-level service delivery was strengthened through training, supervision, assessment, and performance reviews. In 2022, a total of 123 health workers were trained, 10 joint WHO, and MoHS supportive supervisions were conducted, and the performances of health facilities were reviewed to inform the MoHS and partners of the critical issues and help prioritization efforts. Meanwhile, the MPDSR system was strengthened through a review of the MPDSR guidelines.

Expanded Programme on Immunization

Reduction in morbidity and mortality due to Vaccine Preventable Diseases (VPDs) is one of the goals of the Government of Sierra Leone. Hence, WHO supported this goal by supporting VPD (Vaccine Preventable Disease) surveillance activities at national, districts, and service delivery levels. The Organization supported the Ministry of Health and Sanitation to build on progress in vaccine service delivery and to revamp vaccination services in the wake of the subsiding COVID-19 pandemic. The pandemic had adversely affected vaccine service delivery leading to a reduction in uptake of some of the antigens in the country.

To enhance full recovery from the downturn of immunization due to the COVID-19 pandemic, the World Health Organization through the Ministry of Health and Sanitation facilitated capacity building of 1,700 Health Care Workers (HCWs) at national, districts, and service delivery points on Immunization in Practice (IIP); and Reach Every Community (REC) strategy. The training aimed at improving knowledge, skills, practices, and institutional capacity for effective implementation of quality immunization services. The training contributed to an improvement in knowledge of Expanded Programme on Immunization (EPI) services, better planning, interpersonal skills in engaging with the community and patients, conduct of immunization activities during static and outreach services, better management of supply chain, improvement in the use of data collection and reporting tools, data quality, and an overall increase in vaccination coverage of antigens. Micro planning was part of the IIP & REC training, hence improving vaccine and other resources management.

As a way of strengthening the immunization service delivery system, vaccination experts at WHO supported and participated in monthly Integrated Supportive Supervision (ISS) at district and service delivery levels. This intervention ensures monitoring of progress in the field on implementation of planned activities, identifies and addresses challenges in the field. Meanwhile, the Ministry of Health and Sanitation was supported to conduct quarterly integrated reviews and monthly meetings which provide feedback to immunization service delivery staff.

Immunization coverages for the major antigens during 2022 are as follows: BCG-72%, Penta1-90%, Penta 3-89%, OVP3-89%, IPV1-90%, MCV1-89%, MCV2-73% and FI-86%.

COVID-19 vaccination

By the end of December 2021, Sierra Leone had only vaccinated 12.2% of its target population. However, by the end of December 2022, the country had achieved the global World Health Organization target of fully vaccinating 70% of its target population against COVID-19. The milestone achievement made the country to become one of just four countries in the WHO African region to have reached the target set by the global health body, at the time.

“COVID-19 brought along so many challenges. However, Sierra Leone has been able to handle the response through strong political and technical leadership. That is what has brought us thus far and we are proud to have been part of this success. The experiences and lessons learned in this process will help guide our response to future health emergencies.”

Dr Innocent B. Nuwagira

WHO Representative a.i, Sierra Leone
Since the commencement of COVID-19 vaccination in March 2021 after receiving the first consignments of vaccines donated to the country through the COVAX Facility and others through bilateral partnerships, a total of 3 508 653 people over the age of 12 years have fully been vaccinated hence attaining 71.2% of its target population. By the end of 2022, about 85% of the target population had been vaccinated with at least one dose.



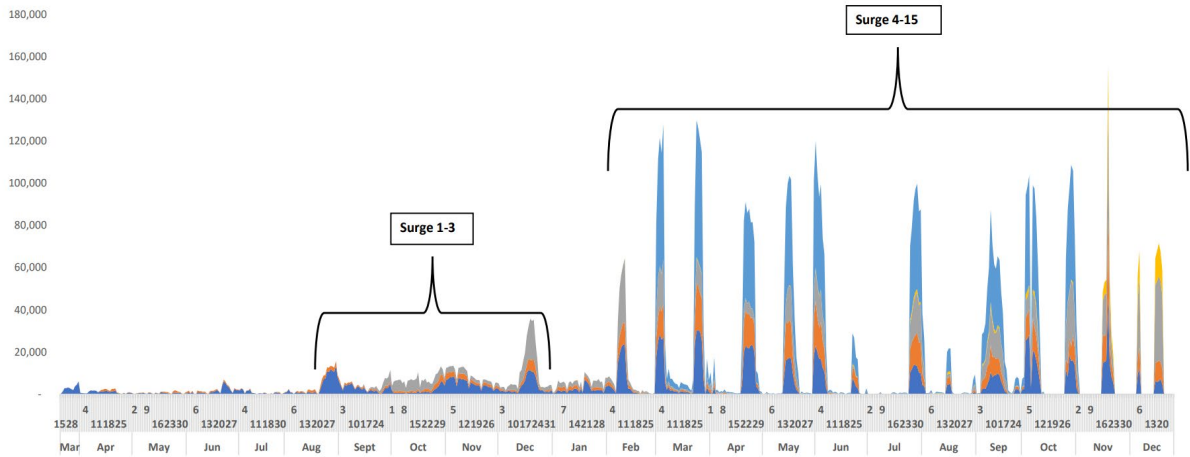


Figure 6: Trend of COVID-19 in Sierra Leone, 2020-2022

In terms of availability of COVID vaccines, by the end of the year, Sierra Leone had received 7 673 850 COVID-19 vaccine doses since the first shipments, with 71% from the COVAX Facility, 18% from the African Vaccine Acquisition Trust and the rest from bilateral arrangements and donations. So far, 6.3 million doses have been administered, with 71.2% of the target population aged 12 years and above fully vaccinated. Different approaches and strategies have been used to ensure leave no one behind in terms of accessing COVID-19 vaccines.

