

# UNIVERSAL HEALTH AND PREPAREDNESS REVIEW (UHPR)

## NATIONAL REPORT OF

## SIERRA LEONE

## NOVEMBER 2023



**UHPR**  
**NATIONAL**  
**REPORT**  
SIERRA LEONE | NOVEMBER 2023

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## FOREWORD

Lessons learnt from the Ebola epidemic in West Africa inspired us to build the foundation for a resilient healthcare system that would face future shocks and epidemics. Given our role in combating the epidemic, we are pleased that the World Health Organization (WHO) decided to use Sierra Leone as the first country in the Economic Community of West African States (ECOWAS) to host the pilot for UHPR following CAR, Iraq, Portugal and Thailand.

Both the Ebola epidemic and COVID-19 caught the world unprepared and we experienced significant loss of lives. As a result of these experiences, and in order to prevent them from reoccurring, Dr. Tedros Adhanom Ghebreyesus, the Director-General of the WHO announced in October 2020 a game changer namely, the Universal Health Preparedness Review (UHPR).

The UHPR is a voluntary state-driven peer review process, primarily to review processes and procedures, identify gaps in the healthcare delivery system and share these with other participating countries by being accountable, building on the strengths and working on closing the gaps. Undoubtedly, this will improve our capacity, promote transparency and accountability to enhance our emergency preparedness and engender universal health coverage.

Sierra Leone, as a part of the global commitment to meet the expectations of the UHPR, engaged in multi-sectoral coordination that did a situational analysis, identifying our healthcare practices, gaps and priorities. A three-day high-level participatory review of perspectives on governance structure, systems and finance was organized in Freetown on UHPR, which reviewed and provided several recommendations that consolidated into a Country UHPR report. Unique to Sierra Leone was the innovative Life Stage Approach, which takes care of individual citizens from birth to adulthood.

I am thankful for our esteemed Ministries, Departments and Agencies (MDAs), Civil Society Organizations, Inter-Religious Council SL, Health Development Partners, and other Health stakeholders who contributed towards the UHPR in Sierra Leone and enriching the Country report.

I have no doubt that the collaboration between all key stakeholders would create a synergy, resulting in a paradigm shift in preparing and responding to emergencies in Sierra Leone.

Our commitment to dealing with healthcare issues is very strong. There is a mutual collaboration between Parliament and the Ministry of Health. This, among other things, led to six (6) health-related bills, including the successful review and update of the 1960 Public Health Act, passed into law without delay.

As a Country, we join the global action for preparedness through collaboration across national and local governments, healthcare partners, all stakeholders and structures to ensure a resilient healthcare system for Universal Health.



**H.E RTD Brigadier Dr. Julius Maada Bio**

**President of the Republic of Sierra Leone**

## ACKNOWLEDGEMENT

A pilot of the Universal Health Preparedness Review (UHPR) was undertaken in Sierra Leone from the 2<sup>nd</sup> – 5<sup>th</sup> May 2023. This country report details the UHPR process, the findings and recommendations. This voluntary, multisectoral, inclusive and transparent process involved the highest levels of the country's leadership and stakeholders from relevant Ministries, Departments and Agencies (MDAs), development partners, UN Agencies, International NGOs, Civil Society Organizations etc.

The Minister of Health Dr. Austin Demby, the Universal Health Preparedness Review (UHPR) Steering Committee and the National UHPR secretariat extend their heartfelt appreciation to H.E. RTD, Brigadier Dr. Julius Maada Bio President of the Republic of Sierra Leone, Dr. Mohamed Juldeh Jalloh Vice-President, Republic of Sierra Leone and all key stakeholders who supported and meaningfully contributed to the successful completion of the UHPR in Sierra Leone.

### Special thanks to:

Name	Designation/Agency
Mr. Jacob Jusu Saffa	Chief Minister
Dr. Abass Bundu	Speaker of Parliament, Republic of Sierra Leone
Hon. Princess Dugba	Deputy Minister Health
Hon. Prof. Foday Jaward	Minister for Environment
Hon. Abubakar Karim	Minister of Agriculture
Hon. Moses B. Jorkie	Chair, Parliamentary Committee - Health
Hon. Sheku Ahmed Fantamadi Bangura	Minister of Finance

Hon. Mohamed Rahman Swaray (Minister of Information and Communications), Hon. David Moinina Sengeh (Minister of Basic and Senior Secondary Education), Hon. Maurice Panda-Noah (Minister of Internal Affairs), Hon. Manty Tarawalli (Minister for Gender & Childrens' Affairs), Hon. Bendu Gassama (Minister for Social Welfare), Hon. Francis M. Kaikai (Minister of Planning & Economic Development), Mr Andrew. J. Kai Kai (Chief Immigration Officer), and Mr. Abdulai Caulker (National Security Coordinator).

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Name	Designation/Agency
Dr. Elizabeth Makhubalo	Assistant Regional Director WHO AFRO
Dr. Gueye Abdou Salam	Regional Emergency Director WHO AFRO
Dr. Mike Ryan	Executive Director, WHO Health Emergencies Programme, HQ
Dr. Kasonde Mwinga	Director of Universal Health Coverage, Life Course Cluster AFRO
Dr. Stella Chungong	Director of Health Security Preparedness, WHO HQ
Dr. Babatunde A. Ahonsi	Resident Coordinator UN Sierra Leone
Dr. Innocent Bright Nuwagira	WR (a.i) Sierra Leone

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- UN Country Team Sierra Leone
- US-CDC
- CONCERN WORLDWIDE
- MSF Médecins Sans Frontières
- Other Partners

## I EXECUTIVE SUMMARY

Sierra Leone has suffered a series of serious health emergencies, mainly disease outbreaks and natural disasters. These events, especially the Ebola outbreak, exposed the country's fragile health system. The system suffered a severe shock. It has been further tested by outbreaks of Lassa fever (2021), COVID-19, Measles (2021-2023), and Anthrax (2022). Globally, the COVID-19 pandemic has exposed the fact that no country is entirely prepared for pandemics and underscored the need to strengthen health system resilience and promote Universal Health Coverage (UHC). Based on the lessons learnt from the pandemic, the WHO proposed a new mechanism to review country capacities for health emergencies.

The UHPR (Universal Health & Preparedness Review) is a member state-led review mechanism whereby countries agree to a voluntary, regular and transparent peer review of their comprehensive national health emergency preparedness capacities. UHPR as a means to strengthen health emergency preparedness takes into account health systems capacities to achieve universal health coverage (UHC) in the context of health security. It is about engaging the highest political level to create an enabling environment of governance, sustainable financing and investment towards a resilient national system. All relevant stakeholders including health, non-health sectors, civil societies, and partners were brought together to jointly contribute to emergency preparedness. Sierra Leone is the first country in West Africa to pilot the UHPR process. Undertaking the UHPR is a sign of commitment and determination of the country's leadership in improving preparedness for emergencies and protecting its population.

The UHPR was launched on 3<sup>rd</sup> May 2023 by the Vice President of the Republic of Sierra Leone, Dr. Mohamed Juldeh Jalloh, in the presence of a delegation of senior technical and management staff that represented the regional and global offices of WHO. The event was also attended by a broad range of high-ranking officials from the government, private sector, civil society, traditional rulers, healthcare professional associations, university students, elected officials, local and international NGOs, diplomatic corps, and the donor community.

