

## **Year 6 Report (2017 activities)**

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

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**Country: Sierra Leone**

EU-Luxembourg-WHO UHC Partnership

**Date: 18-01-18**

**Reporting Period: 01 January 2017 – 31 December 2017**

**Prepared by: WCO SL HSS Team (Coordinated by Selassi Amah D'Almeida)**

## INTRODUCTION

The template is structured into IV sections.

### Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

*To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).*

### Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

### Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

## Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

### SECTION I: RESULTS

#### Main results

*Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.*

*We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.*

#### SO1

ER1: The development of the NHSSP which engaged different and wider stakeholders has deepened the participation of more health sector stakeholders to be actively engaged in the policy dialogue surrounding the preparation of the NHSSP. The process brought together most key Health Development Partners (HPI) including Bilateral, Multilaterals, Non State Actors, and government ministries and agencies such as the Ministry of Health and Sanitation (MOHS), Ministry of Finance and Economic Development (MOFED), the Ministry of Labour and Social Security and National Social Security Insurance Trust (NASSIT). The foci created is already opening discussions on issues like expanding access to coverage for essential health services, whilst improving financial risk protection and ensuring health equity. The synergy being created may also contribute to other similar activities which may have positive impact on the governance of the sector.

RE II: The availability of information on all health facilities in Sierra Leone is very essential for use in effective planning and implementation of health programmes and interventions. The effective use of information provided by SARApplus may strengthen the health system as the information covers most of the health system areas. The development of SARA provided the opportunity to undertake Data Quality Review and Quality of Care Assessment. The information provided evidence to improve policy decisions in most areas where evidence was nonexistence. Information on Quality of Care in the districts as well as the health facility management units is expected to generate policy discussions and actions on quality of care and eventual actions to improve quality especially in the most disadvantaged areas thereby improving geographical quality equity. Data quality was one critical challenge for information collection and usage in the health sector. The analysis of the data quality review has generated a lot of areas for which action will be taken to implement interventions leading to improvement in data quality which would invariably decision making. The products of sector review have identified gaps and areas that needed to be addressed as well as areas of

best practices that can be adopted for scaling. The information enriches policy discussions on programme designs and implementations in order to institute actions towards UHC. The sector review provided some information which were used to improve the quality of NHSSP.

## SOII

### ER 4

The development of national health financing policy and strategy (HFS) was one of the sectoral agenda for 2018. To adduce good evidence to influence the HFS, health financing options paper was developed to identify issues to address in the HFS. A number of issues have been identified including how to reduce household out-of-pocket (OOP) health expenditure which is currently over 61% and responsible for high catastrophic health expenditure. The validation of the 2014 NHA has also provided information for the MOHS to use in its discussions with parliament on health financing generally and specifically the need to increase budget allocation to the sector to reach the Abuja Declaration target of 15 percent and the need to reinforce the idea of having health insurance to mitigate some of the negative consequences of high OOP.

Resource availability and efficient use is one of the critical challenges to implementation of most health programmes in Sierra Leone. Resource mapping was done for RMNCAH strategy and is being used by MOHS and HDP to design strategies to increase attention on greater 'value for money' through how to ensure efficient and effective use of available. The resource mapping is always being used for analogous health programmes

## SECTION II: ACTIVITIES

### Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

**Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.**

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** The Ministry of Health and Sanitation of Sierra Leone would have completed all processes leading to the development and availability of final draft NHPSP through a broad-based multi sectoral and stakeholder engagements plans to increase coverage with essential health services, financial risk protection and health equity.

<b>Roadmap Activity</b> Development and costing of the NHSSP, including improving coordination and governance structures for its implementation	95% of completion
<p>Activities undertaken: Provided technical backstop to the holding of at least five technical working group meetings to draft NHPSP in conjunction with staff of MOHS and other development partners.</p> <p>WHO hosts and is the secretariat for as well as being the Deputy Lead for Health Development Partners (HDPs) which discusses health development issues as well as sharing information including being proactively briefed by the MOHS on the status of NHSSP development. This process was to enable taking the appropriate decisions and actions in the NHSSP development</p>	<ul style="list-style-type: none"> <li>• Draft chapters of NHSSP available</li> <li>• Strategic information shared to improve quality of NHSSP</li> <li>• Capacity of some staff of MOHS built and strengthened in developing NHSSP</li> </ul>

**ER 2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

<b>Roadmap Activity</b> Data management, demand and use, including sector review	95 % of completion
<p>Activities undertaken: The development of Service Availability and Readiness Assessment (SARA)plus which has two other components of Data Quality Review and Quality of Care was actively by supported by WHO by participating all key activities as well as leading some of the processes and sub technical groups.</p>	<ol style="list-style-type: none"> <li>1. Draft SARA plus</li> <li>2. Capacity of some staff of MOHS and other GoSL MDAs built and strengthened in</li> </ol>