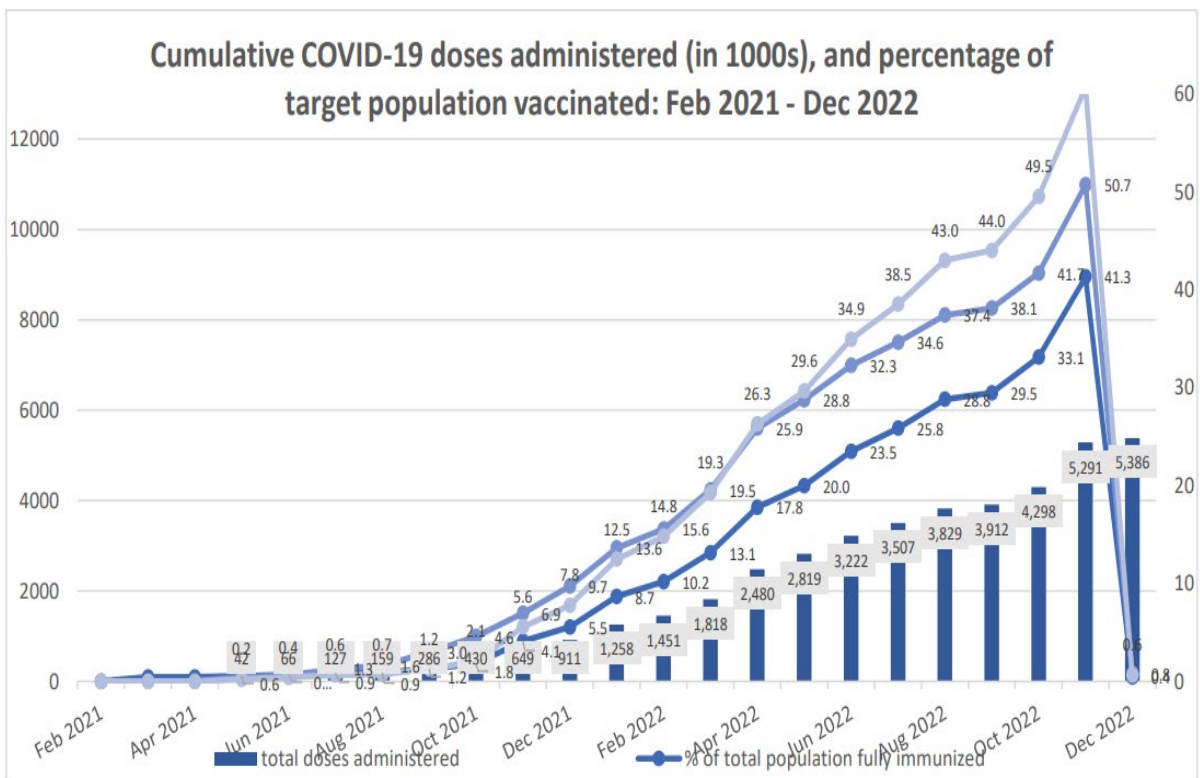


Figure 7: COVID-19 vaccination and target population reached, 2021-2022



Reaching hard-to-reach communities with COVID-19 Uptake

Also, COVID-19 vaccination was integrated into routine immunization programs to enhance sustainability.

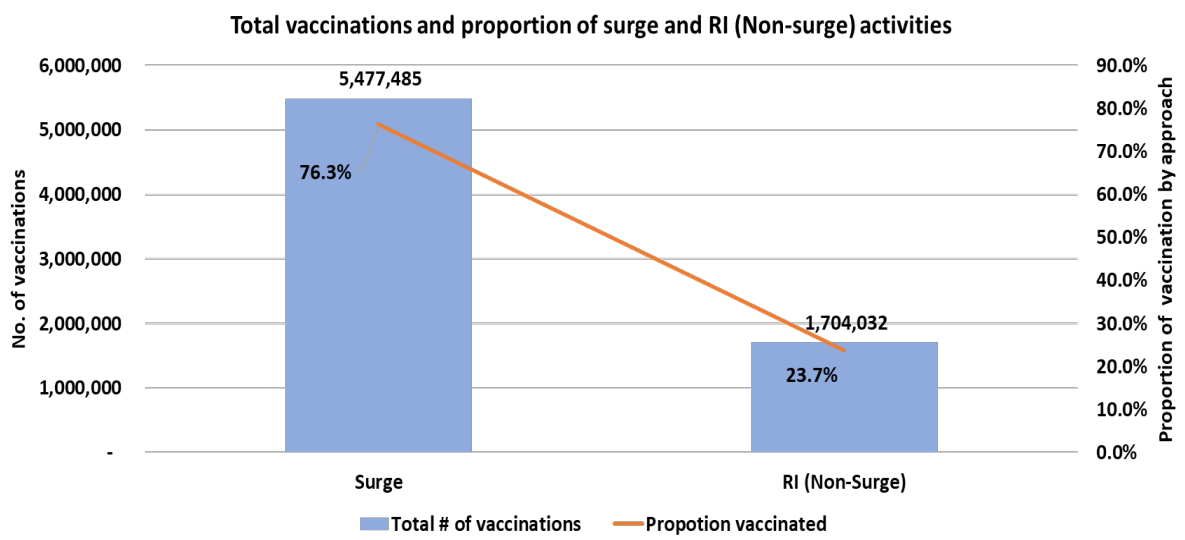


Figure 8: Comparison of performance in COVID-19 Vaccination by Surge and RI(Non-Surge)

HPV vaccine introduction launch in Bombali District 2022

The new vaccine's introduction was a key activity undertaken by the government of Sierra Leone during the year. In September 2022, Sierra Leone introduced the Human Papilloma Virus (HPV) vaccine into the routine immunization schedule and launched the start of a campaign that reached 173,458 girls with the first dose of the vaccine as a strategy toward cervical cancer elimination in the country.



To facilitate effective implementation of the vaccine introduction, WHO supported resource mobilization, planning, coordination, development of training materials, training of healthcare workers, and monitoring and supervision of the implementation of the introduction campaign for girls 10 years old.

The intervention was supported by Gavi, the Vaccine Alliance (Gavi), the United Nations through WHO, UNICEF and UNFPA

With the support of WHO District Surveillance Officers (DSOs) were capacitated to conduct active surveillance visits using the electronic surveillance (eSURV) ODK tool. Feedback received from WHO and national supervisors during ISS and eSURV visits indicated gaps in VPD surveillance. Hence VPDs surveillance enhancement trainings were conducted for national, district and service delivery focal points. A total of 1,713 (8 National Surveillance

“Enactment of the Tobacco and Nicotine Control Act of 2022 is a remarkable success for public health in Sierra Leone. WHO is proud to have worked very closely with the government, civil society, the lawmakers and the different partners that have supported the process over the years for the development of such a comprehensive tobacco control regulation”.