The UHPR process in Sierra Leone enjoyed the highest level of political support. In 2022, key legislation such as the Public Health Act and the Tobacco & Nicotine Control Act, were enacted. The One Health policy was also developed. Sierra Leone is implementing the 'life stages framework for people-centred care' and has steadily built up its health security capabilities in the aftermath of the Ebola outbreak. Digitalization of the country's disease surveillance system has been acknowledged as a best practice in the region. Budgetary allocation to the health sector has steadily increased and now stands at 11.6%.

The health system has major challenges, especially inadequacy of human resources, inconsistency in the supply of health commodities, weak health information management system, inadequate health infrastructure, and unfavourable health-seeking behaviours. Health out-of-pocket expenditure per capita is high and funds for emergency response are not readily available at the time of need. The establishment of the NPHA is underway. One Health collaboration is being enhanced, including at the district level. Protection of vulnerable populations is now being reinforced with a 'leave-no-one-behind' mantra in every public sector planning. The capacity of the health system to deliver services will be enhanced, including a special focus on human capital development. Surge capacity for health emergency response has been prioritized. The health information management system is being digitalized. The inclusion of communities and wider profiles of stakeholders in health is being encouraged. The implementation of Insurance Sierra Leone Social Health Insurance (SLeSHI) will reduce out-of-pocket health expenditure and expand access to healthcare. A trust fund for health emergency preparedness and response has been proposed.

## II. COUNTRY CONTEXT

### 1. Country background



Sierra Leone is a Low-Income Country located on the West Coast of Africa and covers an area of about 72,000 square kilometres (28,000 square miles). It is bordered by the Republic of Guinea on the north and northeast, and the Republic of Liberia on the east and southeast, while the Atlantic Ocean extends approximately 340 kilometres (211 miles) on the west and southwest.

Sierra Leone has a total population of 7,534,883 of which 48% and 52% are male and female, respectively (1). It has the characteristics of a young demography, where 14.9% are children under five years of age and 42.5% of the population are children (below 15 years old). 53.0% of the population are within the working age (15-64 years old) and only 4.2% are aged 65 years and above. Adolescents (10-19 years) constitute 22.9% while women of reproductive age (15-49 years) constitute 24.8% of the total population (2). Youth (defined as people aged 15–35 years) comprise 39.4% of the population in Sierra Leone (3). Since 2000, Sierra Leone has made progress in improving important health indicators. Recent Sierra Leone Demographic and Health Surveys (SLDHS) show in 2019 (4), Under-5 mortality decreased from 156 deaths per 1,000 live births in 2013 to 122 deaths per 1,000 live births in 2019. Similar patterns were observed for infant mortality (92 deaths per 1,000 live births in 2013 to 75 deaths per 1,000 live births in 2019) and neonatal mortality (39 deaths per 1,000 live births in 2013 to 31 deaths per 1,000 live births in 2019). There was a 40% reduction in the Maternal Mortality Ratio (MMR) from 1,165 deaths per 100,000 to 717 deaths per 100,000 between 2013 and 2019. The recent (2000-2020) Global Maternal Mortality Ratio estimates 443 maternal deaths per 100,000 live births. In Sierra Leone, life expectancy at birth has improved by 12 years from an average of 48.7 years in 2000 to an average of 60.8 years in 2019 (5). GDP per capita was US \$ 528 in 2019 while Health expenditure as a % of GDP was 9% in 2019. (5)



The Ministry of Health and Sanitation governance structure has the Minister of Health and Sanitation as the executive head of the Ministry. The Permanent Secretary is the government business administrative head and the Chief Medical Officer is the technical head of the Ministry. Directorates, programmes and district health management and functional structures are built into the Ministry's organogram. The Ministry has the National Health and Sanitation Policy, Universal Health Coverage Roadmap, National Health Sector Strategic Plan,

Health Financing Strategy and the National Public Health Agency Act, among many other existing health sector policies, legislations and regulatory bodies. There is also an existing Sierra Leone Social Health Insurance Act. The National Steering Committee for UHC and Secretariat also exist.

The country is served by a network of 1,400 public and private health facilities, including 40 secondary and tertiary hospitals. The health system is organised into three tiers of care: Peripheral Health Units (PHU) with the extended Community Health Workers (CHWs) programme; District Hospitals; and Referral Hospitals. The Government of Sierra Leone has rejuvenated its commitment towards universal health coverage, and this was marked by the development of a UHC Roadmap and the National Healthcare Financing Strategy. One of the key strategic pillars in the UHC roadmap is to strengthen health security and emergencies.

The government further reinforced its commitment by increasing its allocation to health of the national budget from 7.5% in 2018 to 11.6 % in 2022. This is a huge progress and illustration of commitment to reach the Abuja Declaration of 15% of GGE to health. The health financing strategy outlines several proposed interventions towards improving domestic mobilisation of funds, including introducing several tax options and national health services, while also reducing fragmentation and improving strategic purchasing. The MoH also, through the national public-private partnership office, established a public-private partnership desk and technical working group for health.

## 2. Country risks

Sierra Leone recently conducted a national risk assessment using the All-hazards approach, developing, strengthening and using elements and systems that are common to the management of all hazard types. A time-based assessment using the Strategic Tool for Assessing Risks (STAR) focused on existing capacities and information available. The risk assessment was conducted by a multisectoral, multidisciplinary team recognizing that the various government ministries, private sector entities and civil society have a role to play in risk management. A total of Twenty-Two (22) risks were identified of which Ten (10) risks were ranked as high. These include Mining hazards, Transportation accidents (RTA, Boat or Ferry capsized), Hepatitis B, VHF (Lassa, Marburg, Ebola), COVID-19, Antimicrobial resistant microorganisms (AMR), Cholera/ Acute Watery Diarrhoea, Fire, Floods, Mudslide/Landslide. Six risks ranked as moderate: Acts of Violence (Bike riders, football hooliganism, domestic violence), Civil unrest, Rabies, Measles and Rubella, Influenza-like illnesses, Storm. Four risks ranked as Low: Prolonged Power Outage Affecting Major Health Facilities, Anthrax, Monkeypox, and Brucellosis. One ranked as Very low: Meningococcal Disease (6).

Regarding human resources for health, the country faces severe challenges with the right skilled mix of the required health professionals. Persistent gaps in human resource capacity exist across all cadres, districts, and healthcare levels within its public-sector health workforce. Since the introduction of the Free Health Care Initiative in 2010, the health workforce has grown significantly – effectively doubling by 2011 (7). The recent Health Labour Market Analysis (8) revealed that there are about 530 active medical and dental professionals in the country, accounting for 5% of the HRH workforce. Most of the HRH workforce is the nursing and midwifery personnel, representing 81% (an estimated 9,491 personnel). There are 0.74 medical doctors per 10,000 population (9).

## 3. Most relevant and innovative actions during the COVID-19 and other recent emergencies

Sierra Leone has responded to COVID-19 since March 2020 when the index case was identified. Two (2) Intra Action Reviews (IAR) have been conducted since the COVID-19 response (2020 & 2022). These IARs informed progress made in tackling and containing the spread of the virus as evidenced by limiting the transmission of the disease, enhancing preparedness for future waves of COVID-19 and reducing morbidity and mortality. Sierra Leone was among the first group of countries in Africa that had the capacity to test and confirm COVID-19. However, the testing capacity (test per capita) was suboptimal and gradually improved. This success is attributed largely to the efforts made through inter-pillar action collaboration facilitated by the technical guidance of the Ministry of Health and Sanitation (MOH) that leads the biomedical aspects along with the integrated operational support provided by Ministries, Departments and Agencies (MDAs).

