

Foreword by Hon Minister of Health and Sanitation

Republic of Sierra Leone

Ministry of Health and Sanitation

National Health Policy

October 2002

This document sets out the policy of the Government of Sierra Leone motivating and guiding the health sector. The previous health policy was written in 1993, nearly 10 years ago. Since then there have been a number of changes in the context facing the health sector that lead to the need for an updating of that policy. Most obviously, the civil war that the country has suffered has caused major disruption to the health system in terms of damage to physical infrastructure, loss of skilled professionals and, through the wider economic effects, reduction in the real resources available to the health sector. It has also resulted in changes in population patterns, and specific health problems ranging from mental trauma through to physical disability. In addition to these war-related effects, there are wider changes that many countries in sub-Saharan Africa are facing which have implications for the health policy. These include changing patterns of disease and demography such as the growing problem of HIV/AIDS, the escalating problems of TB and malaria and the more general epidemiological and demographic transition. They also include general recognition of the need to re-examine the way in which the health care sector is structured in particular with greater effective decentralisation, partnership between public and private sectors, and greater transparency of decision-making including the involvement of communities and other key stakeholders in decision-making and accountability processes.

This policy is set against this changing background and has been developed to provide a clear direction for the health sector for the medium term. It includes policies related to both the reconstruction of the health sector and the reform and development of the sector. It also fully recognises the existence of specific policies in defined technical areas. A number of general preliminary points need to be stressed.

Firstly, it builds on the previous policy initiatives. Much of the 1993 National Health Policy and the subsequent National Health Action Plan (Core Programme) remains relevant today and are reinforced in this policy. This new policy also fully recognises the existence of specific technical policies in defined areas and provides an overarching framework for these.

Secondly, in some areas we have seen the need for the development of specific policies but, given the numerous competing demands on the policy-makers' attention, together with the need for due consultation, have not yet finalised the details of these policies. In such areas, this document points out the need for the development of such policies without giving a particular policy stance at this point.

Thirdly, the policy relates to the whole health sector and not simply the public services. There are significant services provided by private providers of health care, and in particular NGOs, and the contributions of these groups need to be considered alongside that of the public sector within a holistic policy framework.

Fourthly, though the focus of this document is on the provision of health care services, the policy also recognises the effects, both positive and negative, of other sectors on health and as such is deliberately a *health* rather than simply a *health care* policy.

Lastly, this is a policy document rather than a plan of action. It sets out the broad direction that the health sector intends to pursue rather than the detailed activities to achieve this. These latter will be provided by the planning process which will be guided by this policy. As such, no specific time date has been set on the policy though we anticipate that it will need to be revisited in the next five years. We expect however that the broad principles laid down here will remain valid for the foreseeable future.

The Ministry of Health and Sanitation has developed the policy on the basis of broad consultation. The process for the development of the policy involved meetings with key stakeholders, the development of a consultative paper and culminated in a two-day workshop in July 2002 attended by over 150 key stakeholders. As such it is expected that the policy will be widely accepted by the key partners in the health sector and used as a joint platform to improve the health of the citizens of Sierra Leone.

Table of Contents

Foreword by Hon Minister of Health and Sanitation	1
1 Introduction	4
2 Goals, objectives and national health priorities	4
3 Governance of the health sector	5
4 Planning and policy processes	6
5 Health care delivery	6
6 Health education, health promotion and intersectoral activities	8
7 Role of different agencies in the health system	8
8 Decentralisation	10
9 Human resources for the health sector	11
10 Finance for the health sector	13
11 Health Sector infrastructure	14
12 Drug supplies	14
13 Health Management Information System	15

1 Introduction

- 1.1 The policy is structured as follows. It firstly deals with goals and priorities of the health sector. It then sets out the policy on governance of the health sector and the processes for implementing the policy and subsequent plans. This is followed by broad policies on health care delivery, health education, health promotion and intersectoral activities. It then turns to the role of different agencies in the health system. Finally It sets out policies on specific resources for the health sector – human resources, finance, infrastructure and drugs, and the Health Management Information system.