Sector review was undertaken with active participation of WHO in the various processes.	preparing SARA 3. Sector Review Report
<b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
<b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.	
<b>Roadmap Activity</b>	% of completion
Activities undertaken:	Key Outputs:
<b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.	
<b>Roadmap Activity:</b> Health financing situation analysis, including support to health accounts	100 % of completion
<p>Activities undertaken: The MOHS was supported to develop Health financing options paper through WHO's participation in drafting and reviewing of the paper and its presentation to government Validation of 2014 NHA to address some data gaps identified. WHO supported this activity by providing technically as well as guiding the process.</p> <p>Resource mapping was completed as part of RMNCAH strategy. WHO actively participated from inception up to the delivery of the final result.</p>	<ul style="list-style-type: none"> <li>• Draft Health Financing Option Paper available.</li> <li>• NHA 2014 validated, feedback provided on latest version</li> <li>• About 60% of Data collected for NHA 2015-2016</li> <li>• Results on Resource mapped of RMNCAH strategy</li> </ul>
<b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	
<b>ER 6:</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.	
<b>Roadmap Activity</b>	% of completion
Activities undertaken:	Key Outputs:
<p><b>Changes in circumstances or problems encountered that affected the original plan:</b></p> <p><i>Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial measures taken, etc.</i></p> <p><b>Activities eliminated, changed, postponed</b></p>	

Roadmap Activity	Reasoning to eliminate/change/postpone activity
<b>Activities added</b>	
Added Activity 1: To proactively support the development of the Sierra Leone Social Health Insurance Scheme (SLeSHI) by National Social Security and Insurance Trust (NASSIT) in conjunction with the Ministry of Labour and Social Security and MOHS	75 % of completion
Activities undertaken: WHO led Health Development Partners (HDPs) to prepare position paper on SLeSHI to address concerns of HDPs. WHO actively participating in most technical engagements for the development of SLeSHI	SLeSHI position paper developed and shared with MOFED and MOHS
Added Activity 2: Support the implementation of HRH policy and strategic plan (HRHPSP) based on sound HRH situation analysis with institutionalized Human Resources Information System	100 % of completion
Activities undertaken:  Technical and financial support provided for the orientation of District Human Resources Officers on the HRH Policy and Strategic Plan and what is expected of them in the implementation of the HRHPSP WHO supported and actively participated in the dissemination of HRHPSP	<b>Key outputs:</b> <ul style="list-style-type: none"> <li>• <i>14 of District Human Resources Officers were oriented to facilitate the implementation of the HRHPSP</i></li> <li>• <i>HRHPSP disseminated to over 80 participants</i></li> </ul>
Added Activity: Strengthening of health information systems and use of data for decision-making	100% of completion
Activities undertaken: WHO supported and led some of the processes in the development of Health Information System (HIS) strategic plan and investment framework MOHS M&E officers from MOHS were trained in District Health Information System 2.0/ Data demand and use	<b>Key outputs:</b> <i>HIS strategic plan and investment framework and being implemented</i> <i>Four M&amp;E officers trained in DHIS 2.0 to lead the deployment and full implementation of DHIS2.0</i>
Added Activity: Media and workshop-related activities	100% of completion
Activities undertaken: WCO did a number of joint outreach with the MOHS on the launch of the HRH Policy and Strategy, with good local pickup in the newspapers There was also media coverage early in the year on the Health	<b>Key outputs:</b> <ul style="list-style-type: none"> <li>• <i>Briefs on key Health Systems activities and events supported by WHO are available in</i></li> </ul>

Information Systems planning, and SARA. Coverage continued in the monthly partners' briefs of NHSSP activities, and the 2016 Annual report (published March 2017) had sections on HIS, HRH, Policy, Planning & Finances, & Districts	<i>print, online and some local press</i>
Added Activity: Capacity-building activities for district health strengthening	85 % of completion
Activities undertaken: WHO supported the attachment of technical staff to 14 districts for district health strengthening and for effective District Health Management Teams (DHMTs)	<b>Key outputs:</b> <i>Capacities of over 80 members of DHMT were built in effective Health System management 14 technical provided technical backstop to 14 districts</i>

## Lessons learned:

*Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.*

- The need for more advocacies with MOHS and HDPs to avail themselves for policy discussions on some of the critical issues the health sector needs to discuss and how to deal with them.
- The need to agree on clear agenda and how to proceed by having buy-in from MOHS and HDPs on a number of issues.
- Strengthening good governance in the health sector of Sierra Leone should be a common theme running through all programmes of WCO and MOHS and this can be done through various mechanisms including mentioning it in all speeches, addresses, remarks and comments made by WCO in all events
- The sustainability of programmes being implemented under EU-LUX-WHO UHC Partnership must be thought through and provided for to avoid collapse of the useful initiatives and the opportunities it presented