Successes include (10):

- Highest level of political involvement in COVID-19 preparedness activities

- Early introduction of mandatory screening of in-bound travellers from epicentres of the outbreak
- introduction of intermittent lockdowns to enhance COVID-19 surveillance and control the Ebola outbreak.
- Introduction of community by-laws to control the movement of people during outbreaks.
- COVID-19 mortality surveillance by screening of corpses
- Sero-prevalence survey to establish excess mortality due to COVID-19
- Digitalization of disease surveillance reporting system
- Integration of COVID-19 into routine health services, especially case management and immunization
- Published a few research papers that inform practice
- Training and rollout of vaccine champions

The Civil Society Organizations (CSOs) in Sierra Leone were also an integral part of the COVID-19 response. CSO engagement ranged from policy advocacy, local-level resource mobilisation, rumour rebuttal, monitoring, awareness raising and sensitization of community stakeholders, to collaboration with various MDAs at district and national levels.

Sierra Leone responded to an outbreak of Lassa Fever occurring amongst health workers in a non-endemic district in Sierra Leone with exported cases to the Netherlands. This resulted in three (3) deaths with a case fatality rate (CFR) of 60%. The outbreak tested multiple technical capacities in the International Health Regulations (2005) in a real-life setting. In line with the MOH's National Emergency Response Plan (NERP) and the International Health Regulations (IHR) 2005 Monitoring and Evaluation (M&E) Framework, an Action Review (AAR) was conducted (11).

Key Successes:

- Sustained multisectoral coordination and effective response, adequate information sharing at both vertical and horizontal levels, this strengthened partners' collaboration and commitment at the national level and district levels
- On the job-training and mentorship in Ring facilities to strengthen IPC compliance
- Active follow-up on all contacts for 21 days
- Robust implementation of Ring IPC measures with urgency through refresher -on the Job training and mentorship of health care personnel in Masanga Hospital
- Effective collaboration of key stakeholders (Partners, Community Health Workers, Inter-Religious Council (IRC) etc.) in community engagement and awareness-raising activities
- Prompt testing of samples and optimal turnaround time of laboratory results

### III HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

#### 1. Methodology of the UHPR in the country

Sierra Leone was the first country in the ECOWAS region to implement the UHPR process, the second in Africa, and the fifth in the world. The process began with the collection and compilation of available data and information to develop the UHPR Country Profile. Reports from the International Health Regulations Monitoring and Evaluation Frameworks (IHR MEF) were collected, and a Joint External Evaluation was held two months prior to the UHPR mission to obtain up-to-date relevant data on health security capacity in the country. Other relevant reports on country capacities in Health Systems, One Health, Universal Health Coverage, Sustainable Development Goals, and Risk Profile were also compiled to develop the UHPR Country Profile of Sierra Leone.

The National Action Plan for Health Security (NAPHS) and other health-related plans were also referenced during the drafting of this UHPR National report. To gain further insights into the country's health security capacities, high-level technical activities were conducted, including a simulation exercise (SimEx) for public health rapid response teams that was held during the UHPR pilot process.

The UHPR workshops and technical simulation exercise brought together members of the UHPR Steering Committee, the national secretariat, high-level officials, technical officers from relevant ministries, partner agencies, civil society representatives, and other stakeholders as per the multisectoral and whole-of-society approach of UHPR. The SimEx served to demonstrate the processes involved when the country is preparing for and responding to an acute public health event. These technical activities were instrumental in finalizing the first draft of the UHPR National Report for Sierra Leone.

Launch of the UHPR pilot in Sierra Leone involved preparatory activities that culminated in a 3-day high-level mission during which a broad array of stakeholders and the country leadership convened to articulate the priorities for health systems in general and public health preparedness in particular. The high-level mission included a launch ceremony chaired by the Vice President of Sierra Leone and consultations with H.E. the President and other senior government officials.

A high-level simulation exercise was organised, and chaired by the Honourable Vice President, which brought together key ministers, health partners, and other stakeholders to discuss and make high-level decisions related to emergency response in a simulated scenario. Notably, this was the first such exercise held in both the country and the region.

Deliberations were held with H.E. the President, the Vice President, several honourable ministers, the Speaker of the House of Parliament, the Clerk, the UN agencies in Sierra Leone, the heads of Health Development Partners (HDPs), and heads of other key partner agencies.

The 3-day UHPR mission concluded with a debriefing ceremony chaired by the Honourable Minister of Health and Sanitation. Insights from the high-level activities and deliberations were incorporated into the UHPR National Report.

Following the high-level UHPR mission, the UHPR Steering Committee and the National Secretariat finalized the UHPR National Report of Sierra Leone, which was submitted and signed off by H.E. the President of Sierra Leone.

The UHPR process was conducted through a multisectoral and whole-of-society approach, involving high-level officials and technical officers from relevant ministers, community representatives, partner agencies, and civil society representatives.