2 Goals, objectives and national health priorities

- 2.1 The overall goal of the health sector is to maintain and improve the health of all Sierra Leoneans resident within the country.

- 2.2 The Government of Sierra Leone is committed to pursuing such a goal in an equitable manner. It will work towards ensuring that all citizens have access to basic good quality health care. It has special responsibility to ensure the health of those citizens who are particularly vulnerable as a result of poverty, the results of conflict, gender or specific health problems.

- 2.3 The Government of Sierra Leone also has responsibility for ensuring the provision of adequate public health services (including sanitation), for food safety and for effective action against specific communicable diseases.

- 2.4 The health of a country is not the result of health services alone, but can be affected both positively and negatively by the activities of a number of other sectors. The Ministry of Health and Sanitation has a responsibility to provide leadership and health-related advocacy to such sectors to ensure their activities are health promoting.

- 2.5 Sierra Leone faces a number of major health problems. However, the resource constraints (and in particular those related to availability of finance and health care professionals) mean that priorities have to be set as to the key health problems that the health sector will focus on. This does not imply that other health problems will be ignored; but rather that they

will not receive targeted national investment. It is also recognised that there are differences in the prevalence and incidence of specific health problems (such as lassa fever) between districts. As such there will also be opportunities, within the planning processes, for the local setting of priorities within the national framework.

2.6 On the basis of set criteria¹, the current national priority health problems are:

- ?? Malaria
- ?? Sexually Transmitted Infections including HIV/AIDS
- ?? TB
- ?? Unsatisfactory reproductive health including maternal and neo-natal mortality
- ?? Acute Respiratory Infections
- ?? Childhood immunisable diseases
- ?? Nutrition-related disease
- ?? Water, food and sanitation-borne diseases
- ?? Disability
- ?? Mental illness

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¹ National health priorities have been set on the basis of a number of criteria. These are:

- ?? the severity of the disease in terms of its contribution to the overall burden of disease in the country
- ?? the distribution of the health problem within the country as a national problem
- ?? the feasibility and cost-effectiveness of interventions concerning the health problem
- ?? public expectations concerning the problem
- ?? compliance with international regulations

2.7 Technical policies² exist for a number of these health priorities, which set specific objectives, targets, strategies and where appropriate treatment protocols. Further technical policies will be developed in each of the remaining priority areas and the existing ones updated as necessary.

3 Governance of the health sector

3.1 The Government of Sierra Leone is committed, as part of its post-war reconstruction, to the development of a transparent and accountable public sector. The Ministry of Health and Sanitation will ensure that its management structures respond to this requirement. Key elements of this are as follows.

3.2 The Ministry will ensure that it has a clear communications strategy for relaying information to the general public and key stakeholders.

3.3 At all levels of the service there will be opportunities for input by key stakeholders and communities in decision making. At the national level this will occur

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² In August 2002, these were policies on Environmental Health, Immunisation, Drugs, Health Education, Malaria and HIV/AIDS (draft) and a national strategy for the Development of Prosthetics and Orthotics Services

through both the parliamentary processes and the national Council for Health, Nutrition and Sanitation (see Section 6.2). At the levels of District, Hospital and below, this will be ensured through the inclusion in the decentralisation arrangements to be developed, of community and professional participation in the decision making processes with particular attention to ensuring adequate representation of the voiceless.

- 3.4 Consultation processes for key decisions in the health sector will be developed. This will ensure that professional bodies including medical, nursing and paramedics, together with key stakeholders such as NGOs, the private health providers and international partners will be consulted on key decisions.
- 3.5 The Ministry of Health and Sanitation will produce, as part of its planning processes, an annual report on the Health of the Nation.

4 Planning and policy processes

- 4.1 The war period was inevitably characterised by short-term planning processes. In order to implement the broad policies laid out in this document the Ministry of Health and Sanitation will develop and strengthen the planning and policy-making system.

- 4.2 It will develop and/or revise a number of specific technical policies, including those referred to in Section 2.7. Each of these will include clear time-bound objectives for the technical area.