## Visibility and communication:

*Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.*

There was coverage in the monthly partners' briefs of NHSSP activities, and the 2016 Annual report (published March 2017) which had sections on HIS, HRH, Policy, Planning & Finances, & Districts: <http://www.afro.who.int/news/sharing-lessons-milestone-year-who-sierra-leones-2016-progress-report?country=874&name=Sierra%20Leone>

WHO-SL did some joint outreach with the MOHS on the launch of HRH Policy and Strategy with good local pick up in the newspapers: <http://www.afro.who.int/news/training-and-managing-health-workers-tomorrow?country=874&name=Sierra%20Leone>

There was also media coverage early in the year on the Health Information Systems planning, and SARA.

<http://www.afro.who.int/news/nationwide-survey-health-facilities-underway-sierra-leone?country=874&name=Sierra%20Leone>

## SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

### Impact assessment / results chain:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

*Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.*

The Health partnership is being transformed into more proactive and effective network in dealing with government during the last year as coordination is being improved as it has submitted at least two joint position papers on pertinent sector issues which were submitted to government. Both two received positive responses leading further actions to improve the processes for the development of Sierra Leone Social Health Insurance (SLeSHI) which is planned to be launched in August 2018. The minimization of duplication of resources in the implementation of health programmes is also being achieved through the organization of the HDP's engagements such that information is shared on how each DP is supporting or intends to support the government with clear statements on the areas of support, the modality of the support and the resources to be committed. This activity has enabled most of the DPs to operate around themes based on activities/programmes to synergistically support government instead of doing so individually. World Bank, WHO, GiZ and DfID are jointly holding discussions in supporting the development of the health financing strategy thereby reducing resources duplication and supporting each other to ensure value for money for the activities.

## SECTION IV: ROADMAP 2018

### Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

*If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.*

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.

**Roadmap Activity: 1.1 Technical support to the MOHS on national health planning**

1.1.1 Provide technical support to develop National Health Plans and District Health Plan to deliver and increase access to effective and high quality health service

1.1.2 Provide technical support to strengthen health system capacity and management at central, district, hospital and community level to deliver and increase access to effective and high quality health service

**ER 2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

**Roadmap Activity: 2.1 Implementation of HIS policy and strategy supported**

2.1.1 Support implementation of Service Availability and Readiness Assessment (SARA) 2019

2.1.2 Carry out trainings on data management processes and data analysis

2.1.3 Review programme and national health core indicators to measure performance of the national health priorities and to track regional and global commitments including SDGs

2.1.4 Conduct quarterly HMIS supportive supervision at national, district, health facility and community level to conduct DQA, provide technical assistance and promote data use

2.1.5 Facilitate coordination and provide technical support to undertake needed reviews and analyses to enable implementation of national health policies/strategies, including the

comprehensive national sector review
<b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue
<b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.
<b>Roadmap Activity: 3.1 Technical support to the MOHS on health financing</b>
3.1.1 Provide technical support for the development a comprehensive national health financing strategy
<b>Roadmap Activity: 3.2 Technical support to the MOHS on national health workforce</b>
3.2.1 Provide technical support to the MOHS on the coordination of HRH training
3.2.2 Facilitate the continued monitoring of and implementation of the HRH strategic plan
3.2.3 Support on the Human Resources Information System (HRIS) at the central and district level
3.2.4 Technical support to strengthen the implementation of the 2017 Human Resources for Health (HRH) Policy and HRH Strategic Plan
<b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.
<b>Roadmap Activity: 4.1 Technical support to the MOHS on health financing Implementation</b>
4.1.2 Provide technical support for the implementation of national health financing strategy
<b>ER 5:</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
<b>Roadmap Activity: 5.1 Technical support to the MOHS on resource tracking</b>
5.1.1 Provide technical support for the production of health accounts
5.1.2 Support analysis of health account trends
<b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.
<b>ER 6:</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.
<b>Roadmap Activity: 6.1 Support the strengthening of Health Sector Coordination mechanisms</b>
6.1.1 Strengthen functionality of HSS working group
6.1.2 Strengthen functionality of HIS working group
6.1.3 Participate in Health Sector Coordinating Committee (HSCC) meeting
6.1.4 Strengthen Health Development Partners Networking Mechanisms

## Annex:

### Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p><b>SO I.</b> To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.</p>	<p><b>ER 1.</b> Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.</p> <p><b>ER 2.</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p><b>SO II.</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p><b>ER 3.</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p><b>ER 4.</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p><b>ER 5.</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p><b>SO III.</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p><b>ER 6.</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>