# Methodology of the UHPR Pilot Mission in Sierra Leone

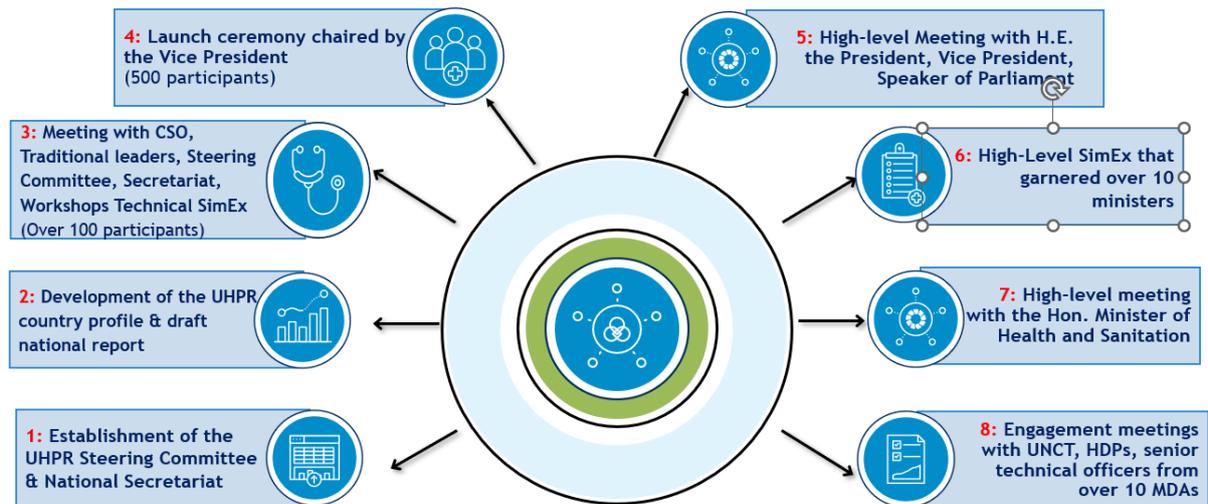


Figure 1

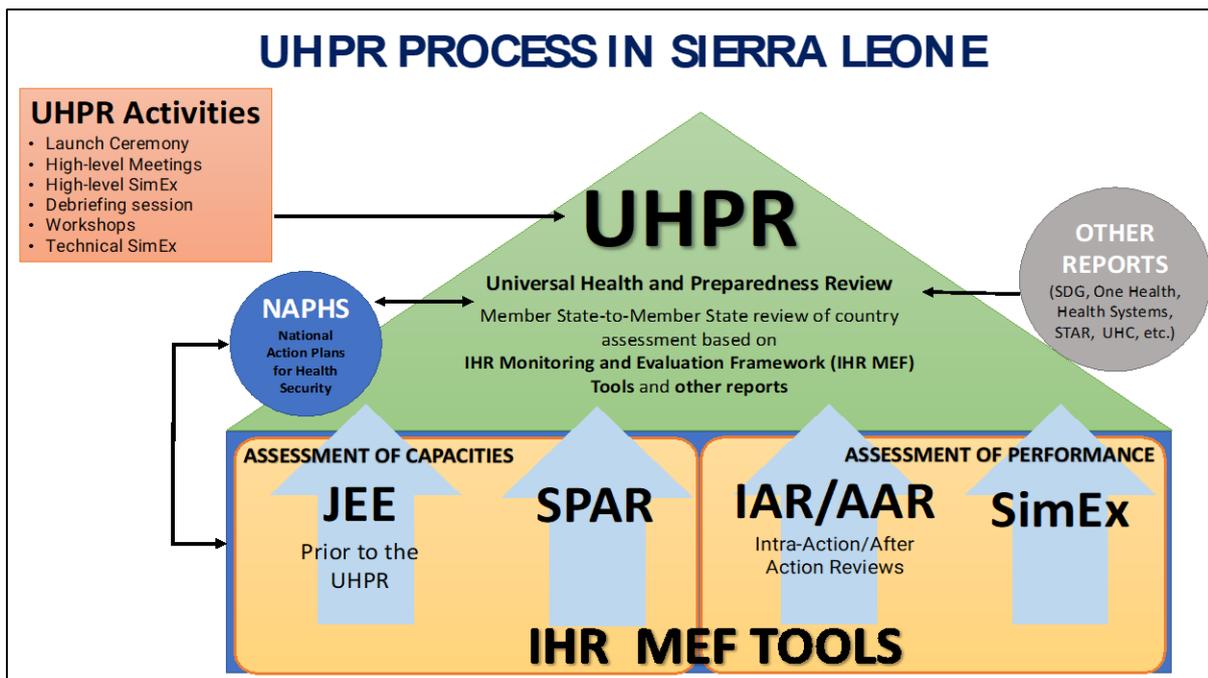


Figure 2

## 2. UHPR multisectoral high-level platforms (national commission & secretariat)

The National Steering Committee on UHPR (NSC-UHPR) was set up as the supreme decision-making body, responsible for setting overall strategic directions and oversight to identify and address the country's gaps in public health risk, preparedness, detection, and response for the attainment of UHC in the Republic of Sierra Leone. The NSC-UHPR membership includes the Office of the President, Republic of Sierra Leone (Chairman) and a representative of the Ministry of Finance as Co-Chairperson. The Committee consists of 48

members who represent the different constituencies in the UHPR circle, plus observers on invitation or co-opted members. The roles of the committee include:

- Building high-level political support for the implementation of UHPR activities and achievements of UHC goals
- Mobilising the necessary resources for the implementation and follow-up of the necessary recommendations;
- Tracking, through its monitoring and reporting framework, progress that will lead to greater accountability, transparency and shared solutions
- Providing a platform for fostering stronger and more effective partnerships among all stakeholders engaged in emergency Preparedness issues (Including the development of a compact)

The Secretariat is composed of 32 members. It was set up to:

- To facilitate and support the Launching of the UHPR including the entire process in Sierra Leone
- To provide expert inputs on the technical content of the UHPR, including a draft of the UHPR report that is evidence-based, logical and appropriate to measure the status of health emergency preparedness in countries.

***See Annexe 2 for a list of members of the Steering committee and secretariat.***

#### IV. OUTCOMES OF THE UHPR

The outcomes of the UHPR are organized around the WHO health system building blocks, which serve as the foundation of a resilient health sector. Strong governance structures, well-coordinated health systems and sustained financing options will enable Sierra Leone to better absorb systemic shocks while preventing needless death and disability.

##### Governance

Good governance is the foundation upon which an effective response to health emergencies is built. It enables efficient resource allocation, coordination, data collection, and public trust, while also facilitating international cooperation and accountability. Without good governance, a country may struggle to prepare and effectively respond to health emergencies, potentially leading to increased suffering and loss of life. While Sierra Leone is making great strides in this component, there remains work to be done. For instance, in a composite measure of risk related to epidemics, Sierra Leone has an overall Dynamic Preparedness Metric (DPM) index score of 2.8/10, indicating a very low preparedness capacity (12).

Item	Results
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Existing laws/ legal frameworks (Public Health Act reviewed and enacted by parliament in 2022, One Health Governance manual, National Security and Central Intelligence Act 2022, Pharmacy and Drug Act 2001)</li> <li>• Existence of health regulatory bodies (Allied Health Professional Council Act 2022 is a legal framework regulating the work of health professionals).</li> <li>• Inclusion and consideration of local by-laws for emergency response.</li> <li>• Existence of legal instruments review structures that incorporate multisectoral participation.</li> <li>• Decentralisation of Ministries Departments and Agencies (MDAs) for holistic emergency management participation. Through the Local Government Act 2004.</li> <li>• Strong political will and commitment to enforcing Public Health laws (Presidential pronouncements, formation of task forces, evoking “Military Aid to Civil Power” (MAC-P) in terms of security and logistics support, instituting curfews) during Public Health Emergencies.</li> <li>• Functional National Public Health Emergency Operations Center (PHEOC) at national level and local levels.</li> <li>• Establishment of a Gender desk and enacted Gender Equality and Women’s Empowerment Act (GEWE).</li> <li>• Collaboration with other line ministries and agencies through the One Health platform is improving which increases implementation and funding transparency.</li> <li>• Inclusiveness of all stakeholders in all aspects (consultation, planning, designing, implementation, services) through the Emergency Preparedness Resilient Response Group (EPRRG) that meets weekly.</li> </ul>