- 4.3 It will revive and strengthen the previous three-year rolling plan system with emphasis, through the emerging decentralised structures, on bottom-up planning.

- 4.4 A national plan will be developed to provide strategies for implementation of this policy and to provide a framework for district and hospital plans. This will include time-bound indicators for monitoring the success of the plan and will be reviewed as part of the annual partners' meeting and annual review.

5 Health care delivery

- 5.1 There is a strong history of Primary Health Care within the health sector of Sierra Leone. The Government remains committed to this approach with an emphasis on primary care services and prevention as cost-effective strategies. As such the delivery of health care will be based on the following principles:

- ?? The development of an integrated health system which has clear and inter-linked roles for the primary, secondary and tertiary levels of care.
 - ?? The strengthening of the referral system between the levels of care to ensure the efficient use of different levels of specialism, and appropriate feedback between health care professionals
 - ?? The importance of ensuring involvement of communities, and the voiceless within these communities, in decisions about health
 - ?? An emphasis where appropriate on preventive strategies
 - ?? Collaboration between sectors
- 5.2 In order to achieve the above principles, the Government will ensure that there are clear guidelines as to the services to be provided at each of the primary, secondary and tertiary levels. In particular the current PHC operational handbook will be updated to specify the inputs and the resultant services to be provided at the primary level. Services will include basic curative services, family planning and STI services, ante-natal care and routine deliveries, childhood immunisation and health education. A new operational handbook for secondary level services will also be developed specifying the services to be provided at the district hospital level. Strategies to discourage the use of the secondary care level for primary services will be developed on the grounds of cost-effectiveness. Referral mechanisms between different levels of the public system and between public and private providers will also be strengthened.
- 5.3 Emphasis will be placed on ensuring that all citizens of Sierra Leone have access to basic health care provided at the primary level, and with appropriate mechanisms for referral to the secondary level. In order to achieve this, and in recognition of the damage to infrastructure and population displacement caused by the war, an assessment will be carried out in each district to determine the appropriate location of primary facilities.
- 5.4 The Ministry of Health and Sanitation is responsible for ensuring adequate public health programmes for priority diseases. As part of the decentralisation process to which the government is committed (and which is further elaborated on in Section 8), current vertical programmes will be integrated, as far as is technically possible, within the district services.
- 5.5 All health care providers, both public and private, will be expected to conform to the specific technical policies and treatment protocols referred to in Section 2.7.
- 5.6 The focus of the health care delivery system will be at primary and secondary level and within this on primary care. This will be reflected in the allocations of recurrent budgets to reflect these priorities. However the current tertiary facilities are in poor physical condition and these will be renovated. Bed numbers at tertiary level will not, however, in the short-term, be

expanded. However there are specialist services such as specialist laboratories which need to be provided at a national level particularly in relation to priority health problem. These will be developed.

6 Health education, health promotion and intersectoral activities

- 6.1 As part of the primary care philosophy to which the Government is committed, emphasis will be placed on appropriate health education and health promotion activities. This will occur at all levels of the health system. This will include activities aimed at changing positively the life style of individuals and communities. It will also include advocacy activities aimed at promoting policies in other sectors of the economy, which are positive to health and discouraging or legislating against activities that lead to a reduction in health.
- 6.2 A national Council for Health, Nutrition and Sanitation chaired by the Hon Minister for Health and Sanitation will be set up to co-ordinate health-related activities across different sectors.

- 6.3 The Ministry of Health and Sanitation will also continue to play a technical leadership role in the HIV/AIDS intersectoral strategy through the National AIDS Council.