Dr Steven Velabo Shongwe
Former WHO Representative, Sierra Leone



Officers (NSOs), 32 District Surveillance Officers (DSOs), and 1,673 Health Facility Focal Points health workers were trained in VPD surveillance.

WCO provided technical and financial support for national polio committees’ activities, quarterly surveillance review meetings, national and district level monitoring, and supervision of VPD surveillance activities, laboratory services, and the verification and investigation of suspected cases and outbreaks of VPDs. A total of 142 AFP cases were reported and investigated with the country achieving a non-polio Acute Flaccid Paralysis (AFP) rate of 4.1% and 97% of two stools collected within 14 days of onset of paralysis.



Health Workforce

To improve the continuity of essential health services which have been disrupted during the COVID-19 pandemic, WHO in conjunction with the Ministry of Health and Sanitation supported in building capacity for coping with stress and building resilience of health workers during COVID-19 and other emergencies. A total of 37 females and 26 males mostly from District Health Management Teams across all 16 districts and Directorate of Human Resources for Health were taken through various strategies and methods to cope with stress personally and to assist others. The workshop was interspersed with physical and relaxation exercises which was facilitated by qualified exercise trainer, trained mental health practitioners, psychologist and experienced health workers with good background in stress-coping-related exercises.



Various initiatives and activities have been supported to improve HRH. Among others the Directorate of Human Resources for Health was supported to participate in a regional workshop in Rwanda to improve the capacity of countries on conducting and using health Labour market analysis in the African region. This support resulted in strengthening the dissemination of Sierra Leone's Health Labour Market Analysis Report.

During the year, with WHO support, the Global Coordination meeting for strengthening midwifery education (the 5-country project) was hosted and piloted the new WHO Midwifery education toolkit. Over 80 maternal and child health experts from Sierra Leone, Malawi, Bolivia, Pakistan, and India, and other global health partners gathered in Sierra Leone and discussed the strategies to strengthen the quality of midwifery education and training to curb preventable death of mothers and newborns. Meanwhile, support was provided to the Ministry of Health and Sanitation for the harmonization and validation of 44 midwifery management tools

Improved access to Essential Medicines, Vaccines, Diagnostics, and devices for Primary Health Care

Quality, Safety, and equitable access to health products



In 2022, WHO donated 900 oxygen cylinders with regulators and humidifiers to the Ministry of Health and Sanitation as a response to the need for oxygen in public health facilities across Sierra Leone. The COVID-19 pandemic exposed gaps in the country's health system to respond adequately to patient needs, especially with the provision of life-saving medical oxygen. Each of the cylinders donated could hold 40 liters of oxygen.

The 900 oxygen cylinders provided by WHO were an important part of an entire system approach in the provision of this lifesaving commodity to patients, including those with COVID-19, whose lives can be saved with the reliable provision of oxygen.

Meanwhile, the country made progress in putting together a long-term plan for oxygen supply chain management through a technical working group. This will advise the MoHS (Ministry of Health and Sanitation) and partners on a more practical way to provide sustainable oxygen, including distribution, and local refilling of cylinders.

Safe Blood Services

Hemorrhage is the leading direct cause of maternal mortality in Sierra Leone. One of the contributing factors is the limited supply of blood products and weak blood transfusion services as was reported in the 2020/21 Maternal Death Surveillance and Response Annual Report. The key recommendation from that report was to strengthen the National Safe Blood System to ensure that safe blood is readily available to manage hemorrhages. During the review period, WHO supported the National Safe Blood Services (NSBS) Task Force Meetings to discuss gaps, implement recommendations, and garner support at the national and district levels to improve safe blood transfusion services in the Country.

Other activities supported by WHO include the commemoration of World Blood Donor Day 2022 to raise awareness of safe blood and the important contributions of voluntary unpaid blood donors in saving the lives of people in need of blood. Blood donation drives were also organized as part of the event.



Addressing antimicrobial resistance (AMR)

Sierra Leone is participating the , 17 research papers on AMR-related priority topics were published by Sierra Leonean researchers on AMR. These papers were published in unrestricted access peer-review journals and disseminated across various levels as part of WHO's efforts to increase the global body of evidence on AMR for decision-making, through collaboration with African Regional and national structured research and training initiative (SORT IT).

The Sierra Leone AMR SORT-IT module three training was completed using the virtual SORT-IT platform which was specifically developed to support the effective implementation of the AMR SORT IT program during the COVID-19 pandemic. The training was successful as all 12 national SORT IT research participants (33 % female) completed the training and required milestones and have published all 13 research articles in the International Journal of Environment Research and Public Health (IJERPH) with an impact factor of 4.6.



Photo : SORT IT research participants, mentors, and subject matter experts at the module three training in Freetown, Sierra Leone 2022.



Photo: Peer reviewing process by the SORT IT participants at the module four training in Freetown, Sierra Leone, 2022.



Photo: Africa regional SORT IT participants and relevant AMR stakeholders at the dissemination meeting in Freetown, Sierra Leone.

Further support was provided to the National AMR Coordinating Unit of the Ministry of Health and Sanitation for the dissemination of *National SORT IT AMR research findings* conducted by the 12 national SORT IT participants. The dissemination drew the interest of government officials and AMR stakeholders to the research findings, and conclusions. All 12 national SORT IT participants presented 13 operational research findings to the AMR stakeholders (59 AMR stakeholders including 24 women selected using a One Health approach from the relevant ministries, departments, and agencies). The 13 research articles have been published in the International Journal of Environmental Research and Public Health (an open-access journal with an impact factor of 4.6). Additionally, seven out of the 12 studies have been selected for special AMR SORT IT impact studies that are ongoing.

To better understand the prevalence of antibiotic use at healthcare facilities in Sierra Leone, WHO supported MoHS in conducting a national Point Prevalent Survey (PPS) in 28 selected healthcare facilities. Findings from the study highlighted a high use of antibiotics in healthcare facilities and call for urgent implementation of antimicrobial stewardship programs in these healthcare facilities.



