

Country: Sierra Leone

### EU-Lux-WHO UHC Partnership

Date: 8 December 2016	Prepared by: Sierra Leone WCO
Reporting Period: January – December 2016	
Main activities as planned in the Road Map.	
<b>Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result</b>	
<p>In 2016, the Government of Sierra Leone and partners focused on post-Ebola recovery activities aimed at restoring essential health services and putting in place mechanisms for longer-term systems. Therefore, 2016 was an important year for the country as it moved from (E)bola to (H)ealth.</p>	
<b>ER1: 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</b>	
<i>Activity 1: Development and implementation of new national health sector strategic plan (NHSSP)</i>	
<p>The review of the National Health Sector Strategic Plan (NHSSP) 2010-2015 was concluded and the report (see attached) was widely disseminated among key government and partner stakeholders. The findings of the review will help inform the next NHSSP (to cover the 2017-2021 period). The preliminary process for the development of the NHSSP 2017-2021 is underway and it is anticipated that the plan will build on and complement the Health Sector Recovery Plan (HSRP) 2015-2020.</p>	
<p>Furthermore, although not directly funded under the UHC Partnership, WHO is playing an active role in supporting the Government of Sierra Leone in the development and implementation of the President's Recovery Priorities (PRP). The PRP for the health sector is derived from the HSRP – the first phase ('6-9 month plan') concluded in March 2016 and the next phase ('10-24 month plan') will run until June 2017. The current focus is around reducing maternal and child mortality, maintaining a zero cases of Ebola and survivor care, with several cross-cutting health systems-related initiatives linked to human resources for health, data systems and supply chain.</p>	
<i>Activity 2: Standardized and harmonised district level annual operational plans/planning cycles</i>	
<p>In order to complement the PRP and ensure that the full range of services and programmes (such as HIV, TB, and immunisation) at the central, district and hospital levels are covered, a two-year annual operational plan 2016-17 (AOP 2016-17) was developed (see attached). The overarching process of</p>	

elaborating the AOP was a top-to-bottom approach, where health sector priorities were set at central level and then disseminated at district levels. Consultative planning workshops were held at district and central levels. The planning meetings were participatory, where stakeholders, health partners and key service providers were invited to populate the planning templates holistically.

The AOP 201-17 includes: 1) district level 'Local Council Health Plans' (LCHPs); 2) central level 'National Annual Health Plan'; and 3) Sector 'Annual Operational Plans'

#### *Activity 3: District health strengthening*

Building on lesson learnt from the EVD outbreak, the MOHS and WHO brought together key stakeholders from Guinea, Liberia and Sierra Leone, along with international experts, for a workshop on district strengthening. The meeting gathered best practices for how to address leadership and management capacity gaps and challenges at the sub-national level in the three Ebola-affected countries and recommended strategies to best address these issues (see attached workshop report). Draft roadmaps were developed for each country and in Sierra Leone, this roadmap has served as the basis for developing a concept note on district management strengthening. It is anticipated that the activities will be implemented in 2017. Other partners such as DFID, JICA, AfDB and the World Bank are also actively engaged in this effort.

Additionally, although not directly funded by the UHC Partnership, WHO, through DFID support, has been actively engaged at the district level in providing technical and operational support to the District Health Management Teams (DHMTs). In 2016, WHO had field presence in all the districts and played a key role in helping the DHMTs transition from Ebola.

#### *Activity 4: Human resources for health strengthening*

The MOHS, with support from the Clinton Health Access Initiative (CHAI) and the World Health Organization (WHO), convened a Human Resources for Health (HRH) Summit in June 2016 to kick-start a policy process to refresh and relaunch Sierra Leone's HRH Policy and Strategic Plan. The Summit provided a platform for experts to share experiences and expertise on best practices and policies for strengthening HRH policy and strategy as well as create an opportunity for relevant stakeholders to discuss and agree on key policy pathways for improving HRH (see attached Summit report).

In addition to a participatory process (including various technical committee meetings, district consultations and working group meetings), the HRH policy and strategic plan is being informed by an updated, evidence-based HRH profile (see attached). Furthermore, the institutionalization of the Human Resource Information System (HRIS) has been progressing.

The UHC Partnership funds have been catalytic and facilitated leveraging HRH support from other sources in country, most notably the African Development Bank and DFID.

**ER2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews**

*Activity 1: Monitoring and evaluation of NHSSP and strengthening of HIS*

Through a consultative, participatory process, the MOHS led efforts to develop the Health Information Strategy (HIS) 2017-2021 (see attached). The Strategy uses available evidence gathered through multiple approaches to propose ways at addressing the problems identified. The main areas targeted include HIS governance, data quality and analysis, data infrastructure and architecture, integration and inter-operability and monitoring and evaluation.

Furthermore, strengthening the routine District Health Information System- 2 (DHIS-2) has continued through a series of workshops and capacity-building exercises. Working with the MOHS Directorate of Policy, Planning and Information, WHO has also engaged different MOHS directorates, programmes and partners to improve inter-operability across data systems.