7 Role of different agencies in the health system

- 7.1 Within the health system there is a variety of different providers of health care. These include the public sector, NGOs and church-related agencies, private-for-profit clinics, commercial companies and traditional practitioners. The Government of Sierra Leone recognises the important services provided by many of these agencies and will work towards ensuring complementary and positive relations between the different agencies.
- 7.2 Within government, the Ministry of Health and Sanitation is responsible for setting policy for the health sector and ensuring that services provided by the different agencies work towards this policy and meet acceptable minimum standards.
- 7.3 The role of the Ministry of Health and Sanitation Headquarters is primarily to provide policy and

planning leadership (both strategic and technical) for the whole sector, to ensure an equitable financing and resource allocation system for the health sector, to provide national leadership on health promotion and intersectoral collaboration including any appropriate legislation, and to regulate *all* health care providers to ensure quality standards are set and maintained.

- 7.4 This role requires a shift by the Ministry of Health and Sanitation Headquarters away from current involvement in direct management of health services. It also requires a change in management roles and responsibilities for districts and hospitals. Systems consistent with these new roles and training of staff to perform them will be developed and carried out.
- 7.5 There are currently a number of vertical programmes which are managed from the national level. It is intended to integrate the management of these as far as possible, into the general district health services, as long as their technical effectiveness is not compromised. A national role of technical leadership and monitoring will be maintained and strengthened. This policy of integration will be linked to the development of decentralisation.
- 7.6 It is important, given the shortage of resources, that there is minimal duplication of services. Where it is considered that an institution in the NGO or private sector is already providing, or is capable of providing,

a service on behalf of government, at an appropriate level of quality and cost, arrangements will be explored for contracts and subventions for such services. Such services could include clinical, laboratory ancillary, civil works and maintenance.

- 7.7 NGOs, including the Church-related organisations have in the past made a significant contribution to the provision of services and training in the health sector and the Government of Sierra Leone continues to welcome the contribution of such organisations. During the war period the well-established NGOs were joined by international NGOs with a special focus in such situations. During this period, some registration requirements were relaxed in the interest of speedy response. As Sierra Leone enters the reconstruction and rehabilitation phase, it will be important to revive and strengthen registration procedures as one means of ensuring appropriate complementarity with public sector services and other NGOs. As such NGOs will continue to be required to register with Government and their staff with the relevant Professional Councils. Clear guidelines on the approval mechanisms, including those related to the areas of operation, at both national and district levels will be developed in conjunction with the NGO Unit of the Ministry of Development and Planning and made operational. Only those organisations which have complied with such procedures will be eligible for access to government supplied drugs and vaccines and government training schemes, and relief of import

duties. In some cases, NGOs will be contracted by the Ministry of Health and Sanitation to provide services on its behalf. In the spirit of transparency and accountability, all NGOs operating in the health field will be required to provide annual reports to government on their activities and financial arrangements. Mechanisms to ensure collaboration between the NGO and public sectors at both the national and district levels will be strengthened.

- 7.8 Private for profit providers will also be required to register with the Professional Councils. As for-profit organisations they will not be generally eligible for government support. However where they are seen to be providing a service on behalf of government (for example, in the field of childhood immunisation) they will be eligible for support in terms of vaccines and training. They may also (as stated in Section 7.6) be contracted for the provision of services on behalf of government.
- 7.9 Some private health care provision is of low quality, inappropriate and, in some cases, illegal. Standards will be maintained through the regulatory agencies including the Professional Councils and Boards and the public sector managers such as at the District Health Management level.
- 7.10 Traditional practitioners including Traditional Birth Attendants have a long history in Sierra Leone. The

Government of Sierra Leone recognises the important services provided by some of these, but is also concerned that others may unknowingly not be providing services in the best interests of their patients. A code of practice will be drawn up which will, inter alia, specify the relationship (including supervision arrangements) between such practitioners and the District Health team, and where necessary, appropriate training will be developed to impact positively on the standard of their service delivery..

- 7.11 Given the economic situation of Sierra Leone for the foreseeable future, the Government will seek an increase in the level of support from international partners in the provision of finance and technical advice both for development activities and to support the operating costs of the health sector. Co-ordination mechanisms will be strengthened to ensure the avoidance of duplication and the appropriate use of external support.