The majority of the antibiotics prescribed fall under the “ACCESS” group, however, 36% in the “Watch” group is a major cause for concern. The frequently prescribed antibiotics observed in the survey included: ampicillin, ceftriaxone, metronidazole, gentamicin, and amoxicillin and empirical treatment is the mainstay in most the hospitals.

CHAPTER 2: ADDRESSING HEALTH EMERGENCIES

WHO continued to support government efforts in strengthening the country's capacity to prevent, detect, and respond to public health emergencies and disasters by sustaining a functional disease surveillance system, strengthening laboratory capacity, and enhancing multi-sectoral coordination of preparedness and response.

Countries Prepared for Health Emergencies (EPR)

In 2022, Sierra Leone continued the implementation of the National Action Plan for Health Security as part of compliance with the International Health Regulations (IHR 2005) and to build core health security capacities. The internal self-assessment carried out in November 2022 as part of preparations for a Joint External Evaluation (JEE) found that the overall JEE score for the country in 2022 was 48%. Sierra Leone was the first country in the African Region to conduct a second JEE, and the 3rd country in the world to use the 3rd Edition of the JEE tool. The mandatory State Party IHR Report for 2022 was also successfully completed and submitted to WHO IHR secretariat of the World Health Assembly (WHA) as required.

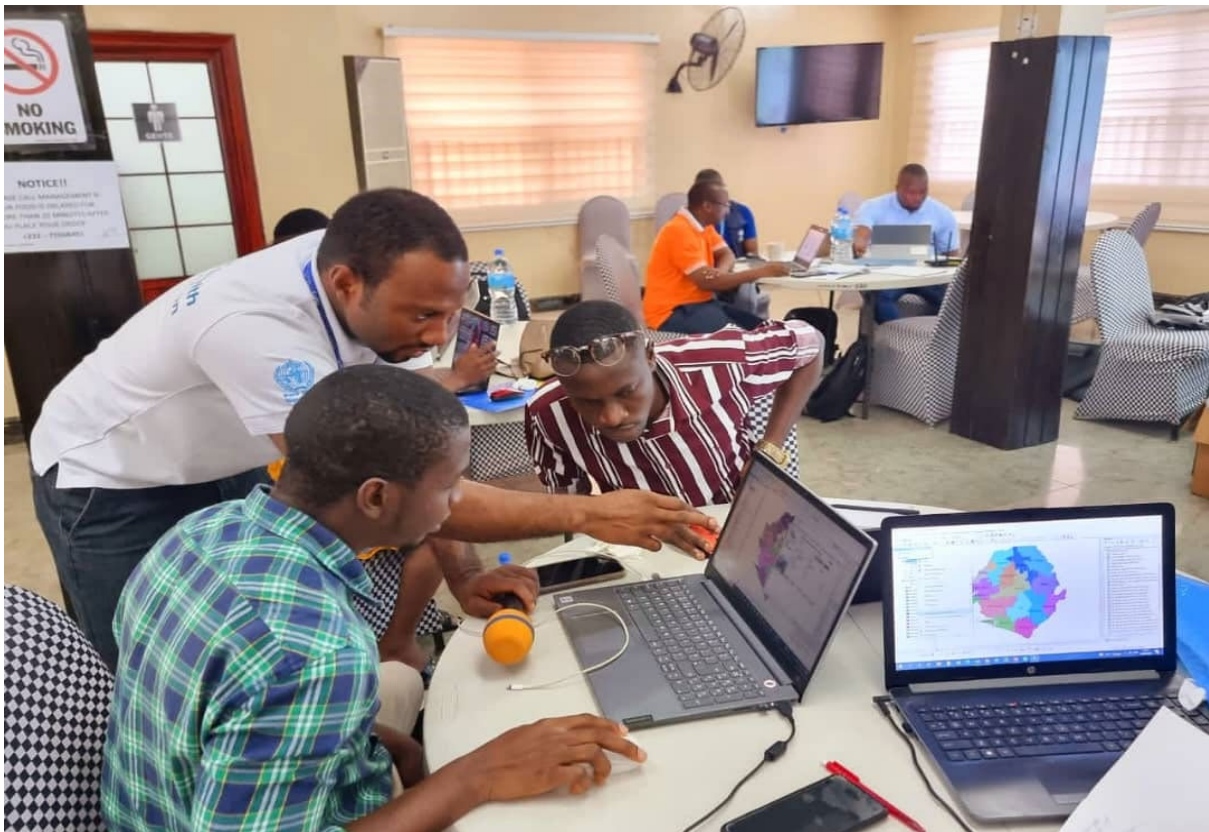


Controller and Evaluators Monitoring the Functional simulation exercise on EVD at the MoHS EOC December 2022

The availability of competent human resources with the right training and skills remains central to improving health security. WHO supported Sierra Leone to integrate IDSR-IHR content into the curricula of public health training institutions to alleviate some of the human resource challenges and gaps in implementing IDSR (Integrated Disease Surveillance and Response). Sierra Leone now has an IDSR-IHR curriculum being implemented in seven of the eight public health training institutions. Implementation of the IDSR/IHR curriculum is contributing to the institutionalization and sustainability of the IDSR strategy in Sierra Leone.

Epidemics and Pandemics Prevented

WHO supported MoHS to enhance the capacity of disease surveillance officers in field-based electronic data collection, increasing the versatility of data analysis by place, and producing better visualization of data analysis outputs using Geographic Information Systems (GIS) software for data analysis. MoHS staff were also provided with permanent licenses for ArcGIS for Desktop, a vital proprietary software for drawing maps. Skills acquired by the disease surveillance staff have strengthened routine disease surveillance activities and enhanced information management during disease outbreaks. This has improved the communication of public health surveillance information to decision-makers and other stakeholders.



WHO GIS specialist giving hands-on support during a training session for disease surveillance officers

To improve the value of public health surveillance information to decision-makers and other stakeholders, epidemiologic data should be representative of all sections of the population. Hence, in 2022, private health institutions across the country were integrated into the IDSR reporting system. Before this time, a considerable proportion of private health facilities were not submitting weekly reports of disease trends to the MoHS. Integrating private and faith-based health facilities into the IDSR system has improved the representativeness, and hence validity of the epidemiologic data.