<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• The National Public Health Agency (NPHA) is not fully operational.</li> <li>• Inadequate implementation of national health initiatives (e.g. Free Healthcare, Mental health emergencies, etc.)</li> <li>• Sub-optimal implementation of national and international critical health emergency laws and regulations</li> <li>• Unclear and overlapping roles and responsibilities among sectors and partners in health emergencies.</li> <li>• Outdated or unavailability of Critical bills (revised Animal Health Bill and Animal Welfare Bill)</li> <li>• Inadequate vertical and horizontal coordination of national emergency stakeholders such as CSOs, People with Disabilities (PWD), gender-based organisations, Inter-Religious Councils, etc.) for emergency preparedness and response.</li> <li>• Inadequate implementation of the Gender Equality and Women's Empowerment Act (ensuring gender equality and gender mainstreaming in government leadership, and activities)</li> <li>• Poor operationalization of policies, strategies, guidelines, and protocols for emergencies</li> <li>• Weak policy-making processes including research, data use analysis and documentation as well as poor inclusion of community perspectives</li> <li>• Weakly enforced data protection policy in the country which affects the implementation of innovations in health and poses a risk to beneficiary data during and after emergencies.</li> <li>• Incomplete implementation and “translation” into the national legal system (“domestication”) of the Maputo protocol in Sierra Leone, despite ratification in 2015, with continuous gaps in particular vis-a-vis reproductive health and rights.</li> </ul>
<b>Priorities</b>	<ul style="list-style-type: none"> <li>• Institute and operationalise NPHA under the leadership of the Minister of Health by the end of 2024</li> <li>• Strengthen the implementation of national health initiatives (like Free Healthcare Initiatives, Mental health emergency etc.) by the end of 2024.</li> <li>• Strengthen public sensitization and enforcement of national and international critical health emergency laws and regulations (e.g. Public Health Act, IHR etc) of 2022 by the end of 2025.</li> <li>• Review and develop critical bills (e.g. Animal Health Bill, One Health Policy, Animal Welfare Bill)</li> <li>• Strengthen stakeholder mapping and resources before, during and after emergencies</li> <li>• Strengthen Multi-sectoral and inter-agency collaboration, coordination and cooperation in all stages of emergency preparedness and response. (MDAs, UN Agencies, private health facilities, CSO, private sector, social workers, youths, community health workers, traditional healers and PWD for all stages of emergency preparedness and response implementation by the end of 2023</li> <li>• Improve implementation of the Gender Equality Act and implement Gender main streaming in Emergency Preparedness and Response</li> <li>• Strengthen advocacy, sensitization and operationalization of policies, strategies, guidelines and protocols by the MoH and</li> </ul>

	<p>relevant MDAs within a year of development (e.g. Data Protection, Disaster Management, One Health and Gender policies)</p> <ul style="list-style-type: none"> <li>• Strengthen policy-making processes including research, utilization of multi-sectoral platforms, data management systems, and promote inclusion of community perspectives in the processes</li> <li>• Fully domesticate the Maputo protocol in the Sierra Leonean legal system and decriminalize abortion care as per the current and previous government's commitment to do so.</li> <li>• Develop a database for collecting and reviewing various legal instruments across the health sector, including mechanisms for capturing the status of bills currently in process under the leadership of Director DPPI by the end of 2024.</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>• FGD Steering Committee</li> <li>• FGD CSO's</li> <li>• JEE 2023</li> <li>• Country Cooperation Strategy 2022-2025</li> <li>• Stakeholders Consultation workshop for UHPR</li> <li>• High-level discussions with Ministers and UNCT</li> </ul>

## Systems

A resilient health sector should ensure a strong, adaptable, and responsive healthcare system. This not only saves lives during emergencies but also contributes to overall community health and well-being. It allows for continuity of care, timely responses, and the ability to manage resources and surge capacity when needed, which are all vital components of comprehensive emergency preparedness.

In terms of resilience health systems, the country is performing below 40% on most of the UHPR indicators. Except for TB treatment, almost all the UHC scores are below the regional average in indicators such as health workforce, health density, access coverage, hospital access and primary access (12).

Item	Results
Best Practices	<ul style="list-style-type: none"> <li>• Sierra Leone's integrated disease surveillance system (IDSR) is a best practice in the region</li> <li>• Decentralized management of the Health System and other MDAs (District Health Management Teams, District Agriculture structures, District Environmental and Protection Agency structures)</li> <li>• Existing structures for emergency response e.g. Directorate of Health Security and Emergencies (surveillance, Risk Communication, Lab Services, Treatment &amp; Care, Psychosocial Support)</li> <li>• Existing personal information of the population at the National Civic Registration Agency (NCRA)</li> <li>• Existence of a Personnel Deployment Plan (PDP), Medical Countermeasures (MCM) and Emergency Supply Chain playbook (ESC) for emergency management</li> <li>• Public Health Laboratories with the capacity and capability to confirm priority diseases, especially epidemic-prone (emerging and re-emerging) disease pathogens.</li> <li>• Cohesiveness within sectors and development partners</li> <li>• Functional National Medical Supplies Agency (NMSA) (a public service agency responsible for the procurement, warehousing, and distribution of drugs and medical supplies)</li> <li>• Collaboration with MDAs and CSOs in mobilising their constituencies during emergencies.</li> <li>• Establishment of a Field Epidemiology Training Programme (FETP) with graduates evenly distributed across the country.</li> <li>• Robust surveillance architecture with 117 emergency toll-free lines (CBS, EBS, zoonotic and mortality surveillance) as an early warning system to generate timely alerts using electronic platforms (eIDSR and eCBDS.)</li> <li>• Continuation of essential health care services in emergencies, after initial service disruption.</li> </ul>

<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• Maldistribution and insufficient numbers of skilled health workforce with a high urban presence</li> <li>• Inadequate resources and healthcare infrastructures including disability, youth and adolescent-friendly structures leading to disparities in healthcare access and quality of care.</li> <li>• Ill-equipped diagnostic facilities (e.g., Imaging, laboratories, blood services) and mortuary services.</li> <li>• Few and poorly equipped POE infrastructures (screening and holding centres etc.)</li> <li>• Inadequate capacity for data management at all levels e.g. maternal death data harmonisation challenge between eIDSR and MDSR, multiple data capturing system with lack of interoperability with DHIS2.</li> <li>• Inequitable access to health services (geographical, cultural and socio-economic barriers).</li> <li>• Frequent stockout of medicines and medical consumables e.g., Free Health Care Initiative commodities</li> <li>• Inadequate popularization of the global early warning system which is based on the quadripartite model</li> <li>• Inadequate provision to mitigate climate change effects and impact during emergency preparedness and response.</li> <li>• Inadequate coordination of the One Health platform at the subnational level and late involvement of other sectors (non- one health platform partners) in preparedness and response to public health emergencies</li> <li>• Failure to incorporate and implement sustainability plans from the inception of projects implemented by partners and government.</li> <li>• Suboptimal referral services for emergencies e.g. ambulances, and paramedics.</li> </ul>
<b>Priorities</b>	<ul style="list-style-type: none"> <li>• Increase investment in human capital for health for incident and emergency management.</li> <li>• Implement the reviewed scheme of service and rural posting package by the end of 2024.</li> <li>• Provide friendly and appropriate healthcare facilities for all categories, to increase access across the country.</li> <li>• Government to provide stable and reliable power supply to health facilities across the country.</li> <li>• Strengthen regular psychosocial support to victims and healthcare workers during and after emergencies.</li> <li>• Construct and equip National and regional diagnostic laboratories for prompt detection and characterization of disease pathogens.</li> <li>• Construct and equip an integrated POE infrastructure.</li> <li>• Improve data management systems at all levels including implementation of the digital roadmap.</li> <li>• Implement the 5-mile radius policy to improve access to health care delivery services by 2030.</li> <li>• Provide adequate resources for integrated outreach services and enforce compliance with the free healthcare policy.</li> <li>• Enforce compliance with the service packages for peripheral health units, especially for MCHPs and CHPs by the end of 2024.</li> <li>• Provide adequate medicines and medical supplies for all categories to prevent stockout by 2025.</li> </ul>

	<ul style="list-style-type: none"> <li>• Operationalize the global early warning system that is based on the quadripartite model.</li> <li>• Provide adequate resources to mitigate the effect and impact of climate change on disease patterns/outbreaks.</li> <li>• Develop One Health capabilities at sub-national levels and improve collaboration of all-of-government approach to preparedness for and response to emergencies.</li> <li>• Prioritize operational research across the health spectrum.</li> <li>• Prioritize the sustainability of projects from inception by identifying domestic/alternative funding sources.</li> <li>• Improve patient and sample referral systems across the country.</li> </ul>
References	<ul style="list-style-type: none"> <li>• FGD (Steering Committee and CSO's)</li> <li>• JEE 2023 report</li> <li>• Sierra Leone Health Summit 2022 report</li> <li>• Stakeholders Consultation workshop for UHPR</li> <li>• High-level discussions with Ministers and UNCT</li> <li>• Input from INGO's</li> </ul>

## Financing

Sustained financing options are fundamental to a country's preparedness for health emergencies because they provide the financial stability and flexibility needed to invest in preparedness activities, maintain resources, and adapt to evolving threats. This proactive approach can save lives, reduce the economic burden, and ensure the resilience of the healthcare system in the face of various health emergencies. In Sierra Leone, foreign aid dependency is the highest compared to the regional average and financial hardship measuring the 10% proportion of household expenditure spent on health is low (12).