8 Decentralisation

- 8.1 The Government of Sierra Leone is committed to decentralisation of public services, with a view to providing greater local determination of priorities and management autonomy to deal with these. Various

statutory instruments to allow this, including the Hospital Boards Act, exist already, and as part of a forthcoming project on health systems, these will be reviewed by a Task Force set up by the Ministry of Health and Sanitation which will include key stakeholders. This will develop a detailed policy for the decentralised structures which will respond to the needs of the health sector, whilst taking account of the wider requirements of the government system. It will also review the potential role of Provinces which have been sidelined due to a lack of logistics and other support.

- 8.2 The final model for decentralisation will be influenced by a number of considerations including central government plans for the decentralisation of other sectors, the requirements of the Ministry of Finance and the advice of the Anti-Corruption Commission. However it is likely that the form decentralisation will take is that of deconcentration.
- 8.3 In order to achieve appropriate and effective decentralisation, a programme of capacity-building will be required. Following agreement on the overall decentralisation model, specific activities will be undertaken to develop appropriate management systems, and develop training for the new roles.

9 Human resources for the health sector

- 9.1 There is a critical shortage of staff from a range of health professions currently working in the health sector and particularly in the remote districts. This shortage stems from a number of causes. This includes losses resulting from the war due to both mortality and emigration. It also is affected by the inadequate levels of pay and related conditions of service.
- 9.2 A human resource plan will be drawn up. This will map the current situation across the whole health sector and, using trend analysis, will identify the likely situation over the next 10 years. It will also review the current set of staff cadres in order to identify areas where greater efficiency can be found.
- 9.3 There are currently, significant imbalances in the distribution of health professionals across the districts of Sierra Leone. The human resource plan will investigate this and develop strategies to redress the imbalances in the pursuit of equity. This could for example, include the use of enhanced incentive payments for hardship areas.

- 9.4 Whilst the Government is clearly constrained by the current economic situation in Sierra Leone, it is also aware of the importance of providing appropriate terms and conditions for public sector staff and will seek means to improve these. This includes ensuring that promotion occurs on the basis of competence and that appropriate staff development processes, including appraisal, exist. With the development of decentralisation, the possibility exists of changing the formal employment arrangements including giving greater powers to district and hospital levels. This possibility will be explored.
- 9.5 The current situation concerning the rights of public sector medical staff in private practice is both unclear and varied between institutions in the country. As part of the review of terms and conditions, this will be revisited and a standard policy set.
- 9.6 NGOs operating in Sierra Leone have developed individual terms and conditions of service for their staff. In addition in a number of cases, they have developed incentive schemes for government employees working alongside their own project staff. Whilst this was understandable during the period of emergency, this situation is now leading to inefficiencies and tensions. The Government will work with NGOs to develop a common code of practice for the employment of both NGO staff and government staff receiving incentive payments from NGOs.
- 9.7 The Government will also take steps to encourage the return of Sierra Leonean health professionals currently working outside of the health sector or outside of the country.
- 9.8 Whilst the Government will work towards ensuring that the majority of health positions are held by Sierra Leoneans, in the medium term a number of expatriate professionals will be required to fill vacancies. Whilst such professionals will be welcomed into the health sector, they will be required to meet the standards of the relevant professional councils and boards³.
- 9.9 These Councils will be strengthened to ensure they have the capacity to carry out these regulatory roles. This includes regulation of street pharmacists and other unqualified health providers. They will also be tasked to ensure that professionals operate under the ethical standards set.
- 9.10 The human resource plan will identify the training needs of the health sector, where these can most appropriately be met and any related resource and institutional implications. Wherever possible, training will be conducted within Sierra Leone, though for some specialised training, out-of country courses will be needed. In the short-term two areas of training will

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³ The Medical and Dental Council, the Nursing and Midwives Council and the Pharmacy Board

be emphasised. Firstly, given the priority placed on primary care, training needs related to this will be targeted. Secondly, given the development of a decentralised system, management training related to this (and including financial and personnel management) will be prioritised.