COVID-19 surveillance and response have been integrated into the MoHS systems for disease prevention and control. Following the introduction of rapid diagnostic tests, most of the high-volume health facilities can now promptly and independently diagnose COVID-19 to ensure early detection of COVID-19 cases for clinical management. WHO continued to provide technical support to the MoHS surveillance pillar in activities related to the response to

COVID19 Outbreak. There has also been a strong collaboration between WHO and other partners supporting COVID-19 surveillance.

Health emergencies are rapidly detected and responded to

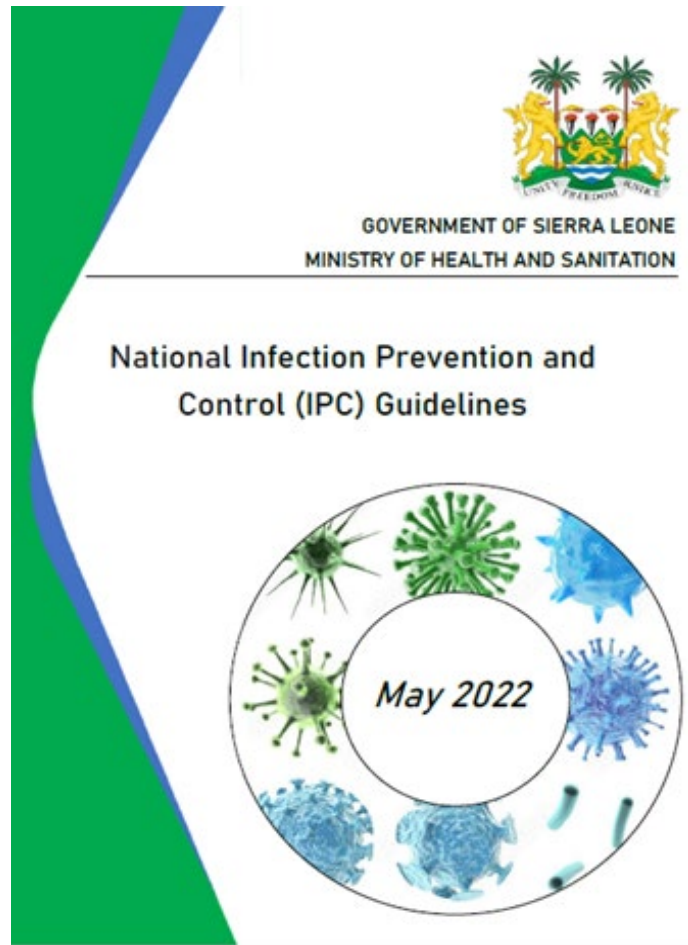
Sierra Leone has completed public health risk profiling using the Strategic Tool for Assessing Risk (STAR) and field testing of a new tool that will better position the country in terms of readiness to respond to the health consequences of disease outbreaks, as well as natural and man-made disasters using the all-hazard multi-sectoral approach to enhance operational readiness to respond to various emergencies. To further enhance national capacity for emergency response, WHO supported MoHS and stakeholders to develop costed contingency response plans for the country's top 10 hazards.

To improve biosafety and biosecurity, the WHO supported the MoHS to operationalize the new national biobank (as a national specimen archiving and pathogen characterization centre). A total of 12 national personnel were trained on the operational and technical components of the biobank, conducted a readiness assessment for the operationalization of the biobank, and facilitation of assessment of the availability and viability of bio-specimens and pathogens at Kenema and Makeni biorepositories.

WHO continues to support the Ministry of Health and Sanitation to ensure multisectoral coordination of preparedness and response to public health emergencies through the Emergency Operations Centres (national and sub-national), and disasters through the National Disaster Management Agency (NDMA). As a result of this support, response to emergencies has improved, as was shown during the response to the rainstorm & floods in August 2022

Strengthen Infection Prevention & Control (IPC) and health service provision

WHO supported MoHS in the review and updating of the Sierra Leone National Infection Prevention and Control (IPC) Guidelines (2016) in line with international best practices and standards, informed by WHO Guidelines.



To enhance improved hand hygiene compliance and quality of care in healthcare facilities, hand hygiene products most preferably alcohol-based hand rub (ABHR) should be reliably available at the point of care for routine healthcare services for the prevention of healthcare-associated infections and outbreaks. WHO over the years has supported MoHS in the local production of ABHR for use in public health facilities. In 2022 alone, a total of 11,180 liters of ABHR were produced and distributed across the country. The ABHR was a good example of value for money as the product was of good quality, cheaper, and increasing availability. The estimated cost of locally produced hand rub is between USD 2-3 per 500mls, compared to USD 10 for 350ml when buying from abroad.

Sierra Leone joined the world to commemorate World Hand Hygiene Day 2022. The theme for this year was “healthcare quality and safety climate or Culture”. The WHO provided financial support using SORT IT funds to the national IPC unit to organize a series of awareness-raising activities to commemorate the day including IPC stakeholders’ meetings at selected healthcare facilities. The celebration climaxed with high-level awareness-raising activities aimed at enhancing a safe hospital environment for patients, relatives, and healthcare workers and ultimately supporting quality service delivery.



IPC and AMR stakeholders that participated in WHHD 2022 in Freetown, Sierra Leone, 2022

Case Management



EPR Cluster Lead making a statement during the Inaugural Case Management Pillar Technical Working Group Meeting at Brookfields Hotel, Freetown, Sierra Leone, 2022.

There was a need for COVID-19 tools including therapeutics, training, and routine assessment to be implemented routinely to ensure quality care and reduce the morbidity and mortality associated with COVID-19. The WHO case management unit provided technical and operational support to the national case management pillar to update and validate the national COVID-19 case management guideline to reflect new therapeutics, oxygen therapy, and appropriate use of antibiotics to ensure quality care services to COVID-19 patients. A total of 17 case management experts (including five females) participated in the process. The updating exercise involved an interactive, structured methodology including a desk review of COVID-19 relevant documents (e.g. national COVID-19 guideline, recent WHO COVID-19 Clinical Management: living guidance and Therapeutics and COVID-19: living guideline and other research articles), group work, and plenaries. The validated guideline will be printed and disseminated to healthcare facilities and will help improve COVID-19 case management in health facilities.