**ER3: 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**

*Activity 1: Health financing strengthening*

Although not directly funded through the UHC Partnership in 2016, WHO has actively contributed to the Sierra Leone 2014 Health Accounts. This has involved all three levels of the Organization working closely to support the MOHS in data collection, analysis and synthesis. Furthermore, given the challenges faced in capturing and recording Ebola expenditure data, WHO facilitated cross-country experience sharing (notably with Liberia and Ghana) to enable the MOHS to better tackle issues related to preparing the 2014 Health Accounts.

**ER6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated**

*Activity 1: Monitoring of commitments on effective development cooperation in health: 2016 IHP+ monitoring round*

Although not directly funded through the UHC Partnership, WHO supported the MOHS during the 2016 IHP+ monitoring round on effective development cooperation. Seven development partners, 15 civil society organization and one private sector representative participated in the exercise, which identified partners commitments to key development practices.

*Activity 2: Mapping of central level MOHS coordination structures and technical working groups*

Although not directly funded through the UHC Partnership, in an effort to support the MOHS to strengthen its coordination structures, WHO facilitated a mapping of key central coordination structures and technical working groups. This mapping was shared with the office of the Chief Medical Officer and is aimed at improving more streamlined and efficient coordinating mechanisms.

**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?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

**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.**

<b>Main activity</b>	<b>Percentage completed</b>	<b>WCO support/collaboration</b>	<b>Outputs</b>
<i>Development and costing of National Health Sector Strategic Plan 2017-2021</i>	70%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	Final report of NHSSP 2010-2015 review
<i>Annual Operational Plan 2016-17</i>	100%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	Annual Operational Plan 2016-17
<i>Strengthening districts</i>	20%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	Report from workshop convened with three Ebola-affected countries (report includes draft country roadmaps for district strengthening)
<i>Human Resources for Health Strategic Plan and Policy</i>	80%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	HRH Summit report HRH profile
<i>Health Information Strategy 2017-2021</i>	90%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	HIS Strategy
<i>Health accounts 2014</i>	90%	Support provided by	Health Accounts 2014

<i>(as part of health financing strengthening)</i>		WCO as well as IST-West and HQ, in collaboration with World Bank	(expected January 2017)
<i>Monitoring of Commitments on Effective Development Cooperation in Health</i>	100%	Support provided by WCO as well as HQ, in collaboration with other key partners	Country report
<i>Improved coordination</i>	100%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors, NGOs)	Mapping of MOHS central level coordination structures and technical working groups

**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:**

*Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).*

Overall, most activities in the 2016 roadmap were successfully completed.

1. NHSSP 2017-2021: Given the development of other plans during 2016 (PRP and AOP 2016-17), and to allow for a more participatory process, the timeline for the development of the NHSSP 2017-2021 has shifted to 2017. However, much of the background work and analysis has been completed
2. District strengthening: The foundations for improving district management have been put in place and it is anticipated that in 2017 a series of capacity-building activities will be undertaken to support the MOHS in this effort

**Proposed modifications to Programme Road Map resulting from changes above:**

*If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.*

No major changes anticipated for 2017.

**Lessons learned:**

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

The post-Ebola environment in Sierra Leone placed significant pressure on the MOHS to coordinate

and manage competing demands and schedules. This has made completing all proposed roadmap activities with the timeframe challenging. However, much has been achieved in 2016 and strong foundations have been laid to continue this work in 2017 and beyond.

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#### Road Map and timeline for 2017:

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. **These activities should be related to objectives/ER and have clear timeline and indicators.***

1. Development and implementation of new national health sector strategic plan (NHSSP)
2. Standardized and harmonised district level annual operational plans/planning cycles, including improving periodic sector reviews
3. District health strengthening
4. Health financing strengthening
5. Human resources for health strengthening
6. Sector monitoring and evaluation

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#### Visibility and communication

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*Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured*

There was media coverage of relevant roadmap activities and relevant articles are published on the UHC Partnership website and the WHO Sierra Leone: <http://uhcpartnership.net/country-profile/sierra-leon/> and <http://www.afro.who.int/en/sierra-leone/press-materials.html> as well as disseminated through social media platforms:

[https://twitter.com/WHOSierraLeone?ref\\_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor](https://twitter.com/WHOSierraLeone?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor) and <https://www.facebook.com/WHOSierraLeone/>

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#### Impact assessment:

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*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 development of the HRH Strategic Plan 2017-2021 illustrates the value of having an inclusive planning process informed by a strong evidence base. The HRH profile, formed the basis for discussions during technical committee and working group sessions. The HRH Summit helped launch a process that was participatory as well as driven by experiences and expertise from other countries and contexts. It is anticipated that the overall strengthens of the development process will lead to a robust plan and its implementation.

**Linking activities to overall Objectives:**

*Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.*

- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
  - Consultative processes followed for the development of plans (HRH, HIS and AOP)
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
  - See above
- Positive trend seen in stakeholders' alignment with NHPSP
  - Partners aligning to the PRP

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

Strategic objectives (SO)	Expected Results (ER)
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; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	ER 3. 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: ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC; ER 5. 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.
SO III. To ensure international and national	ER 6. At country level, alignment and

stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

harmonization of health aid according to national health plans is consolidated and accelerated.