World Health Organization

Country Cooperation Strategy at a glance

Sierra Leone

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Total population (2008)	**5 400 000**
Infant mortality	**158 per 1000 live birth**
Under-5 Mortality	**276 per 1,000**
Pentavalent 3 coverage	**80%**
Crude death rate	**17.3/1000 population**
Measles immunization coverage	**83%**
Polio immunization coverage	**81%**
Maternal mortality ratio	**495 per 100 000**
Total Life expectancy at birth	**49.4 years**
Total fertility rate	**6.3 per woman**
Skill attendant at delivery Births attended by trained health personnel (%)	**43**
Women (15-49) attending ANC, at least once (%)	**81**
Crude birth rate	**4 per 1,000**
Crude death rate	**19 per 1000**
Human development Index rank out of 177	**177**
Human Poverty index (HPI) out of 108	**102**

Sources:

1. Sierra Leone Census Report 2004
2. Human Development Report (2007/2008)
3. Roll Back Malaria Baseline Survey 2005
4. National population- based HIV sero-prevalence survey of Sierra Leone 2005
5. Multiple Indicator Cluster Survey (MICS 3) 2005
6. Bank of Sierra Leone Annual Report and Statement of Accounts 2006

Sierra Leone is located in the West African coast, bounded on the west by the Atlantic Ocean, on the north and east by Guinea and on the southwest by Liberia. Population movement across these borders is very high. Similarly the 3 countries have recent histories of insecurity and civil strife. Inter-country collaboration is carried out through the Mano River Union (MRU) as well as the economic community of West African States (ECOWAS). Sierra Leone has a surface area of 71,740 square kilometres. This tropical country averages an annual rainfall of 3,150 mm and the vegetation ranges from mangrove along the coast to forest covered hills and savannah further inland. The population of Sierra Leone is estimated at 5.4 million for 2008. About two-thirds of the population live in rural areas while a third lives in urban areas, mainly in the capital city of Freetown. Sierra Leone gained independence from Britain on the 27th of April 1961. The mainstay of Sierra Leone's economy is the agricultural sector with about 55% engaged in subsistence farming, industry, 25% and services 20%.

HEALTH & DEVELOPMENT

1. Economic and Social development

Based on the 2007 Human Development Report, Sierra Leone with a ranking of 177 out of 177 continues to be the least developed country in the world. This is corroborated by the fact that Sierra Leone is ranked 102 out of 108 in the Human Poverty Report with Human Poverty Index (HPI) of 51.7. Progress has however been made especially in creating enabling environment for socio-economic development. The economy witnessed an overall impressive performance in 2006 with real GDP growth estimated at 7.8% as against 7.3% in 2005.

2. Health profile

Life expectancy at birth in Sierra Leone is estimated at 47.5years[1]. Low life expectancy rate in Sierra Leone is associated with heavy disease ***burden*** and high ***child and maternal morbidity and mortality***. The underlying factors are pervasive poverty, high level of illiteracy especially among females, limited access to safe drinking water and adequate sanitation, poor feeding and hygienic practices, and overcrowded housing and limited access to quality health services.

Disease Burden: Malaria accounts for about 48% of out patient attendances, accounting to about 25% mortality in children and under-fives. The strategic direction for malaria control is vector control and, prevention of malaria, prevention of malaria-in-pregnancy and heath promotion. Significant are Acute Respiratory Illnesses (ARI), 27%, STI and Diarrhoea. HIV/AIDS prevalence is becoming a threat. The national sero-prevalence as at 2005 is estimated as 1.53%. For TB the number of DOTS centre has increased to 80 nationwide and the case detection rate rose from 42% in 2004 to only 52.1% in 2007. Lassa Fever control scaled up. Mass drug administration pursued in control of Onchocerciasis. Hypertension, diabetes and mental illnesses are increasing with drastic changes in lifestyle and drug abuse.

Child and Maternal Morbidity and Mortality: Data shows that Sierra Leone has the highest under-five mortality rate in the world, with almost one out of three dying before the reaching the age of five. Main causes are Malaria, Diarrhoea and Pneumonia. Neonatal mortality account for 20% of all U5 mortality. Malnutrition plays an important part in U5 mortality. Sierra Leone is ranked as having the one of the highest rates of maternal mortality in the world. The main causes are obstructed labour, haemorrhage, anaemia and toxaemia in pregnancy.

3. Health systems

(a) Functional health facilities - There is inequitable distribution of service delivery points, rural areas suffering neglect; Challenges faced in supply of drugs and medicines, blood transfusion services, equipment supply and laboratory services (b) Human resources for health – Severe sshortfalls persist in the public services in 2008: Of 300 medical officer required, 78 are available; 600 nurses required, 315 available; 300 midwives required. (c) Administration and management of the health care delivery system – There is ongoing sector reform, in 2005, all primary health care (PHC) activities were devolved to local councils. As a result, government allocations for PHC are directly allocated to district councils through the Ministry of Local Government. The local councils in turn fund health activities proposed by the DHMT. (d) Health care financing - about 69.3% of the total health expenditure in Sierra Leone is out-of-pockets spending, 19.3% from the public sector and 0.4% from the private sector. The challenge here is to adopt a health sector financing policy and strategy that will be both equitable and pro-poor.