A Cross-section of technical experts that participated in updating the COVID-19 case management guideline in Northern Sierra Leone, 2022.

CHAPTER 3: PROMOTING HEALTHIER POPULATIONS

Safe and equitable societies are promoted through determinants of health

Improvement in the management of severely malnourished children with medical complications admitted in the 21 Inpatient care Facilities (IPFs) across the country was observed following the capacity building of 13 Medical Doctors, 25 Community Health Officers (CHOs), and 4 Community Health Assistants (CHAs) working in these facilities held in August 2022. Data revealed an increase in the percentage of children that were successfully managed from 93.8% in September 2022 to 98.7% in December 2022 (Annual cure rate).



The Baby Friendly Hospital Initiative (BFHI) was established at the King Harman Road Hospital in May 2022 after training for 20 members of the hospital management and 40 maternity staff to support implementation. Data from routine monitoring revealed an increase in early initiation to breastfeeding and placing babies' skin-to-skin from 42% in June 2022 to 65% in November 2022 following the training of maternity staff.

Capacity was scaled up on BFHI in three hospitals (PCMH, Bo, and Port Loko) with 70 maternity staff trained to effectively implement the 10 steps to successful breastfeeding. This has resulted in the attainment of the global standards of 80% for trained staff on BFHI in four out of the five regional hospitals with PCMH (university teaching hospital) at 75%.

An increase of 7% (from 79.2% in 2021 to 86.4% in 2022) was observed in the early initiation of infants to breastfeeding based on one-to-interview sessions conducted with 6940 mothers in the five BFHI implementing hospitals. Data from the hospital on feedback from mothers stands at 93.8% for Bo; 90.8% for Bombali; 87.1% for Kenema; 73.2% for PCMH and Port Loko

63.8%. Frequent monitoring and supervisory visits will be undertaken in 2023 to improve and sustain early initiation to breastfeeding rates to attain at least 80% in all targeted facilities.

Monitoring and supervision reports from the five BFHI implementing hospitals revealed an increase in the number of mothers who benefited from one-to-one counseling sessions on optimal infant feeding from 5623 in 2021 to 6940 in 2022.

WHO supported coordination and collaboration among food safety partners, which contributed to the development of a Food Safety costed workplan (2022-23) with priority activities for implementation. The national Focal points for the International Food Safety Authority Network (INFOSAN) have been identified in five Key Ministries (Health, Agriculture, Trade, Fisheries, and Environment with the aim to strengthen the work of INFOSAN at the country level.

Health Promotion and Risk Factors

In 2022, Sierra Leone enacted a law to protect its population against the harmful effects of tobacco and nicotine products, which has been signed by His Excellence President in 2023. Enactment of the Act brought into force the full domestication of the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC), a treaty that was adopted at the World Health Assembly in 2003.

The Tobacco and Nicotine Control Act of 2022 was passed into law following consultative engagements with stakeholders including high-level advocacy meetings with the country's lawmakers through the WHO's support, to control and regulate the production, manufacturing, importation, packaging and labeling, advertising, promotion and sponsorship, sale and use of tobacco, tobacco products and other nicotine products in Sierra Leone.

When the implementation of the Acts takes effect, this public health instrument will help to protect people from the health, social and economic burdens associated with tobacco use and exposure to tobacco products. This law takes cognizance of all forms of tobacco and nicotine products including the emerging forms of tobacco such as e-cigarettes. The Act bans all manners of smoking in public places and all forms of advertisement of tobacco and nicotine products.

“Enactment of the Tobacco and Nicotine Control Act of 2022 is a remarkable success for public health in Sierra Leone. WHO is proud to have worked very closely with the government, civil society, the lawmakers and the different partners that have supported the process over the years for the development of such a comprehensive tobacco control regulation”.

Dr Steven Velabo Shongwe
Former WHO Representative,
Sierra Leone

Healthy environments to promote health and sustainable societies

Water, Sanitation and Hygiene (WASH) and Environmental Health

To identify WASH (Water, Sanitation, and Hygiene) service gaps and track WASH progress in healthcare facilities in the context of COVID-19, WHO supported the Ministry of Health and Sanitation to conduct WASH assessments in thirteen (13) secondary and tertiary hospitals. Findings show that all the hospitals had various sources of electricity supply, with generators making up 92.31% (12/13) of the total, 76.92% (10/13) of the total of National Power Grid, and 46.15% (6/13) of the total of Solar supply. Every hospital visited had a unique method of supplying water, with 92.31% (12/13) having a water storage tank, 76.92% (10/13) having public taps and pipes, 53.85% (7/13) having boreholes with a motorized pump, 15.38% (2/13) having rainwater collection, and 7.69% (1/13) having a dug well with a motorized pump.

In terms of waste management facilities available at the time of the assessment, 61.54% (8/13) of the hospitals had an autoclave, 38.46% (5/13) had an incinerator (2-chamber, 850–1000C), 30.77% (4/13) had an incinerator (other), and 23.08% (3/13) had no treatment available. In terms of cleanliness, 84.62% (11/13) of institutions had two or more upgraded restrooms for outpatients plus one for every 20 users or inpatients, while 15.38% (2/13) satisfied the criterion for outpatients or inpatients but not both. Regarding the availability of working hand hygiene stations at patient care locations, including delivery rooms, 84.62% (11/13) have all care locations with working hand hygiene (either water and soap or alcohol hand rub solution), and 15.38% (2/13) have at least 75% of care locations with functioning hand hygiene stations.