Item	Results
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Sierra Leone has a robust financial evaluation and accountability mechanism that ensures the efficient utilization of resources allocated to the implementation of IHR. This process includes regular monitoring and reporting of financial transactions, impact evaluations, and identification of financial gaps. e.g. (establishment of a fiduciary agency for MOH (IHPAU) to coordinate and manage donor funds)</li> <li>• Sierra Leone has established local-level budget committees that oversee the allocation and expenditure of funds, ensuring that resources are distributed equitably and used effectively to address local public health needs.</li> <li>• Sierra Leone has mobilized both domestic and international resources for health, as part of its commitment to regional and global targets (11% vs. 15% per Abuja Declaration)</li> <li>• Sierra Leone has advocacy and resource mobilization structures that engage stakeholders (Health Development Partners-HDPs) in the implementation of IHR.</li> <li>• The government of Sierra Leone has increased its commitment to co-financing of health interventions, technologies and essential medicines. The seed money for the COVID-19 response was initially provided from domestic sources.</li> <li>• Audit Service Sierra Leone is providing real-time auditing with oversight from the Anti-corruption Commission to ensure effective Public Finance Management (PFM).</li> <li>• Flexible annual budgeting allows the reallocation of funds to emerging public health issues, including the implementation of IHR.</li> </ul>
<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• Limited investment in critical areas such as health infrastructure, equipment, training, employment and retention of health workers.</li> <li>• Limited domestic funding and overall expenditure on health with a high level of donor dependency.</li> <li>• Untimely payment of obligated funds, delay in accessing emergency funds including lack of contingency funds for public health emergencies</li> <li>• Limited access to innovative pre-payment health financing mechanisms, leaving the population vulnerable to high out-of-pocket expenditures and reduced access to healthcare.</li> <li>• Public Financial Management policies and procurement processes are not flexible enough to accommodate urgent or unexpected</li> </ul>

	<p>health expenditures during public health emergencies, e.g., procurement of goods and services,</p> <ul style="list-style-type: none"> <li>• Inadequate engagement among key stakeholders of the budget process (eg MOH, MoF and the Parliamentary Committee on Finance and Budget and CSOs)</li> <li>• Huge discrepancy between allocation and disbursement of the national budget</li> </ul>
<b>Priorities</b>	<ul style="list-style-type: none"> <li>• Increase resource mobilization for emergencies to address issues in critical health areas.</li> <li>• (Develop a resource mobilization strategy for NAPHS implementation).</li> <li>• Increase health expenditure per capita in line with the Abuja Declaration’s target by allocating 15% of the national budget to health by 2024.</li> <li>• Develop a comprehensive mapping of obligated funds (resources) of partners, and government for emergencies through the DPPI by the end of 2023.</li> <li>• Operationalize the Sierra Leone Social Health Insurance (SLeSHI) scheme through the DPPI by the end of 2024 to ensure that all citizens have access to affordable and quality healthcare services.</li> <li>• Design and Institute flexibility of the PFM Act during emergencies without suffering accountability to ensure adequate rapid response to PHEs.</li> <li>• Designate a flexible fund for preparedness and response to emergencies by the end of 2024 to enhance accessibility of funds for PHE emergencies. (Trust Fund for emergency funds with an Initial target of \$10m).</li> <li>• Establish a legal framework for procurement of goods and services during the emergency (beyond normal procedures)</li> <li>• Grant excise duty-free status for emergency products to facilitate their importation and distribution in the event of an emergency.</li> <li>• Strengthen engagement between key stakeholders (MOHS, MOF, and parliamentarians), including the private sector, to increase domestic funding for IHR implementation by 2024</li> <li>• Strengthen linkages between planning and budgeting for health and emergencies.</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>• FGD (Steering Committee and CSOs)</li> <li>• JEE 2023</li> <li>• Sierra Leone Health Summit 2022</li> <li>• Stakeholders Consultation workshop for UHPR High-Level discussions with Ministers and UNCT</li> </ul>

## V. HIGHEST NATIONAL PRIORITIES & ACTIONS

### 1. Implementation of relevant international and regional commitments

Sierra Leone is 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. This demonstrates leadership, strong commitment, and confidence in the process on the part of the government. The country is commended for the tremendous success recorded over the past few years in the health sector, especially in the animal health sector, where it moved from 32% in 2018 to a 51% score rate in 2021 (13). A recent JEE conducted in 2023 documented improvement in Legal Instruments, Surveillance, IHR Coordination (IHR Focal point function and Advocacy), Zoonotic Diseases, AMR and Health Emergency Management. Efforts have been made towards accelerating the implementation of the “One Health Approach”. To effectively address public health threats from epidemics, Sierra Leone developed a comprehensive multi-hazard and National Public Health Emergency Preparedness and Response Plan, and there has been improvement in the coordination and collaboration between human and animal health laboratory systems, among others. There is a government commitment to addressing the concerns around the Global Health Security Agenda (GHSA). Preparation of the IHR annual report is always consultative and submission of annual IHR reports to the World Health Assembly (WHA) is timely. According to the International Health Regulations State Party Annual Report (SPAR) report, the overall health security capacity of the country improved from 38% in 2018 to 51% in 2021. These recent scores were either at or above the regional average for policy, legal and normative instruments for IHR implementation, IHR Coordination, surveillance, health emergency management, risk communication and community engagement, zoonotic diseases, and radiation emergencies. More effort is needed in financing, laboratory, human resources, health services provision, infection prevention control, Points of Entry, Food Safety and Chemical events.

The country conducts regular and ad-hoc simulation exercises, AARs and IARs in conformity with the IHR’s monitoring and evaluation framework to rapidly detect, prepare and respond to emergencies.

#### Regional commitments

In 2001, African countries agreed to the Abuja Declaration to allocate at least 15% of their budgets to health care. This commitment was meant to strengthen Africa’s health systems and ensure their preparedness for disease outbreaks. Sierra Leone increased its health budget allocation to 11% in 2019-2020 and 11.5% in 2023, which is now 3.5% away from the Abuja Declaration (14).

The African Health Strategy 2016–2030(15) endorsed by the 3<sup>rd</sup> Conference of African Ministers, is a policy framework premised on several continental and global health policy commitments. It advocates for and promotes Member States action to prioritize and invest in specific social determinants of health through better inter-sectorial collaboration. It highlights the central importance of prioritizing health systems strengthening, calls for better leveraging of community strengths, public-private and other partnerships, and recommends a major paradigm shift that helps Member States manage effectively the risks of disasters in a more systematic manner.