OPPORTUNITIES	CHALLENGES
• Specific investments to improve the immunization system to include EPI desk review; data quality audit; RED approach • Guinea Worm free certification • National health policy in place • Decentralization and restructuring of health service • Availability health sector policy • Donor focus and funding on reproductive, maternal and child health • Soon to be available Demographic Health Survey results	• Weak referral system between PHUs, secondary and tertiary health care levels. • Unavailability of comprehensive health system financing policy and health system financing strategic plan with a roadmap • Scale up to full immunization coverage • Administration of and management of healthcare delivery system • Heath care financing • Scaling up of HIV/AIDS • Finalization of policies, legislation, and strategic plan in health sector • Development of operational plans, guidelines and tools to improve service delivery • Improving health information data collection and management

PARTNERS

In addition to WHO, main partners working in health include: UN Agencies (UNICEF, UNFPA, UNDP, FAO, and WFP), the World Bank, EU, DFID, Irish Aid and the ADB. The interventions in the health sector by UN Agencies are undertaken on an individual and/or collaborative basis within the framework of the UNDAF. Bilateral partners include the EU, ABB and DFID

Since 1996 the health sector was primed to move towards a sector-wide approach for health delivery. Currently the MOHS has developed a sector programme with a three-year rolling plan.

The main mechanisms for coordination in the health sector are:

Health Policy Advisory Committee: Membership is drawn from directors of the ministry and representatives of WHO, UNICEF, UNFPA AND WFP; **Inter Agency Coordinating Committee (ICC)** - The committee oversees the planning, resource mobilization, and partnership for EPI activities; **Country Coordination Mechanism (CCM)**- CCM oversees the implementation of projects financed through the GFATM and meets quarterly; **Health Development Partners forum –** This forum meets monthly to share information and enhance coordination of activities; **PRS Sectoral Task Force for Health**-This Task Force reports to DEPAC, makes the tracking and monitoring of HIPC resources allocated to the health sector; **Development Partnership Aid Coordination Committee (DEPAC)**–It is constituted of government ministers, bilateral, multi-lateral partners, and UN Agencies. It is established to monitor the flow of donor assistance and the implementation of agreed projects, including health.

OPPORTUNITIES	CHALLENGES
• Mechanisms for coordination of donor aid and health sector coordination is in place • WHO collaborating with partners to conceptualize and implement health projects(joint programming)	• Keeping the health sector coordinating bodies active • Unidentical individual agencies programme cycles and programme focus • Limited capacity within MoH to coordinate

WHO STRATEGIC AGENDA (2008-2011)

The CCS is an articulation of WHO corporate strategy at the country level. The objective is to assist Sierra Leone in the attainment of the best possible level of health.The following are the programmatic areas.

1) **Strengthening of the health system:** Health and management information system; Development of human resources for health; Health systems research; Health sector reform - Organization and management of the health sector; Health care financing; Health technology (Safe blood transfusion; Medicines and medical supplies; Laboratory services)

2) **Disease prevention and control:** Disease of poverty - HIV/AIDS, Tuberculosis and Malaria; Epidemic diseases – Cholera, Meningitis, Yellow fever and Lassa fever; Neglected tropical diseases - Guinea worm, Leprosy, Lymphatic Filariasis, Onchocerciasis and Schistosomiasis; Noncommunicable diseases - Mental health and Other noncommunicable diseases (Cardiovascular diseases; Diabetes mellitus; Cancers Oral health)

3) **Health promotion:** Health promotion and protection; Nutrition; Disability and injury prevention; Health and environment

4) **Reproductive, child and adolescent health:** Sexual and reproductive health; Making pregnancy safer; Integrated Management of Childhood Illnesses (IMCI); Adolescent health; Gender-based violence; Expanded Program on Immunization (EPI)

5) **Partnerships and coordination:** Development of partnerships - UN agencies, Multi-lateral and bilateral agencies, International NGOs and National NGOs; Strengthening coordination role of the Ministry of Health and Sanitation; Improved capacity of WHO staff; Enhancing WHO leadership; Strengthening WHO country presence and capacity

The momentum created by the first CCS in the shift in the general direction of WHO action at the country level will be continued, moving WHO action from the operational to the strategic level, brokering action in the health sector rather than implementing. In implementing the strategic agenda, WHO will collaborate with all stakeholders in complementary and synergistic ways, ensuring that there will be no duplication and wastage of resources. Each of the three levels of the Organisation will be involved in the implementation of this agenda. The CCS will be monitored through routine WHO mechanisms: Semi-annual monitoring; Biennial reports.

WHO ATM Adviser participating in vaccination campaign

ADDITIONAL INFORMATION

WHO country page **http://www.who.int/countries/sle/en/**

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