Electrical incinerator assessment Hand washing assessment Water supply assessment

Following a rainstorm and flashed flooding in August 2022 in Freetown, water quality testing was conducted by the Ministry of Health and Sanitation with the support of WHO in the affected communities. A total of 18 water samples were collected for analysis. All water sources sampled have a pH ranging from 6.8 to 7.5 and were within WHO standards (6.5 pH to 8.5 pH). Of the water sources 16 out of 18 sampled have Turbidity values within WHO standard of 5 NTU (Nephelometric Turbidity unit) - Except for one with 17 NTU and 5-6 NTU respectively. E-Coli or faecal coliforms were discovered in all the water sources in different

proportions. None of the water sources had free chlorine residual. The free chlorine in drinking water indicates that enough chlorine is needed in the water to inactivate the bacteria and some viruses that cause diarrheal diseases. 100% water sampled was Negative for non-fecal contamination.



Flooded community

Kolleh Town community well

Culvert Community well

Occupational Health and Safety

Human resources are a critical asset for the health sector. Hence providing occupational health and safety measures for protecting health workers is fundamental for well-functioning and resilient health systems, quality of care, and maintaining a productive health workforce. WHO supported the ministry's surveillance of the four categories of occupational health hazards: biological, ergonomic, chemical, and physical hazards in seven hospitals. Of the seven Hospitals, 2,779 health workers are under surveillance for occupational hazards. The report is indicated below:

Figure 9: Visuals of Health worker exposure to hazards and response

In area of Chemical events and waste, WHO provided technical support to the Ministry of Environment and Environmental Protection Agency in a study on the presence of leaded paint in the market in Sierra Leone and to review the drafted national lead in paint regulation. The findings indicated that of the 31 samples, 22 were oil paints, and nine water paints. The results revealed that 47% of the solvent-based paint (oil paint) samples tested positive for >90 ppm lead (above the WHO standard of 90 ppm (parts per million). The highest lead content detected was 32,000 ppm in the study.

For climate change and health, WHO facilitated the endorsement and signature of a commitment letter to climate change and health programs by Sierra Leone's government, through the Ministry of Health and Sanitation. The goal of the commitment letter is the

establishing a multi-sector advocacy network on the importance of addressing climate change in the health sectors.

CHAPTER 4: COUNTRY SUPPORT AND ENABLING FUNCTIONS

Strengthened leadership, governance, and advocacy for health

During 2022, WHO provided a strategic leadership role in the health sector driving the health agenda and positioning itself through advocacy, facilitating policy dialogues, development of policy and strategy, roadmap, and guidelines, among others.

Throughout the year, WHO continued to provide regular updates to the United Nations Country Team, comprising all the heads of UN agencies in the country on priority public health events and critical issues impacting health. This regular information sharing ensured that all the heads of agencies are fully informed of the health situation in the country to ensure prompt joint action in supporting the government where such actions are required. The implementation of the United Nations Sustainable Development Cooperation Framework (UNSDCF) Joint Workplan, outcome 3 “Access on Basics Services including quality education, health care, energy and WASH services” was Coordinated by WHO in 2022 through the quarterly meetings and presentation of the progress to Joint Steering Committee, chaired by the Minister of Planning and Economic Development of Sierra Leone.

WHO is in the lead position for partners coordination, building strategic partnerships, facilitating, harmonization, and alignment of partners’ interventions with national priorities, and ensuring mutual accountability. Being the secretariat of the Health Development Partners (HDP), WHO coordinated monthly HDP meetings, a platform that brings multilateral, bilateral, and international non-governmental partners together to coordinate efforts around strategic and priority issues affecting the health sector. Through the HDP coordination, MoHS was supported to develop the 18 months work plans for different programmes and units.

Country Program Budget and work plans developed in alignment with country priorities

The priority outputs to be implemented in the 2024-2025 biennial Program Budget have been identified in collaboration with the Ministry of Health and Sanitation through consultations with the leadership and technical units of the Ministry of Health and Sanitation and WHO. Twenty-two (22) outputs have been identified and rated as higher priorities to contribute to the achievements GPW13 targets at country level. The prioritization was informed by an inclusive analysis of GPW13 outputs and outcomes achievements, analysis of gaps to achieving SDGs, and alignment with national priorities.



WHO Sierra Leone & MOHS jointly Setting priorities for 2024-2 -25

The full involvement of the MoHS in the Strategic Planning, Programme and Budget process for the WHO Country Office granted the alignment of WHO interventions with country priorities and needs which will make an impact at the country level. This will also help Sierra Leone to contribute to the WHO reaching its commitment to accelerate progress toward reaching the triple billion targets.

Evaluation of Country Cooperation Strategy 2017-2021 and development of new CCS 2022-2025

The WHO Sierra Leone Country Cooperation Strategy 2017-2021 has been evaluated to assess the WHO interventions and contributions to Sierra Leone's health sector over five years. The evaluation also recommended the priorities for WHO focus for the new generation of CCS 2022-2025 generation. Key findings from the evaluation showed the relevance, effectiveness, efficiency, impact, and sustainability of WHO's contributions to the overall achievements of health sector in Sierra Leone.

The CCS evaluation identified key constraining factors and gaps to be addressed in the new generation of CCS. These include preventable maternal and child deaths, the burden of communicable and non-communicable diseases, the country's capacity for preparedness and response to public health threats and addressing risk factors and root causes promoting the health and well-being of the healthier population.

Based on from the CCS 2017-2021 evaluation recommendations, A new WHO Sierra Leone Country Cooperation Strategy (CCS 2022-2025) was developed in consultation with the Ministry of Health and Sanitation (MoHS), and Development Partners. The new CCS is in alignment with the WHO thirteenth General programme of Work or GPW13 and the government's priorities and needs, as set out in the National Health Sector Strategic Plan 2021-2025.



TWG For WHO Country Cooperation Strategy

The Strategy will be implemented through four strategic priority areas: 1) Scale-up priority interventions on Integrated patient -centered UHC services through the life course approach, 2) Strengthen the resilience of the health system to address public health emergencies; 3) reduce/control exposure to risk factors that undermine population health and well-being; 4) Improve Country Capacity in data, research and innovation for evidence-based leadership

Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthening partnerships

The operations cluster provides support services to the country office and serves as the administrative, financial, human resources, ICT, procurement, and logistics hub for the country office activities and/ programmes. Since the effectiveness of programme delivery is dependent on the operations cluster, the cluster has been positioned to offer services on demand through several mechanisms.