The National Health Sector Strategic Plan (NHSSP) 2021–2025 (16) is aligned with the African Health Strategy 2016-2030. The NHSSP is an implementation plan for the Universal Health Coverage (UHC) Roadmap, providing costing and funding options. It aims to provide cohesion with the overall national priorities while providing direction for the sub-sector policies and strategies. Sierra Leone's strategic priorities in health include sustainable financing and financial protection, health system reform for UHC, equitable access to health services, quality

of health services, disease prevention and health promotion and health security and emergency.

Integrated Disease Surveillance and Response (IDSR) is a strategy adopted by countries in the WHO African Region for implementing comprehensive public health surveillance and response systems for priority diseases, conditions, and events at all levels of health systems. Sierra Leone is currently implementing the IDSR strategy to strengthen national capacity for early detection, timely reporting, regular analysis, and prompt feedback of IDSR priority diseases, events and conditions at all levels. The disease surveillance system in Sierra Leone is one of the best practices in the African region (17).

## Sustainable Development Goals

Sierra Leone is one of the countries that made significant progress in the Millennium Development Goals (MDG), focusing on education, agriculture, and maternal and child health. The country then transitioned into the Sustainable Development Goals (SDGs) and prioritised human capital development through investment in health, education, and infrastructural transformations. It has experienced general improvements in life expectancy and a reduction in maternal and child mortality. Efforts are being made to address the high out-of-pocket payment for health services, as the country has committed to increasing public expenditure on health and introducing the Sierra Leone Social Health Insurance (SLeSHI) scheme.

## Other commitments related to health emergency preparedness

Sierra Leone submitted an Expression of Interest (EoI) for the Pandemic Fund and is currently developing its comprehensive funding proposal. The funds seek to dedicate resources for pandemic prevention, preparedness, and response, incentivize countries to increase investments, enhance coordination among partners, and serve as a platform for advocacy.

Through this funding, Sierra Leone will prioritise strengthening comprehensive disease surveillance and early warning, laboratory systems, and human resources/public health workforce capacity. This is in line with the International Health Regulations (IHR) (2005) and other internationally endorsed legal frameworks, and it is consistent with the One Health approach.

## 2. National priorities and actions on the path to health security and sustainable development

### National priorities for health security

- Conduct legal mapping and assessments to identify legal gaps and barriers across all sectors.
- Develop the new 5-year NAPHS plan with a resource mobilization strategy to strengthen the health system.
- Develop advocacy and public sensitization strategies for IHR compliance.
- Formalize coordination of zoonoses surveillance activities among human, animal, and wildlife sectors and integrate a fully functioning Zoonoses TWG into the One Health Platform.
- Develop an MOU to formalise coordination of priorities and endemic zoonoses surveillance activities among human, animal, and wildlife sectors and to integrate a fully functioning Zoonoses TWG into the One Health Platform at the national level as outlined in the One Health Strategic Plan.

- Build the capacities of responders to prepare and respond to prioritised risks.
- Build capacities of laboratory scientists, and strengthen biosafety, biosecurity, and laboratory systems.
- Engage CSO representatives in national platforms dealing with Emergency Preparedness capacity-building activities.
- Organise a national dialogue on HR in Health to increase human resource capacity by 20% in the animal health sector through recruitment and selection, training, and deployment.
- Maintain the Steering Committee to follow up on the funding and implementation of activities to address priorities identified in the UHPR National report. Maintain the in-country linkages between public health and non-health sectors like security, foreign affairs, and finance, for emergency preparedness and response.
- Develop a comprehensive national strategic plan for HCAI surveillance, including antimicrobial resistance and epidemic-prone pathogens.
- Develop an all-hazards plan for PoEs with a multisectoral approach and integrate it into the National Emergency Response Plan and Surveillance system.
- Strengthen collaboration and coordination among key stakeholders for response to Chemical Events.
- Strengthen emergency response functions for radiation events through training and equipment procurement.

Sierra Leone envisions that all people living in the country have equitable access to affordable quality healthcare services, and health security without suffering undue financial hardship. The country therefore desires and drives to seek support for building institutional capacity that will address health security, healthcare governance and human resources to deliberately implement the Life Stages Approach to people-centred health services delivery using digital health innovations for health security and health sector performance monitoring, evaluation, accountability and learning. The starting point is the establishment of a functional National Public Health Agency.

The government of Sierra Leone's parliament has passed into law the Public Health Act 2022, which establishes a National Public Health Agency (NPHA). The agency shall be responsible to:

- Predict, plan for and prevent endemic public health problems.
- Prepare and respond to public emergencies.
- Predict, prevent, detect, respond and control diseases promptly.
- Strengthen and upgrade the public health system at national, regional and local government levels.
- Conduct research, collect, collate and analyse data to better public health challenges and come up with answers to public health problems.
- Direct and coordinate all groups of actors in a public health emergency.
- Ensure that Sierra Leone is compliant with the International Health Regulations.

Part of the government's vision and expectations is to establish, develop and sustain a vibrant and functioning National Public Health Agency with a trust fund to support capacities and capabilities to perform the aforementioned functions using a One Health approach. The government expects earnest assistance from development partners, multilateral donors, International Non-Governmental Organizations, UN agencies, and the private sector, in terms of expertise, logistics and funds.

## Domestic actions for health security capacity strengthening

One of the lessons learnt from the 2014-2016 EVD outbreak in Sierra Leone was to establish the Directorate of Health Security and Emergencies (DHSE), which focuses primarily on preparedness and response to epidemic-prone, emerging and re-emerging diseases of national and international public health concern.

Other domestic actions include the development and costing of the National Action Plan for Health Security (NAPHS) and resource/partner mobilisation for 5 years. This was followed by the adoption and establishment of the One Health inter-ministerial committee and the One Health secretariat. The Field Epidemiology Training Programme (FETP) was established for workforce training. Establishment of an Emergency Operation Centre (EOC) with an Incident Management System, and an Integrated Rapid Response Team (IRRT) at national and sub-national levels.

Equally, the Government has developed the Universal Health Coverage (UHC) Roadmap 2030 and the Health Financing Strategy and is introducing the Sierra Leone Social Health Insurance Scheme to ensure no one is left behind.

## Long-term National Plans for Health Security and Sustainable Development Goals

Sierra Leone developed a National Action Plan for Health Security (NAPHS) based on the recommendations of the 2016 Joint External Evaluation (JEE). Stakeholders, from multiple sectors, using the One Health approach, planned activities for the 2018-2022 implementation period. A resource-mapping exercise was carried out to have an overview of the available or potential resources to support building country capacities for health security.

However, this plan is now obsolete, and the country has developed an Annual Operational Plan (AOP) for 2023. There are ongoing efforts to develop a five (5) year NAPHS for the country.