- 9.11 Given the critical importance of in-country training at this time of reconstruction and development, the in-country training institutions will be given high priority in the plans of the health sector.
- 9.12 The Ministry of Health and Sanitation together with the University training institutions for health care delivery will keep the provision of training vis a vis the personnel needs of the health sector under constant review.

10 Finance for the health sector

- 10.1 The current levels of finance to the health sector are widely regarded as being inadequate for even the provision of basic services. The Government of Sierra Leone will work, within the constraints of the economy and other competing priorities, to increase the finance available to the health sector to a level commensurate with other countries in a similar economic condition. The HIPC initiative provides an important mechanism whereby government commitments to the health sector can be increased. The Ministry of Health and Sanitation will also continue to take responsibility for the co-ordination of external financing to the health sector as stated in Section 7.11.
- 10.2 There are currently a number of schemes operating at different institutions to charge fees to patients and users of services. These have arisen as a result of the Bamako Initiative and various complementary cost recovery schemes. The Ministry of Health and Sanitation will review such schemes and develop a unified charging system consistent with its principle of equity. This will include mechanisms for exemptions for vulnerable groups and for those conditions which, on public health grounds, warrant exemptions. GOSL policies, in pursuance of Poverty Alleviation, to exempt school-going children, under fives, pregnant women, lactating mothers up to 12 months duration and citizens over 65 years in age will be taken account of in the development of the unified charging scheme. The charging policy will also take account of the services provided by NGOs and the church-related sector.
- 10.3 The Ministry of Health and Sanitation will also review the resource allocation system to ensure that allocations of central funding to individual districts and hospitals are consistent with equity and allocative

efficiency and take account of differential unit costs between districts. It will also, with the Ministry of Finance, work towards improving the speed of disbursement of approved budget funds to such institutions.

- 10.4 The Ministry of Health and Sanitation will, in the medium-term, investigate the possibility of a national health insurance scheme.

11 Health Sector infrastructure

- 11.1 The Government is committed to ensuring that an appropriate infrastructure is available to support the provision of priority services. In line with its priority on primary and secondary care provision it will, in the short to medium term, focus on ensuring that there is an appropriate network of facilities throughout Sierra Leone allowing access by all citizens to primary and secondary care. Given the change in population distribution that has occurred as a result of the war, each district will develop a plan for the location of such facilities for approval by the Ministry of Health and Sanitation.

- 11.2 The Ministry of Health and Sanitation will work to ensure that there is adequate communication between facilities and different levels of care to enable referral, and to provide supportive supervision. Such communication includes both transport and radio/telephones.

- 11.3 The Ministry of Health and Sanitation will work towards rehabilitating the tertiary level facilities though, as stated in Section 5.6, will not expand the level of services currently provided.

12 Drug supplies

- 12.1 The provision of good quality care is dependant on the availability of safe and affordable medical supplies. Such supplies should be in accordance with the Essential Drug list. The Ministry of Health and Sanitation will ensure that there are appropriate levels of resources to operationalise the Pharmacy and Drug Act (2000) and, where appropriate, update the 1993 Drug Policy to cover the areas of procurement, stock management, distribution and quality control.

- 12.2 As part of this process, the Ministry of Health and Sanitation will, in particular, take steps through the

Pharmacy Board to reduce the number of unlicensed street pharmacists whose activities endanger the health of their customers and the general public.

- 14 As one of the sources of health information, and to encourage evidence-based policy and practice, the Ministry of Health and Sanitation will encourage the conduct of research into health and health services. It will set up a Research Board to approve such research on grounds of appropriateness and ethics.

13 Health Management Information System

- 13.1 The monitoring of progress of policies and plans is dependant on the availability of reliable and standardised information. The Ministry of Health and Sanitation will develop, in conjunction with key partners, a unified Health Management Information System to meet these needs. A technical policy on Health Management Information will be developed which will specify reporting requirements from all providers to the Ministry of Health and Sanitation and appropriate feedback processes.
- 13.2 The community has a right to timely and accurate information especially regarding security, health and general welfare. The Ministry of Health and Sanitation is the official source of information regarding health and epidemics and is committed to meeting the needs of communities for information.