In 2022, WHO country office mobilized funds leading to an increase in the budget space for the 2022-23 Biennial work plan from USD 9,304,651 at the beginning of 2022 to USD **17,146,535** at the end of 2022. Most of the resources mobilized intended to support the national response to COVID-19 and the strengthening of the health systems to be resilient to health emergencies and outbreaks.

As at the end of 2022, the CO had mobilized over USD17m – 20% internally generated funds (assessed contributions) and 80% as voluntary contributions.

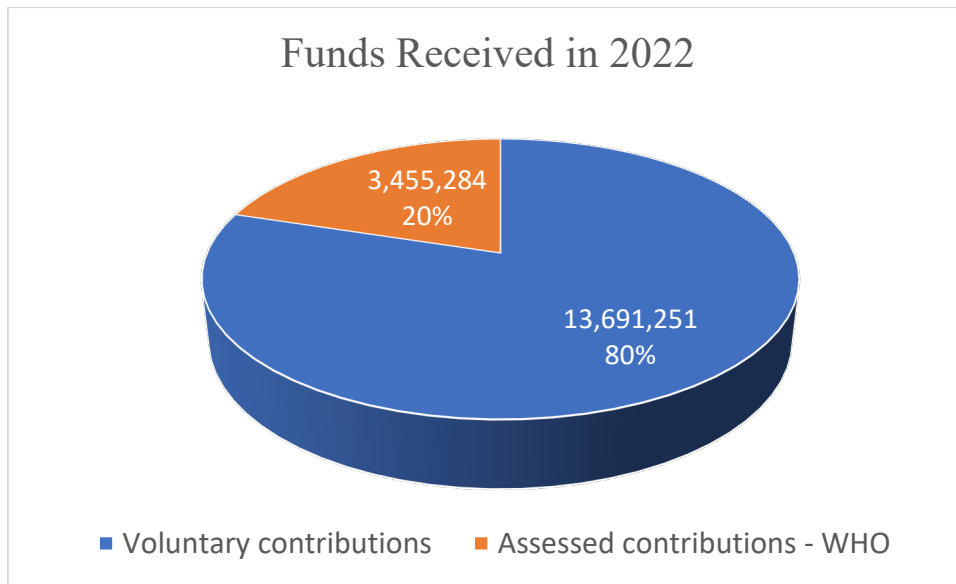


Figure 10: Overall Funding for WHO in Sierra Leone, 2022

Total expenditure for 2022 amounted to USD9,788,945 with majority of the funds incurred on staff costs and contractual services.

Table 1: Total expenditure by Category, 2022

Expenditure Type	2022
Contractual services	3,531,534.00
Equipment, Vehicles and furniture	81,880.00
General operating expenses	461,251.00
Medical supplies and materials	297,219.00
Staff and other costs	4,463,942.00
Transfers and grants to counterparts	356,022.00
Travels	597,096.00
	9,788,944.00

WHO Sierra Leone has built good relationships with existing and new donors and partners. High-level consultations between WHO and heads of key donor agencies culminated in new funding opportunities. Regular technical meetings were held between technical units and donors to monitor the implementation of funded plans which improved grant management, regular donor reporting, accountability, transparency, and trust between WHO and its donors. The figure below shows key donors who supported the implementation of WHO work plan in 2022.



Figure 11: Donors for 2022-2023 Workplan

Human, and administrative resources managed efficiently

As an organization with the vision of a world in which all peoples attain the highest possible level of health, and our mission to promote health, keep the world safe and serve the vulnerable, with measurable impact on people at the country level, our major assets/resources in achieving this vision and mission are the human resources of the organization.

WHO Sierra Leone has a staff strength of 88 comprising of 18 international staff, 66 national staff and 4 consultants. Of the 88 number staff strength, 62 are technical staff (national and international) who are involved in the core functions of the organization entailing – providing Leadership on Global Health, shaping the research agenda, setting the standards for global health, advocating for evidence-based ethical policy and monitoring and assessing health trends and concerns. The rest of the staff members are operations staff, and they provide the logistics, financial and procurement services that ensure effective and efficient programme support.

There were a couple of amendments to the staff rules and regulations in the following areas through the various information notes which have been circulated to the staffs:

- Staff Health Insurance – reimbursement of Covid-19 tests and Covid-19 vaccines
- Amendments to the Staff Health Insurance Rules
- Introduction of the revised policy on Employment of persons with disabilities
- Amendments to WHO eManual sections III.4.2 to reflect the use of Clear Check Screening Database
- HR Agenda for Diversity, Equity, Equity and inclusion for the WHO Workforce and its Action Plan

- Important yearly reminder for United Nations Joint Staff Pension Fund (UNJSPF) participants
- WHO policy on prevention, detection and response to Fraud and Corruption
- Declaration of Interest for WHO non-staff workforce
- Introduction of Flexible Working Arrangements policy
- Revised Framework of Accountability of the UN Security Management Systems
- Electronic Travel Advisory (eTA)
- Disciplinary matters – WHO Country, Regional and Headquarters Offices
- WHO Security Management Policy
- Amendment of GBA rules of Procedure
- Election and Appointment of Board – Election and Appointment of Board members

Preventing & Responding to Sexual Exploitation, Abuse and Harassment PRSEAH

The WHO Country Office conducted awareness of the Prevention and Response to sexual exploitation, abuse, and Harassment (PRSEAH) among WHO Country Office staff members, senior management, and technical counterparts at the Ministry of Health and Sanitation and outsourced staffs (cleaners, security guards and canteen) providing services at the WHO Country Office. This was to ensure compliance with WHO’s principles, policies, and standards.

Several memorabilia were printed from funds provided by the regional office to support the campaigns in respect of PRSEAH and increase awareness of the concept as there is **“NO EXCUSE”**.



Furthermore, WHO collaborated with the Ministry of Gender and Children’s Affairs to raise awareness on the National Sexual and Gender-Based Violence Response Strategy and Sexual Offences Amendment Act of 2019 in all four regions of the country, reaching 120 stakeholders. The engagement was aimed at enhancing the effective implementation of the Act.







World Health Organization

SIERRA LEONE

POBOX: 529 Freetown, Sierra Leone

Tel: (232) 22 235587/235476/233565 Fax: (232) 22 235215

Email: afwcosl@who.int