Activities within this plan are to:

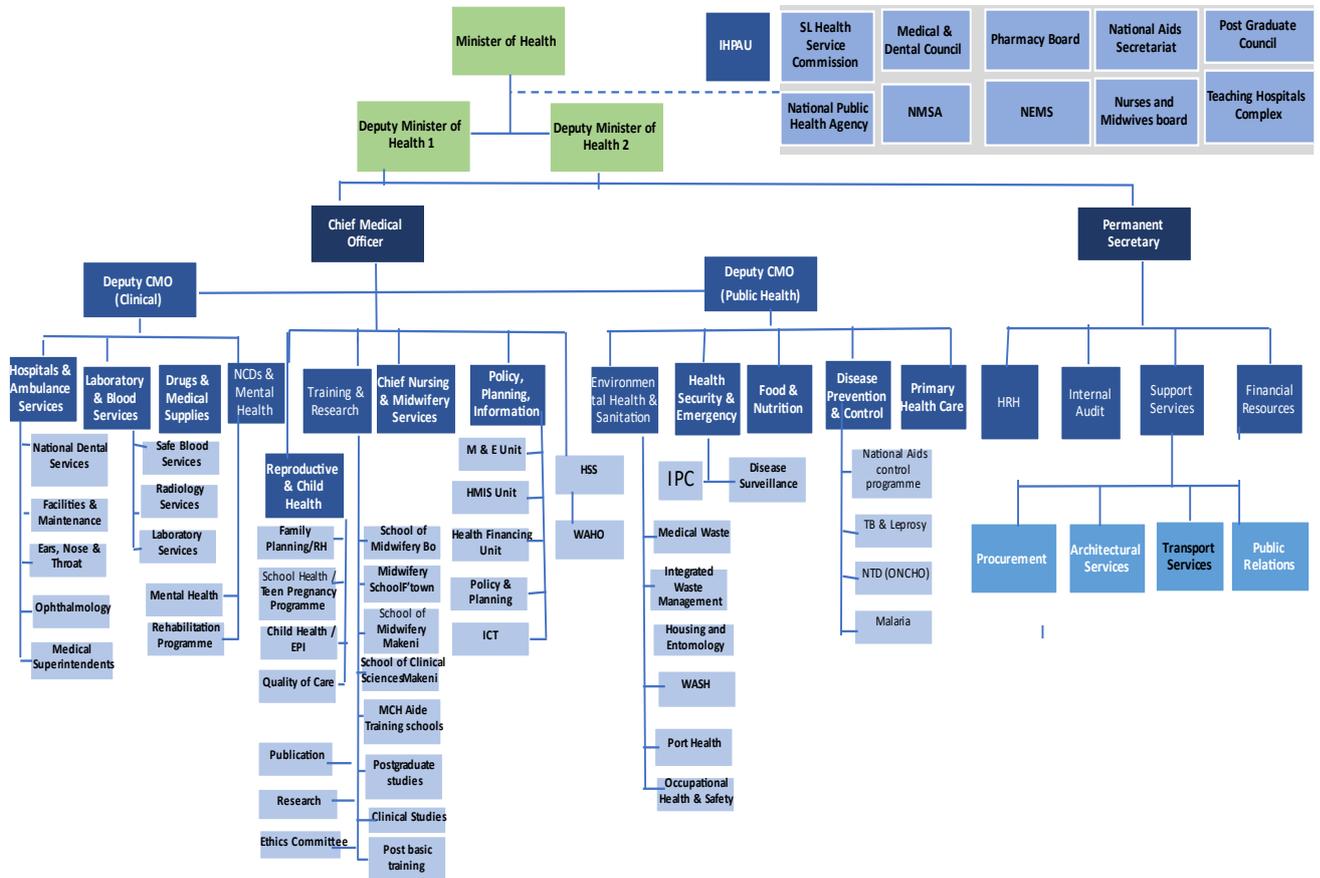
- Conduct an orientation with relevant stakeholders (policymakers, public health officials, law enforcement officers, etc.) on the recent changes in legal instruments in all sectors. (JEE 2023).
- Develop ancillary documents for the operationalization of the National Public Health Act 2022.
- Develop an interoperable data platform to consolidate surveillance information from relevant sectors.
- Develop, disseminate, and implement multisectoral coordination mechanisms at the intermediate levels.
- Develop an action plan to address identified high-priority gender gaps in existing MoH's assessments on gender mainstreaming and incorporate them into annual work plans that complement existing assessments of other MDAs to cover additional IHR capacities. (JEE 2023)
- Engage parliamentarians, local government administrators and other stakeholders including the private sector to increase the domestic funding for IHR implementation through taxation on essential commodities like fuel/cigarettes/alcohol/airtime etc (JEE 2023)
- Develop multi-sectoral MoUs on information sharing for public health and security authorities during a public health event, and update the 2019 NERP accordingly (JEE 2023)
- Organise routine preparedness meetings within each sector, as well as collaborative meetings that engage contact points from BWC, CWC, IAEA, INTERPOL, WOA, H,

UNSC Resolution 1540, and the UNSG's mechanism in the event of jointly investigating the alleged use of chemical and biological weapons (JEE 2023)

- Mobilize and protect resources to promptly implement readiness and/or contingency plans at both national and sub-national levels.
- Develop intermediate-level SOPs that outline a procedure for pre-deployment of surge personnel and teams, including sending and receiving personnel and teams during PHE
- Regularly review and update the Medical Countermeasures (MCM) and Emergency Supply Chain (ESC) playbook.

# ANNEXES

## Annexe 1: Structure of the Ministry of Health



Annexe 2: Composition of the UHPR National Steering Committee and Secretariat

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### Annexe 3: References and main documents provided by the country

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#### Annex 4: Abbreviations and acronyms

<b>AAR</b>	After action review
<b>AOP</b>	Annual Operational Plan
<b>CHC</b>	Community Health Centers
<b>CHPs</b>	Community Health Posts
<b>CHW's</b>	Community Health Workers
<b>CSO</b>	Civil Society Organization
<b>ESC</b>	Emergency Supply Chain
<b>EOC</b>	Emergency Operation Centre
<b>FETP</b>	Field Epidemiology Training Programme
<b>GHSA</b>	Global Health Security Agenda
<b>HCAIs</b>	Hospital Care-Acquired Infections
<b>HDP</b>	Health Development Partners
<b>IAR</b>	Intra Action Review
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IHR</b>	International Health Regulations
<b>JEE</b>	Joint external evaluation
<b>MAC-P</b>	Military Aid to Civil Power
<b>MCHP</b>	Maternal and Child Health Posts
<b>MCM</b>	Medical Countermeasures
<b>MDA</b>	Ministries Departments and Agencies
<b>MDG</b>	Millennium Development Goals
<b>NAPHS</b>	National Action Plan for Health Security
<b>NCRA</b>	National Civil Registration Agency
<b>NDMA</b>	National Disaster Management Agency
<b>NHSSP</b>	National Health Sector Strategic Plan
<b>NPHA</b>	Nation Public Health Agency
<b>NMSA</b>	National Medical Supplies Agency
<b>PDP</b>	Personnel Deployment Plan
<b>PFM</b>	Public Finance Management
<b>PHEOC</b>	Functional National Public Health Emergency Operations Center

<b>PWD</b>	People With Disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>SimEx</b>	Simulation Exercise
<b>SLeSHI</b>	Sierra Leone Social Health Insurance
<b>SOPs</b>	Standard Operating Procedures
<b>SPAR</b>	State Party Self-Assessment Annual Report
<b>STAR</b>	Strategic Tool for Assessing Risks
<b>TTX</b>	Tabletop exercise
<b>UHC</b>	Universal Health Coverage
<b>UHPR</b>	Universal Health and Preparedness Review
<b>UNCT</b>	United Nations Country Team
<b>UNRC</b>	United Nations Resident Coordinator
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

Annex 5 – Photo Gallery





